

Dear Senators HEIDER, Souza, Jordan, and
Representatives WOOD, Packer, Chew:

The Legislative Services Office, Research and Legislation, has received the enclosed rules of
the Board of Nursing:

IDAPA 23.01.01 - Rules of the Idaho Board of Nursing - (Fee Rule) Proposed Rule (Docket No.
23-0101-1601);

IDAPA 23.01.01 - Rules of the Idaho Board of Nursing - Temporary and Proposed Rule (Docket
No. 23-0101-1602).

Pursuant to Section 67-454, Idaho Code, a meeting on the enclosed rules may be called by the
cochairmen or by two (2) or more members of the subcommittee giving oral or written notice to Research
and Legislation no later than fourteen (14) days after receipt of the rules' analysis from Legislative
Services. The final date to call a meeting on the enclosed rules is no later than 12/29/2016. If a meeting is
called, the subcommittee must hold the meeting within forty-two (42) days of receipt of the rules' analysis
from Legislative Services. The final date to hold a meeting on the enclosed rules is 01/27/2017.

The germane joint subcommittee may request a statement of economic impact with respect to a
proposed rule by notifying Research and Legislation. There is no time limit on requesting this statement,
and it may be requested whether or not a meeting on the proposed rule is called or after a meeting has
been held.

To notify Research and Legislation, call 334-4834, or send a written request to the address on the
memorandum attached below.



Eric Milstead
Director

Legislative Services Office

Idaho State Legislature

Serving Idaho's Citizen Legislature

MEMORANDUM

TO: Rules Review Subcommittee of the Senate Health & Welfare Committee and the House Health & Welfare Committee

FROM: Senior Legislative Research Analyst - Elizabeth Bowen

DATE: December 12, 2016

SUBJECT: Board of Nursing

IDAPA 23.01.01 - Rules of the Idaho Board of Nursing - (Fee Rule) Proposed Rule (Docket No. 23-0101-1601)

IDAPA 23.01.01 - Rules of the Idaho Board of Nursing - Temporary and Proposed Rule (Docket No. 23-0101-1602)

The Board of Nursing submits notice of proposed rulemaking at IDAPA 23.01.01.

The first rule makes several revisions to existing language to clarify certain provisions, to remove unnecessary language, and to align the rule with changes made to statute. The rule also authorizes nurses to use email for certain notifications and communications. Negotiated rulemaking was conducted. Removal of certain fees will result in estimated losses of less than \$6,000 per year. The Board states that this rulemaking is authorized pursuant to section 54-1404, Idaho Code.

The second rule revises existing language relating to clinical preceptors (nurses or other qualified individuals who help facilitate clinical training of nursing students). Prior language required that the clinical preceptor be a nurse licensed at or above the level for which the student was preparing; the revision allows physicians or physician assistants to serve as clinical preceptors in relevant settings. Negotiated rulemaking was conducted, and there is no anticipated negative fiscal impact on the state general fund. The Board states that this rulemaking is authorized pursuant to section 54-1404, Idaho Code.

cc: Board of Nursing
Sandra Evans, M.A .Ed., R.N.

IDAPA 23 - BOARD OF NURSING

23.01.01 - RULES OF THE IDAHO BOARD OF NURSING

DOCKET NO. 23-0101-1601 (FEE RULE)

NOTICE OF RULEMAKING - PROPOSED RULE

AUTHORITY: In compliance with Section 67-5221(1), Idaho Code, notice is hereby given that this agency has initiated proposed rulemaking procedures. The action is authorized pursuant to Section 54-1404, Idaho Code.

PUBLIC HEARING SCHEDULE: Public hearing(s) concerning this rulemaking will be scheduled if requested in writing by twenty-five (25) persons, a political subdivision, or an agency, not later than October 19, 2016.

The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below.

DESCRIPTIVE SUMMARY: The following is a nontechnical explanation of the substance and purpose of the proposed rulemaking:

The proposed rulemaking is needed for several reasons. First, the Board wants to provide nurses with the flexibility and convenience of providing an e-mail address for use in notifications and communications from the Board. A change to this rule will also permit the Board to implement authority granted by the IDAPA 11.04.01, "Idaho Rules of Administrative Procedure of the Attorney General," to use e-mail communication, in appropriate circumstances, for service of process in contested cases. Second, the rulemaking deletes unnecessary provisions requiring renewal and payment of renewal fees for an emeritus nursing license. Third, there is a need to update language in rules related to nurses with substance use and mental health disorders who may be eligible for a limited license, as well as corresponding provisions in the Board rule regarding the Program for Recovering Nurses Advisory Committee. Finally, recent statutory changes support related minor rule changes and deletion of the fee regarding prescriptive authority for advanced practice nurses.

The proposed rulemaking adds language to Section 008 to expressly permit broadened use of e-mail in correspondence with licensees as well as in service of certain Board documents in contested case proceedings. The rulemaking, along with statutory changes, will eliminate the current requirements in Sections 060 and 900 that nurses who are on emeritus status periodically renew those licenses and pay renewal fees. The rulemaking will replace antiquated language in Sections 132 and 133 that describe or are applicable to individuals with impairments, with more modern-usage terminology. Rules provisions regarding issuance of limited licenses and a Board advisory committee are updated and clarified. The rulemaking will delete unnecessary provisions and the required fee in Section 315 related to prescriptive authority for advanced practice nurses. Finally, the rulemaking corrects a term in Section 641.

