



RN UPDATE

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



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Open Letter to All RN's with a Texas License

Dear Texas Licensee:

How would you like your Texas nursing license to be similar to your Texas driver's license, enabling you to practice nursing throughout the country with your home state license, just as you can drive throughout the country with your Texas driver's license? Well, times are changing, and a few states have moved toward allowing a RN license from one state to serve as a privilege to practice nursing in other states. Specifically, the Legislatures in Utah, Arkansas, Maryland, Texas, and North Carolina have passed legislation known as the Nurse Licensure Compact (Compact) through which these states agree to mutually recognize each others' licensees. These five states who have adopted the Compact are referred to as *party states*.

As the Compact legislation becomes effective, the five party states will begin to recognize a single nurse license rather than the cumbersome practice of obtaining duplicative licenses for each state where a nurse practices. Mutual recognition of a license increases nurse mobility and facilitates delivery of health care by innovative communication practices such as telenursing. Additionally, the Compact will better promote the public health and safety by encouraging cooperative efforts among the party states in nurse licensing and regulation. As more state legislatures enact the Nurse Licensure Compact the number of party states will increase and the nation will move closer to allowing one home state license to grant a nursing privilege nationwide.

It is important that Texas RNs understand multistate licensure because Texas is one of the first states to enact it and will be at the front of this innovation in regulation in the new millennium.

In order to enjoy the multistate licensing privilege, the Compact requires that the RN be licensed in the party state in which he/she permanently resides. This license is known as a *home state license*. The RN must meet the criteria of their home state law to obtain and retain the home state license. With the home state license, the RN may practice in any other party state without obtaining any additional licenses. A nurse practicing in another party state pursuant to the multistate privilege must comply with the state practice laws of the state in which the patient is located at the time care is given. Compact states where a nurse practices using a multistate privilege are known as *remote states*.

A nurse in a party state can hold a home state license in only one party state at a time. If a nurse changes permanent residence from one party state to another party state then the RN must relinquish licensure in the previous state of residence and apply for, and meet the requirements for licensure, in the new home state. The Compact does allow a nurse to apply for a new home state license prior to moving. Further, the RN may move back to their previous party state and re-establish licensure or move to another party state and apply for licensure there.

When a RN moves to a state which has not enacted or does not recognize the Compact, the previous home state license converts to a license valid in only the former home state and does not entitle the nurse to a multistate privilege in other party states.

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National Council Recognizes Katherine Thomas with Meritorious Service Award



Katherine Thomas receives the 1999 Meritorious Service Award from Joey Ridenour, President, National Council of State Boards of Nursing

Katherine Thomas, MN, RN, Executive Director of the Texas Board of Nurse Examiners, was honored with the 1999 Meritorious Service Award by the National Council of State Boards of Nursing (National Council) at their Annual Meeting held in Atlanta, Georgia, July 27-31, 1999. The National Council of State Boards of Nursing, Inc., (National Council) is a not-for-profit organization whose membership is comprised of the boards of nursing in the 50 states, the District of Columbia, and five United States territories--American Samoa, Guam, Northern Mariana Islands, Puerto Rico and the Virgin Islands. The mission of the National Council is to lead in nursing regulation by assisting member boards, collectively and individually, to promote safe and effective nursing practice in the interest of protecting public health and welfare.

Ms. Thomas was recognized for her outstanding services given in support of the National Council and matters of common interest and concern affecting public health, safety and welfare. Her work on nursing-related initiatives was acknowledged with the presentation of the award by National Council President, Joey Ridenour. Two initiatives in particular benefited from her regulatory knowledge and leadership on the national level: mutual recognition for nursing regulation and advanced practice nursing issues.

According to Ms. Ridenour,

“She has been a key consensus builder with both state and national organizations regarding the development of an interstate compact for nursing regulation – and her leadership has resulted in her state being one of the first five to have signed an interstate compact into law. Second, because of her outstanding negotiating skills and meticulous attention to detail, Member Boards today have both a process and the assurance that advanced practice certifying agencies have examinations that are deemed to be psychometrically sound and legally defensible. And last, but not least, she has built and achieved an unparalleled positive, productive environment among all certifying agencies that has successfully resulted in consensus on the uniform standards for advanced practice registered nurses under consideration by the Delegate Assembly of the NCSBN.”

Ms. Thomas is the chairperson of the National Council Advanced Practice Registered Nurse Task Force and has served as a spokesperson for the National Council for nearly a decade.



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As discussed on page one, when a RN practices in a remote state, he/she will be subject to the nursing practice laws and regulations of that remote party state. A RN must know and conform to the laws, rules and regulations affecting his/her practice in the remote party state. If a nurse violates the Nursing Practice Act (NPA), the remote state may discipline a nurse practicing under a multistate licensing privilege. Although a remote party state may not directly effect a home state license, it may revoke or restrict the RN's multistate privilege to practice nursing within its own state boundaries. Additionally, the home state may also take disciplinary action for a violation which takes place in a remote state. In other words, any party state can issue a disciplinary order against a multistate privilege and restrict the RN's practice within its party state borders, but only the state of residence (the home state) can discipline a license. Administrative procedures according to individual state law, including due process rights of a RN, will apply to disciplinary action by any party state on a multistate license or privilege.

It should also be noted that the Compact creates a shared information system which enhances the party states' ability to monitor nursing practice to protect public health and safety. The Compact creates a coordinated licensure information system called NURSUS which will include information on the licensing and disciplinary history of each nurse. Each party state must timely report any adverse disciplinary action against a home state license or a multistate privilege. The party states must also submit information on any current significant investigation and any denials of applications for licensure. State confidentiality laws will still control the release and use of such information, but the database will be an invaluable tool to the party states in tracking and monitoring ongoing investigations and disciplinary action of nurses.

The Compact privileges and requirements only affect those states who have implemented the Compact through the legislative process. If a RN currently holds a license in a non-party state, that license will not be affected. Therefore, if a RN desires to practice in that non-party state, they will need to continue to renew their license there until such time as the state enters into the Compact through legislative action.

After January 1, 2000, if you currently live in a non-party state but have a Texas license, the Texas license will not be considered a home license which grants a multistate licensing privilege. A non-resident Texas license is still required in order for a non-resident RN to practice nursing in Texas. As new states enter into the Compact, an RN holding a resident license in that state will be eligible for a multistate privilege. If you live in Texas after this date your license will be a home state license, granting the multistate privilege in all party states. At this time, there is no plan by the Board to increase licensure fees.

Texas, Maryland and Utah enter into the Compact on January 1, 2000. North Carolina and Arkansas enter into the Interstate Compact on July 1, 2000. As other states join the Compact, the Texas Board of Nurse Examiners will keep you fully informed so that you will have sufficient and timely information to inform you of the implications of multistate licensure.

If you have any questions regarding the Compact or its impact on your license, please refer to the Board's website at www.bne.state.tx.us. General questions about the Compact language or the concept of mutual recognition of licensure can be obtained from the National Council of State Boards of Nursing website at www.ncsbn.org.

This new model of licensure facilitates nursing practice across state lines while assuring public protection. Through new practice options using distance technologies, nurses in party states will be able to reach more patients in the future. The Texas Board of Nurse Examiners is pleased to be on the frontier of a new model for nursing regulation for the 21st Century.

Sincerely,



Katherine A. Thomas, MN, RN

Executive Director, Texas Board of Nurse Examiners

Major Depression Removed from Eligibility Scrutiny

Effective September 1, 1999, the diagnosis of "major depression" is removed from criteria of fitness listed in 22 Texas Administrative Code §213.29 and is no longer an exclusive justification for the Board to initiate an eligibility analysis of the fitness of an applicant to practice professional nursing in the State of Texas. Every person desiring to obtain a license to practice professional nursing is required to provide evidence of current sobriety and fitness. [See 22 Tex. Admin. Code §213.29(a).] The rule requires that an applicant submit a sworn statement that they have read the criteria for licensure and that they have not been treated for substance abuse or the specifically enumerated mental illnesses within the past five years. If the applicant is unable to verify lack of treatment for substance abuse or mental illness, they must provide their medical history relevant to the fitness issue and may not be licensed unless or until the Board can reasonably ensure that licensure will not place patients or public at risk.

