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OFFICE OF ADMINISTRATIVE RULES
OKLAHOMA SECRETARY OF STATE
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**TITLE 485. OKLAHOMA BOARD OF NURSING
CHAPTER 10. LICENSURE OF PRACTICAL AND REGISTERED NURSES**

RULEMAKING ACTION:

Notice of proposed PERMANENT rulemaking

PROPOSED RULES:

Subchapter 5. Minimum Standards for Approved Nursing Education Programs

485:10-5-4.1. [AMENDED]

Subchapter 19. Peer Assistance Program

485:10-19-4. [AMENDED]

SUMMARY:

Proposed changes to 485:10-5-4.1 provide an option for Board-approved nursing education programs with at least 600 total program clinical hours to provide 50% simulated patient care experiences, provided at least one individual within the nursing education program is simulation-certified. With existing limitations of clinical sites in the state of Oklahoma, student learning opportunities can be provided in simulation labs. These changes were undertaken in an emergency rulemaking action adopted by the OK Board of Nursing on January 24, 2023, and approved by Governor Stitt on February 1, 2023.

Proposed changes to 485:10-19-4 allow for expanding the Peer Assistance Committee member applicant criteria to increase the number of Committee members that serve as subject matter experts, monitoring the progression, compliance, and recovery of Peer Program Participants. The Peer Assistance Program was established to ensure the rehabilitation of nurses who may have compromised competency because of a substance use disorder(s). The Peer Assistance Committee determines Participant Program progression, assuring these nurses with substance use disorder(s) are rehabilitated and are safe to return to practice.

AUTHORITY:

Oklahoma Board of Nursing; 59 O.S., §§ 567.2 (A), 567.4(F), 567.12, 567.17(D)

COMMENT PERIOD:

Persons wishing to present their views in writing may do so before 4:30 p.m. on January 19, 2024, at the following address: Oklahoma Board of Nursing, P.O. Box 52926, Oklahoma City, Oklahoma 73152, Attn: Mike Starchman, RN, CPA, Deputy Executive Director

PUBLIC HEARING:

A public hearing will be held at 5:30 p.m. on Tuesday, January 23, 2024, at The Sheraton Oklahoma City Downtown, 2nd floor Ballroom, 1 North Broadway Avenue,

Oklahoma City, Oklahoma. Anyone who wishes to speak at this public hearing must sign in with the Oklahoma Board of Nursing by 5:00 p.m., January 23, 2024.

REQUESTS FOR COMMENTS FROM BUSINESS ENTITIES:

Business entities affected by these proposed rules are requested to provide the agency with information, in dollar amounts if possible, about the increase in the level of direct costs, indirect costs, or other costs expected to be incurred by the business entity due to compliance with the proposed rules. Business entities may submit this information in writing by January 19, 2024, at 4:30 p.m., to the Oklahoma Board of Nursing, P.O. Box 52926, Oklahoma City, OK 73152, Attn: Mike Starchman, RN, CPA, Deputy Executive Director

COPIES OF PROPOSED RULES:

Copies of the proposed *Rules* may be obtained by contacting Mike Starchman, RN, CPA, Deputy Executive Director, at the Oklahoma Board of Nursing, physical address: 2501 N. Lincoln Blvd., Ste. 207, Oklahoma City, Oklahoma 73105, mailing address: P.O. Box 52926, Oklahoma City, OK 73152, (405) 962-1809. The proposed amendments may also be viewed on the Oklahoma Board of Nursing web site at: <https://oklahoma.gov/nursing/title-485-rules.html>

RULE IMPACT STATEMENT:

Pursuant to 75 O.S. Section 303(D), a rule impact statement has been prepared. The rule impact statement may be obtained by contacting Mike Starchman, RN, CPA, Deputy Executive Director, at the Oklahoma Board of Nursing, physical address: 2501 N. Lincoln Blvd., Ste. 207, Oklahoma City, OK 73105, mailing address: P.O. Box 52926, Oklahoma City, OK 73152, (405) 962-1809. The Rule Impact Statement may also be viewed on the Oklahoma Board of Nursing web site at: <https://oklahoma.gov/nursing/title-485-rules.html>

CONTACT PERSON:

Mike Starchman, RN, CPA, Deputy Executive Director, (405) 962-1809.

