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2019 NCSBN Annual Meeting - What's on Your Mind About the Future of Nursing Regulation Today? Video Transcript
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Event

2019 NCSBN Annual Meeting

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Presenter

2019 NCSBN Board of Directors

- [Julia] So, the next thing on the agenda, and I will moderate that, is the question and answer dialogue with the Board of Directors. Every year, we ask attendees and members prior to the meeting if there are things on your mind that you would like to hear the Board of Directors comment on or discuss.

And then we look at the themes of those questions and collate, try to put several like-minded questions together, if you will, and then ask our board members to respond. So, the first area or first questions are related to advanced practice. And the questions were, how can NCSBN help in states where APRNs have full practice authority but are still required by CMS rules to have a physician sign off on durable medical equipment and non-durable medical equipment for home health clients?

And then the second question is, what current and future plans for boards of nursing to manage practice across state lines for APRNs such as telehealth as it relates to APRNs educated and certified with requirements that don't match the current expectations? And I'm going to ask Valerie Fuller to respond.

- [Valarie] Thank you, Julia. In regards to the first question, NCSBN has been in contact with CMS and continues to work with professional nursing groups and our Nursing Community Coalition to advance changes to the CMS payment system that unnecessarily limits access to care delivered by APRNs.

That being said, as a nurse practitioner APRN, on a more personal level, I think that when we come across these issues, we need to reach out to our members of Congress on a personal level, not a form letter, but actually reaching out to their office, sending them a direct email.

And I'll give you an example of something that happened to me recently. So, I'm a certified woundostomy nurse and a certified foot care nurse. I had a patient come in with a diabetic foot ulcer. She had no access to primary care in the very rural area where she lived in Maine. I saw her in clinic, and she needed a diabetic shoe. She needed to offload that foot ulcer.

So, I emailed her representative and let him know that because of this delay in care, she wasn't able to offload this ulcer, and she was at significant risk for complications. And I actually was very direct and said, you know, "This could result in amputation for this patient."

So, I do think we need to continue the personal outreach when we can. In terms of the second question, I wavered a little bit on how to answer this one. But I think what it was getting at was the APRN that's not in alignment with the APRN consensus model.

So the interstate compact will help manage practice across state lines for APRNs, including those APRNs that are participating in telehealth. I think if the education and certification aren't congruent with the consensus model i.e. a grandfathered APRN, so what came to mind for me was the bachelor's prepared NP that doesn't have the graduate education.

Those APRNs may be eligible for multi-state APRN license if the ULRs allow for it. If the ULRs don't allow for it, or don't permit grandfathering of those APRNs, the APRN would need to inquire with each individual state in which they seek to practice.

- Thank you, Valerie. And we've heard a lot this morning about compacts and mobility. So two questions, and I'm going to ask Jay Douglas to respond to this. What is the projection for the entire United States to be included in the Nursing Licensure Compact, and what steps is NCSBN taking to encourage non-compact states to become a member?

- [Jay] So to the first question, in terms of the projection for the entire United States to be included in the NLC, this is a difficult question to answer as we know legislatures are full of surprises. Currently, 34 states have passed NLC legislation, and we also have three states with pending legislation, Massachusetts, Michigan, and Pennsylvania.

In addition, we have five states or territories that are planning to file legislation during the next session, and that number can certainly grow as we inch closer to the start of the 2020 legislative session. I'm going to step out a little bit here and say if we reached 40 states in the next year or two, then it may be realistic to say that we may have the entire United States by 2025.

The second question, what steps is the council taking to encourage non-compact states to be a compact state? As the NLC gains more and more states, the pressure on remaining states to join the NLC grows, and we heard some of that pressure this morning in the prior presentation. In many of the remaining states, the major legislative hurdle is overcoming opposition from the nursing unions.

NCSBN legislative staff and compact staff work with boards of nursing to present on the NLC to boards of nursing and legislative coalitions, correct any misinformation and inform them of the benefits of being in the NLC. Additionally, NCSBN offers grant money to states who are concerned about the cost to enact and implement the NLC.