Prior to September 1, 1999, if a person had only been diagnosed with "major depression" within the past five years, they were required to submit additional evidence to the Board which would demonstrate fitness to practice professional nursing. However, Rule 213.29 has removed "major depression" from the list of diagnoses for which an applicant for licensure must supply information to the Board. Historically, the Board has rarely denied licensure based on a singular diagnosis of major depression. It has been the Board's experience that individuals who are truly incapacitated by depression frequently seek medical treatment and are able to return to work. The Board recognizes that some individuals suffering from major depression may be a risk to public health and safety. However, national experts have reported that nurses who are diagnosed with major depression and who demonstrate a threat to the public health and safety, routinely have a dual diagnosis which includes significant psychotic pathology. Because Rule 213.29(b)(2) retains other significant psychotic pathology in the list of disorders which trigger further review of fitness by the Board, the Board will continue to insure against licensing those individuals who pose a threat to the public.



Proposed Rules

by Cheryl Rosipal

New Rules Effecting Graduate Nurses

The time frame for graduate nurses to practice as GNs has changed effective September 1, 1999. The documentation that the new graduate will present to the employer will be a Graduate Nurse Verification Letter issued by the Board of Nurse Examiners. The authorization to practice as a GN is valid for the 60 days time period indicated on the GN Verification Letter or until the new graduate receives results from the first NCLEX-RN®, whichever date is earlier.

Proposed Changes to Rule 211

At the July 1999 meeting of the Board of Nurse Examiners, members voted to repeal the current version of Rule 211 and authorized staff to publish proposed Rule 211, General Provisions in the *Texas Register*. The proposed Rules were in the August 20, 1999 issue of the *Texas Register* with a comment period of 30 days.

Proposed Rule 220, Nurse Licensure Compact

At the August 1999 Board Retreat of the Board of Nurse Examiners, members authorized staff to publish proposed Rule 220, Nurse Licensure Compact in the *Texas Register*. The proposed rule was in the September 24, 1999 issue of the *Texas Register* with a comment period of 30 days. If no negative comments are received after the 30 day comment period, staff will adopt the proposed rule to be effective January 1, 2000.

Written comments on the proposed rules may be submitted to Katherine Thomas, MN, RN, Executive Director, Board of Nurse Examiners, P.O. Box 430; Austin, Texas 78767-0430.

Recodified NPA on BNE Web Site

The Nursing Practice Act (NPA), in its recodified format, can be viewed and printed from the BNE's Web Site located at www.bne.state.tx.us. The NPA was recodified after passage of HB 3155 during the 76th Texas Legislative Session. The new NPA includes all changes that occurred as a result of legislation passed during the session. Printed copies of the NPA can be purchased from the Board at a cost of \$3.00 (\$3.25, including tax). See the publication order form on page 13 for more information.

BNE's DELEGATION TASK FORCE MEETS TO DISCUSS RULE 218

On September 1, 1999 the BNE's Delegation Task Force met in Austin to discuss Rule 218, Delegation of Selected Nursing Tasks by Registered Professional Nurses to Unlicensed Personnel. Comments about the current language in the rule and suggestions for rule revision were offered by Task Force members. BNE staff will now take the information and work on wording to address the concerns and suggestions received.

Task Force members agreed that the present language in the rule has served to educate nurses and the public about delegation since the rule was published in 1992. However, it was further agreed that portions of the present rule are difficult to understand and the emphasis of the rule should acknowledge the partnership between the client and the RN in the delivery of nursing care. The Task Force agreed that the full utilization of the services of a RN may require him/her to delegate selected nursing tasks to unlicensed personnel and that the scope of delegation and the level of supervision by the RN may vary depending on the setting, the complexity of the task, the skills of the unlicensed person and the client's condition, ability and willingness to be involved in the management of his/her own care.

Draft language for revision will be circulated among the Task Force members who will have an opportunity to offer further comment. The next Task Force meeting will be held in Austin on October 11, 1999. It is anticipated that the Task Force's suggestions for rule revision will be considered by the Board at the January 2000 meeting.

Notify the Board When You Move

The Board of Nurse Examiners (BNE) receives approximately 500 RN and APN Renewal Applications per month from the United States Postal Service that are returned due to an incorrect address. Failure to notify the BNE of an address change places you at risk of not receiving information concerning the renewal of your license. To notify the BNE of an address change, you can use the Change of Address Form located on page 14, fax the information to the Board office at (512) 305-7401 or send an e-mail notification via the BNE Web site located at www.bne.state.tx.us. Please include all of the information requested on the Change of Address Form (pg. 14) in your fax or e-mail transmission.

Committee Updates

Jurisprudence Pilot Test Scheduled for November 1999

The Board's Laws & Regulations Advisory Committee awarded a contract to educators from the University of Texas at Arlington to write, coordinate and analyze a Jurisprudence Test as reported in the July 1999 edition of the *RN Update*. The Board of Nurse Examiners and the BNE Laws & Regulations Advisory Committee are pleased to announce that 54 schools of nursing in Texas have been accepted to participate in the jurisprudence pilot testing program.

There will be two cycles of testing to develop reliable, valid questions for the exam. The first test will be given to students graduating from participating schools in December 1999. The November test will evaluate test item characteristics. The second cycle of testing will be done in April 2000. The April test will provide information to guide recommendations for pass score identification. We want to emphasize the reason for student participation in these pilot tests is not to ascertain if an individual has reached a certain passing score but rather to determine if the test questions are valid and reliable. Each test taker who participates in the pilot testing phase is assisting in the research and test development of a potential jurisprudence test.

The Advisory Committee is also considering how the practicing nurse might be encouraged to become knowledgeable of and remain comfortable with the applicable laws and regulations relevant to his/her clinical area. Several suggestions to ensure knowledge of applicable laws for the practicing RN are being reviewed and considered. A recommendation to the Board concerning an examination or other model has not yet been finalized.

We will continue to keep you informed as this committee completes its assignment and the BNE prepares a report concerning this effort to the Legislature in 2001.

Guest Feature



BOARD OF NURSE EXAMINERS WORKSHOP WORTHWHILE

by **Toni Inglis, RN, MSN, CNS**

In February I attended a Texas Board of Nurse Examiners "Update on Nursing Practice" workshop in Austin. Worried that it might be a sleeper, I was pleasantly surprised. I came away reminded that nursing is a strong profession that takes the privilege of licensure very seriously.

The Nursing Practice Act is the law that creates the Board of Nurse Examiners (BNE), giving that Board the responsibility to regulate nursing education, licensure, and practice. The Nursing Practice Act is updated by the Texas Legislature as needed to keep up with evolving practice conditions and environments. With the rapid changes in the healthcare setting, the need for periodic updates is important.

The mission of the BNE (a state agency) is to "protect and promote the welfare of the people of Texas by ensuring that each person holding a license as a registered professional nurse in the State of Texas is competent to practice safely." That means the Board's "client" is the people — Texas consumers of healthcare — not the nurse or the employing institution.

Caring for sick people and protecting the general public that receives that care are pretty important lines of work. Caring for the health of people is more than a job; it's a social obligation, and it goes beyond the commercial realm. While healthcare delivery institutions may be owned, the care itself cannot be owned and is remunerated under the stewardship of those in the larger healthcare system. In a sense, society owns the care because our tax dollars heavily subsidize not just the healthcare bills, but also the processes of acquiring medical knowledge, education, skills. So, it's appropriate that the Board is accountable to the people, to society.

Every nurse's chilling Stephen King nightmare scenario is to have his or her name published in *RN Update*, the quarterly publication of the BNE. I think it's because of that fear that we sometimes forget about the Board's other functions of accrediting nursing programs, licensing qualified applicants, and regulating and monitoring professional nursing practice. We instead tend to focus on the Board's roles of investigating complaints against RNs and disciplining violators.

Interestingly, the *American Journal of Nursing* March, 1999 editorial by editor Diana Mason was relevant to this topic. Dr. Mason reminded us of the 1994 case in which 39-year-old *Boston Globe* health columnist Betsy Lehman died from an overdose of chemotherapy at the Dana-Farber Cancer Institute in Boston. A physician research fellow wrote an order for Ms. Lehman's chemotherapy based on what has been described as an "ambiguous protocol". Instead of prescribing the dosage of chemotherapy intended for administration over four or five days, he ordered it as a daily dose. Several pharmacists failed to catch the error, and nurses on Lehman's unit administered the incorrect dosage on four consecutive days.