FEE SUMMARY: The following is a specific description of the fee or charge imposed or increased:

This rulemaking will eliminate the current requirements in Board Rule 900 that nurses who are on emeritus status pay renewal fees. IDAPA 23.01.01.900.04 - This fee, authorized pursuant to Section 54-1410, Idaho Code, is being deleted. IDAPA 23.01.01.901.05 - This fee, authorized pursuant to Section 54-1409, Idaho Code, is being deleted.

FISCAL IMPACT: The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year resulting from this rulemaking:

Deletion of IDAPA 23.01.01.900.04, Emeritus license biennial renewal fee, will result in an estimated loss of less than \$1,000/year. Deletion of IDAPA 23.01.01.901.5, APRN Prescriptive Authorization fee, will result in an estimated loss of less than \$5,000/year.

NEGOTIATED RULEMAKING: Pursuant to Section 67-5220(1), Idaho Code, negotiated rulemaking was conducted. The Notice of Intent to Promulgate Rules - Negotiated Rulemaking was published in the July 6, 2016 Idaho Administrative Bulletin, [Vol. 16-7, page 76](#).

INCORPORATION BY REFERENCE: Pursuant to Section 67-5229(2)(a), Idaho Code, the following is a brief

synopsis of why the materials cited are being incorporated by reference into this rule: N/A

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the proposed rule, contact Sandra Evans, Executive Director, at (208) 577-2482 or at sandra.evans@ibn.idaho.gov.

Anyone may submit written comments regarding this proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before October 26, 2016.

DATED this 16th day of August, 2016.

Sandra Evans, M.A. Ed., R.N., Executive Director
Board of Nursing
280 N. 8th St. (8th & Bannock), Ste. 210
P. O. Box 83720
Boise, ID 83720-0061
Phone: (208) 577-2482
Fax: (208) 334-3262

THE FOLLOWING IS THE PROPOSED FEE RULE TEXT OF DOCKET NO. 23-0101-1601
(Only Those Sections With Amendments Are Shown.)

008. CHANGES IN NAME AND ADDRESS -- ADDRESS FOR NOTIFICATION PURPOSES.

01. Change of Name. Whenever a change of licensee name occurs, the Board must be immediately notified of the change. Documentation confirming the change of name must be provided to the Board on request. (3-30-01)

02. Change of Address. Whenever a change of licensee *mailing* address occurs, the Board must be immediately notified of the change. ~~(3-30-01)~~ ()

03. Address for Notification Purposes.

a. The most recent mailing *or electronic* address on record with the Board will be utilized for purposes of all written communication with the licensee ~~including, but not limited to, notification of renewal and notices related to disciplinary actions.~~ (3-30-01) ()

b. In a contested case proceeding, the service of process of Board documents (including notices, summonses, complaints, subpoenas and orders) will be made by (1) personal service, (2) mailing to the licensee's mailing address on record, or (3) e-mailing to the licensee's electronic address on record, if authorized. Service on an electronic address is authorized when the licensee has already appeared in the proceeding or has agreed in writing to service by e-mail. ()

(BREAK IN CONTINUITY OF SECTIONS)

060. LICENSE RENEWAL.

All licenses must be renewed as prescribed in ~~the~~ Section 54-1411, Idaho Code. ~~(3-30-01)~~ ()

01. Renewal Notice -- Licensed Registered Nurse. A notice of renewal will be ~~mailed~~ **provided** to every currently licensed registered nurse, at the address on record with the Board, on or before July 1 of every odd-numbered year. (4-7-11)()

02. Renewal Notice -- Licensed Practical Nurse. A notice of renewal will be ~~mailed~~ **provided** to every currently licensed practical nurse, at the address on record with the Board, on or before July 1 of every even-numbered year. (4-7-11)()

03. Renewal Notice -- Advanced Practice Registered Nurse. A notice of renewal will be ~~mailed~~ **provided** to every currently licensed advanced practice registered nurse, at the address on record with the Board, on or before July 1 of every odd-numbered year. (4-7-11)()

~~**04. Renewal Notice -- Emeritus Licensure.** A notice of renewal will be mailed to every holder of a current emeritus license, at the address on record with the Board, on or before July 1 of the renewal year that applied to the applicant's license at the time emeritus status was granted. If the applicant was an RN or APRN at the time emeritus status was granted, renewal will take place in odd-numbered years. If the applicant was an LPN at the time emeritus status was granted, renewal will take place in even-numbered years. (4-7-11)~~

~~**054. Renewal Applications.** Renewal applications may be obtained by contacting the Board. (4-7-11)~~

065. Final Date to Renew. The original completed renewal application and renewal fee as prescribed in Section 900 of these rules, must be submitted to the Board and post-marked or electronically dated not later than August 31 of the appropriate renewal year. (4-7-11)

076. Date License Lapsed. Licenses not renewed prior to September 1 of the appropriate year will be lapsed and therefore invalid. (11-28-84)

087. Effective Period. Renewed licenses shall be effective for a two (2) year period, from September 1 of the renewal year. (3-30-01)

