2011 Legislative Session: An Update on APRN Bills

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Legislative background

- State priorities:
  - Budgets
  - Economy
  - Health reform

- ACA is expected to newly insure 32 million
- Focus on workforce needs and access to care
- Solutions to provider shortage have had to compete against state budget deficits
Legislative background cont.

- IOM Future of Nursing report:
  - Encourages states to utilize nurses at their highest level of competence
  - Cites the APRN Consensus Model as a tool for finding consistency between states
Legislative background cont.

- AMA Truth in Advertising campaign
- Initiative to require stricter titling, display and advertising of health provider credentials.
2011 APRN Legislation cont.

- Tracking over 300 bills
- Definitions
- Expansion of duties/authority
- Insurance
- Supervision/collaboration
- Prescribing
- Titling and credential display
- Other
Definitions

- Health care provider
- Attending health care practitioner
- Medical examiner
- Mental health care provider
- Qualified medical practitioner
- Psychotherapist
- Primary care provider – 11 states
- Prescriber – 4 states
Expansion of duties/authority

- Certifying illnesses
- Certifying abilities/competence
- Bill Medicaid (AR)
- Complete death certificates
- Verify medical papers and records
- Authorize inpatient treatment
- Request HIV testing
- Refer patients to occupational therapist
- Petition the commitment of persons suspected of drug/alcohol abuse
- Certify that an immunization may be detrimental
Insurance related

- Prohibit discrimination
- Include APRN services and nursing care as required minimum services
- Reimburse APRN telemedicine services
- Right to chose APRN as provider
Other

- Titling and credential display requirements
- Title changes
- Role changes
- Prevention of practice limitations
- APRN studies, commissions and advisory groups
- Transition to practice hours
- APRN board
State by State
S 205

An act concerning parity in status between health care providers under health benefits plans, and, in connection therewith, specifying the conditions under which health insurance carriers must grant participating provider status to APRNs

Current law prohibits health insurance carriers offering health benefit plans in rural areas of the state from discriminating between physicians and APRNs when establishing reimbursement rates.

The bill extends the nondiscrimination provisions.

Status: postponed indefinitely
Florida

- S 1892
- An APRN may, under certain circumstances:
  - “Order, administer, monitor, and alter any drug or drug therapies that are necessary for the proper medical care and treatment of a patient, including Schedule II through Schedule V controlled substances under chapter 893 and those drugs agreed upon by the advanced registered nurse practitioner and the supervising practitioner and specified in the protocol.”
- Committee amendment was proposed that would have deleted the bill language addressing APRN prescribing.
- Status: Senate Committee on Health Regulation reported unfavorably and the bill was tabled.
Hawaii

- **H 484**
- Requires each hospital within the state to allow APRNs to practice within the full scope of their practice
- “Each hospital in the State licensed under section 321-14.5 shall allow advanced practice registered nurses recognized pursuant to section 457-8.5 and qualified advanced practice registered nurses granted prescriptive authority pursuant to section 457-8.6 to practice at the hospital within the full scope of practice authorized under chapter 457, including practice as a primary care provider.”
- **05/06/2011 sent to governor**
Hawaii cont.

- **H 483 and S 37**
  - Would designate advanced practice public health nurses as APRNs
  - Opposed by HI BON
  - Letter of opposition sent from NCSBN
- **Status:**
  - H 483 - 01/24/2011 sent to House Committee on Health (carryover)
  - S 37 – measure deferred by Senate Committee on Health (carryover)
Illinois

- **H 1682 and S 1616**
  - Bills remove collaborative agreement
    - APRN's scope includes collaboration and consultation for patient care needs that exceed the APRN's scope of practice, education, or experience
    - APRN possesses prescriptive authority appropriate to his/her specialty, scope of practice, education, and experience
    - Prescriptive authority includes prescribing, selecting, ordering, administering, storing, accepting samples of, and dispensing OTC medications, legend drugs, medical gases, certain controlled substances, and botanical and herbal remedies.

- **Status:**
  - H 1682 - introduced on 02/15/2011; referred to House Committee on Rules 03/17/2011
  - S 1616 – introduced 2/09/2011; referred to Senate Committee on Assignments 3/18/2011
Illinois cont.

- **H 3133**
  - An APRN may submit a request to eliminate the requirement of the written collaborative agreement, allowing autonomous practice with full prescribing authority, if the APRN:
    - Practiced under written collaborative agreement for 2 years
    - Unencumbered license
    - Proof of malpractice insurance
    - 20 hours of the 50 hour CE requirement must be in pharmacology
    - Memorandum of understanding affirming that the APRN will collaborate, consult, and refer to a physician and other colleagues
Illinois cont.

- **H 3352**
  - Any proposed rules, amendments, second notice materials and adopted rule or amendment materials, and policy statements concerning APRNs shall be presented to the Medical Licensing Board for review and comment.
  - Status: introduced 2/24/2011; referred to House Committee on Rules 3/17/2011
Indiana

- **SR 69**
  - Resolution to study the following issues relating to non-nurse and nurse midwives performing out of hospital births:
    - Educational and practical training that should be required
    - Scope of practice
    - Whether a non-nurse midwife should be permitted to carry and administer medications
    - Duties of a board to license and regulate and whether board should set standards and oversee all midwives performing out of hospital births
    - Whether collaborative agreements should be required
    - Quality, safety and cost of out of hospital vs. in hospital births
  - Status: Failed - Adjourned
Iowa

- **S 148**
  - As part of the licensing requirements for hospitals, this bill requires that the department of inspections and appeals adopt rules that require hospitals to establish and implement written criteria to allow individual advanced registered nurse practitioners to obtain admitting privileges without a collaborating physician.
  - Status: sent to Senate Committee on Human Resources on 02/08/2011
"Advanced practice registered nurse practitioner" or "ARNP" "APRN" means a professional nurse who holds a certificate of qualification license from the board to function as a professional nurse in an expanded advanced role, and this expanded advanced role shall be defined by rules and regulations adopted by the board in accordance with K.S.A. 65-1130, and amendments thereto.