The Massachusetts Department of Health referred the nurses' involvement to the board of nursing for review. The Massachusetts BNE charged sixteen nurses with failing to meet the standards of practice that require responsibility and accountability for giving the right dosage of the right drug to the right patient via the right route at the right time. Dana-Farber exonerated the nurses, claiming that the institution's policy didn't require nurses to check the accuracy of dosages on research protocols before administering the medication. The Massachusetts BNE has come under sharp attack by the American Nurses Association (ANA), Dana-Farber, and editorials in the *Boston Globe*. The difference of opinion centers on professional versus institutional responsibility and accountability. Dr. Mason asks, "Can we dismiss aspects of our professional responsibilities and accountability because an institutional policy says it absolves us of it? For many years nurses have strenuously fought institutional licensure, and any facility's efforts to undermine nurses' professional scope of practice and authority. Why back off now?"

Credentialing systems first emerged on a mass scale in the late 19th century when modern professions were created. In the sociological sense, our occupation became professionalized when we set up methods for controlling our membership in order to distinguish licensed practitioners from lay persons. A true profession regulates itself, and I'm proud to say that ours does. We control the nature of our services by the light of what is proper for the profession, rather than what market conditions demand. For example, a major reason for the existence of the BNE and the ANA is to insist that the standard of care not be compromised merely to cut medical costs.

The BNE puts on these workshops regularly. Next time you get a chance, go. It was definitely worth the effort.

In accordance with 301.158, Texas Occupations Code, the Board disseminates information "that is of significant interest to professional nurses and employers of professional nurses in Texas." As part of its Strategic Plan for the agency, the Board has identified the need for regular input on nursing practice, licensure, and education. The guest column in *RN Update* is one way of meeting that need. Comments regarding this column should be addressed to the Editor at the Board's address. The opinions expressed in the guest column are those of the author.



EDUCATION REPORT

By Donna Carlin, MSN, RN



July 1999 Board Action

Approved the following guidelines for Rule 215.3 (c) relating to Program Development, Expansion, and Closure, and Rule 215.9(i) relating to Program of Study:

Guidelines for Development of a Proposal for an Innovative Approach to Nursing Education
 Guidelines for Development of a Proposal for Transfer of Administrative Control by Governing Institutions

Recognized the Commission on Collegiate Nursing Education (CCNE) as:

- a voluntary accrediting body from whom a report regarding a nursing program's accreditation status may be accepted in lieu of a board survey visit to basic baccalaureate and master's degree nursing programs and baccalaureate degree programs for registered nurses; and
- a national accrediting body deemed acceptable to accredit advanced educational programs of study (Advanced Practice Nursing Programs).

Program Approvals:

- Approved the University of Texas at Brownsville/Texas Southmost College's proposal for a distance education initiative to deliver the RN to BSN program to Valley Baptist Medical Center in Harlingen with a requirement to be met.
- Approved Vernon Regional Junior College's proposal for a distance education initiative to deliver the LVN-ADN program in Sweetwater with a requirement to be met.
- Approved Weatherford College's proposal to develop an associate degree nursing program with an LVN transition track with requirements to be met.

Distance Education Initiative Closure:

Acknowledged the closure of Victoria College Distance Education Initiative at Seguin Associate Degree Nursing Program effective May 2000.

Based on the 1998 Annual Report and survey visit granted full accreditation status with commendations to:

Houston Baptist University Family Nurse Practitioner Program

Based on the 1998 Annual Report continued initial accreditation of:

Angelo State University Medical-Surgical Nursing Clinical Nurse Specialist Program

Changed the accreditation status from full to warning with requirements to be met for:

Prairie View A & M University Baccalaureate Degree Nursing Program

Changed the accreditation status from initial to warning with requirements to be met for:

Prairie View A & M University Family Nurse Practitioner Program

Nurse Participates in Development of Exam

The board is pleased to announce the appointment of the following nurse as a participant in the NCLEX-RN® development process: **April Schroer** of San Antonio, Item Writer. By contributing her expertise, Ms. Schroer
 continued on next page

EDUCATION REPORT - continued

assisted the National Council of State Boards of Nursing to insure the inclusion of NCLEX content which is current, accurate, practice-related and appropriate for an entry level practitioner.

As a member of an NCLEX Item Development Panel, nurses learn new test writing skills, exchange ideas with colleagues from across the country, and earn continuing education credits. Panels are conducted throughout the year by the National Council at the Chauncey Group, International, Princeton, New Jersey.

To learn how you can become a member of an NCLEX Item Development Panel, call the National Council Item Development Hot Line at 312/787-6555, ext. 496 or visit National Council's web site at www.ncsbn.org.



APN Questions and Answers



Q: How do I know if the Board will approve my continuing education hours as meeting the requirements for maintaining my advanced practice nursing authorization if I am audited? None of the program titles included the word "advanced."

Q: I am recognized as both an Adult Nurse Practitioner and a Women's Health Care Nurse Practitioner. Does this mean that I need 20 hours of CE in both specialties--40 hours total?

A: The intent of Rule 221.8(a)(3), which reads "The registered professional nurse seeking to maintain authorization as an advanced practice nurse shall, in conjunction with RN license renewal...attest, on forms provided by the board, to having obtained 20 contact hours of continuing education in the specialty area and role every two years..." is to assure competency in advanced practice nursing through continuing education that is targeted towards a particular role and specialty. Therefore, if you are audited you may be asked to provide documentation that the target audience included advanced practice nurses and that the purposes and objectives of the program were appropriate for updating your knowledge of your advanced practice specialty. Board staff recommend that you maintain a file of the descriptive brochures which list the purposes, target audiences, objectives, faculty qualifications, and sponsoring agencies/providers for all continuing education programs and activities in which you participate in addition to your CE certificates for at least four years.

In response to the second question, only 20 CE hours obtained within the two years immediately preceding your RN licensure renewal date are required to maintain your APN authorization(s) even if you are authorized to practice in multiple roles and specialties. Again, because targeted CE is one mechanism of maintaining competency, you must obtain some hours in each of the specialties for which you are authorized in order to meet the intent of Rule 218(a)(3). Ten of these contact hours must be Type I continuing education in nursing and the remaining ten hours may be either Type I or Type II hours. As of September 1, 1999, advanced practice nurses may substitute appropriate Category I Continuing Medical Education contact hours for Type I Continuing Nursing Education contact hours. An additional five contact hours in pharmacotherapeutics is required to maintain Limited Prescriptive Authority if you have been issued a prescription authorization number by the Board. Pharmacotherapeutics hours may be either Type I or Type II hours.

If you received initial APN authorization during the two year period between your RN license renewal dates, you must pay the recertifying fee in order to maintain your APN authorization although the requirements for 400 practice hours and 20 CE contact hours are waived for that first APN renewal period only. The BNE brochure entitled *The 1-2-3's of CE*, which may be obtained by sending a stamped, self-addressed envelope to the BNE office at Box 430, Austin, Texas 78767, Attn: CE or by downloading from www.bne.state.tx.us, presents more information about continuing education for advanced practice nurses.



Legislative Update:

76th Texas Legislative Session

October 1999

The 76th Texas Legislative Session has ended and bills have passed into law or will pass into law in the coming months that impact the practice of nursing in Texas. The BNE staff is in the process of looking at the legislation that passed in order to draft rules and regulations necessary to implement amendments to the Nursing Practice Act and comply with the intent of the new legislation.

Three of the bills that passed the session have significant impact on the Nursing Practice Act. They are HB 1342 (Multistate Regulation), HB 3155 (Recodification of the Nursing Practice Act) and SB 1340 (Inspection of Anesthesia Equipment in Outpatient Settings). Multistate regulation is covered in further detail in the article on page 1 and the impact of HB 3155 is discussed on page 4 of this newsletter. HB 3155 and SB 1340 became effective on September 1, 1999 and HB 1342 will become effective on January 1, 2000. Implementation of SB 1340 does not take effect until August 31, 2000. Implementation of SB 1340 will be discussed in further detail in upcoming issues of *RN Update*. These bills and a number of other bills that are relevant to the practice of nursing in the State of Texas are summarized in the following pages.

