

Arkansas Department of Health**Arkansas State Board of Nursing**

1123 S. University Ave., #800 • Little Rock, AR 72204 • (501) 686-2700 • Fax (501) 686-2714
 Governor Sarah Huckabee Sanders
 Renee Mallory, RN, BSN, Secretary of Health
 Jennifer Dillaha, MD, Director
 Sue A. Tedford, MNSc, APRN, Director

MEMORANDUM

DATE: April 1, 2024

TO: Office of the Bureau of Legislative Research
miller-ricer@blr.arkansas.gov
philp@blr.arkansas.gov

FROM: Leslie Suggs
 Executive Assistant to the Director

RE: Proposed Changes to the *ASBN Rules*:
 Chapter One- General Provisions
 Chapter Two- Licensure: RN, LPN, and LPTN
 Chapter Six- Standards for Nursing Education Programs
 Chapter Seven- Rules of Procedure
 Chapter Eight- Medication Assistant-Certified
 Chapter Nine- Insulin, Glucagon, and Medication for Adrenal Insufficiency or
 Adrenal Crisis
 Chapter Ten- Alternative to Discipline
 Chapter Eleven- Full Independent Practice Credentialing Committee

Our public comment period concerning this matter ended on March 8, 2024. A public hearing at our office was held on February 28, 2024, at 10:30 a.m.

Following is a summary of the proposed changes:

Chapter 1

The definition of *Full Practice Authority/Full independent Practice* was updated to align with the changes from Act 872 of 2023. The definition of *Program Outcomes* was added to aid consistency in measurement by Arkansas nursing education programs; and updated the rules to reflect current fees charged to licensees.

Chapter 2

For clarification and to align with the Nurse Licensure Compact (NLC) definition of terms and editorial changes were made. The term “means” replaced “is”, (ICNLCA), “in a party state”, “Executive”, “of the ICNLCA” and “approved to perform duties as delegated by the Commission” were added, and the definition of “Covert” and “referred to in Article IV of the Interstate Commission of Nurse Licensure Compact Administrators Bylaws” were removed. The term “terminate the active status” replaced “change the status”. To clarify to the public that the investigative information is not in the data system, we added “as defined in Article II e”. To align with statute and provide clarification, the following changes were made: the term “any” replaced “a”, we added “the existence of”, the term “determine” was replaced by “ascertain”, “and member

board notifications related to” was added, and “or” replaced “and any”. We added a new rule that defines full party state participation in the coordinated licensure system required by statute. For editorial purposes, the term “Date” was removed and “shall be” replaced “was”. The Transition provision was amended to take into consideration the completion of the transition to the enhanced compact while maintaining an explanation for the licenses which remain in force from the prior compact. The amendment was also to clarify that the legacy clause does not pertain to a licensee who changes primary state of residence after the implementation date. The numbered sections 2, 3, and 4 were deleted as they are no longer relevant. To align with current language “Recognition of” and “After January 19, 2018” were removed from title and “Implementation By” was added. For editorial purposes “The Executive Director shall notify” was added and “shall be notified by the Commission” removed. To assist states in providing more time to gather the necessary information for implementation the time period of “six (6)” months was extended to “within twelve”. For editorial purposes the terms “Executive”, “the new party”, “the new home”, “remote” were added; and “new state”, “a Compact”, “That was not a member of the prior Compact”, “a party”, “all other”, “another party state” were removed. To align with current language “Multistate” was added, and “multistate licensee” replaced “nurse”. A 60 days provision was added for a licensee to apply for a license in the new primary state of residence. This addition provides guidance for employers and licensee related to working in the privilege to practice in a new primary state of residence. Section 402(3) was moved to improve readability. The terms “party state shall” and “identify a license” were added, and “license issued by a party shall be” and “identified” were removed for editorial purposes. Sections were removed as they are in statute. To align with military statutory requirements the term “home state” was replaced with “primary state of residence”. To align with current language the term “the”, “request”, “and all party state Compact Administrators shall be informed of the result” were removed, and “a new party state’s”, “contact the Executive Director to request” and “through the Executive Director”: were added. The Criminal Background Check section was removed as it is covered in ACA 17-3-102. In accordance with Act 137 of 2023, the term “expedited” was changed to “automatic”. Pursuant to Act 137, education and national certification was added and the one-year limitation for veteran application was removed.

Chapter 6

To align with the change of agency name, “on Accreditation of Health Care Organizations” was removed. For consistency purposes “one (1) year” was changed to “two (2) years” relating to conditional approval status. In accordance with Act 672 of 2023, “Preceptors shall not be utilized in foundation or introductory course” was deleted. Editorial change was made removing “or licensed psychiatric technician nurse” as they do not serve as preceptors. In accordance with Act 672 of 2023, “there shall be no reimbursement to students for the educational preceptorship” was removed. Section was added to clarify role of educational program, clinical facility, and student under Act 672 of 2023.