(BREAK IN CONTINUITY OF SECTIONS)

132. LIMITED LICENSES.

Limited licenses may be issued to qualified individuals in four (4) categories: post-discipline, non-practicing status, restricted status, and ~~impairment-related disability~~ **substance use and mental health disorders**. Failure to comply with the terms and conditions of a limited license will be cause for summary suspension. (3-30-07)()

01. Following Disciplinary Action. (3-30-07)

a. After evaluation of an application for licensure reinstatement, the Board may issue a limited license to a nurse whose license has been revoked. (3-15-02)

b. The Board shall specify the conditions of issuance of the limited license in writing. The conditions may be stated on the license. (3-15-02)

02. Non-Practicing Status. (3-15-02)

a. Individuals who are prevented from engaging in the active practice of nursing may be issued a limited license. (3-15-02)

b. The Board shall specify that the license being issued does not entitle the licensee to engage in the active practice of nursing. The non-practicing status shall be noted on the license. (3-15-02)

c. The non-practicing limitation may be removed by the Board following receipt and evaluation of evidence satisfactory to the Board confirming that the licensee's physical or mental health status no longer prevents

the individual from engaging in the active practice of nursing. (3-15-02)

03. Restricted Status. (3-15-02)

a. Individuals whose disabilities restrict or inhibit their ability to provide a full range of nursing services may be issued a limited license. (3-15-02)

b. In order to determine the appropriate limitations, the Board may evaluate statements from qualified professional persons who have personal knowledge of the applicant or licensee. The Board may also evaluate job descriptions and statements from potential employers and consider input from the applicant for the limited license. (3-15-02)

c. The Board shall specify the conditions of issuance of the limited license in writing. The conditions may be stated on the license. The conditions may include, but are not limited to: (3-15-02)

i. Notifying the Board of changes in employment status. (3-15-02)

ii. Submission of regular reports by the employer or by such other entities or individuals as the Board may desire. (3-15-02)

iii. Meeting with Board representatives. (3-15-02)

iv. Specific parameters of practice, excluding the performance of specific nursing functions. (3-15-02)

d. The conditions of limited practice may be removed by the Board following receipt and evaluation of satisfactory evidence confirming that the health status of the licensee no longer restricts or inhibits the person's ability to provide a full range of nursing services. (3-15-02)

04. Disability Due to ~~Alcohol or Drug~~ Substance Use ~~or Emotional~~ Disorder or Mental Impairment Health Disorder. (3-15-02)()

a. Individuals ~~disabled~~ whose practice is or may be impaired due to ~~alcohol or drug~~ substance use disorder or to ~~emotional or~~ mental ~~impairment~~ health disorder may qualify for issuance of a limited license as an alternative to discipline. (3-15-02)()

b. The executive director may issue a limited license for a period not to exceed five (5) years to an individual who voluntarily surrenders his license by reason of a ~~disability relating to alcohol or drug~~ substance use disorder or relating to ~~emotional or~~ mental ~~impairment~~ health disorder and who: (3-15-02)()

i. Holds a current license to practice in Idaho as a registered ~~nurse, advanced practice registered nurse~~ or licensed practical nurse or is otherwise eligible and is in the process of applying for licensure; (3-30-07)()

ii. ~~Abused drugs or alcohol, or both, or~~ Has a demonstrated ~~or diagnosed~~ substance use disorder or mental ~~disability~~ health disorder such that ability to safely practice is, or may be, impaired; (3-15-02)()

iii. Sign a written statement admitting to all facts which may constitute grounds for disciplinary action or demonstrate impairment of the safe practice of nursing, and waiving the right to a hearing and all other rights to due process in a contested case under the Idaho Administrative Procedures Act and the Nursing Practice Act; and (3-15-02)

iv. Submit reliable evidence, satisfactory to the executive director, that he is competent to safely practice nursing. (3-15-02)

c. If required, the applicant shall satisfactorily complete a treatment program accepted by the Board. (3-30-07)

d. The applicant must agree to participation in the Board's monitoring program to include: (3-15-02)