- Thank you, Jay. The next question is related to discipline, and many of our disciplinary cases throughout the country are related to drug diversion, as many of us know. Is there something that can be done to educate students on what the ramifications of diversion or misuse of drugs or alcohol as it relates to their nursing practice, identify risk factors ahead of time?

And how can we support these students or new nurses to make good decisions about the above and improve the statistics of success? That's a loaded question, and that's for Lori Scheidt. She's up to that job. - [Lori] Well, most of you know that National Council through the learning extension department has the free CE course about substance use disorder and nursing.

So that's the first step is encourage people to take that course and students and staff nurses alike. And National Council is also developing a comprehensive SUDs prevention program that will be for students and staff nurses that will be pilot tested sometime in 2020. The other part of the question having to do with what can happen to a licensee, so you know I'm going to say something about nurses, right?

So, in nurses, I think, having that tool where you can put the discipline documents out there so people can see ramifications is important through your own newsletters. And, of course, you know, when David talks frequently about research and getting in other publications, that's another way to have that outreach. And the other issue is Marianne was telling me that there is research being done again about the outcomes of the alternative discipline programs.

So, there's more research being done in that area as well.

- Thank you, Lori. The next question is related to education and admissions for students. According to the latest literature, regulatory focus on first-time NCLEX pass rates as the sole measure of nursing programs. Quality continues to contribute to non-diversification of the profession as the majority of schools are only willing to admit students who test well and/or do not allow those not meeting a standardized test benchmark to graduate.

This disproportionately affects lower socioeconomic populations. When will we focus on persistence to both complete program completion and licensure and see a more democratized rather than elitist approach to nursing school admissions?

Yeah. So this one's loaded too, right? And, I'll ask Cynthia LaBonde to respond. - [Cynthia] This is a great question for me just because we're dealing with some of these issues in Wyoming. So, I spoke with our education guru, Nancy Specter, guru at NCSBN, and she provided some information for me to share with you.

So NCSBN is completing a large study with several parts where we're examining Board of Nursing site visit documents and annual reports to develop some evidence-based outcomes and metrics other than first-time NCLEX pass rates the boards of nursing could use when approving nursing programs. So those recommendations should be out in the winter of 2020.

We do think that some of what we learn will allow for more diversity of students being enrolled in nursing programs because there won't be as much focus on first-time NCLEX pass rates.

- Thank you, Cynthia. The next questions are related to examinations, and I'm going to ask Jim Cleghorn to respond. And if he needs a good assistant, I think Phil Dickinson, if he's in the room, might be able to assist with any responses that Jim would like.

The first is in the next generation NCLEX. Why are we not incorporating a significant number of questions pertaining to the care of people with disabilities when the prevalence is growing, and there are 53 million in our population with an acquired developmental, intellectual, or progressive disability?

- [Jim] So, the next generation NCLEX isn't a change to the test plan. The test plan is revised every three years based on evidence from the practice analysis. Additionally, I believe that you would find that that content is already embedded within the test plans.

- Thank you. The next question is that the next generation NCLEX has attracted some attention from the professional nursing community. There are feelings that the NGN is changing the nursing process by deleting the assessment phase. Could you speak to this concern?

- So the NTSB and clinical judgment model, it's an assessment framework. It's designed to measure clinical judgment skills, and it does not replace the nursing process. In fact, it really should strengthen and reinforce the nursing process as we begin measuring with that.

- And what is the anticipated affect that the NGN will have on the NCLEX pass rates?

- I don't know that I've got a great answer at this point. I'm not sure that we have enough research at this time to really be able to speak to that one.

- Okay. Thank you.

- But if you want a corner Phil, you can certainly.

- Phil's hiding, I don't see him. - [Phil] I'd never hide from this.

- Okay.

- I have a passion about this, so that works. So I want to reiterate something that Jim said ultimately and then tie it back to sort of the past rates and what we think is going to happen. The reality of the NGN is, in fact, we need to start thinking of it as a measurement model, not a thinking model.

It is how you measure thinking, and what defines that in all of our nursing has always been the nursing process. And so, really, what we're attempting to do is to make the nursing process much more rigorous. If you think about the nursing process at this point in time, the way it's taught right now, and the way our research is showing that is actually being incorporated as, it's linear, and then cyclical.

