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May 3, 2017

Legislative Reference Library
645 State Office Building
100 Constitution Avenue
St. Paul, Minnesota 55155

Re: In The Matter of the Proposed Rules of the Minnesota Board of Nursing relating to advanced practice nursing; Revisor's ID Number 4332

Dear Librarian:

The Minnesota Board of Nursing intends to adopt rules relating to advanced practice nurses. We plan to publish a Notice of Intent to Adopt Rules without a Public Hearing in the May 15, 2017 State Register.

The Department has prepared a Statement of Need and Reasonableness. As required by Minnesota Statutes, sections 14.131 and 14.23, the Department is sending the Library an electronic copy of the Statement of Need and Reasonableness at the same time we are mailing our Notice of Intent to Adopt Rules.

If you have questions, please contact me at 612-317-3013.

Yours very truly,

A handwritten signature in black ink that reads "Julie Sabo". The signature is written in a cursive style.

Julie Sabo PhD, RN, APRN, CNS
APRN Specialist

Enclosure: Statement of Need and Reasonableness

Minnesota Board of Nursing

STATEMENT OF NEED AND REASONABLENESS

Proposed Amendment to Rules Governing Credentialing, Minnesota Rules, Chapters 6305 and 6310:

6305.0100 DEFINITIONS

6305.0200 PURPOSE AND AUTHORITY

6305.0300 AUTHORIZATION TO PRACTICE NURSING.

6305.0400 REQUIREMENTS FOR LICENSURE BY EXAMINATION

6305.0405 REQUIREMENTS FOR LICENSURE FOR APPLICANTS EDUCATED IN
CANADA

6305.0500 REQUIREMENTS FOR LICENSURE BY ENDORSEMENT

6305.0600 APPLICATION NULLIFICATION

6305.0800 INCORPORATION BY REFERENCE

6310.2600 DEFINITIONS

6310.2700 PURPOSE

6310.2800 REGISTRATION RENEWAL REQUIREMENTS

6310.3000 SUBSTANTIATION OF PARTICIPATION IN CONTINUING EDUCATION

6310.3100 REREGISTRATION REQUIREMENTS

6310.3300 CHANGE OF NAME AND ADDRESS ON RECORDS

6310.3400 LOST, STOLEN, OR DESTROYED LICENSE

6310.3500 VERIFICATION OF MINNESOTA LICENSE

6310.3700 DISHONORED CHECKS

6310.3800 INCORPORATION BY REFERENCE

INTRODUCTION

The Board of Nursing is proposing changes to sections 6305.0100 through 6305.0800, and 6310.0200 to 6310.3800

Rationale for revisions of 6305.0100 through 6305.0800 and 6310.0200 through 6310.3800: Legislation passed in the spring of 2014 and effective January 1, 2015 authorized the Board of Nursing through Minnesota Statute (MS) 148.211 Subd. 1a. and MS 143.231 Subd. 1 to license and register the license of duly qualified applicants for advanced practice registered nursing (APRN). MS 148.211 Subd. 1a. through 2 specifies requirements for APRN licensure eligibility; MS 148.231 specifies registration requirements; and MS 148.233 Subd. 2 specifies appropriate APRN titles.

At the June 5, 2014 meeting, the Board approved solicitation of members for a Task Force to develop proposed rules for APRN licensure and registration. Subsequently, in March of 2015, an APRN License Rulemaking Task Force was appointed by the Board President and charged to review and revise Minnesota Rule Chapter 6305 Professional and Practical Nurse Licensure and 6310 Professional and Practical Nursing Registration.

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Advanced Practice Registers Nurses

Advanced practice registered nurses are registered nurses with an expanded scope of nursing practice in at least one role and population. Minnesota Statute 148.171 Subd. 3. identifies four APRN roles: Nurse Practitioner (CNP), Nurse Midwife (CNM), Registered Nurse Anesthetist (CRNA), and Clinical Nurse Specialist (CNS). Minnesota Statute 148.171 Subd. 12b identifies six populations of 1) family and individual across the life span, 2) adult-gerontology, 3) neonatal, 4) pediatrics, 5) women's and gender-related health, and 6) psychiatric and mental health.

The APRN License Rulemaking Task Force accessed key documents to inform decision-making related to the development of rules for licensure and registration of APRNs. The National Council of State Boards of Nursing (NCSBN) 2012 Model Rules served as a basis for determining nationally agreed upon factors important to provide assurance that entry-level APRNs are competent to deliver safe patient care. The NCSBN Model Rules provide a consensus-based framework developed by all Boards of nursing in United States (U.S.) jurisdictions regarding the regulation of APRNs. The NCSBN framework for licensure of APRNs stipulates standards for initial licensure, endorsement of licensure, renewal, and reinstatement, and titles and abbreviations of APRNs. The standards of the seven national certifying bodies recognized by the Board; American Academy of Nurse Practitioners Certification Board, American Association of Critical-Care Nurses Certification Corporation, American Nurses Credentialing Center, American Midwifery Certification Board, National Board of Certification and recertification for Nurse Anesthetists, Pediatric Nursing Certification Board, and National Certification Corporation for the Obstetric, Gynecological, and Neonatal Specialties, were reviewed for certification and recertification requirements, and reinstatement for those who have been out of practice for a period of time. To assess impact on persons who would likely be affected by the proposed rules, APRNs from across the state were invited to attend focus groups to vet the proposed rules. Potential participants in the focus groups were recruited from the Minnesota APRN Coalition, Minnesota Nurses Association, state based professional APRN associations and six geographical regions in Minnesota; the Twin Cities (TC), Northwest, West Central, Central, Southwest, and South. Drafts of the revised rules were vetted by the focus group comprised of 21 APRNs who had an average number of practice years of 18 (range 1-40 years), represented all roles, except CNMs, and were from all identified regions.

Other Revisions Pertaining to Licensure and Re-licensure Requirements

The Task Force reviewed other existing language related to nursing licensure and re-licensure requirements to determine if revision was warranted in light of professional standards and evidence-based changes in best practices. Standards related to licensing and continuing education for nurses and seminal documents which focused on workforce development and maintenance of competency were reviewed by the Task Force.