- i. Evaluation ~~and diagnosis~~ of ~~disability~~ the disorder; ~~(5-21-89)~~()
 - ii. Approval of treatment program regimen; (5-21-89)
 - iii. Monitoring of progress; (5-21-89)
 - iv. Determination of when return to the workplace will be allowed. (7-1-96)
 - e. Admission to the Program for Recovering Nurses or issuance of a limited license, or both, may be denied for any reason including, but not limited to the following: (3-15-02)
 - i. The applicant diverted controlled substances for other than self-administration; or (3-15-02)
 - ii. The applicant creates too great a safety risk; or (3-15-02)
 - iii. The applicant has been terminated from this, or any other, alternative program for non-compliance. (3-15-02)
 - f. Upon satisfactory compliance with all of the terms of the limited license, and provided that the licensee demonstrates that he is qualified and competent to practice nursing, the executive director shall reinstate the renewable nursing license voluntarily surrendered. (3-30-07)
- 05. Compliance Required.** Limited licensure shall be conditioned upon the individual's prompt and faithful compliance with the following terms and conditions, which may include: ~~(3-30-07)~~()
- a. Satisfactory progress in any required continuing treatment or rehabilitation program. (3-15-02)
 - b. Regular and prompt notification to the Board of changes in name and address of self or any employer. (7-1-96)
 - c. Obtaining of performance evaluations prepared by the employer to be submitted at specified intervals and at any time upon request. (7-1-96)
 - d. Continuing participation in, and compliance with all recommendations and requirements of, the approved treatment or rehabilitation program, and obtaining of reports of progress submitted by the person directing the treatment or rehabilitation program at specified intervals and at any time upon request. (7-1-96)
 - e. Submission of ~~written~~ self-evaluations and personal progress reports at specified intervals and at any time upon request. ~~(7-1-93)~~()
 - f. Submission of reports of supervised random alcohol/drug screens at specified intervals and at any time upon request. Participant is responsible for reporting as directed, submitting a sufficient quantity of sample to be tested, and payment for the screening. (7-1-96)
 - g. Meeting with the Board's professional staff or advisory committee at any time upon request. ~~(7-1-93)~~()
 - h. Working only in approved practice settings. (7-1-96)
 - i. Authorization by licensee of the release of applicable records pertaining to assessment, diagnostic evaluation, treatment recommendations, treatment and progress, performance evaluations, counseling, random chemical screens, and after-care at periodic intervals as requested. (7-1-93)
 - j. Obedience to Compliance with all laws pertaining to nursing practice, all nursing standards, and all standards, policies and procedures of licensee's employer relating to any of the admitted misconduct or facts as set out in the written statement signed by licensee, or relating to the providing of safe, competent ~~or proper~~ nursing

service.

(7-1-93)()

- k. Compliance with other specific terms and conditions as may be required by the executive director. (3-15-02)

06. Summary Suspension - Lack of Compliance. (3-30-07)

a. Summary Suspension. Any failure to comply with the terms and conditions of a limited license shall be deemed to be an immediate threat to the health, safety, and welfare of the public and the executive director shall, upon receiving evidence of any such failure, summarily suspend the limited license. (3-30-07)

i. Summary suspension of a limited license may occur if, during participation in the program, information is received which, after investigation, indicates the individual may have violated a provision of the law or Board rules governing the practice of nursing. (3-30-07)

ii. Upon summary suspension of a limited license, the executive director shall provide prompt written notice to the licensee stating the reason for the suspension, setting forth the evidence relied upon and notifying the licensee of his right to a hearing upon request at the earliest possible date in accordance with Section 54-1413(3)(a), Idaho Code. (3-30-07)

b. Right to Hearing. An individual whose limited license has been summarily suspended by the executive director may request a hearing regarding the suspension by certified letter addressed to the Board. If the individual fails to request a hearing within twenty (20) days after service of the notice of suspension by the executive director, the right to a hearing is waived. If a hearing is timely requested, after the hearing the Board shall enter an order affirming or rejecting summary suspension of the limited license and enter such further orders revoking, suspending, or otherwise disciplining the nursing license as may be necessary. The above provisions do not limit or restrict the right of Board staff to bring any summary suspension order before the Board for further proceedings, even if the licensee has not requested a hearing. (4-2-08)

c. Other Orders. The Board may, for good cause, stay any order of the executive director or may modify the terms and conditions of a limited license as deemed appropriate to regulate, monitor or supervise the practice of any licensee. (3-30-07)

133. ADVISORY COMMITTEE.

The Board shall appoint a committee of at least six (6) persons to provide guidance to the Board on matters relating to nurses ~~disabled whose practice is or may be impaired~~ due to ~~alcohol or drug~~ substance use disorder or ~~to emotional or mental impairment~~ health disorder, and advise the Board on the direction of the program. Committee members shall include a member of the Board who shall serve as the chairperson and other members as established by the Board, but shall include persons who are knowledgeable about ~~disabilities~~ mental health and substance use disorders. (7-1-96)()

(BREAK IN CONTINUITY OF SECTIONS)

315. PRESCRIPTIVE AND DISPENSING AUTHORIZATION FOR ADVANCED PRACTICE REGISTERED NURSES.

01. Initial Authorization. An application for the authority to prescribe and dispense pharmacologic and non-pharmacologic agents may be made as part of initial licensure application or by separate application at a later date. Advanced practice registered nurses who complete their APRN graduate or post-graduate educational program after December 31, 2015, will automatically be granted prescriptive and dispensing authority with the issuance of their Idaho license. (7-1-13)

a. An advanced practice registered nurse who applies for authorization to prescribe pharmacologic and non-pharmacologic agents within the scope of practice for the advanced practice role, shall: (7-1-13)

- ~~i.~~ ~~Be currently licensed as an advanced practice registered nurse in Idaho;~~ (7-1-99)
- ii. Provide evidence of completion of thirty (30) contact hours of post-basic education in pharmacotherapeutics obtained as part of study within a formal educational program or continuing education program, related to advanced nursing practice. (7-1-13)
- iii. Submit a completed, notarized application form provided by the Board; and (7-1-99)
- ~~iv.~~ ~~Remit fees prescribed in Section 901 of these rules.~~ (7-1-13)
- b. Exceptions to the pharmacotherapeutic education may be approved by the Board. (7-1-99)
- c. Prescriptions written by authorized advanced practice registered nurses shall comply with all applicable state and federal laws and be signed by the prescriber with the abbreviation for the applicable role of advanced nursing practice, the identification number assigned by the Board and where applicable, the Idaho Board of Pharmacy controlled substance registration number and the federal Drug Enforcement Agency registration number. (7-1-13)