<u>Bill/Author</u>	<u>Synopsis</u>	<u>Effect On Nursing Practice &/or NPA</u>
<u>Advance Directives</u>		
SB 1260 by Moncrief Effective date: 9/1/99	Currently, a person may execute an out-of-hospital do not resuscitate (DNR) order, or advance directive. The regulations governing the execution of a DNR order are spread across Chapters 672 and 674, Health and Safety Code, and Chapter 135, Civil Practice and Remedies Code. Although these three chapters use the same terminology and have repetitive provisions, they contain inconsistencies that confuse individuals who want to develop advance directives and confuse providers who must carry out the directives. This bill consolidates the chapters which should reduce the confusion while setting forth uniform provisions governing the execution of an advance directive. This bill amends Subtitle H, Title II, Health and Safety Code, and adds wording to Chapter 166.	RNs involved in end-of-life discussions with patients need to have a clear understanding of the applicable laws concerning advanced directives in the best interest of the public.
<u>Advanced Practice Nursing</u>		
HB 1409 by Junell Effective date: 6/19/99	Bill amends Texas Education Code to allow APNs to sign physical examination forms certifying that a school bus driver is mentally and physically able to safely operate a public school bus.	APNs who elect to do these physicals must comply with Federal Department of Transportation guidelines.
HB 2636 by Gray Effective date: 9/1/99	Law allows TDH to set fees to register a person required to comply with mandatory training guidelines, or to process an application for a hardship exemption from training requirements for the RN under the Medical Radiologic Technologist Certification Act.	RNs who perform radiological tasks need to become knowledgeable of new rules and fees regarding training.
SB 314 by Ellis Effective date: 9/1/99	Legislation adds to Sec. 1602.253 of Texas Occupations Code to include APNs as providers who can perform the physical examination and sign the certificate of health required for a cosmetologist license. Removes hepatitis from the list of diseases that must be excluded.	APNs are added as approved providers of physical examinations required for cosmetologist licensure.

Bill/Author

Synopsis

Effect On Nursing Practice &/or NPA

SB 413 by Madla

Effective date: 9/1/99

Bill relates to practice of marriage and family therapy. Bill sets educational and experiential requirements for individuals providing marriage and family therapy; limits use of title.

This bill excludes those who are authorized within their scope of practice (e.g., CNS or NP in Psy/MH) from limitations.

SB 1131 by Madla

Effective date: 9/1/99

1. Bill amends the Hospital Licensing Act [Subsection E, Chapter 241, Health and Safety Code, adds Sec. 241.105] to the effect that if a hospital elects to provide clinical privileges to APNs, then the hospital must provide procedural rights to assure fairness of process to APNs for applications for privileging and for modification or revocation of clinical privileges once granted. If the clinical privilege is predicated on a collaborative or sponsoring relationship with a physician and the relationship is terminated, then the physician is required to notify the hospital that the relationship is terminated and the hospital may immediately revoke the APN's clinical privileges. [The provisions in this section also apply to PAs.]

1. Legislation does not effect APNs employed by hospitals. Bill does not mandate that hospitals credential APNs for clinical privileges. Bill may provide fair processes to CRNAs, CNMs, CNSs, and NPs who work in private practices or medical schools but provide some services in hospitals.

2. Legislation amends Section 33 of the Pharmacy Act [Article 4552a-1, Vernon's Texas Civil Statutes] and Section 483.022, Health and Safety Code to allow the collaborating physician to designate an agent to communicate prescriptions for APNs [and PAs]. The designated agent must be "a LVN or have an education equivalent to or greater than that required for LVNs."

2. The physician must designate the agent(s) for APNs, however, this legislation will allow APNs with Limited Prescriptive Authority to have LVNs or persons with equivalent or higher education, such as other RNs, call in prescriptions to pharmacies.

3. Law amends Section 1036, Acts of the 62nd Legislature, Regular Session [Article 8451a, Vernon's Texas Civil Statutes] to include APNs as providers who can perform the physical examination and sign the certificate of health required for a cosmetologist license.

3. The Board's staff have been contacted by the cosmetology licensing agency and have submitted a list of types of APNs who are qualified to conduct these physical examinations.

4. Legislation amends the Nursing Practice Act (NPA), Section 8, Article 4514 [Vernon's Texas Civil Statutes], by adding a subsection (c) to read as follows "(c) an advanced practice nurse's signature attesting to the provision of a service the advanced practice nurse is legally authorized to provide shall satisfy any documentation requirement for that service established by a state agency."

4. Bill may solve some of the problems related to reimbursement which APNs encountered when performing services for state agencies when the state agency required a physician to sign the paper work documenting that the service was provided even though the service was legally within the APNs [and PAs] scope of practice to provide. Law will not necessarily address federal reimbursement issues.

5. Law amends Article 21.52 of the Insurance Code to add APNs [and PAs] to the list of providers covered by the "non-discrimination" provision. Bill applies to indemnity health insurance. Legislation provides that if an insurer would reimburse a physician for a service then it cannot refuse to reimburse any of the listed providers for that service as long as it is one that the provider can legally provide. Amount of reimbursement may vary from physician's rate of reimbursement.

5. Legislation makes APNs covered providers for all types of insurance because APNs were added as covered providers to HMOs and PPOs in previous legislative sessions.

SB 1340 by Corona

Effective date 9/1/99

Bill amends the Medical Practice Act and the NPA to regulate the provision of anesthesia services in certain outpatient settings and provides administrative penalties. The Boards must collaborate on the adoption of rules to set outpatient minimum standards for these settings. Bill requires that the boards develop registries of licensed anesthesia providers with license renewal to begin with renewals on September 1, 2000. Law Permits the Board to conduct inspections to enforce this law or to consider a request by a CRNA for an inspection of equipment or documents that relate to the provision of anesthesia in an outpatient setting. A fee may be charged for these inspections and the Board may issue an advisory opinion pursuant to these inspections.

The amendments to the NPA will remain in Vernon's Civil Statutes until the next Legislative session when they will be moved to the Occupations Code. The registry is planned in the FY 2000 to be implemented in FY 2001. CRNAs need to be knowledgeable of rules as they are developed.

Bill/Author

Synopsis

Effect On Nursing Practice &/or NPA

Childrens' Health

SB 445 by Moncrief

Effective date: 9/1/2000

Legislation relates to a child health plan which provides primary and preventative care to low-income and uninsured children, including those with special health care needs, and to whom other state programs are not available. This extensive bill authorizes the use of tobacco money obtained by the state settlement to provide revenue for this program. The program will provide services to children whose families are not eligible for other state programs, but whose income is too low to provide private insurance coverage.

Addition of coverage will expand demand for healthcare services due to ability to pay.

Consent/Notification

HB 2827 by Isett

Effective date: 9/1/99

Bill relates to authorization to disclose health care information. Legislation separates the authorization form to disclose health care information from the consent to medical treatment and requires that the information needed and the receiver of the information be specified for the consent.

Consent policies and practices may need to be reviewed to meet requirements.

SB 30 by Shapiro

Effective date: 9/1/99

Law requires a physician intending to perform an abortion on a minor to notify the parent or guardian of the minor at least 48 hours prior to the procedure. Legislation provides that a physician who intentionally performs an abortion on a pregnant unemancipated minor in violation of this section commits a Class A misdemeanor. Bill provides for a judicial bypass of the notification in certain situations.

RNs working in abortion clinics and with physicians who perform abortions need to be aware of this legislation.

Diabetes

SB 982 by Madla

Effective date: 9/1/99

This bill includes the RN in a list of licensed, registered or certified health care practitioners or providers who may provide diabetic self-management training. List includes the licensed dietitian, licensed pharmacist, licensed physician, licensed physician assistant, licensed registered nurse, and a diabetes educator who is certified by the National Certification Board for Diabetes Educators, among others. Bill language only applies to insurance policies issued after 1/1/2000. Bill sets guidelines for health care professionals who may be reimbursed by insurance for coordinating a multi-disciplinary diabetes self-management training team or providing one or more components of that care. It requires health plans to cover the diabetes self-management training when ordered by a physician or other health care provider.

RNs are included in those health care practitioners that may provide this training.

Disclosure of HIV Status

SB 567 by Moncrief

Effective date: 9/1/99

Law relates to disclosure of person's HIV status. States liability claims for civil action for release, disclosure, or allowing a test result to become known. Increases civil penalty for disclosing HIV status.

Confidentiality breaches of HIV results have increased and increased civil liability is seen as one deterrent through civil action. RNs (and persons) who allow release of information regarding HIV testing results face civil penalties.

Emergency Room/Trauma Care

HB 1387 by Van de Putte

Effective date: 9/1/99

Bill amends the Health and Safety Code to make it a requirement that an autopsy be performed, rather than it being performed on request, on children 12 months or younger who die suddenly or who are found dead of unknown reasons. The state would be required to pay the reasonable costs of the autopsy if the primary cause of the child's death is Sudden Infant Death Syndrome.

This bill relates to RNs in ERs and other areas who work with trauma/accidents victims, or who work with other infant/child/family clients.