Continuing education requirements for registration renewal

The U.S. Department of Education has identified the International Association for Continuing Education and Training (IACET) as “the most authoritative U.S. guide to CEUs” (U.S. DOE, 2008). IACET has established the standard calculation of continuing education credit of 60 minutes as equal to one contact hour of credit. This standard has been adopted by Joint Accreditation™, whose membership includes the American Nurses Credentialing Center, the Accreditation Council for Continuing Medical Education and the Accreditation Council for Pharmacy Education. This group also has identified a minimum amount of credit to be 15 minutes, or 0.25 contact hours. This standard, as well as the 60 minute contact hour, was integrated into revision of the rules. In addition to reviewing the manner in which continuing education is calculated, the Task Force reviewed major reports related to the use and focus of continuing education.

In 2010, the American Association of College of Nursing (AACN) recommendations, generated through extensive review of evidence and dialogue, focused on what was termed “the last and longest phase of health professionals’ education” (ANA, 2010, pg 5). The recommendations included “greater emphasis on interprofessional education and practice, preparation and assessment of graduates with skills that support lifelong learning; increased diversity in continuing education methods and self-learning opportunities; greater use of technologies to deliver evidence-based information and assess changes in practice; and a focus on ways in which this vision could be applied in the workplace setting” (pg 5).

In the report of the Advisory Committee on Interdisciplinary, Community–Based Linkages to the Secretary of Health and Human Services and to Congress, “Continuing Education, Professional Development, and Lifelong Learning for the 21st Century Health Care Workforce”, the Committee noted the importance of flexible, technology enhanced and evidence-based continuing education that allows the health professional to focus learning on their self-assessed areas of need in a manner that is flexible and that incorporates innovative and accessible strategies (ACICBL, 2011). Noting the evidence provided in the Institute of Medicine (IOM) report “Health Professions Education: A Bridge to Quality” (IOM, 2003) on quality outcomes, the report called for the integration of the core competencies noted in the IOM report: patient-centered care, work in interdisciplinary teams, identification and use of evidence-based practice, application of quality improvement, and utilization of informatics to improve care.

In addition to these elements, the Task Force identified areas in the rules that could be clarified and/or redundancies that could be eliminated.

Requirement of licensure for practical and professional nurses

The Task Force also reviewed data related to the applicants for licensure as a practical or professional nurse and first-time success rates on the licensure examination, and literature-related speed of knowledge generation in health care and the rapidity in which care delivery systems evolve. The “half-life” of knowledge in general, is estimated at 10 years (Gonzales, 2004). In Nursing, it is estimated to be 3-4 years (Care, 2007). There are also rapid changes in the technologies used to manage patient care that impact needed knowledge (Huston, 2013). The data reviewed by the task force noted that 57.5% of candidates for the professional examination and 68.6% of the candidates for the practical nursing were not successful when they attempted to

take the examination five years or more after program completion. Some of the candidates attempted to take the examination for the first time five years after graduating. Others were taking the test multiple times hoping for success with a knowledge base that may no longer be current. Failure to pass the examination has financial implications for the test takers, as they must pay again to take the examination and, depending on how soon they chose to re-test, pay the fee for re-application of licensure to the Board. This has implications for the ongoing approval of the program by the Board and also for the national accreditation of the program, as all programs are required by Rule to achieve candidacy or accreditation as of January 1, 2018. The program from which the individual has graduated has no option other than to approve the candidate for the examination even though the knowledge base at the time of the individuals education has changed. When a candidate fails the examination for the first time, the failure is calculated into the overall first-time success rate for the nursing program, negatively impacting program outcomes. Forty-six jurisdictions that license practical or professional nurses have integrated measures that require some form of remediation prior to re-testing for candidates who fail to attempt the examination soon after program completion and/or who fail multiple times. For these reasons, the Task Force integrated language addressing those who chose wait to take the examination or who fail pass the examination after a period of five years.

At the August 4, 2016 meeting of the Board of Nursing, the APRN Rulemaking Task Force recommended revision of Chapter 6305 and 6310. The Board of Nursing accepted the recommendations from the Task Force and passed a motion to begin rule promulgation.

ALTERNATIVE FORMAT

Upon request, this Statement of Need and Reasonableness can be made available in an alternative format, such as large print, Braille, or compact disc. To make a request, contact Rick Reichert at Minnesota Board of Nursing, 2829 University SE, Suite 200, Minneapolis, MN 55414, (612) 317-3006 or FAX (612) 617-2190. TTY users may call the Hearing/Speech Relay at (800) 627-3529.

STATUTORY AUTHORITY

The Board of Nursing statutory basis for the revision, repeal of obsolete, incongruent, and ambiguous licensure and registration rules is Minnesota Statute 148.191 Subd. 2(a) authorizing the Board to adopt and, from time to time, revise rules not inconsistent with the law, as may be necessary to enable it to carry into effect the provisions of sections 148.171 – 148.285. It shall examine, license, and renew the license of duly qualified applicants. It shall by rule adopt, evaluate, and periodically revise, as necessary, requirements for licensure and for registration and renewal of registration as defined in section 148.211, 148.212, and 148.231. Under this statute, the Board of Nursing has the necessary statutory authority to adopt the proposed rules.

REGULATORY ANALYSIS

“(1) a description of the classes of persons who probably will be affected by the proposed

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rule, including classes that will bear the costs of the proposed rule and classes that will benefit from the proposed rule”

- Classes of persons probably most affected by the proposed rule revisions are graduates of APRN programs who apply for licensure; and those seeking registration or reregistration in order to continue to practice nursing in Minnesota.
- A subgroup of this larger class is APRNs who have a lapse in authority to practice as an APRN in Minnesota due to not having current certification as an APRN on file with the Board.
- Classes of persons who will be affected from the proposed rule revisions regarding continuing education and acceptable nursing practice are advanced practice, professional, or practical nurses seeking registration or reregistration in order to continue to practice nursing in Minnesota. The changes proposed clarify continuing education and acceptable nursing practice requirements to reflect current national standards for continuing education and acceptable nursing practice.
- Classes of persons who will be affected from the proposed rule revisions regarding acceptable nursing practice are advanced practice, professional, and practical nurses seeking licensure or reregistration in order to begin or continue to practice nursing in Minnesota. The proposed changes clarify requirements for acceptable nursing practice.
- Others who may be affected by the proposed rules for requirements for licensure by examination are graduates from professional or practical nursing programs for more than five years who have not successfully passed the professional or practical nursing examination (NCLEX®).
- Classes of persons who may benefit from the proposed change to the rules are the persons who require skilled APRN care and those who employ APRNs.

“(2) the probable costs to the agency and to any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues”

- By adopting the proposed revisions to the APRN licensing, registration, professional and practical continuing education, acceptable nursing practice, and licensure by examination rules, it is not anticipated the Board of Nursing will incur any increased costs beyond those currently associated with operations under existing rules.
- As the Board of Nursing is the only agency that registers and licenses nurses, the rules will not affect any other agency.
- It is not anticipated there will be any effect on state revenues by adopting the proposed rule revisions.