Chapter 7

Two application types “prescriptive authority” and “full practice authority” were added into the definition of fraud and deceit to include all application types received by the Board of Nursing.

Chapter 8

To align rules with current statute, an editorial correction was made adding A.C.A § 20-38-105 as the correct Act. The Advisory Committee section was deleted due to the Committee being dissolved by Act 365 of 2023. To align rules with current statute the term “expedited” was changed to “automatic”. For editorial purposes the section was renumbered, and a technical correction was made substituting certification for licensure. Pursuant to Act 137 of 2023, education and national certification was added and the one-year limitation for veteran application was removed.

Chapter 9

To align rules with statute and Board of Education rules the Chapter title was updated. The terms “and medication for adrenal insufficiency or adrenal crisis”, “and the Arkansas State Board of Nursing’s authority”, “6-18-718”, “and medication for adrenal insufficiency or adrenal crisis”, “student” were added and sections 1 and 3 under Regulatory Authority were removed. In accordance with Act 1050 of 2021 and to align with the State Board of Education rules “25-15-201 et seq”, “and”, “to Arkansas public school students diagnosed with diabetes” were removed, and definitions for Adrenal Crisis, Adrenal Insufficiency, Diabetes, Emergency Dose Medication, Licensed Healthcare Practitioner, Non-scheduled Dose of Insulin, Scheduled Dose of Insulin, and Stress Dose Medication were added. In addition, definitions of Emergency Situation, Glucagon, Insulin, Licensed School Nurse Employed by a School District, and Trained Volunteer School Personnel were updated. Editorial changes to align with the State Board of Education rules were made: “and/or” replaced “or both”, “administer” replaced “provide”; “injections”, “Arkansas Department of Education”, “review”, and “Division of Elementary and Secondary Education” are removed; “student’s individualized Healthcare Plan” replaced “health plan”; “volunteer” and “are designated as care providers and” are removed; and “have volunteered and been” added; “written authorization of the student’s parent, guardian, or person acting in loco parentis” replaces “parent’s or guardian’s signed authorization”; “who are designated as care providers and trained to administer insulin and/or glucagon”, “only”, “such” and “trained to administer insulin and/or glucagon for each school” are removed. In accordance with Act 1050 and 2021 and to align with the State Board of Education rules, the Administration of Medication for Adrenal Insufficiency Crisis section was added.

Chapter 10

To broaden the individuals eligible for participation to include not only individuals licensed by the Board of Nursing but also those who are certified, all references to “licensee” were changed to “individual” and we added certification by the Board of Nursing in addition to licensure. The term “nursing” was deleted in reference to practice type, and we changed “licensee” to “participant” and “nurse” to “individual”.

Chapter 11

To align with Act 872 of 2023 we added “Clinical Nurse Specialist” to qualified license types. We updated the definition of Full Independent Practice Authority to include Clinical Nurse Specialist. To align with Act 872, the definition of Clinical Nurse Specialist and term “board required with a physician” was added and “collaborative practice” was removed. Clarification of requirements for APRNs who have practiced in another state or territory was added.

ARKANSAS STATE BOARD OF NURSING

Summary of Public Comments Concerning

Proposed Changes to ASBN Rules:

Chapter One-General Provisions

Chapter Two- Licensure: RN, LPN, and LPTN

Chapter Six- Standards for Nursing Education Programs

Chapter Seven- Rules of Procedure

Chapter Eight- Medication Assistant-Certified

Chapter Nine- Insulin, Glucagon, and Medication for Adrenal Insufficiency or Adrenal Crisis

Chapter Ten- Alternative to Discipline

Chapter Eleven- Full Independent Practice Credentialing Committee

The public comment period was February 6, 2024, through March 8, 2024. A public hearing was held on February 28, 2024, at 10:30 a.m., at the Arkansas State Board of Nursing, 1123 S. University Ave., Ste. 312, Little Rock, AR. Written comments received during the comment period and verbal comments received during the public hearing are below.

Chapter One- General Provisions:

None

Chapter Two- Licensure: RN, LPN, and LPTN:

Janice Ivers, National Park College (Attended public comment hearing)

Comment: She asked for clarification regarding Multistate Applicant Responsibilities 402.4 *“A nurse shall not apply for a single state license in a remote state while the nurse holds a multistate license in their primary state of residence.”*

Response: Mrs. Tedford explained this provision is required by the Compact. She also defined the term “remote state” as any other Compact state outside the primary state of residence.

Chapter Six- Standards for Nursing Education Programs:

Susan D. Kehl, Ph.D., RN, CNE, Carr College of Nursing (emailed 02/19/24)

Comment: “Hello, I hope you are doing well. I write to inform you of my experience in Texas with a school that used only preceptors at a local hospital rather than clinical faculty. Yes, it cut costs for the school, but it created a monopoly for the school that utilized preceptors. The floor nurses were used up and would not work with other schools. I have appreciated the AR rule to not allow preceptors in the introductory courses. I suppose I still support that rule. Thank you for your time.”