Bill/Author

Synopsis

Effect On Nursing Practice &/or NPA

SB 43 by Shapiro

Effective date: 9/1/99

Bill relates to mandatory reporting of gunshot wounds and overdoses of controlled substances. Bill expands the requirements of physicians or other persons in charge of an institution to report gunshot wounds at once to law enforcement authority. Law includes requirement that physician or person in charge of institution report the case to TDH. Specifics of the case are identified to report but person's identity may not be disclosed.

Specified items, department registry, and confidential information will need to be included in nursing policies. RNs in ERs, acute, ambulatory and community health settings will need to comply with case specifics and confidentiality requirements.

Employment

HB 341 by McCall

Effective date: 9/1/99

Legislation may encourage employers to share more information about prospective employees by giving them more liability protections.

TNA negotiated an amendment that prevents employers from giving nurses a poor reference in those instances in which a nurse may refuse to render care for patients in situations the nurse regards as unsafe.

HB 1237 by Naishtat

Effective date: 9/1/99

Bill relates to the prohibition of retaliation against volunteers and employees in nursing homes. Protects any employee (and volunteers and residents) in a nursing home who is suspended or terminated or otherwise disciplined for reporting a violation of the law or cooperating in an investigation of services and conditions. Provides for recovery and damages. Also requires public posting of specified notices.

RNs in nursing homes must be knowledgeable of rights and requirements for protection of residents, volunteers, staff and self.

SB 1133 by Madla

Effective date: 9/1/99

Law amends the Government Code to exempt certain professionals, including nurses, from the general requirement that the state procure goods and services only through a competitive bidding process. The purpose of the policy is for professional services to be purchased on the basis of quality and competency rather than on the basis of the cheapest price.

RNs are now added to the Professional Services Procurement Act. If a government agency needs nursing service meeting certain requirements and knows that a specific nurse is best qualified to meet those requirements, the agency may consider the best qualified candidate instead of selecting the lowest bidder.

Hepatitis

HB 1652 by Maxey

Effective date: 9/1/99

Bill establishes a statewide education and prevention program to control hepatitis C to be administered by TDH. TDH will provide a voluntary testing program, training for individuals providing hepatitis C counseling and a study to determine impact of the disease in Texas.

RNs who work under TDH programs or in settings administering immunizations will need to be aware of this new requirement.

SB 99 by Corona

Effective date: 9/1/99

Currently, Texas law prohibits a hospital from testing a patient for hepatitis B or hepatitis C without the patient's consent. This may cause a problem for a health care worker who is accidentally exposed to a patient's blood or other bodily fluids. This bill requires a hospital to test a patient for hepatitis B or hepatitis C without the patient's specific consent in a case of accidental exposure of a health care worker to blood or other body fluids of the patient in a licensed hospital. The facility must have a policy on disclosing the test results and is bound by all confidentiality standards.

Bill should be of interest to ALL RNs who work in clinical environments where accidental needle sticks or other exposure may occur. The RN who has been exposed may now obtain information as to the hepatitis status of the other party.

Home Health

SB 94 by Moncrief

Effective date: 9/1/99

Bill expands protection for consumers of home health services.

Those RNs who are "controlling entities" in home health agencies will have to provide information to TDH regarding previous compliance in state licensing; agencies will have to instruct patients about safe handling/disposal of medical waste and sharps.

<u>Bill/Author</u>	<u>Synopsis</u>	<u>Effect On Nursing Practice &/or NPA</u>
SB 983 by Madla Effective date: 9/1/99	Bill relates to supervision of branch offices of home health. New law authorizes DHS to request HCFA to adopt rules to allow agency branch offices supervision to be done by "modern methods of communication" rather than requiring physical presence. It also eliminates the driving distance requirements for a branch home and community support services agency.	Rules may affect procedures and methods used by RNs employed by HHAs and those who survey/investigate these facilities.
<u>Long Term Care</u>		
HB 1677 by Janek Effective date: 9/1/99	Legislation relates to immunizations for elderly residents of licensed nursing homes. Law requires, through (TDH) board rules, pneumococcal vaccine for elderly residents. Influenza vaccinations are to be administered to residents and direct care staff with schedule to be determined by the TDH Board.	Scheduling, administration, and documentation of vaccines will be required for RNs in nursing homes to comply with any forthcoming rules.
HB 1715 by Denny Effective date: 5/28/99	Bill relates to a report of abuse, neglect or other conduct or conditions in a nursing home.	Obtaining the address or phone numbers of the person making complaints is encouraged so that investigators may contact the complainant for additional information. This identifying information is considered confidential.
HB 2085 by McCall Effective date: 9/1/99	Law relates to the continuation and functions of Texas Board of Health and Texas Department of Health. This large bill resulted from the sunset review process of TDH. The Board (TDH) is required to develop a comprehensive and strategic plan to include a review of each department's aim and purpose to help determine, in part, the degree of integration of health care delivery programs and services. The report of the plan is to be published by 9/1/2000. Along with DHS and the Department of Aging, it will administer the Children's Health Insurance Program (CHIP) and the Medicaid managed care program, as well as the delivery of other health care services and licensing and registration of health care providers.	The EMS Advisory Council includes representation by a trauma physician <u>or</u> RN. Article 24 provides requirements for materials used in educational programs for persons younger than 18 years. RNs who inspect facilities should be familiar with the type of facility and care provided and should remain current through CE. An exposure control plan for RNs in governmental units will be developed to include consideration of a needleless system or other sharps injury protection mechanism. RNs need to be alert to upcoming new and amended rules as a result of sunset provisions.
HB 2641 by Gray Effective date: 9/1/99	<p>Bill relates to the continuation and functioning of the Health and Human Services Commission (HHSC) as a result of the sunset review process. The Commission is to plan and direct the Medicaid program in each agency and assist communities in developing needed support systems. An information system is to be developed that will establish a single method of categorizing information so that access, provision of information, referral and other services become integrated statewide.</p> <p>The Commission will submit a report by 12/15/2000 relating to regulatory programs conducted by TDH, considering: (1) consolidation of programs, (2) a new agency to administer all health-related programs, (3) a new agency to administer regulatory programs for health-related professionals, (4) a new agency to regulate health-related facilities, (5) expand the duties of the Health Professions Council, or (6) agencies in TDH remain as is.</p> <p>With TDH, the Commission will study the feasibility of a subacute care pilot project. A working group of agencies will develop common definitions for "abuse", "neglect", and "exploitation", investigation standards, and uniform data collection, including information on deaths.</p>	<p>A state Medicaid managed care advisory committee includes representation of primary care providers, pediatric health care providers and obstetrical care providers (e.g. APNs). Each managed care organization under contract shall seek and include in provider network each health care provider who has traditionally and previously provided care (e.g. APNs) to Medicaid and charity care patients.</p> <p>BNE will provide input into regulations related to health related professions and HPC's role. Review of Rules 217.11 and 217.12 may need to be reviewed based on revised definitions for abuse, neglect, and exploitation.</p> <p>Nursing policies related to changes in data collection may be affected by revised standards developed by working group of agencies.</p> <p>APNs are now eligible for inclusion in provider networks in these HHSC sponsored programs.</p>

Bill/Author

Synopsis

Effect On Nursing Practice &/or NPA

HB 3016 by Sibley

Bill relates to utilization review agents.

RNs employed in utilization review must follow requirements for notification and appeals.

Effective date: 9/1/99

SB 93 by Moncrief, et al (McCall, Naishtat)

This bill amends the laws regulating personal care facilities, which will now be referred to as "assisted living facilities." Facilities meet this definition that provide services to four or more people who are unrelated to the proprietor. Legislative interest is to ensure that assisted living facilities deliver the highest possible quality of care. The Texas Department of Human Services Board will establish a license for assisted living facilities that provide only medication supervision. Certain MHMR facilities may be exempt from this bill. This legislation thoroughly addresses the assisted living arrangement.

Law will affect RNs who own or are employed by these facilities. These RNs will need to demonstrate measures to promote resident safety and rights and methods used to protect residents from abuse, neglect, exploitation and fraud.

Effective date: 9/1/99

SB 95 by Moncrief

Legislation relates to delivery of long term care, community services, and certain health services. A plan is to be developed for a consolidated intake system for complaints related to abuse, neglect, or exploitation of a person. A state registry is to be developed for names of health care workers determined to have abused, neglected, or exploited a resident of an assisted living facility or home and community support services agency. Personal attendant training programs are to be reviewed and recommendations made for improvement, to include training costs and wages.

RNs will need to become knowledgeable of how reporting mechanism for registry will be implemented and content included in personal attendant training.