RULE IMPACT STATEMENT: Oklahoma Board of Nursing; OAC Title 485., Chapter 10. Licensure of Practical and Registered Nurses, Subchapter 5. Minimum Standards for Approved Nursing Education Programs and Subchapter 19. Peer Assistance Program

- a. Description of the purpose of the proposed rule:
485:10-5-4.1, through amended language, provides the option for nursing education programs on full approval status with at least 600 total program clinical hours to increase the percentage of simulated patient care experiences (SPCE) to 50%.
485:10-19-4, through amended language, expands the Peer Assistance Committee membership requirements, allowing a more comprehensive applicant pool to increase participation and expand total membership.
- b. Description of the classes of persons who most likely will be affected by the proposed rule, including classes that will bear the costs of the proposed rule, and any information on cost impacts received by the agency from any private or public entities:
Registered nurse and practical nursing education programs on full approval status, with at least 600 total program clinical hours, may increase the percentage of SPCE to 50%, provided at least one individual within the nursing education program is simulation-certified.
Practical, Registered and Advanced-Practice Registered Nurses who are requesting entry or participating in the Peer Assistance Program to rehabilitate from the use or misuse of drugs and/or alcohol. Additionally, the Peer Assistance Committee member applicants who volunteer their time to serve the Peer Assistance Program Participants as subject matter experts in the treatment and recovery of substance use disorders(s).
- c. Description of classes of persons who will benefit from the proposed rule:
Practical and registered nursing education programs having difficulty in ensuring adequate clinical experiences may substitute up to 50% SPCE for clinical hours for each clinical course, provided the nursing education program is on full approval status and has 600 total program clinical hours. Programs not on full approval status must obtain permission from the Board for the substitution of SPCE for clinical hours. In addition, due to the restrictions on what students may do in clinical facilities and limited clinical space, SPCE offers a new way of preparing students for the complex health care environment of today by allowing students to gain experience in making nursing judgments as they would in real life, experience the consequences of their decisions and receive adaptive feedback.
The Peer Assistance Committee Contracts with Peer Assistance Participants to monitor their recovery as they progress through the Program. Due to the state's shortage of mental healthcare professionals, the Peer Assistance Program has experienced a slow decline in the number of Committee members. Expanding membership criteria requirements while maintaining optimal Committee composition assures a robust number of Committee members to monitor Program Participants as they progress through the Program.

- d. Description of the probable economic impact of the proposed rule upon affected classes of persons or political subdivisions, including a listing of all fee changes and, whenever possible, a separate justification for each fee change.
There will be no economic impact on political subdivisions. There are no fee changes associated with the rules.
- e. Probable costs and benefits to the agency and to any other agency of the implementation and enforcement of the proposed rule, the source of revenue to be used for implementation and enforcement of the proposed rule, and any anticipated effect on state revenues, including a projected net loss or gain in such revenues if it can be projected by the agency.
There are no additional costs to the agency or any other agency because of the proposed rules, nor is there a projected net loss or gain.
- f. Determination of whether implementation of the proposed rule will have an economic impact on any political subdivisions or require their cooperation in implementing or enforcing the rule:
The implementation of the proposed rules will have no economic impact on a political subdivision or require cooperation in implementing or enforcing the rules.
- g. Determination of whether implementation of the proposed rule will have an adverse effect on small business as provided by the Oklahoma Small Business Regulatory Flexibility Act.
The proposed rules will have no adverse impact on small business.
- h. Explanation of the measures the agency has taken to minimize compliance costs and a determination of whether there are less costly or nonregulatory methods or less intrusive methods for achieving the purpose of the proposed rule:
The agency carefully considered the proposed rules to ensure there were no less costly, non-regulatory, or less intrusive methods to implement the statutory requirements and meet the agency's mission of protection of the public. It was determined that the proposed rules provide the most effective and fiscally responsible method for achieving the purpose.
- i. Determination of the effect of the proposed rule on the public health, safety, and environment and, if the proposed rule is designed to reduce significant risks to the public health, safety and environment, an explanation of the nature of the risk and to what extent the proposed rule will reduce the risk:
The proposed rules allow practical and registered nursing education programs on full approval status with at least 600 total program clinical hours to substitute clinical experiences with SPCE for each clinical course, provided at least one individual within the nursing education program is simulation-certified; thereby, allowing nursing education programs to ensure adequate clinical learning experiences are provided to students. Adequate clinical experiences are key in preparing students at the appropriate educational level to provide quality nursing care to the citizens of the State of Oklahoma.