02. Temporary Authorization. The Board may grant temporary prescriptive authority to an applicant who holds a temporary advanced practice registered nurse license and who meets the requirements for initial authorization pursuant to Subsection 315.01 of these rules. (7-1-99)

03. Expiration of Temporary Prescriptive Authorization. Temporary prescriptive authorization automatically expires on the expiration, revocation, suspension, placement on probation, or denial of any advanced practice registered nurse license. (7-1-99)

04. Prescribing and Dispensing Authorization. All authorized advanced practice registered nurses may prescribe and dispense pharmacologic and non-pharmacologic agents pursuant to applicable state and federal laws. (7-1-13)

05. Valid Advanced Practice Registered Nurse/Patient Relationships. (7-1-13)

a. An advanced practice registered nurse shall not dispense pharmacologic agents except in the course of his professional practice and when a bona fide advanced practice registered nurse/patient relationship has been established. A valid relationship will exist when the advanced practice registered nurse has obtained sufficient knowledge of the patient's medical condition through examination and has assumed responsibility for the health care of the patient. (7-1-13)

b. A valid advanced practice registered nurse/patient relationship is not required when dispensing or prescribing medications under the circumstances set forth at Section 54-1733(4), Idaho Code. (7-1-13)

(BREAK IN CONTINUITY OF SECTIONS)

641. FACULTY.

01. Numbers Needed. There shall be sufficient faculty with educational preparation and nursing expertise to meet the objectives and purposes of the nursing education program. (4-5-00)

a. Number of faculty shall be sufficient to design and implement the curriculum necessary to prepare students to function in a rapidly changing healthcare environment. (4-5-00)

b. Number of faculty in the clinical setting shall be sufficient in number to assure patient safety and meet student learning needs. (4-5-00)

02. Faculty-Student Ratio. There shall be no more than ten (10) students for every faculty person in

the clinical agencies. Deviations may be presented for approval with the program's annual report to the Board with written justification assuring client safety and supporting accomplishment of ~~learner~~ program objectives.

~~(4-5-00)~~()

(BREAK IN CONTINUITY OF SECTIONS)

900. RENEWAL AND REINSTATEMENT FEES.

Fees will be assessed for renewal of licensure or for reinstatement of a lapsed, disciplined, limited, or emeritus license. Any person submitting the renewal application and fee post-marked or electronically dated later than August 31 shall be considered delinquent and the license lapsed and therefore invalid: (4-7-11)

01. Licensed Registered Nurse Renewal Fee. Licensed registered nurses will be assessed a renewal fee of ninety dollars (\$90) due by August 31 of each odd-numbered year. (3-30-06)

02. Licensed Practical Nurse Renewal Fee. Licensed practical nurses will be assessed a renewal fee of ninety dollars (\$90) due by August 31 of each even-numbered year. (3-30-06)

03. Advanced Practice Registered Nurse Renewal Fee. Licensed advanced practice registered nurses will be assessed a renewal fee of ninety dollars (\$90) due by August 31 of each odd-numbered year. ~~(3-30-06)~~()

~~**04. Emeritus License.** Emeritus status nurses will be assessed a renewal fee of twenty dollars (\$20) due by August 31 of the renewal year. (4-2-03)~~

054. Reinstatement Fee. Nurses requesting reinstatement of a lapsed, disciplined, limited, or emeritus license, or reinstatement of an emeritus license to active status, will be assessed the records verification and renewal fees. (3-30-07)

065. Delay in Processing. Processing of renewal applications not accompanied by cash, cashier's check, a money order, or other guaranteed funds may be delayed in order to allow clearance of personal checks through the licensee's bank. (3-30-01)

901. LICENSURE FEES.

Fees will be assessed for licensure of registered and practical nurses by examination and endorsement, and for temporary licenses and verification of licensure to another state. (6-1-78)

01. Licensure by Examination. A fee will be assessed applicants for licensure by examination as follows: (3-30-01)

a. Registered nurse applicants: ninety dollars (\$90). (3-30-01)

b. Practical nurse applicants: seventy-five dollars (\$75). (3-30-01)

02. Advanced Practice Registered Nurses. Advanced practice registered nurse applicants: ninety dollars (\$90). (3-30-01)

03. Licensure by Endorsement. The fee assessed for licensure by endorsement of licensed registered and licensed practical nurses will be one hundred ten dollars (\$110). (3-30-06)

04. Verification of Licensure Fee. Licensed registered and licensed practical nurses requesting verification of licensure to another state will be assessed a fee of thirty dollars (\$30) which will be due upon request. (3-30-01)

~~**05. Authorization Fee.** Advanced practice registered nurses will be assessed an authorization fee of fifty dollars (\$50) which will be due upon application. (3-30-01)~~

065. **Emeritus License Fee.** Applicants requesting emeritus status will be assessed a fee of twenty-five dollars (\$25), which will be due upon application. (4-2-03)

076. **Temporary License Fee.** Registered and practical nurses requesting a temporary license will be assessed a fee of twenty-five dollars (\$25) which will be due upon application. (3-30-01)

087. **Limited License Fee.** Persons who are issued a limited license following disciplinary action or temporary voluntary surrender of a license will be assessed a fee of one hundred dollars (\$100) which will be due upon issuance of the limited license. (3-30-01)

098. **Records Verification Fee.** Thirty-five dollars (\$35). (3-30-07)

PROPOSED RULE COST/BENEFIT ANALYSIS

Section 67-5223(3), Idaho Code, requires the preparation of an economic impact statement for all proposed rules imposing or increasing fees or charges. This cost/benefit analysis, which must be filed with the proposed rule, must include the reasonably estimated costs to the agency to implement the rule and the reasonably estimated costs to be borne by citizens, or the private sector, or both.