Effective date: 8/30/99

SB 374 by Zaffirini

Bill relates to long term care services and plans to consolidate TDHS and the Department of Aging. This lengthy and multifaceted bill is established to integrate long term care services for all agencies, which previously have been delivered by at least seven different agencies. Included in this bill are several means to consolidate these services. Work groups are established to address long-term care services with TXMHMR and TDH, including child health programs. Reorganization of commission and department responsibilities are addressed with the ultimate goal of streamlining and coordinating services. Aging issues, deaf-blind and multi-handicapped services, regulation of nursing home administrators, regulation of home and community support services agencies (HCSSA), and home health medication aides are subsumed by this department. Transfer of the personal attendant services and the voucher payment pilot program as well as the Medically Dependent Children (MDCP) Waiver Program will also begin. (CIDC, an acute-care program for children, will remain at TDH). A study for the feasibility of a subacute pilot project shall result in a report to the next legislature.

Rules and policies related to reorganization may affect many procedural requirements for all RNs in those programs, as well as providers such as APNs.

Effective date: 9/1/99

SB 1586 by Zaffirini

Law relates to establishing a program for vouchers to be used as payment for health care services for persons with disabilities in programs of the Department of Human Services, the Texas Department of Mental Health and Mental Retardation, the Texas Rehabilitation Commission, and the Texas Department of Health. This program will provide a voucher system in which the individual can select, manage, and dismiss an individual he/she determines to provide health care services covered by the program. These services include personal assistance and respite care. A work group will develop and implement the program.

Persons with disabilities may provide for their own personal assistance and respite care givers; programs previously providing these services under RN delegation may be affected by rules.

Effective date: 6/19/99

Multistate Regulation

HB 1342 by Maxey

Bill implements the interstate compact for multistate regulation of nursing for the Board of Nurse Examiners and the Board of Vocational Nurse Examiners; amends the declaratory order

This bill amends the NPA. The amendments to the NPA will remain in Vernon's Civil Statutes until the next

Effective date: 1/1/2000

Bill/Author

Synopsis

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section of the NPA to allow the Board to approve applicants without issuing an order when no grounds for denial exist. Bill amends the Vocational Nursing Act to remove the requirement for program length to be at least 12 months.

legislative session when they will be moved to the Occupations Code. After 1/1/2000, a single license issued in Texas to all nurses who live in the state will give them the privilege to practice in all states who are party to the compact. Rules to implement the compact were drafted by the Interim Compact Administrators Group and were presented to the Delegates of the NCSBN during the annual meeting in July.

Nursing Practice Act

HB 3155 by Wolens

Effective date: 9/1/99

The Texas Legislative Council is required by law (Section 323.007, Government Code) to carry out a complete nonsubstantive revision of the Texas statutes. The process involves reclassifying and rearranging the statutes in a more logical order, employing a numbering system and format that will accommodate future expansion of the law, eliminating repealed, invalid, duplicative, and other ineffective provisions, and improving the draftsmanship of the law if practicable—all toward making the statutes “more accessible, understandable, and usable” without altering the sense, meaning, or effect of the law.

The new NPA will be published in the new format. Those statutes recently passed by this legislative session which are found in Vernon’s Civil Statutes will also be the responsibility of the RN to comply with. (See related article on page 4)

Pediatric/OB-GYN

HB 714 by Naishtat, Coleman et.al

Effective date: 9/1/99

Currently, under state law and TDH rules, physicians are responsible for ensuring that newborn children are screened twice for specified genetic and metabolic abnormalities within 14 days after birth. TDH also requires by rule, the screening of children who attend public or private preschools or schools to detect vision and hearing disorders. This bill requires a hearing screening program for newborns be established in most hospitals and birthing facilities. Bill exempts birthing centers in counties with a population of less than 50,000 or with less than 100 births per year. Birthing facilities have to distribute to parents educational materials about screening results and follow up care.

RNs in pediatric and OB-GYN environments will be affected. APNs are specifically mentioned in this bill as providers who are responsible to ensure that infants with abnormal tests receive follow-up care. Also, RNs in pediatric and OB-GYN environments will need to know about this new requirement for patient education and clinical planning.

SB 519 by Zaffirini

Effective date: 9/1/99

Currently, Texas law requires the state to protect the public health, and requires each person to act responsibly to prevent and control communicable disease. This bill authorizes a physician or other person permitted by law to administer a standard serologic test for hepatitis B infection to a woman during gestation or at the delivery of an infant.

Policy and procedures will need to be reviewed or developed to accommodate this law in OB settings.

Physician Orders

HB 3083 by Telford

Effective date: 9/1/99

In 1996, the Texas State Board of Medical Examiners issued a position statement prohibiting a health care provider or practitioner in Texas from carrying out the orders of a physician located outside Texas unless that physician had a reciprocal, temporary out-of-state, or special purpose license. This bill provides an exemption from the MPA to allow licensed home and community support services agencies in Texas to accept orders for care from physicians located in states bordering the State of Texas.

RNs working in HHAs only will now be able to take and implement orders from client’s physicians along state borders.

Restraint

HB 1428 by Staples

Effective date: 9/1/99

This bill relates to unlawful restraint. It modifies the definition of unlawful restraint of children between 14 and 17 years of age who may be taken out of state or transported more than 120 mile radius from child’s residence.

Nurses working with children or in child custody situations need to be aware of what constitutes an offense.

School Nursing

HB 633 by Maxey

Effective date: 6/19/99

The Federal Individuals with Disabilities Education Act (IDEA) requires public schools to provide assistive technology devices necessary for the individualized education programs of students with disabilities. Such devices are the property of the purchasing school district. HB 633 encourages the transfer of devices with

RNs working in the public school system may be involved in the assessment for need of such devices and/or involved in the transfer of such devices for their disabled students.

Bill/Author

Synopsis

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students under certain circumstances when they transfer schools within a district or leave the school district in which the devices were purchased.

HB 2202 by Tillery

Effective date: 8/30/99

HB 2202 sets forth provisions regarding health centers on public school campuses, including mental health services, funding, grant awards, surveys, and parental access to records. Bill permits a school district to design a cooperative health care program model that may provide for the delivery of conventional health services and disease prevention of emerging health threats specific to the district. Permits establishment of a School Based Health Council (SBHC) by a school district upon recommendation of a Local Health Education and Health Care Advisory Council. Requires the SBHC staff and parent/guardian to jointly identify health-related concerns of a student that may be interfering with the student's well-being or ability to succeed in school. Requires parental/guardian consent to receive services; consent may be limited to specific services. Prohibits reproductive services including counseling or referrals by SBHCs funded under this bill. Requires good faith effort by advisory council and district to coordinate with existing health care systems and medical relationships in the community if located in county with less than 50,000 or in a medically underserved area. Requires SBHC to notify student's primary care physician prior to providing a service; health care providers must obtain approval of student's primary care physician if student is covered by Medicaid, CHIP, private health insurance. Provides mechanism for the awarding of monies by the Texas Department of Health.

School nurses and APNs involved in school health clinics and Community Health nurses need to be familiar with the language of this bill. More information may be obtained through the School Health Program staff at the Texas Department of Health. This Bill is being reviewed by TDH's School Health Council on which BNE serves.

HB 3420 by Maxey

Effective date: 9/1/99

Legislation prohibits a school district employee from knowingly selling, marketing, distributing, or suggesting the use of dietary supplements that contain performance-enhancing compounds to a primary or secondary education student with whom the employee has contact as part of the employee's duties.

RNs in the public school system should be aware of these prohibitions and should discuss these issues, as appropriate, with students, parents, teachers and school administrators.

HB 3606 by Salinas

Effective date: 6/19/99

Bill would require that an alternative education program that provide chemical dependency (CD) treatment services to be licensed by the Texas Commission on Alcohol and Drug Abuse (TCADA). Bill requires that a school district with such a CD treatment program employ a mental health professional to provide such services authorized by TCADA.

RNs in the school setting should be aware that the State may license such a CD program. RNs may elect to include CD resources in their plans of care when appropriate.

Volunteer Health Care Provider

SB 215 by Duncan

Effective date: 9/1/99

This bill language adds a "volunteer health care provider" under the protections of the Charitable Immunity and Liability Act of 1987. Under this bill, a volunteer health care provider who serves as a direct service volunteer of a charitable organization is immune from civil liability for any act or omission that results in death, damage, or injury to a patient if four conditions are satisfied: (1) the volunteer must have acted in good faith and in the course and scope of the volunteer's organizational duties or functions, (2) the volunteer must have committed the act or omission while providing health care services to the patient, (3) the services provided had to have been within the scope of the volunteer's license, and (4) the patient must have signed a written statement that acknowledges that the volunteer is providing uncompensated care, and acknowledges the limitations on the recovery of damages from the volunteer in exchange for receiving the uncompensated services.