The proposed rule allows for expanding the Peer Assistance Committee member applicant criteria to increase the number of Committee members that serve as subject matter experts, monitoring the progression, compliance, and recovery of Peer Program Participants. The Peer Assistance Program was established to ensure the rehabilitation of nurses who may have compromised competency because of a substance use disorder(s). The Peer Assistance Committee determines Participant Program progression, assuring these nurses with substance use disorder(s) are rehabilitated and are safe to return to practice.

- j. Determination of any detrimental effect on the public health, safety, and environment if the proposed rule is not implemented:

If the proposed rule is not implemented, the graduates of programs having difficulty in securing adequate clinical experiences may lack key experiences in the application of nursing knowledge.

If the proposed rule is not implemented, the Peer Assistance Program may continue experiencing a decline in Committee membership, resulting in the inability to obtain a quorum for Committee Participant meetings. A decrease in Committee meetings would directly impact Program Participant entry and Contract compliance monitoring.

- k. Date the rule impact statement was prepared and if modified, the date modified:
Prepared: September 14, 2023

CHAPTER 10. LICENSURE OF PRACTICAL AND REGISTERED NURSES

485:10-5-4.1. Clinical learning experiences

To ensure adequate clinical learning experiences, nursing education programs shall:

(1) Provide an adequate amount and variety of clinical learning experience, planned by the faculty, to prepare students for practice at the appropriate educational level and to meet program outcomes.

(2) Utilize clinical facilities providing a safe environment for students' learning experiences needed to meet the objectives of the rotation. Clinical facilities are acceptable to the Board for students' clinical learning and are approved by accreditation, evaluation or licensing bodies as appropriate.

(3) Utilize written criteria for the selection of clinical facilities with evaluation of the quality of the learning experiences provided by the facility on a regular basis.

(4) Develop, maintain, and annually review, mutually with cooperating agencies, written clinical agreements specifying respective responsibilities, including provisions for continuing use by currently enrolled students, and include provisions for termination of agreement.

(5) Maintain a maximum ratio of faculty to students in clinical areas involving direct care of patients or clients defensible in light of safety, learning objectives, students' level, patient acuity and program outcomes.

(6) Utilize consistently with Board policy, clinical preceptors for supervision of students in community health, leadership/ management, independent study, elective courses, home health and selected hospitals and long-term care facility experiences. Preceptors, when utilized, are academically qualified, oriented, mentored and monitored, and have clearly documented roles and responsibilities.

(7) Provide evidence that clinical skills laboratory experiences, which may include simulated patient care experiences, are developed, implemented, and evaluated by the faculty to facilitate student preparation for clinical learning experiences.

(8) Substitute, if desire to utilize Simulated Patient Care Experiences (SPCE), up to 30% SPCE for clinical hours for each clinical course for nursing education programs on full approval status with 300 total program clinical hours or up to 50% SPCE for clinical hours for each clinical course for nursing education programs on full approval status with 600 total program clinical hours, provided at least one individual within the nursing education program is simulation-certified. Programs not on full approval status must obtain Board approval to substitute SPCE for clinical course hours.

SUBCHAPTER 19. PEER ASSISTANCE PROGRAM

485:10-19-4. Peer Assistance Committee(s)

(a) Members of the Peer Assistance Committee(s) shall have expertise in chemical dependency.

(b) Composition of the Committee shall be:

(1) at least three members,

(2) at least one member who is ~~currently certified through the Addictions Nursing Certification Board and/or licensed or certified by the Oklahoma Board of Licensed Alcohol and Drug Counselors~~licensed by the respective licensing authority and has a

minimum of three (3) years of experience in the treatment of substance use disorders,

(3) at least one recovering person, and

(4) the majority to be currently licensed nurses.

(5) A quorum shall be at least two members, ~~with at least one member having expertise in chemical dependency.~~

(c) The committee shall have the following responsibilities:

(1) determine licensee's acceptance into program,

(2) develop with licensee a contract for program participation,

(3) meet with licensee on a specified basis to monitor and determine progress,

(4) determine successful completion of program,

(5) determine termination from program for failure to comply,

(6) report all terminations to the Board.

(d) The Peer Assistance Committee(s) shall be appointed by the Board from applications for a term of three years.