So you start with A, you end with E. You figure, "Did that work?" and then you jump back and start all over again. What we really think is happening or should be happening is it should iterate A, you know, keep going back, more information, right? And that's all we're able to do with the clinical judgment model in our measurement is try to measure that iteration within the nursing process.

So we actually believe, not only should the nursing process continue, but it should be continued in a more rigorous manner in which the way we incorporate the measurement should give us that feedback.

That's number one. Number two, Jim's absolutely correct. The disability issue is already in the practice analysis, that content's not changing.

So remember, the content just shifts over. So you would have these vignettes that would have scenarios in which disabilities occur, and how do you critically think through that and answer that those are going to occur? Now the tough question, Jim. The answer is, we don't know. I can tell you some things that may make you feel comfortable and feel a little bit better about it.

Here's what we do know. When you take a look at the NCLEX items and the NGN items and you compare them together in terms of candidate performance, we've had 304,000 individuals take the NGN items, and that gives us a lot of data to compare. So we know that when you level on ability, so those individuals who are doing very well on NCLEX, they're taking minimum length exams and they're passing are doing very well on NGN items.

Those people are doing very poorly on the NCLEX and are failing those 60 questions are doing very poorly on NGN items. That should not surprise anybody, but it should actually give you some comfort in that where we're trying to figure out isn't those people. It is near the cut where we're making public safety decisions, where we're going to get more information.

So I would suggest if you're going to have any variability, will it go up or down? I don't know that yet. What I'm telling you, though, is the early research suggests that we are focusing right where we need to be in making those decisions. But it'll be another 12 months or so before I can probably answer any question like that. Thank you.

- Thank you, Phil. Thank you. The next question is related to governance. And as an international leader in self-regulation, what specific plans does NCSBN have to address, educate, and support issues that are more global and not strictly U.S. driven?

I'll ask Gloria Damgaard if she would respond. - [Gloria] Yes. Thank you, President, George. On the international level, I think, you know, all of you would agree that you are seeing more of that in our presentations that we have at our annual meetings. We're hearing from some of the world leaders such as Elizabeth Iro, the Chief Nurse of the World Health Organization.

I think there's been a deliberate focus to try to have conversations with people, you know, outside of just our organization. So, to that end, I think that the staff and the Board of Directors has been looking to other countries for best practices, keeping abreast of some of the good work that's going on in other countries.

Like, in Canada, they're working on governance issues that we can learn a lot from. Spain is looking at some of the electronic healthcare records and trying to glean information from those. And we're monitoring and keeping abreast of all of that, and then publishing that in your "Good morning, members" documents that you get trying to push out some of the things that are going on in other countries.

The National Council is active in the International Council of Nurses. You know, they have a congress every two years, and that just happened in Singapore this year, and I was fortunate to be able to attend

that on behalf events NCSBN. It was the first time that I had attended an ICN meeting, and I can tell you that NCSBN is the leader in nursing regulation across the world.

David Benton provided a plenary session at this meeting, and he's also been doing some work on acting in the public interest with some international authors as well as U.S. authors. Our research team, you would have been very proud of them because they presented numerous sessions on the research that's gone on in nursing regulation at the ICN.

We're also involved in the Council on licensure enforcement and regulation. They hold an international conference every two years as well, and we've actively participated in that also. So, those are just a few of the things that are going on internationally, but I think it's especially important that we're starting to, you know, hear from some of the world leaders and starting to move into the world stage with nursing regulations.

So, it's really very, very exciting.

- Thank you, Gloria. The next questions are related to legislation or potential legislation. The first dealt with speak to the current threats to occupational regulation from the state legislative perspective, which our prior panel spoke to that somewhat.

And the second question is, what are some proactive measures that non-umbrella boards can take to prevent consolidation with other agencies? And I'd ask Mark Majek to respond. - [Mark] Good morning. I was very fortunate to get this question because when I looked at the agenda, I saw the panel before us, and that really helped me out a lot.