Legislation exempts many health care professionals, including nurses and APNs from liability when they provide uncompensated care.

An Overview of Resources to Assist the Professional Nurse

by Cara S. Mueller, MSN, RN and Jolene Zych, MS, RN

Although there are many parties with a vested interest in the profession of nursing, each party has a different focus. The Board of Nurse Examiners receives many inquiries that are not within the Board’s jurisdiction. Because it is frustrating for individuals to contact the Board only to be referred to another resource, staff have devised the following chart in order to assist in the identification of the best sources of information*:

	Board of Nurse Examiners	Facilities/Workplace	Agencies (e.g. Texas Department of Health)	Professional Nursing Organizations
Focus	<ul style="list-style-type: none"> • protect and promote the welfare of the public • fulfills its mission through the regulation of professional nursing practice, accreditation of nursing programs, and licensure • the mission supersedes the interests of any individual, nursing profession, or any special interest group 	<ul style="list-style-type: none"> • serve the particular healthcare needs of individuals, families and communities • include but not limited to: hospitals, clinics, home health agencies 	<ul style="list-style-type: none"> • various federal and state agencies created to promote the health and well-being of the public 	<ul style="list-style-type: none"> • serve the interests of professional nurses • focus on legislative, political and practice matters, as well as workplace issues
Issues Addressed	<ul style="list-style-type: none"> • the Nursing Practice Act (NPA) is the law that defines professional nursing practice • rules and regulations are created to implement and interpret the NPA • position statements are not legally binding but represent the Board’s position on specific issues • general issues addressed which apply to a wide range of practice situations • situation-specific or otherwise narrow issues are generally not addressed by the Board (i.e., particular clinical standards) 	<ul style="list-style-type: none"> • specific policies and procedures regulating practice in that institution, including clinical procedures • policies and procedures regulating personnel and employment issues 	<ul style="list-style-type: none"> • vary based on the agency • see State of Texas website for specific agency focus: www.texas.gov 	<ul style="list-style-type: none"> • advocacy on behalf of the nursing profession • standards and scope of practice in particular clinical areas • promotion of professional research and development • Position Statements for specific issues and topics of interest (e.g., ethical issues) • workplace advocacy
Examples of Issues	<ul style="list-style-type: none"> • authorization to practice professional nursing (i.e., your license) • investigation and discipline of licensees • standards of professional nursing and definition of unprofessional conduct 	<ul style="list-style-type: none"> • chain of command issues • credentialing • protocols for clinical procedures • policies for documentation • compensation issues 	<ul style="list-style-type: none"> • Medicare/Medicaid • facility licensing and regulation issues • licensing and certification for professions such as CNAs, lay midwives, massage therapists 	<ul style="list-style-type: none"> • lobbying the legislature • clinical certifications (e.g. CRNFAs, advanced practice nurses, professional certification) • clinical practice standards (e.g., conscious sedation)

* This is not designed as an exhaustive list of resources

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>
Agee, Donna Gail Hulen	614617	Remedial Education	June 28, 1999
Allen, Juliet Ann	623827	Revoked	July 22, 1999
Arellano, Nancy Lou	570893	Revoked	July 22, 1999
Arnstine, Betty Nan	438744	Reprimand with Stipulations	July 22, 1999
Atkinson, Barbara S.	630483	Reprimand with Stipulations	July 22, 1999
Burdette, Sheila	631325	Remedial Education	July 8, 1999
Caldwell, Tracie	647889	Warning with Stipulations	August 10, 1999
Campbell, Carrie Gaye (Belkham)	622071	Warning with Stipulations	July 22, 1999
Casagrande, Amy Elizabeth	593972	Reprimand with Stipulations	July 22, 1999
Coles, Mary Lorraine	581919	Reprimand with Stipulations	June 8, 1999
Collenburg, Susan Catherine	588334	Reprimand with Stipulations	September 14, 1999
Collins, Ila Sue	239983	Warning with Stipulations	July 22, 1999
Costilla, Sylvia Elaine	594154	Reprimand with Stipulations	July 22, 1999
Crank, Brian C.	529919	Warning with Stipulations	July 22, 1999
Cross, James Michael	568998	Reprimand with Stipulations	July 22, 1999
Davis, Danah Carol	588779	Reprimand with Stipulations	August 10, 1999
Davis, Dorina Diana	446955	Revoked	July 22, 1999
Dorris, Peggy Ann Odum	224274	Reprimand with Stipulations	July 22, 1999
Dugan, Sharon Kaye	543591	Revoked	July 22, 1999
Dykes, Michelle Delaine	571693	Revoked	July 22, 1999
Estes, Sydney LaRue	654722	Warning with Stipulations	July 22, 1999
Farias, Sylvia R.	525290	Reprimand with Stipulations	July 22, 1999
Godsey, Gale Lynne	551321	Reprimand with Stipulations	July 22, 1999
Harman-Witter, Jennie Lea	614735	Reprimand	July 22, 1999
Hey, Susan Lynne	511823	Revoked	July 22, 1999
Hodges, Ramona Joy	234125	Revoked	July 22, 1999
Hoffman, Elizabeth Jane	592620	Revoked	July 22, 1999
Holland, Cecil J.	517065	Revoked	July 22, 1999
Humphreys, Barbara Ann	567918	Remedial Education	June 17, 1999
Igwe, Monica Chioma	587617	Reprimand with Stipulations	September 14, 1999
Iqbal, Naseem Sheik	563042	Reprimand with Stipulations	July 22, 1999
Jacob, Sobhana	615992	Warning with Stipulations	July 22, 1999
Kale, Deborah Beatrice	595399	Warning with Stipulations	July 22, 1999
Kuykendall, Cynthia L.	239601	Reprimand with Stipulations	July 22, 1999
Lara, Sandra C.	616887	Reprimand with Stipulations	July 22, 1999
Llanes, Ernestina	572635	Warning with Stipulations	July 22, 1999
MacQuarrie, Kim Darlene	515093	Reprimand with Stipulations	July 22, 1999
Madewell, Holli Renee	595755	Warning with Stipulations	August 10, 1999
Malone, Edward Taylor	644170	Warning with Stipulations	July 22, 1999
Mathews, Sadiq	459785	Warning with Stipulations	July 22, 1999
McKellar, Shirley Jonetta	589482	Warning with Stipulations	July 22, 1999
McLaughlin, Claire Kathleen	453482	Warning with Stipulations	September 14, 1999

continued on next page

DISCIPLINARY ACTION

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<u>NAME</u>	<u>LICENSE #</u>	<u>DISCIPLINE</u>	<u>DATE OF ACTION</u>
Melnik, Barbara Ann	559063	Warning with Stipulations	July 22, 1999
Mooring, Susan L. T.	221472	Reprimand with Stipulations	September 14, 1999
Moseley, Claire A.	255448	Warning with Stipulations	August 10, 1999
Mosley, Claudia Haynes	430247	Revoked	July 22, 1999
Mozingo, Jamie L.	526279	Reprimand with Stipulations	July 22, 1999
Neitzel, Kelene T.	613898	Revoked	July 22, 1999
Okafor, Eucharia Chidiebere	578104	Suspend/Probate	September 14, 1999
Parker, Denise	629159	Revoked	June 8, 1999
Parks, Mary Elizabeth	461920	Warning	September 14, 1999
Pegelo, Myrna	609253	Warning with Stipulations	July 22, 1999
Perico, Teresita L.	430072	Warning with Stipulations	July 22, 1999
Quebengco, Angelita R.	464206	Warning with Stipulations	August 10, 1999
Radcliffe, Lorne Joseph	639017	Warning with Remedial Ed.	July 8, 1999
Richardson, Tiffany	620592	Fine	August 8, 1999
Robinson, Debra Ann	573430	Reprimand with Stipulations	August 10, 1999
Rowan, Sue P.	631631	Warning	July 22, 1999
Seeger, Sheila Jeanette	596819	Fine with Remedial Ed.	August 26, 1999
Shirley, Angela Leigh	555698	Revoked	July 22, 1999
Skinner, Deborah	625358	Reprimand with Stipulations	July 22, 1999
Slomick, Phyllis Usher	607027	Revoked	July 22, 1999
Smith, Stephen Wayne	589973	Revoked	June 8, 1999
Spencer, Larry Albert	597008	Reprimand with Stipulations	September 14, 1999
Spiva, Kelley	638657	Reprimand with Stipulations	July 22, 1999
Stokesberry, Joyce Ann	585453	Reprimand with Stipulations	September 14, 1999
Tipps, Leann Rae	647118	Reprimand with Stipulations	July 22, 1999
Turner, Shirley C.	238059	Reprimand with Stipulations	September 14, 1999
Wade, William C.	649090	Reprimand with Stipulations	August 10, 1999
Wallace, Barbara Elaine	607198	Revoked	July 22, 1999
Watson Pauliann Reece	534483	Reprimand with Stipulations	August 10, 1999
Wayman, Donna Jean	574089	Fine with Remedial Education	August 2, 1999
Weidmann, Ruby Elaine	611866	Reprimand with Stipulations	July 22, 1999
Welch, Anne-Marie	618549	Remedial Education	July 19, 1999
Willeford, Carol Ann Knox	219143	Warning with Stipulations	September 14, 1999
Wilson, Julie L.	541915	Reprimand with Stipulations	August 10, 1999
Winkler, Shonny L.	239033	Reprimand with Stipulations	July 22, 1999
Womack, Carolyn Ozment	452986	Warning with Stipulations	July 22, 1999
Woodard, Bart Wayne	568803	Revoked	August 10, 1999
Yarber, Dawn Annette	607285	Reprimand with Stipulations	July 22, 1999