“(3) a determination of whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rule”

- Since the rule changes are for the purpose of clarification, updating content, and repealing obsolete sections, no other methods would be appropriate to achieve the purpose of the rules.

“(4) a description of any alternative methods for achieving the purpose of the proposed rule revisions that were seriously considered by the agency and the reasons why they were rejected in favor of the proposed rule”

- Because licensing and registration of APRNs are new, the alternative to not updating the

rules would leave a void in processes that represent a less effective manner of serving the Board's constituents. As such, the alternative of no revision of rules was rejected.

- Since the rule changes for continuing education for professional and practical nurses reflect current national standards, the option of not revising would lead to obsolete practices. Thus the alternative of no revision to the rules was rejected.
- Since the Rules previously only addressed practical and professional nurses regarding acceptable nursing practice, it was now necessary to address APRNS as licensed professionals including their acceptable practice. Not revising the rules would cause continued vague interpretation of acceptable nursing practice for APRNS. Therefore, this option was rejected.

“(5) the probable costs of complying with the proposed rule, including the portion of the total costs that will be borne by identifiable categories of affected parties, such as separate classes of governmental units, business, or individuals”

- The proposed rule revisions do not place additional requirements on APRNs seeking licensure, registration, or re-registration to those that are already required.
- APRNs out of practice for more than five years who seek licensure or who are required to complete a reorientation course as part of reinstatement of their certification will bear 100% of the costs of, if there are any, to comply with the proposed rules. The cost is determined by educational or employer entities, not by the Board of Nursing.
- The proposed rules clarifying and updating requirements for continuing education may result in a small increase in cost to a nurse, given the change in the definition of a contact hour from 50 to a 60 minute hour. However the increased flexibility of receiving content hours in 15 minute increments may increase the number of content sessions that qualify towards required hours for the licensee renewal period. Furthermore, a significant amount of continuing education is provided to nurses at no cost through employers and/or professional associations, so this may impact only a small portion of the total number of licensed nurses. The proposed rules clarifying acceptable nursing practice will not change current costs to affected individuals.

“(6) the probable costs or consequences of not adopting the proposed rule, including those costs or consequences borne by identifiable categories of affected parties, such as separate classes of governmental units, business, or individuals.”

- Cost or consequences of not adopting the proposed rule for the Board of Nursing include inefficiencies related to completing processes without alignment of current statute regarding APRN licensure, registration and reregistration.
- For persons requiring advanced nursing care from skilled competent APRNs, licensing and re-registration of APRNs without current practice within five years may impact the competency of care delivered.
- For those who need skilled nursing care, delays in licensure impact the provision of health care.
- For the businesses who wish to hire APRNs who have been out of practice for some time without completion of a re-orientation, costs related to extension of orientation to their role may be incurred.
- For nurses, the consequences of not adopting the proposed rule regarding updating of continuing education requirements include ongoing lack of clarity in existing language

and a limitation in the ability to select continuing education that address professional development related to interdisciplinary processes that are important in the delivery of safe and high quality health care.

- Failure to adopt the revisions would create a situation in which the credentialing/APRN licensing, registration, and re-registration rules would not be consistent with statute.

“(7) an assessment of any differences between the proposed rule and existing federal regulations and a specific analysis of the need for and reasonableness of each difference”

- There are no federal regulations that pertain to the issues included in the Board of Nursing’s proposed rules; therefore, no differences.

“(8) an assessment of the cumulative effect of the rule with other federal and state regulations related to the specific purpose of the rule. . . . ‘[C]umulative effect’ means the impact that results from incremental impact of the proposed rule in addition to other rules, regardless of what state or federal agency has adopted the other rules. Cumulative effects can result from individually minor but collectively significant rules adopted over a period of time.”

- There are no federal regulations that pertain to the issues included in the Board of Nursing’s proposed rules; therefore no differences.

PERFORMANCE-BASED RULES

In seeking to carry out its mission, the Board’s intention is to provide reasonable assurance to the public that licensure as advanced practice registered nurses, registered nurses and licensed practical nurses meet minimum standards pertaining to the knowledge, skills, and abilities necessary for entry into practice. The following performance-based standards were implemented to achieve the Board’s regulatory objective in relation to basic entry into practice:

- **Fulfill its responsibilities for public safety with respect for due process and adherence to laws and rules.** The Board is following the outlined rule making process in instituting the proposed revisions to the licensing, registration, re-registration of APRNs, definition of acceptable nursing practice for APRNs, professional, and practical nurses, and continuing education requirements for professional and practical nurses.
- **Deliver customer-centered services in a respectful, responsive, timely, communicative, and non-discriminatory manner.** Focus groups representing APRNs were convened to obtain feedback and to guide refinement of the proposed rules. An additional notice plan is incorporated at each step of the rulemaking process to promote communication and receive comments about the proposed revisions to advanced practice, professional and practical nurses.
- **Provide government services that are accessible, purposeful, responsible, and secure.** The Board service of licensing, registering, and re-registering advanced practice, professional, and practical nurses and the rules that apply to the process are available in print format and on the Board of Nursing web site. In addition, staff members are available by e-mail, telephone and in person to answer questions. The proposed rules are responsible, in that they incorporate national standards and evidence-based practices for licensing, registration, and re-registration of advanced practice, professional and practical

nurses, continuing education requirements and remediation prior to re-testing for candidates who fail to attempt the examination soon after program completion and/or who fail multiple times.

ADDITIONAL NOTICE

The request for comments was published in the *State Register* on September 8, 2015. The Board will inform stakeholders that the Board of Nursing proposes adoption of the revised rules without a hearing. The additional notices of the request for comments regarding adoption of the proposed revised rules without a hearing will be provided to:

1. all members of the Board of Nursing;
2. all parties who have registered with the Board for the purpose of receiving notice of rule proceedings;
3. all program directors of approved APRN programs, requesting that the director make the information available to all nursing students preparing for licensure as advanced practice nurses; and
4. all relevant associations, including the:
 - Minnesota Advanced Practice Nursing Coalition,
 - Minnesota Organization of Leaders in Nursing,
 - Minnesota Organization of Registered Nurses,
 - Minnesota Nurses Association,
 - the public via the Minnesota Board of Nursing web site, and
 - all persons who indicate an interest in the proposed rules.