Response: No response was given.

Shela Upshaw, University of Arkansas at Monticello-Crossett (Attended public comment hearing)

Comment: Ms. Upshaw commented on the Earn to Lean Program, stating that in her opinion a school non-employee “will not give an accurate evaluation”. She felt “nurses are stretched and will not have time to teach” and that “not all nurses want to teach”. She stated, “we are not going to have the quality of nurses that is needed”.

ARKANSAS STATE BOARD OF NURSING

Summary of Public Comments Concerning

Proposed Changes to ASBN Rules:

Chapter One-General Provisions

Chapter Two- Licensure: RN, LPN, and LPTN

Chapter Six- Standards for Nursing Education Programs

Chapter Seven- Rules of Procedure

Chapter Eight- Medication Assistant-Certified

Chapter Nine- Insulin, Glucagon, and Medication for Adrenal Insufficiency or Adrenal Crisis

Chapter Ten- Alternative to Discipline

Chapter Eleven- Full Independent Practice Credentialing Committee

(Comment continued)

Response: Mrs. Tedford advised the provisions will pass as they are in statute, but if there are any suggestions on how schools can implement the changes safely, notify the Board in writing.

Schelista Glenn, Baptist Health Center Little Rock (Attended public comment hearing)

Comment: Ms. Glenn stated she had questions relating to the Earn to Learn Program. First, she requested clarification of (J)(1) “The student may not work more than twenty (20) hours per week in any of the above listed roles”. Second, how does the student account for hours worked and how is the percentage broken down relating to (J)(2) “...shall not exceed fifty percent (50%) of direct patient clinical hours”. Ms. Glenn asked for the term “Senior Level” to be defined. Finally, she wanted to know if there will be an application and/or notification process regarding enrollment and productivity of program from the school to the Board.

Response: Mrs. Tedford advised the twenty (20) hours is referencing only the credit hours towards “Earn to Learn” program. Additional hours outside of those requirements can be assigned. As to accounting for hours worked, Mrs. Tedford stated that the issue will be up to the discretion of the school. In relation to (J)(2) direct patient clinical hours percentage, it has not been determined at this time. The school will define “Senior Level”. Mrs. Vaughn indicated a question will be added to the Annual Report regarding application and/or notification on enrollment and productivity of program. She also asks that nursing programs notify the Board if they will be participating.

Angie Smith, St. Bernards Medical Regional Center (Attended public comment hearing)

Comment: Ms. Smith spoke on the Earn to Learn Program. She stated she was thankful for the program opportunity and asked what is the expected timeline for implementation. Is there more detail as to the introductory to foundation classes? Finally, she asked if the program structure was similar to an apprenticeship model.

Response: Implementation date will be based on public comments and timeline of the Public Health Committee Meeting, followed by Rules Committee Meeting. Schools will outline related classes. As to program structure, an apprenticeship model is a partnership with the Department of Labor, whereas the Earn to Learn Program has a different structure.

Janice Ivers, National Park College (Attended public comment hearing)

Comment: Mrs. Ivers asked if the State Board of Nursing will be writing Rule for state level regarding apprenticeship and be tracking the differences between schools who do and do not participate in the Earn to Learn Program.

Response: Mrs. Tedford stated the apprenticeship outline will be determined by the school and facility. Tracking the differences in participation has not been discussed at this time but would be important to do so.

ARKANSAS STATE BOARD OF NURSING

Summary of Public Comments Concerning

Proposed Changes to ASBN Rules:

Chapter One-General Provisions

Chapter Two- Licensure: RN, LPN, and LPTN

Chapter Six- Standards for Nursing Education Programs

Chapter Seven- Rules of Procedure

Chapter Eight- Medication Assistant-Certified

Chapter Nine- Insulin, Glucagon, and Medication for Adrenal Insufficiency or Adrenal Crisis

Chapter Ten- Alternative to Discipline

Chapter Eleven- Full Independent Practice Credentialing Committee

Chapter Seven- Rules of Procedure:

None

Chapter Eight- Medication Assistant-Certified:

None

Chapter Nine- Insulin, Glucagon, and Medication for Adrenal Insufficiency or Adrenal Crisis:

Janice Ivers, National Park College (Attended public comment hearing)

Comment: Mrs. Ivers asked if “LPNs are able to perform” based on the Definition of Terms, Licensed School Nurse Employed by a School District, and General Requirements (E).

Response: Mrs. Tedford stated Chapter 9 *Rules* are mirrored from the Department of Education *Rules*, which defined terms. As to General Requirements, if the LPN is an employee, they should fall under the term public school personnel.

Chapter Ten- Alternative to Discipline:

None

Chapter Eleven- Full Independent Practice Credentialing Committee:

None