Department or Agency: Board of Nursing

Agency Contact: Sandra Evans, Executive Director **Phone:** (208) 577-2482

Date: July 15, 2016

IDAPA, Chapter and Title Number and Chapter Name: IDAPA 23.01.01 – Rules of the Idaho Board of Nursing

Fee Rule Status: **Proposed** **Temporary**

Rulemaking Docket Number: 23-0101-1601

STATEMENT OF ECONOMIC IMPACT:

- 1) Deletion of IDAPA 23.01.01.900.04, Emeritus license biennial renewal fee, will result in an estimated loss of less than \$1,000/year.
- 2) Deletion of IDAPA 23.01.01.901.5, APRN Prescriptive Authorization fee, will result in an estimated loss of less than \$5,000/year.

IDAPA 23 - BOARD OF NURSING

23.01.01 - RULES OF THE IDAHO BOARD OF NURSING

DOCKET NO. 23-0101-1602

NOTICE OF RULEMAKING - TEMPORARY AND PROPOSED RULE

EFFECTIVE DATE: The effective date of the temporary rule is August 1, 2016.

AUTHORITY: In compliance with Sections 67-5221(1) and 67-5226, Idaho Code, notice is hereby given that this agency has adopted a temporary rule, and proposed rulemaking procedures have been initiated. The action is authorized pursuant to Section 54-1404, Idaho Code.

PUBLIC HEARING SCHEDULE: Public hearing(s) concerning this rulemaking will be scheduled if requested in writing by twenty-five (25) persons, a political subdivision, or an agency, not later than October 19, 2016.

The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below.

DESCRIPTIVE SUMMARY: The following is the required finding and concise statement of its supporting reasons for adopting a temporary rule and a nontechnical explanation of the substance and purpose of the proposed rulemaking:

Clinical preceptors may be used to enhance clinical learning experiences for practical, registered and advanced practice registered nurse students enrolled in approved nursing education programs. Board of Nursing Rules Sections 010 and 640 currently limit clinical preceptors for students enrolled in nursing programs in the state to include only nurses credentialed for nursing practice at or above the license level for which the student is preparing. This is acceptable for students in registered and practical nursing programs; however, it creates a serious and unnecessary impediment for students in advanced practice registered nurse (APRN) educational programs who often participate in primary care clinical experiences in healthcare clinics where a licensed APRN may not be present and instead a physician (MD, DO) or physician assistant (PA) may be the only licensed primary care provider available to serve as the APRN student preceptor.

APRN student clinical learning experiences are limited due to competing demands from other disciplines (e.g., medicine, pharmacy) and from both in and out-of-state APRN, MD and PA educational programs. This rulemaking is necessary to remove this Board-created obstacle in order to allow APRN students to participate in valuable clinical opportunities.

TEMPORARY RULE JUSTIFICATION: Pursuant to Section(s) 67-5226(1)(c), Idaho Code, the Governor has found that temporary adoption of the rule is appropriate for the following reasons:

It is imperative that this Board-created obstacle be removed in order to immediately open more clinical learning opportunities for APRN students as early as the 2016 fall semester and then beyond.

FEE SUMMARY: The following is a specific description of the fee or charge imposed or increased: N/A

FISCAL IMPACT: The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year: N/A

NEGOTIATED RULEMAKING: Pursuant to Section 67-5220(1), Idaho Code, negotiated rulemaking was conducted. The Notice of Intent to Promulgate Rules - Negotiated Rulemaking was published under Docket No. 23-0101-1601 in the July 6, 2016 Idaho Administrative Bulletin, [Vol. 16-7, page 76](#).

INCORPORATION BY REFERENCE: Pursuant to Section 67-5229(2)(a), Idaho Code, the following is a brief synopsis of why the materials cited are being incorporated by reference into this rule: N/A

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the temporary and proposed rule, contact Sandra Evans, Executive Director, at (208) 577-2482 or at sandra.evans@ibn.idaho.gov.

Anyone may submit written comments regarding the proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before October 26, 2016.

DATED this 16th day of August, 2016.