The Notice Plan complies with the statute because the Board is making every reasonable effort to reach persons and classes of persons known by the Board to be interested in or affected by the proposed rules.

The Notice Plan also includes giving notice required by statute. The rules and “Notice of Intent to Adopt” will be mailed to everyone who has registered to be on the Board of Nursing’s rulemaking mailing list under Minnesota Statutes, section 14.14, subd. 1a. and the Legislature per Minnesota Statutes, section 14.116.

The Notice Plan does not include notifying the Commissioner of Agriculture because the rules do not affect farming operations per Minnesota Statutes, section 14.111.

CONSULTATION WITH MMB ON LOCAL GOVERNMENT ACT

As required by Minnesota Statutes, section 14.131, the Agency will consult with the Minnesota Management and Budget (MMB). The Board will do this by sending MMB copies of the documents on the same day they are sent to the Governor’s Office for review and approval prior to publishing the “Notice of Intent to Adopt”. The documents will include: the Governor’s Office Proposed Rule and SONAR Form; the proposed rules; and the SONAR. The Board of Nursing will submit a copy of the correspondence and any response received from Minnesota

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Management and Budget to Office of Administrative Hearings (OAH) with the documents it submits for Administrative Law Judge (ALJ) review.

DETERMINATION ABOUT RULES REQUIREMING LOCAL IMPLEMENTATION

As required by Minnesota Statutes, section 14.128, subdivision 1, the Board of Nursing has considered whether these proposed rules will require a local government to adopt or amend any ordinance or other regulation in order to comply with these rules. The Board of Nursing has determined that they do not because the licensing, registration, re-registration of advanced practice, professional, and practical nurses only apply to advanced practice, professional, and practical nurses, not to local governments such as a town, county, or home rules charter or statutory city.

COST OF COMPLYING FOR SMALL BUSINESS OR CITY

Agency Determination of Cost

As required by Minnesota Statutes, section 14.127, the Minnesota Board of Nursing has considered whether the cost of complying with the proposed rules in the first year after the rules take effect will exceed \$25,000 for any small educational institution (25 or fewer employees). The Minnesota Board of Nursing has determined that the cost of complying with the proposed rules in the first year after the rules take effect will not exceed \$25,000 for any small educational institution.

The Board of Nursing has made this determination based on the probable costs of complying with the proposed rule, as described in the Regulatory Analysis section of this SONAR on page 5.

RULE-BY-RULE-ANALYSIS

Proposed Amendment to Rules Governing Credentialing, Minnesota Rules, Chapter 6305

6305.0100 DEFINITIONS

6305.0200 PURPOSE AND AUTHORITY

6305.0300 AUTHORIZATION TO PRACTICE NURSING

6305.0400 REQUIREMENTS FOR LICENSURE BY EXAMINATION

6305.0405 REQUIREMENTS FOR LICENSURE FOR APPLICANTS EDUCATED IN
CANADA

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Subp. 1a. **Acceptable nursing practice.** Addition of advanced practice nursing is necessary and reasonable due to change in Minnesota Statutes 148.171, 148.181, 148.191, 148.211, 148.231, 148.233, 148.234, 148.235, 148.251, 148.261, 148.262, 148.281, 148.283, and 148.284 incorporating advanced nursing practice licensure.

Subp. 1b. **Advanced practice nursing program.** Addition of advanced practice nursing program is required due to change in Minnesota Statutes 148.211 Subd. 1a. (3). defining requirements for advanced practice nursing licensure. It is necessary and reasonable to define advanced practice nursing program to differentiate from professional and practical nursing programs since these programs prepare graduates for separate licenses.

Subp. 4a. **Approved advanced practice nursing program.** It is necessary and reasonable to define what is meant by an advanced practice program so it is consistent with the requirements in Minnesota Statute 148.251 Subdivision 1. (1).

Subp. 5. **Approved practical or professional nursing program.** It is necessary and reasonable to separately define practical and professional programs for clarity.

Subp. 13. **License.** It is necessary and reasonable to add advanced practice to be consistent with Minnesota Statutes 148.171 through 148.285.

Subp. 14. **Licensure application.** It is necessary and reasonable to add advanced practice to be consistent with Minnesota Statutes 148.171 and 148.211.

Subp. 21. **Program.** It is necessary and reasonable to revise this definition so that it includes advanced practice nursing programs. The definition is consistent with MR 6301 Subp. 20.

Subp 21b. **Qualified practitioner.** “Qualified practitioner” is a reasonable and necessary definition to provide clarity regarding the education and experiential qualifications required for those overseeing reorientation of advanced practice registered nurses wishing to return to practice after a lapse in certification.

Subp. 23. Registration. It is necessary and reasonable to revise this definition so that it includes advanced practice registered nursing due to a change in Minnesota Statutes 148.171 through 148.285.

Subp. 23a. Reorientation plan. It is necessary and reasonable to add this definition to describe the process required for re-entry into practice for an APRN if the individual has not been in practice for more than five years. This definition is specific to APRNs to distinguish a reorientation plan from a refresher course, which applies only to professional and practical nurses re-entering practice after a lapse in licensure.

Subp. 23b. Review course. This element is reasonable and necessary as it clarifies the focus of a program of study designed to update nursing knowledge for those who have

completed a practical or professional nursing program but have not taken the licensing examination or who have been unsuccessful in passing the licensure examination after five years.

6305.0200 PURPOSE AND AUTHORITY

Revision of the description of purpose and authority resulted in minor editorial changes and are addressed.

6305.0300 AUTHORIZATION TO PRACTICE NURSING

Revision of this section is reasonable and necessary to incorporate advanced practice registered nursing to be consistent with Minnesota Statutes 148.171 to 148.285. Minor editorial changes are not individually noted below.

Subp. 1. Required authorization. It is reasonable and necessary to add advanced practice registered nursing to be consistent with Minnesota Statute 148.171 and 148.271.

Subp.1a Authorized abbreviations.

Subp. 1aD. This subpart is reasonable and necessary as it defines the title and abbreviation that pertains to advanced practice registered nurses and to be consistent with Minnesota Statutes 148.171, 148.211, 18.231, 148.233, 148.243.

Subp. 1aE. This revision is reasonable and necessary to include advanced practice registered nurses and distinguish them from professional and practical nurses.

Subp. 1aG. This subpart is reasonable and necessary as it defines the title and abbreviation that pertains to a certified registered nurse anesthetist and to be consistent with Minnesota Statutes 148.171 subdivision 13, 21, and 148.233 subdivision 2(b).