The second one is, if you haven't seen it yet, this document came out this past month, the nursing journal regulation, just last month regarding this specific issue. And, I need to tell Kathy, I still have this document. She gave it to me, and I still kept it because it's so important to share with anybody has anything to do with policy, regulatory policy.

So, please share this document. It answers many, many questions that we're asking and give us a lot more evidence and discussion in that particular area. But beyond the panelists, what I'd like to say is that we have to differentiate the disciplines, low risk versus high risk. Nursing versus hair braiders is usually different, so we have to really continue to differentiate when we hear these reports.

We have to proactively engage in dialogue with groups that we've never...excuse me, that use over-generalizations and inaccuracies being promulgated. This is the one area I think that the panelists brought out the media can be our friend. We have to engage these conversations and not let it pass thinking it's going to go away because it's not.

So we have to engage any of that at the time that is generated. We need to diversify our regulatory research, especially to include economist. When it comes to push the shove, we look at always quantity sometimes versus quality. And we need the evidence to show what the quality indicators are and include what the cost of regulation is and what it means, and we need to translate that.

So our jobs to look at the quality factors of public protection, and that's what we need to do a better job at. We also need to begin to toot our own horn. But the caveat is, when you toot your own horn, make sure the notes are pleasant because if you have one bad note, they will pounce on it and you know that.

And then you have to follow up on that bad note, but you have to follow up. But we have to do a better job of saying the good things that our state regulators are doing and the National Council. And then following up the second question and really is indicative of all the questions is that we have to have a productive, constructive relationship with all our stakeholders, and we need to expand our stakeholders within the profession and outside the profession.

It's normal to have a relationship with our nursing associations, and that's good, and we should continue that. Well, we need to look at groups outside the nursing associations and other stakeholders such as patient advocacy groups, military families, AARP. Because if you really think about it, when you go to a legislator, they will give a regulator their ear, and they'll say, "Thank you very much."

They'll give the Nursing Association the ear because they have good information. But when a constituent comes from any of these groups, they give both ears and they listen well. We have to remember that from that perspective because they can advocate for us. Last one is we have to have a productive and constructive relationship with legislators as difficult as that might be.

We know we cannot lobby, we hear that continuously, we cannot lobby, but we can aggressively educate. And when the doors open, we need to walk through the door, not peek through it. So when there's an issue that is a door opening for an opportunity for us to go through the door and have this relationship. The second piece of that is if you're like me, if the session just ended, I'm done.

I'm tired. I want to go back to my office. I want to get back to work. But that's really the opposite we should be doing. We should be going back to the legislature establishing the relationship all year long because when the session happens, they're gone. They're doing something else. They need to hear from us in the interim and have that construction open relationship.

- Thank you, Mark. The next question is related to marijuana and CBD oil. It says while since NCSBN has provided information and guidelines regarding marijuana, there are no guidelines that are specific to CBD oil. Will NCSBN be looking at the literature and formulate guidelines specific to this and make any recommendations for healthcare providers.

I'd ask Kathy Boris Hale to comment on that. - [Kathy] Thank you, Madam President. A great question, and I've been told that I'm not here to talk the rest of the afternoon about cannabis. So, first of all, no, we don't have any plans at this time to update the guidelines and simply because the information hasn't changed that dramatically.

And while this is difficult, as regulators, we're going to have to feel our way through this. The scientific information is not there. There's tons of research that have been done but not in this country due to the fact that cannabis still remains federally illegal. Now, there is showing promise.

This guideline, which I call "The Book of Cannabis" by NCSBN is a beginning step, almost as with the scientists that came back from vacation and found the mold in the petri dish and said, "What in the world is this?" Which we now know became penicillin.

We are just at the early stages. And I know, as regulators, as nurses, we like to have more concrete information. We want to know how it's made, what it is, and write it up, and we can judge everybody by the same yardstick. Well, folks, we just can't do it. So I have to share with you a saying my mother always said, "At no time should policy outweigh common sense."

You're gonna have to use the same steps as you do with other matters when looking at a complaint. Is this a complaint that was just brought to our attention and this person was using CBD? And for those of you who don't know, CBD is cannabidiol, which is one of the compounds found in cannabis.