Sandra Evans, M.A. Ed., R.N., Executive Director
Board of Nursing
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**THE FOLLOWING IS THE TEMPORARY RULE AND THE PROPOSED TEXT
OF DOCKET NO. 23-0101-1602
(Only Those Sections With Amendments Are Shown.)**

010. DEFINITIONS.

01. Abandonment. The termination of a nurse/patient relationship without first making appropriate arrangements for continuation of required nursing care. The nurse/patient relationship begins when responsibility for nursing care of a patient is accepted by the nurse. Refusal to accept an employment assignment or refusal to accept or begin a nurse/patient relationship is not abandonment. Reasonable notification, or a timely request for alternative care for a patient, directed to a qualified provider or to a staff supervisor, prior to leaving the assignment, constitutes termination of the nurse/patient relationship. (4-4-13)

02. Accreditation. The official authorization or status granted by a recognized accrediting entity or agency other than a state board of nursing. (7-1-93)

03. Administration of Medications. The process whereby a prescribed medication is given to a patient by one (1) of several routes. Administration of medication is a complex nursing responsibility which requires a knowledge of anatomy, physiology, pathophysiology, and pharmacology. Only persons authorized under Board statutes and these rules may administer medications and treatments as prescribed by health care providers authorized to prescribe medications. (4-7-11)

04. Approval. The process by which the Board evaluates and grants official recognition to education programs that meet standards established by the Board. (5-3-03)

05. Assist. To aid or help in the accomplishment of a prescribed set of actions. (7-1-93)

06. Assistance With Medications. The process whereby a non-licensed care provider is delegated tasks by a licensed nurse to aid a patient who cannot independently self-administer medications. (5-3-03)

07. Board. The Idaho Board of Nursing. (7-1-93)

08. Board Staff. The executive director and other such personnel as are needed to implement the Nursing Practice Act and these rules. (7-1-93)

09. Charge Nurse. A licensed nurse who bears primary responsibility for assessing, planning,

prioritizing and evaluating care for the patients on a unit, as well as the overall supervision of the licensed and unlicensed staff delivering the nursing care. (5-3-03)

10. Clinical Preceptor. A licensed registered nurse or other qualified individual as defined in these rules who acts to facilitate student training in a manner prescribed by a written agreement between the preceptor's employer and an educational institution. ~~(5-3-03)~~(8-1-16)T

11. Competence. Safely performing those functions within the role of the licensee in a manner that demonstrates essential knowledge, judgment and skills. (5-3-03)

12. Curriculum. The systematic arrangement of learning experiences including didactic courses, practical experiences, and other activities needed to meet the requirements of the nursing program and of the certificate or degree conferred by the parent institution. (5-3-03)

13. Delegation. The process by which a licensed nurse assigns tasks to be performed by others. (5-3-03)

14. Disability. Any physical, mental, or emotional condition that interferes with the nurse's ability to practice nursing safely and competently. (5-3-03)

15. Emeritus License. A license issued to a nurse who desires to retire from active practice for any length of time. (5-3-03)

16. Licensing Examination. A licensing examination that is acceptable to the Board. (5-3-03)

17. License in Good Standing. A license not subject to current disciplinary action, restriction, probation or investigation in any jurisdiction. (5-3-03)

18. Limited License. A nursing license subject to specific restrictions, terms, and conditions. (5-3-03)

19. Nursing Assessment. The systematic collection of data related to the patient's health care needs. (5-3-03)

20. Nursing Diagnosis. The clinical judgment or conclusion regarding patient/client/family/community response to actual or potential health problems made as a result of the nursing assessment. (7-1-93)

21. Nursing Intervention. An action deliberately selected and performed to support the plan of care. (5-3-03)

22. Nursing Jurisdiction. Unless the context clearly denotes a different meaning, when used in these rules, the term nursing jurisdiction shall mean any or all of the fifty (50) states, U.S. territories or commonwealths, as the case may be. (4-4-13)

23. Nursing Service Administrator. A licensed registered nurse who has administrative responsibility for the nursing services provided in a health care setting. (7-1-93)

24. Organized Program of Study. A written plan of instruction to include course objectives and content, teaching strategies, provisions for supervised clinical practice, evaluation methods, length and hours of course, and faculty qualifications. (7-1-93)

25. Patient. An individual or a group of individuals who are the beneficiaries of nursing services in any setting and may include client, resident, family, community. (5-3-03)

26. Patient Education. The act of teaching patients and their families, for the purpose of improving or maintaining an individual's health status. (5-3-03)

27. Plan of Care. The goal-oriented strategy developed to assist individuals or groups to achieve

optimal health potential. (5-3-03)

28. Practice Standards. General guidelines that identify roles and responsibilities for a particular category of licensure and, used in conjunction with the decision-making model, define a nurse's relationship with other care providers. (5-3-03)

29. Probation. A period of time set forth in an order in which certain restrictions, conditions or limitations are imposed on a licensee. (5-3-03)

30. Protocols. Written standards that define or specify performance expectations, objectives, and criteria. (5-3-03)

31. Revocation. Termination of the authorization to practice. (5-3-03)

32. Scope of Practice. The extent of treatment, activity, influence, or range of actions permitted or authorized for licensed nurses based on the nurse's education, preparation, and experience. (5-3-03)

33. Supervision. Designating or prescribing a course of action, or giving procedural guidance, direction, and periodic evaluation. Direct supervision requires the supervisor to be physically present and immediately accessible to designate or prescribe a course of action or to give procedural guidance, direction, and periodic evaluation. (4-6-05)