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

<u>NAME</u>	<u>LICENSE #</u>	<u>DATE OF SURRENDER</u>
Barnett, Gary Wayne	528876	June 16, 1999
Butschek, Donald Wayne	607407	July 12, 1999
Carranza, Walligene	532885	July 16, 1999

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VOLUNTARY SURRENDERS

- continued from previous page

<u>NAME</u>	<u>LICENSE #</u>	<u>DATE OF SURRENDER</u>
Dickerson, Pamela Yvette	545241	June 23, 1999
Duncan, Faye Carol	563254	June 16, 1999
Elliott, Nancy	246450	August 4, 1999
Foster, Archie Keith	547356	June 23, 1999
Gaffney, Cynthia Cherie	252474	June 16, 1999
Gregory, John B.	533422	June 15, 1999
Hurd, Syretha A. (Young)	527321	July 19, 1999
Jalufka, Don J.	533673	June 22, 1999
Jensen, Garye Shawn	595318	August 27, 1999
McGowan, Laura Ann	583570	July 15, 1999
Porter, Ola M.	500602	July 8, 1999
Ray, Wayne Travis	536957	August 18, 1999
Redding, Amy Elizabeth	511390	July 20, 1999
Seib, Louise	539274	August 2, 1999
Smith, Miguel Angel	602099	June 28, 1999
Southern, Sandralyn	531909	June 25, 1999
Stotts, James Beecher	229032	June 8, 1999
Tillman, Tony L.	256203	August 30, 1999
Waldron, Sharon Elizabeth	633092	June 10, 1999
Warren, Kathleen	623432	September 2, 1999
Williams, Suzanne Grandpre	516852	July 8, 1999
Williamson, Tracy Leigh	578590	June 10, 1999
Worle, Deborah Ann	625172	August 18, 1999

Insufficient Funds

As of September 10, 1999, 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 may be in violation of the Nursing Practice Act and may be subject to disciplinary action by the Board.

<u>NAME</u>	<u>LICENSE #</u>	<u>NAME</u>	<u>LICENSE #</u>
Allen, Julie Ann	623827	Filler, Marcia Ann	553220
Asble, Alex Walter	564983	Fryer, Renee Marie	578735
Bargas, Virginia	257121	Glisson, James M	239549
Barr, Lori Anne	537652	Gunnels, Lorrie Ann V	623930
Buol, Kolleen Kay	516233	Guthrie, Kelly R	547982
Conti, Angela Rose	552231	Hatter, Deanne Marie	568968
Cotterell, Jennifer Sandra	516426	Hess, Cathy Christine	628267
De John, Ida C Caperna	424176	Howard, Dorothy	613705
Dennis, Patricia Ann	503975	Howell, Sharon	459387
Dever, Lorraine Marie	579468	Jenkins, Victor I	517158
Dillon, Patricia	560309	Kirk, Sandra Andrews	521416
Falkner, Barbara Marie	587013	Kishbaugh, Shari Elizabeth	575583
Farra, Diane Rae	560781	Kuntz, Eileen Marie	514331
Felkins, Bettye Lisa	557452	Kurylo, Kim Diane	580995

continued on next page

BNE HELPFUL NUMBERS

MAIN NUMBER(512) 305-7400

- 24 Hour Access
- License Verification
- General Information

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

- Returned checks
- Refunds
- Debits

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

- Renewals
- Endorsement/Reciprocity
- Continuing Education for RNs

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

- Computerized RN mailing lists or labels
- Publications

NEWSLETTER INFORMATION...(512) 305-6842

WEB Address.....www.bne.state.tx.us

- Refer e-mail inquiries to:
webmaster@mail.bne.state.tx.us

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

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

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

- APN application and Prescriptive Authority procedures
- Application Requests.....(512) 305-6867
(Voice Box Only)

- Initial Authorization to Practice
- Prescriptive Authority

EDUCATION & EXAM.....(512) 305-6818

- RN/APN nursing programs
- Distance Education Initiatives
- NCLEX-RN applications
- Graduate Nurse permits
- Declaratory orders

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

- Nursing practice issues
- Legislation
- Workshop Information.....(512) 305-6840

Change of Address

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

Last Name: _____
First Name: _____
Middle Name: _____
SSN: _____ / _____ / _____
RN# _____
Today's Date: _____

Old Address:

Address _____

 City _____
 State _____ Zip _____

New Address:

Address _____

 City _____
 State _____ Zip _____

Mail to:

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

BNE EVENTS

Board Meeting Schedule - 1999

October 28-29

Board Meeting Schedule - 2000

January 20-21, in Temple

April 13-14

July 20-21

October 12-13

Looking to January...

NURSYS License Verification System

The BNE is participating in a pilot program for the NURSYS Licensure Verification System implemented by the National Council of State Boards of Nursing, Inc. State boards of nursing will obtain information required to process endorsement applications from other states electronically. The result for nurses will be a faster, more convenient process for verifying one's licensure status to another state.

Workshop Update

The Board of Nurse Examiners (BNE) presented the "Focus on Nursing Practice" workshop in Corpus Christi on October 6, 1999. The Corpus Christi workshop was the last of nine workshops for 1999.

Workshops scheduled for early 2000 include:

January 19 - Temple

February 16 - Laredo

February 17 - McAllen

The information presented during the BNE's "Focus on Nursing Practice" workshops has been recently revised to include new case studies to educate RNs on the Standards of

Nursing Practice, Unprofessional Conduct Rules and the Board's Position Statements and Guidelines. Also included is information on Multistate Licensure and an update on the 76th Texas Legislative Session. Workshop registration forms may be downloaded from the BNE website: www.bne.state.tx.us provided that you have Acrobat Reader on your system.

This program is free and a link is provided to the Acrobat site from the **Files and Download** section of our website. The registration forms will be available six weeks prior to the workshop date at any given location.

HPC Offers Toll-Free Number for Complaint Forms

The Health Professions Council has a toll-free phone number for obtaining complaint forms to report inappropriate actions by Texas-licensed health professionals including Doctors, Physician Assistants, Therapists, RNs, and LVNs. That number is: **1-800-821-3205**.



The purpose of the *RN Update* is to disseminate information to registered nurses licensed by the State of Texas, their employers, health care providers, and the public concerning laws and regulations established by the Board of Nurse Examiners related to the safe and legal practice of professional nursing. The *RN Update* provides information on current issues and trends in nursing regulation, status of nursing education programs, information regarding licensure and nursing practice, and disciplinary action taken against licensees who violate the Nursing Practice Act.

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Office Hours and Location

The Office of the Board of Nurse Examiners is located in The William P. Hobby Building, located at the corner of 4th and Guadalupe in downtown Austin. The mailing address is P.O. Box 430, Austin, Texas 78767-0430. Office hours are 8:00 a.m. to 5:00 p.m., Monday through Friday, except for designated holidays.

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**Board of Nurse Examiners
for the State of Texas
P.O. Box 430
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