All plants have them. CBD oil, you can find it online. Right now, you could go and order it. What you don't know is how much CBD is really in there, if there is THC in there, which is the component that has a psychoactive effect because it's not really regulated well.

In some states it is, some it's not. You can get it flown in. So what are you going to do with that when someone sends you a complaint? Well, you're going to use the good brain that God gave you and approach this in the same manner that you would any other complaint. How did it impact the patient? Will it impact the public?

How? Well, you're going to have to figure that out. On page 17, I found a great statement that says, "Regulatory oversight and complaints involving cannabis should receive the same due process and principle of good regulations used with other complaints that you receive. You know we don't have a textbook on everything that nurses can do, and my gosh, they can do a lot of things.

And that's not going to change and cannabis is not the difference. You're going to have to use the same guidelines and your same moral intuition that you use on anything else. As this grows, I think you will see us address this, and this is an evolving and ongoing process.

Then I'm very excited and proud that this organization took this on, and I'm proud of all of you looking into it and keep those questions coming to us. Thank you.

- Thank you. We may have "The Book of Cannabis" on Oprah's book list ...immense popularity. Now, the next question is for Adrian Guerrero, and it's related to technology, how medical technology advancements will impact and shape regulation in the future and how we might prepare for it.

- [Adrian] Thank you, Madam President, I think it's going to be important that we ensure patients aren't harmed by these emerging technologies, especially ones that come out without a whole lot of robust evidence of their effectiveness. Science and technology is moving so quickly that oftentimes our regulatory frameworks have difficulty keeping up. So I think we're going to have to take some looks at those to see if there's some ways that we can tweak that.

And, for example, artificial intelligence is rapidly taking off. And basically what artificial intelligence is, is use of information and quality data sets. Nara [SP] and I were talking about this as we were preparing

for this, and he gave an example of, you know, somebody calling upon a phone list used to be you could tell that you were talking to a computer.

Well, nowadays, they're getting so good that it's difficult to know that it's not necessarily a person. And when you're asking questions to those, the answers that are coming back, who's liable for it? What kind of money is involved with that? You may not even know where the questions are necessarily coming from or where they were created. On top of that, cybersecurity is going to be a critical component as well.

Patient data is being attacked by state governments at times, not state U.S. governments but nations. And hackers are taking control of even hospitals and holding them for ransom. So I think it's going to be important that there's some regulations tied around cybersecurity so that we can ensure that the information is protected.

- Thank you, Adrian. And the last questions are related to workforce and really primarily related to the role of LPNs. The writer says, "I'm interested in NCSBN considering the role of the LPN in future health care as this is long overdue for discussion. And follow up or subsequent question, as we move into the global nursing regulation arena, is NCSBN working with other regulatory bodies to better delineate the roles and qualifications of the LPN and the RN?"

And I'd ask Libby Lund if she would respond for us, please. - [Libby] Yes, thank you, Julie. I think that we've heard discussion and we've received guidance in these last two days for the...that will help inform the answers to these questions. We've had guidance on developing a regulatory framework that sufficiently agile to allow for and actually encourage changes that can be made in the public interest.

But more specifically, these roles are being examined by the Model Act & Rules Committee. Experts in LPN education and practice have already come before the committee to share their expertise. The committee's also examining the current and future roles of RNs, and you may have seen a JNR article on RN prescribing in a recent issue.

The committee will be reporting on its suggestions for modernizing the Model Act & Rules at the media meeting, so you'll have an opportunity then to weigh in on these questions.

However, the committee certainly is very open to hearing your suggestions at this time. Please, you may address them to me if you wish as I'm serving as a liaison from the board for that committee or any member of the committee. Thank you.

- Thank you, Libby. And now I'll turn things over to David Benton for some closing announcements.

- So first of all, I'd like to thank all of you that submitted questions the ability to hear what's on your mind and provide an opportunity to respond to that is incredibly important.

And I'm sure there are many other questions out there, and please use the time we've got left together to raise those with us either individually. I'd like to thank Julie and the Board of Directors for really doing their homework and providing responses to all the questions, so please join me in thanking the Board of Directors.