34. Suspension. An order temporarily withdrawing a nurse's right to practice nursing. (5-3-03)

35. Technician/Technologist. These individuals are not credentialed by regulatory bodies in Idaho and may include, but are not limited to: surgical, dialysis and radiology technicians/technologists, monitor technicians and medical assistants. (3-30-07)

36. Universal Standards. The recommendations published by the Center for Disease Control, Atlanta, Georgia, for preventing transmission of infectious disease, also referred to as "Standard Precautions." (5-3-03)

(BREAK IN CONTINUITY OF SECTIONS)

640. FACULTY QUALIFICATIONS.

01. Programs for Unlicensed Assistive Personnel. Primary instructors shall be approved by the Board and shall have: (4-5-00)

a. A current unencumbered license to practice as a registered nurse in this state; (4-5-00)

b. Evidence of three (3) years experience working as a registered nurse; (4-5-00)

c. Evidence of two (2) years experience in caring for the elderly or chronically ill of any age; and (4-5-00)

d. Evidence of completion of a course in methods of instruction or a Train-the-Trainer type program. (4-5-00)

e. Licensed practical nurses with a minimum of two (2) years experience in caring for the elderly or chronically ill of any age may assist with skills supervision under the supervision of an approved primary instructor. (4-5-00)

02. Practical Nurse Program Faculty Qualifications. Nursing faculty who have primary responsibility for planning, implementing, and evaluating curriculum in a program leading to licensure as a practical nurse shall have: (4-5-00)

- a. A current, unencumbered license to practice as a registered nurse in this state; (4-5-00)
- b. A minimum of a baccalaureate degree with a major in nursing; and (4-5-00)
- c. Evidence of nursing practice experience. (4-5-00)
- 03. Registered Nurse Program Faculty Qualifications.** There shall be sufficient faculty to achieve the purpose of the program. (4-5-00)
- a. Nursing faculty who have primary responsibility for planning, implementing, and evaluating curriculum in a program leading to licensure as a registered nurse shall have: (4-5-00)
- i. A current, unencumbered license to practice as a registered nurse in this state; (4-5-00)
- ii. A minimum of a master's degree with a major in nursing; and (4-5-00)
- iii. Evidence of nursing practice experience. (4-5-00)
- b. Additional support faculty necessary to accomplish program objectives shall have: (4-5-00)
- i. A current, unencumbered license to practice as a registered nurse in this state; (4-5-00)
- ii. A minimum of a baccalaureate degree with a major in nursing; and (4-5-00)
- iii. A plan approved by the Board for accomplishment of the master's of nursing within three (3) years of appointment to the faculty position. (4-5-00)
- 04. Advanced Practice Registered Nurse Program Faculty Qualifications.** There shall be sufficient faculty to achieve the purpose of the program. Faculty in an advanced practice registered nurse program shall have: (4-5-00)
- a. A current, unencumbered license to practice as a registered nurse in this state; and (4-5-00)
- b. A master's degree and an earned doctoral degree, one (1) of which is in nursing; or (4-5-00)
- c. A master's degree with a major in nursing and an appropriate advanced practice registered nurse credential if responsible for courses in a specific advanced practice registered nurse category; and (4-5-00)
- d. Evidence of nursing practice experience. (4-5-00)
- 05. Clinical Preceptors in Registered Nurse, Practical Nurse, and Advanced Practice Registered Nurse Programs.** Clinical preceptors may be used to enhance clinical learning experiences. ~~Clinical preceptors shall be credentialed for nursing practice at or above the level for which the student is preparing.~~ (4-5-00)(8-1-16)T
- a. Clinical preceptors in registered and practical nurse programs shall be licensed for nursing practice at or above the license role for which the student is preparing. (8-1-16)T
- b. Clinical preceptors in advanced practice registered nurse programs shall be licensed to practice as an advanced practice registered nurse (APRN), a physician (MD or DO), or a physician assistant (PA) in an area of practice relevant to the educational course objectives. (8-1-16)T
- ~~c.~~ Student-Preceptor ratio shall be appropriate to accomplishment of learning objectives; to provide for patient safety; and to the complexity of the clinical situation. (4-5-00)
- ~~d.~~ Criteria for selecting preceptors shall be in writing. (4-5-00)

ee. Functions and responsibilities of the preceptor shall be clearly delineated in a written agreement between the agency, the preceptor, and the educational program. (4-5-00)

ef. The faculty shall be responsible to: (4-5-00)

i. Make arrangements with agency personnel in advance of the clinical experience, providing information such as numbers of students to be in the agency at a time, dates and times scheduled for clinical experience, faculty supervision to be provided, and arrange for formal orientation of preceptors. (4-5-00)

ii. Inform agency personnel of faculty-defined objectives and serve as a guide for selecting students' learning experiences and making assignments. (4-5-00)

iii. Monitor students' assignments, make periodic site visits to the agency, evaluate students' performance on a regular basis with input from the student and from the preceptor, and be available by telecommunication during students' scheduled clinical time. (4-5-00)

eg. Provide direct supervision, by either a qualified faculty person or an experienced registered nurse employee of the agency, during initial home visits and whenever the student is implementing a nursing skill for the first time or a nursing skill with which the student has had limited experience. (4-5-00)

06. Continued Study. The parent institution will support and make provisions for continued professional development of the faculty. (7-1-91)