Subp. 1aH. This subpart is reasonable and necessary as it defines the title and abbreviation that pertains to a certified nurse midwives and to be consistent with Minnesota Statutes 148.171 subdivision 10, 13, and 148.233 subdivision 2(b).

Subp. 1aH. This subpart is reasonable and necessary as it defines the title and abbreviation that pertains to a certified clinical nurse specialist and to be consistent with Minnesota Statutes 148.171 subdivision 5, 13, and 148.233 subdivision 2(b).

Subp. 1aH. This subpart is reasonable and necessary as it defines the title and abbreviation that pertains to a certified nurse practitioner and to be consistent with Minnesota Statutes 148.171 subdivision 11, 13, and 148.233 subdivision 2(b).

6305.0400 REQUIRMENTS FOR LICENSURE BY EXAMINATION

Subp. 8C. The revision removed redundant language addressed in 6305.0600.

Subp. 12E. The requirement that an applicant must complete a review course if it has been five or more years since the applicant has completed a nursing program or did not successfully pass the examination within five years of completing a nursing program is reasonable and necessary given the rapid turnover of knowledge, technology and standards of practice. A requirement for some form of review is consistent with the practice of the majority of state or jurisdictions who license practical or professional nurses due to the need for ensuring safe and competent entry-level practice. The time period of five years is a timeline used by other licensing bodies, and it represents a timeframe by which a significant amount of the learning in preparation for nursing, and the context of practice, may be obsolete.

Data reveals that 57.5% of professional nursing candidates and 68.6% of practical nursing candidates who sit for the examination after five years are not successful on their initial attempt to pass the examination. In addition to difficulty in passing the examination, given the rapid turnover of knowledge, technology and standards of practice, the actual practice environment may be substantially different after five years from that in which they received their preparation for nursing. A requirement for some form of review is consistent with the practice of the majority of state or jurisdictions who license practical or professional nurses due to the need for ensuring safe and competent entry-level practice. The time period of five years is one of the timelines used by other licensing bodies, and it represents a timeframe by which a significant amount of what had been learned in preparation for nursing, and the context in which it is practiced, may be obsolete. The requirement that an applicant must complete a review course if it has been five or more years since the applicant has completed a nursing program or did not successfully pass the examination within five years of completing a nursing program is reasonable and necessary.

6305.0410 REQUIREMENTS FOR ADVANCED PRACTICE REGISTERED NURSE INITIAL LICENSURE

It is necessary and reasonable to include this new section as the APRN license is a separate license from practical or professional nurse licensure, and to be consistent with Minnesota Statute 148.171 subdivision 1a 148.211 Subd.s 1a. and 2.

Subp. 1. Licensure application. This addition is necessary and reasonable as it reflects Minnesota Statute 148.211 1a.(b), clarifies requirements to submit an application for each advanced practice registered nurse role for which the individual is applying for licensure, and is consistent with current Minnesota Rule 6305.0400 Subpart 1. regarding the requirements for the application for practical and professional nursing licensure.

Subp. 2. Further evidence. This is necessary and reasonable to define the circumstances when the Board may require further information from an applicant and is consistent with current Minnesota Rule 6305.0400 Subp. 3. regarding the requirements of professional and practical nursing applications.

Subp. 3. Graduation from an approved advanced practice nursing program. This is necessary and reasonable to define the education requirement for advanced practice registered nurse licensure and is consistent with Minnesota Statute 148.211 Subd. 1a.(3).

Subp. 4. **Resolution of application deficiencies related to education.** This is necessary and reasonable to define the circumstances when resolution of deficiencies related to education must be applied.

Subp. 4.A. This is necessary and reasonable to include to be consistent with Minnesota Statute 148.211 Subd. 1b. (1).

Subp. 4.B. This is necessary and reasonable to include since not all states or jurisdictions require approval of advanced practice registered nurse programs.

Subp. 4.C. This subpart is necessary and reasonable to define the remedies which may be used to resolve an educational deficiency in an applicant who completed a graduate level APRN program accredited by a nursing or nursing-related accrediting body that is recognized by the United States Secretary of Education or the Council for Higher Education and is not located in a state or territory of the United States.

Subp. 5. Confirmation of graduation.

The requirements listed in Subp. 5. A. (1-3) are necessary and reasonable as only an academic entity may officially confirm the program completion or graduation of an individual. Subp. 5.A.(1) and 5.A.(2) are consistent with current Minnesota Rule 6305.0400 Subp. 8.A., B., and C. regarding application requirements for practical and professional nursing.

Subp. 5.A. (1) This subpart is reasonable and necessary to clarify the requirements to demonstrate confirmation of graduation, is consistent with current Minnesota Rule 6305.0400 Subp. 8.A. regarding application requirements for practical and professional nursing, and the NCSBN Model Rules (NCSBN, 2012).

Subp. 5.A. (2) This subpart is reasonable and necessary to clarify the requirements to demonstrate confirmation of graduation, is consistent with current Minnesota Rule 6305.0400 Subp. 8.A. regarding application requirements for practical and professional nursing, and the NCSBN Model Rules (NCSBN, 2012).

Subp. 5.A. (3) This subpart is reasonable and necessary to clarify the requirements to demonstrate confirmation of graduation and is consistent with Minnesota Statute 148.171 Subd. 12b., 148.211 Subd. 1a. (3) and (4), and the NCSBN Model Rules (NCSBN, 2012).

Subp. 5.A. (4) This subpart is reasonable and necessary to clarify the requirements to demonstrate confirmation of graduation and is consistent with the NCSBN Model Rules (NCSBN, 2012). The requirement of verification of completion of three separate graduate-level course in advanced physiology and pathophysiology, advanced health assessment and advanced pharmacology is consistent with the NCSBN Model Rules (2012).

Subp. 5.B. The subpart is reasonable and necessary as it is consistent with existing language in Minnesota Rule 6305.0400 Subp. 8.C. regarding application requirements for practical and professional nursing. This creates consistency in rule for all levels of applicants for licensure.

Subp. 6. Verification of certification. It is reasonable and necessary to clarify that the certification must be one of the six populations defined in Minnesota Statute 148.171 Subd. 12b. and 148.211 Subd. 1a.(4). The Board has identified the national certifying bodies for each advanced practice registered nursing role. It is reasonable and necessary that each applicant must demonstrate that they have achieved the required certification from these bodies. Affirmation of certification must be issued by the appropriate certifying body, as only they are able to authenticate that the applicant holds current certification. Given the expanded scope of practice for advanced practice registered nurses, it is reasonable that an applicant who deliberately fails to inform or to mislead the Board regarding current certification may be subject to disciplinary action, as they do hold licensure as a registered nurse, and that the Board ensures all elements required for licensure are in place prior to approving a license. Prior to January 1, 2015, advanced practice nursing certification as a Nurse Practitioner was available with a focus in the adult or in the gerontology populations as well as the other populations identified in 148.171 Subd. 12b.. The national certifying organizations have only recently combined the populations of adult and gerontology into one population: adult-gerontology. This change by the certifying bodies is consistent with Minnesota statutory language. It is also supported by NCSBN Model Rules, which state that after November 1, 2017, certification will be in adult-gerontology (NCSBN, 2012). The proposed rule integrates this date to clarify that all applicants after that date must be certified in the joint population, and that applicants must have completed a certification examination that incorporates both adult and gerontological populations.

Subp. 7. Fees. Minnesota Statute 148.211 Subd. 1a.(b).(2) requires the Board to collect a fee for application for licensure as an advanced practice registered nurse using a format designated by the Board. This subpart is reasonable and necessary to address this statutory requirement, and is aligned with Minnesota Rule 6305.0400 Sub. 10.

Subp. 8. Initial registration. This subpart is reasonable and necessary as it clarifies that initial licensure registers the licensee with the Board, is consistent with Minnesota Statute 148.231 Subdivision 1.

Subp. 9. Postgraduate practice. This subpart is reasonable and necessary as it clarifies the method to demonstrate compliance with and is consistent with Minnesota Statute 148.211 Subd. 1c.

Subp. 10. Clinical practice requirements. This subpart is reasonable and necessary as it clarifies the time frame of when a reorientation plan is required and the requirements of the reorientation plan, if an applicant meets all the criteria for licensure as an advanced practice registered nurse but, has not been in clinical practice for more than five years. This is critical to ensuring that advanced practice registered nurses who re-enter practice have a reasonable level of competency and understanding of the current context of care delivery.

The proposed clinical practice requirement is consistent with the NCSBN Model Rules (NCSBN, 2012) in regards to the time frame of five years and the requirement of an extensive orientation with a supervised clinical component; however the proposed rules vary from that document in that they do not prescribe a set number of hours of content in identified content areas,

as it may be more beneficial for each nurse to have a structured experience that best meets their individual learning needs.

The NCSBN Model rules (NCSBN 2012) do not recommend a specific number of clinical training hours. The Board determined that a supervised clinical component must include minimally 500 hours by 1) considering the accreditation requirement of advanced practice registered nurse education programs of 500 or more clinical training hours (Council on Accreditation of Nurse Anesthesia Educational Programs, 2016; NCSBN Model Rules, 2012; National Task Force on Quality Nurse Practitioner Education, 2016); 2) the number of clinical training hours required to meet eligibility criteria for certification examinations; and 3) the average number of clinical practice hours required for renewal by the certifying organizations which is zero to 1000 hours dependent on the organization (American Academy of Nurse Practitioners Certification Program, 2016; American Association of Critical Care Nurses, 2016; American Midwifery Certification Board Inc., 2013; American Nurses Credentialing Center, 2016; National Certification Corporation, 2016; National Board of Certification & Recertification for Nurse Anesthetists, 2016; Pediatric Nursing Certification Board, 2015).

6305.0500 REQUIREMENTS FOR PROFESSIONAL AND PRACTICAL NURSE LICENSURE BY ENDORSEMENT

The title was revised to clarify the distinction between requirements for advanced practice nursing licensure from practical and professional nurse licensure by endorsement. Subps. 8.C. and 10. are minor lettering and editorial changes that are not substantive changes.

Subp. 7. Current nursing education or acceptable nursing practice. Revision of who may verify acceptable nursing practice is necessary and reasonable to provide clarity and guidance and to address the variety of situations under which a nurse may be employed.

Subp. 8.B. Continuing education. Revision of this subpart is necessary and reasonable to remove redundant language.

Subp. 8.C. Continuing education. Revision of this subpart is necessary and reasonable to be consistent with the re-lettering of proposed Minnesota Rule 6310.2800 Subp. 3.

Subp. 9. Clinical component temporary permit to practice. The language is reasonable and necessary as it clarifies that a temporary permit to practice must be issued prior to participation in the clinical component of a refresher course. Without this permit, the applicant has no authority to engage in nursing practice and therefore cannot legally provide care during the clinical component of the course.

6305.0600 APPLICATION NULLIFICATION

Revisions of Subparts 1., 1.B., and Subp. 2. are minor editorial changes and are not individually noted below.

Subp. 2a. **Licensure as an advanced practice nurse.** The addition of the subpart is necessary and reasonable to clarify the nullification time period of an advanced practice registered nurse application and is consistent with the nullification time period for practical and professional nurse found in MR 6305.600 Subpart 1. and Subp. 2.

Proposed Amendment to Rules Governing Credentialing, Minnesota Rules, Chapter 6310:

6310.2600 DEFINITIONS

6310.2700 PURPOSE

6310.2800 REGISTRATION RENEWAL REQUIREMENTS

6310.3000 SUBSTANTIATION OF PARTICIPATION IN CONTINUING EDUCATION

6310.3100 REREGISTRATION REQUIREMENTS

6310.3300 CHANGE OF NAME AND ADDRESS ON RECORDS

6310.3400 LOST, STOLEN, OR DESTROYED LICENSE

6310.3500 VERIFICATION OF MINNESOTA LICENSE

6310.3700 DISHONORED CHECKS

6301.3800 INCORPORATION BY REFERENCE

6310.2600 DEFINITIONS

Subp. 1a. **Acceptable nursing practice.** Addition of advanced practice nursing is required due to change in Minnesota Statutes 148.171 through 148.285, incorporating advanced nursing practice licensure.

Subp. 1c. **Advanced practice registered nurse.** It is necessary and reasonable to define what an advanced practice registered nurse is so it is consistent with Minnesota Statute 148.171 Subd. 3.

Subp. 3. **Contact hour.** Revision of this definition is reasonable and necessary as it is consistent with nationally accepted standards and incorporates recommendations from national governmental and academic workgroups regarding best practices for continuing education content and delivery methodologies. The rules propose a change in the length of time which constitutes a continuing education activity. “Micro-learning”, or accessing smaller portions of information to achieve just- in-time learning, has become a common mode of learning. The proposed language acknowledges this change in how learning is occurring. The calculation of smaller units of learning is consistent with that recognized by the Joint Accreditation™, the American Nurses Credentialing Center, the Accreditation Council for Continuing Medical Education, and the Accreditation Council for Pharmacy Education; which are bodies that formally accredit continuing education offerings. Additionally, many health care systems use incremental learning focused on specific topics to ensure that practitioners are aware of current standards of practice and national guidelines. This change updates the context in which competency is acquired and maintained. Inclusion of the calculation of an academic credit hour conversion is reasonable and necessary as it is consistent with academic standards, and in that placing the calculation in rule clarifies the number of hours that a nurse pursuing a higher academic credential may claim for continuing education credit.

Subp. 5c. **Evidence-based practice.** Inclusion of this definition is reasonable and necessary as it clarifies the elements which are used to assess continuing education information to support best practice. This definition is consistent with industry standards and commonly used definitions (Sackett, D., 2000).

Subp. 7. **License.** It is necessary and reasonable to include advanced practice nurse to be consistent with Minnesota Statute 148.211 Subd.1a. and 1b. and distinguishes this license from practical and professional nursing licenses.

Subp. 7a. **Licensee.** It is necessary and reasonable to include advanced practice to be consistent with Minnesota Statute 148.211 Subd. 1a., 1.b. and Subds. 2. and 2a. and to distinguish this license from a practical or professional nursing licensee.

Subp. 7b. **Licensure.** It is necessary and reasonable to include advanced practice to be consistent with Minnesota Statute 148.211 Subds. 1a., 1.b. and Subds. 2 and 2a. and distinguishes this license from practical or professional nursing licensure.

Subp. 9d. **Qualified practitioner.** “Qualified practitioner” is a reasonable and necessary definition so that there is clarity regarding the education and experiential qualifications required for those overseeing reorientation of an advanced practice registered nurse who wishes to return to practice after a lapse in certification or licensure.

Subp 9e. **Refresher Course.** This change reflects re-numbering of rule; no substantive change was incorporated.

Subp. 10. **Registration.** It is necessary and reasonable to include advanced practice to be consistent with Minnesota Statute 148.231 Subdivision 1. and to distinguish this registration from practical and professional nursing license registration.

Subp. 15. **Registration period.** It is necessary and reasonable to include advanced practice to be consistent with Minnesota Statute 148.231 Subdivision 1.and to distinguish this registration from practical and professional nursing registration periods.

Subp. 15a. **Reorientation plan.** It is necessary and reasonable to define the elements for a plan of study required for re-entry into practice as an APRN, if the individual has not been in practice for more than five years. This definition is specific to APRNs and thereby distinguishes a reorientation plan from a refresher course, which applies only to professional and practical nurses re-entering practice after a lapse in licensure.

Subp. 16. **Reregistration.** It is necessary and reasonable to include advanced practice to be consistent with Minnesota Statute 148.231 Subd. 5. and to distinguish advanced practice nurse reregistration from practical or professional nurse reregistration.

6310.2700 PURPOSE

March 7, 2017

Revision in this section resulted in one minor editorial change, the addition of “advanced practice nurses”, as this was needed to appropriately reflect the inclusion of advanced practice nurses.

6310.2800 REGISTRATION RENEWAL REQUIREMENTS

Subp. 3 Continuing Education. There are minor editorial changes of lettering to be consistent with the remainder of this section that are not discussed below. The following items present information regarding substantive changes in this subpart.

Subp. 3A. The phrase “topics such as those included in a nursing curriculum” was replaced by language focusing on the provision of care and development of needed technical skills, placing a focus on practice versus the educational preparation for practice. The incorporation of interdisciplinary competencies, quality improvement and informatics has been supported by numerous national guidelines and agencies as critical to the provision of safe patient care.

In the “Continuing Education, Professional Development, and Lifelong Learning for the 21st Century Health Care Workforce” (ACICBL, 2011), a report of the Advisory Committee on Interdisciplinary, Community–Based Linkages to the Secretary of Health and Human Services and to Congress, the importance of flexible, technology enhanced and evidence-based continuing education was noted. The report further identified that continuing education should be structured in a manner that allows the health professional to focus learning on their self-assessed areas of need in a manner incorporating innovative and accessible strategies. Reflecting the evidence provided in the IOM report “Health Professions Education: A Bridge to Quality” (IOM, 2003), the ACICBL report called for the integration of the core competencies noted in the IOM report: patient-centered care, work in interdisciplinary teams, identification and use of evidence-based practice, application of quality improvement, and utilization of informatics to improve care.

Subp. 3B. Removal of this subpart is necessary and reasonable to be consistent as the length of a continuing education activity is now defined in the proposed revisions to 6310.2600 Subp. 3.

Subp. 3E. Revision of the subpart is necessary and reasonable to improve readability. The language reflecting development of the knowledge needed to teach is removed, as preparation of content is a common aspect of developing a continuing education activity.

Subp. 3 F. (1) This revision is necessary and reasonable as it is consistent with the proposed definition of continuing education found in 6310.2600 Subp.3. which allows for activities of shorter duration.

Subp. 3F(6) This section is necessary and reasonable to reflect the change in delivery of continuing education to modes where the licensee is participating and completing an online or independent learning activity, but is not physically present.

Subp. 4 This subpart was removed and addressed in Subp. 4a. below.

Subp. 4a. **Exceptions.** The proposed changes in elements A. – C. are necessary and reasonable in that they minimized redundancies, clarified, and simplified the language related to exemptions in documentation. There are no substantive changes and as such, they are not individually discussed.

Subp. 5. **Other acceptable continuing education activities.** Revision to elements A. – D. are necessary and reasonable to clarify the specific type of publication, panel participation, and level of activity in research that may be used to meet continuing education requirements. All of these elements represent significant professional engagement or responsibility in the development of evidence to guide practice. Lack of the qualifiers has contributed to confusion about what activities may be acceptable to meet this subpart. Because these activities require a substantial time commitment, the limitation of being able to use these for only 10 contact hours was removed. Element D. was omitted as it has been incorporated into the interdisciplinary competencies noted in Subp. 3 A. that any nurse may use to meet continuing education requirements.

Subp. 5a. **Continuing education report.** The revisions in this subpart are minor editorial changes and are not individually noted.

Subp. 6c., 6c. A. and 6c. B. **Insufficient hours.** The revisions in this subpart are minor editorial changes and are not individually noted.

Subp. 12. **Removal of name from list.** It is necessary and reasonable to include advanced practice to be consistent with Minnesota Statute 148.211 Subd. 1a. and distinguishes authority to practice as an advanced practice nurse from practical or professional nurse authority to practice.

6310.3000 SUBSTANTIATION OF PARTICIPATION IN CONTINUING EDUCATION.

Subp. 1. Re-lettering and numbering in 6310.2800 Subp. 3. and Subp. 4a. resulted in two minor editorial changes that are not individually noted.

6310.3100 PROFESSIONAL AND PRACTICAL NURSE REREGISTRATION REQUIREMENTS

Re-titling of this section is necessary and reasonable to distinguish between reregistration requirements required of advanced practice nurses, and those of practical or professional nurses. Revisions in 6310.2800 Subp. 3. resulted in minor editorial changes in Subp. 2a.B. and Subp. 2a.D. that are not individually noted below.

Subp. 2c. **Acceptable nursing practice requirement.** The revision of who may verify acceptable nursing practice is necessary and reasonable to provide clarity to licensees and to be consistent with 6305.0500 Subp. 7. Revision of who may verify acceptable nursing practice addresses the variety of situations under which a nurse may be employed. Two other changes were made that represent minor editorial changes.

Subp. 6.C. **Additional continuing education in lieu of acceptable nursing practice.** The revisions in 6310.2800 Subp. 3. resulted in re-lettering in Subp. 6. C.

Subp 6.D. **Additional continuing education in lieu of acceptable nursing practice.** The change is reasonable and necessary to clarify that a refresher course may be used to meet both current and deferred continuing education requirements.

Subp. 7. **Temporary permit to practice.** The language is reasonable and necessary as it clarifies that a temporary permit to practice must be issued prior to participation in the clinical component of a refresher course. Without this permit, the applicant has no authority to engage in nursing practice and therefore cannot legally provide care during the clinical component of the course. The proposed language is consistent with the proposed change in MR 6305.0500 Subp. 9.

Subp. 15. **Initial registration following reregistration.** It is necessary and reasonable to include advanced practice to be consistent with Minnesota Statute 148.231 Subd. 5. and to distinguish advanced practice registered nurse reregistration from professional or practical nursing reregistration.

6310.3105 FAILURE TO NOTIFY BOARD OF ADVANCED PRACTICE REGISTERED NURSE CERTIFICATION

This section is a necessary and reasonable addition to define the requirements an advanced practice registered nurse must meet for failure to notify the Board of recertification in the role and population for which the individual is licensed. This is necessary and reasonable to be consistent with Minnesota Statute 148.243 Subd 15., 148.261 Subdivision 1.(24), and 148.281 Subd. 3.

Subp. 1 **Notification requirement.** Elements A. and B. of this subpart are necessary and reasonable to clarify that renewal of certification as an advanced practice registered nurse must be submitted to the Board and that the recertification notice must be issued by the credentialing agency, as only the credentialing body may officially affirm that the certification has been awarded and is current.

Subp. 2 **Application after failure to notify the Board.** This subpart is necessary and reasonable to define the mechanism through which reauthorization to practice as an advanced practice registered nurse may be accomplished and meets the requirements of Minnesota Statute 148.243 Subd. 15., 148.261 Subdivision 1.(24), and 148.281 Subd. 3.

6310.3110 ADVANCED PRACTICE REREGISTRATION REQUIREMENTS.

It is reasonable and necessary to include this new section to distinguish the reregistration requirements of advanced practice registered nursing from professional or practical nurse license reregistration.

Subp. 1. **Reregistration application.** This subpart is necessary and reasonable to define the advanced practice registered nurse reregistration application required by the Minnesota Board of Nursing, requirements for true information, and potential consequences of falsification. The proposed rule is consistent with existing practical and professional nurse reregistration requirements found in MR6310.3100 Subpart 1.

Subp. 2. **Acceptable advanced nursing practice requirement.** The proposed requirement that an applicant for reregistration as an APRN submit proof of practice within the prior 5 years is reasonable and necessary in that 5 years is consistent with the NCSBN Model Rules (NCSBN, 2012) recommendation in regards to the benchmark after which reorientation to the role should be required. The proposed language related to how verification of practice may be completed is consistent with proposed language for practical or professional nurses found in MR 6310.3100 Subp. 2c. and reflects the variety of common employment situations for APRNs.

Subp. 3. **Licensees residing outside Minnesota.** The subpart is necessary and reasonable to include advanced practice registered nurse reregistration to be consistent with existing practical or professional nurse reregistration requirements identified in MR 6310.3100 Subp. 8.

Subp. 4. **Disciplinary action.** The subpart is necessary and reasonable to include advanced practice registered nurse reregistration to be consistent with existing practical or professional nurse reregistration requirements found in MR 6310.Subp.13.

Subp. 5. **Nullification and reapplication.** The subpart is necessary and reasonable to include advanced practice registered nurse reregistration to be consistent with existing practical or professional nurse reregistration requirements found in MR 6310.Subp. 14.

Subp. 6 **Initial registration following reregistration.** The subpart is necessary and reasonable to address reregistration for an APRN license to distinguish from reregistration of a professional nurse as found in MR 6310.Subp. 15.

Subp. 7 **Clinical practice component.** This subpart is necessary and reasonable to clarify the time frame and methods for compliance with a reorientation plan for reregistration of an advanced practice registered nurse licensee if the advanced practice registered nurse licensee has not been in clinical practice for more than five years, and is addressed and consistent with 6305.0410 Subp. 10.

6310.3500 VERIFICATION OF MINNESOTA LICENSE.

The revisions in this section are minor editorial changes and are not individually noted.

6310.3700 DISHONORED CHECKS.

Subp. 2 The removal of the wording “and prescribing authority” is necessary and reasonable since it is inherent that upon licensure as an advanced practice registered nurse prescribing authority is included, consistent with Minnesota Statute 148.171 Subds. 5, 10, 11, 13,

16, 21 and 148.235 Subd.7a. (1), (2), and (3). Prescribing is within the scope of advanced practice nursing.

REPEALER. Minnesota Rules, part 6310.2800, Subp. 4 is repealed.

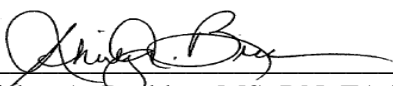
This section is necessary and reasonable as it identifies elements of rule permanently removed from rule by this revision and is consistent with the proposed rule 6310.2800 subpart 4.

In accordance with the Office of Administrative Hearings Rule 1400.2070 Subpart 1., item E., this SONAR will be available for public review.

CONCLUSION

Based on the foregoing, the proposed revisions to the rules are both needed and reasonable.

_____ March 8, 2017 _____
Date



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March 7, 2017