Status: passed Senate; passed House w/amendments; Senate refused to concur; currently in Conference Committee
KSBON Testimony

- Five ways the bill would align Kansas with APRN Consensus Model:
  - Title change from advance registered nurse practitioner (ARNP) to advance practice registered nurse (APRN).
  - Change certificate of qualification to licensure.
  - Change categories of APRN to roles.
  - Require a MS degree or higher in APRN role.
  - Require CE in APRN role.
Kentucky

- **H 282**
- Deletes requirement for APRN to enter into a collaborative agreement with a physician before engaging in the prescribing or dispensing of nonscheduled legend drugs
- Bill passed overwhelmingly in the House, but stalled in the Senate, and ultimately died
- Opposition from medical association:
  - Optometrists
  - Pill mills
Kentucky going forward...

- NP and CNM societies plan to reintroduce the bill in 2012.
- Will use new strategy
- 2012 strategy includes:
  - Support candidates
  - Legislators visit APRN practices
  - APRNs visit legislators
  - Invite legislators to APRN Coalition area meetings
Massachusetts

- **H 1491**
- Act Establishing MA Commission on Advanced Practice Nursing
- Establish 18-member APRN commission to make recommendations related to advanced practice nursing:
  - Supply/demand for APRN services
  - Practice barriers
  - Cost-effectiveness
  - Strategies on APRN role in improving access to primary, ob/gyn, anesthesia and mental health care
- May recommend legislation and regulatory changes.
- Required to hold one public hearing annually.
- Status: 04/12/2011 heard by Joint Committee on Public Health
• **H 1520**
  • Act encouraging NP and PA practice of primary care
    • “When a provision of law or rule requires a signature, certification, stamp, verification, affidavit or endorsement by a physician, when relating to physical and mental health, that requirement may be fulfilled by a nurse practitioner”
  • Establishes 18-member health care workforce advisory council.
  • Calls for creation of an independent task force to identify barriers:
    • In coordination of primary care
    • To expanding patient access to primary care through greater use of NP and PA workforce
  • Status: 04/12/2011 heard by Joint Committee on Public Health
Massachusetts cont.

- **H 2369**
  - Act relative to enhancing the practice of CNMs
  - Repeals law that requires CNM to function as a member of a team that includes a physician
  - Eliminates the requirement for guidelines mutually developed with supervising physician and in accordance BON and BOM regulation.
  - Eliminates requirement that the name of the CNM's supervising physician appear on written prescriptions.
  - Directs the commissioner, in consultation with BON and BOM, to promulgate regulations which provide for the registration of CNMs to issue written prescriptions
  - Status: 04/12/2011 heard by Joint Committee on Public Health
Nebraska

- **L 68**
  - Permits CNMs to have clinical privileges at any hospital licensed under Nebraska’s Health Care Facility Licensure Act
  - Existing statute: any licensed health care facility cannot deny clinical privileges for physicians and surgeons, podiatrists, osteopathic physicians, osteopathic physicians and surgeons, licensed psychologists or dentists solely by reason of the license held by the practitioner.
- Bill added the CNM to list of practitioners
- There was no opposition
- Signed by the governor on February 22, 2011
New York

- **S 324**
- Eliminates CNP collaborative agreement requirement
- Establishes CNP advisory panel
- The practice of registered professional nursing by a nurse practitioner, certified under section six thousand nine hundred ten of this article, may include the diagnosis of illness and physical conditions and the performance of therapeutic and corrective measures within a specialty area of practice, in collaboration with a licensed physician qualified to collaborate in the specialty involved, provided such services are performed in accordance with a written practice agreement and written practice protocols. The written practice agreement shall include explicit provisions for the resolution of any disagreement between the collaborating physician and the nurse practitioner regarding a matter of diagnosis or treatment that is within the scope of practice of both. To the extent the practice agreement does not so provide, then the collaborating physician's diagnosis or treatment shall prevail.
- Status: introduced 01/05/2011 and sent to Senate Committee on Higher Ed
New York cont.

- A 5308 and S 3289
- Establish the nurse practitioners modernization act to allow the practice of registered professional nursing by a certified nurse practitioner to include diagnosis and performance without collaboration of a licensed physician
- Supported by BON
- Opposed by medical society
- Status: introduced 02/15/2011 and sent to Committees on Higher Ed.
New York cont.

- **S 5356**
- CRNA requirements for certification:
  - Application
  - RN licensure
  - Education:
    - Completed an accredited educational program to prepare graduates to practice in the specialty area of nurse anesthesia; and
    - Submit evidence of current certification or recertification;
  - Fee
  - Status: introduced 05/11/2011 and sent to Senate Committee on Higher Ed.
North Dakota

- S 2148

“The board shall adopt rules establishing standards for nursing practice. The board shall consult with the medical profession in the establishment of prescriptive practice standards for advanced practice registered nurses. Prescriptive practices must be consistent with the scope of practice of the advanced practice registered nurse and include evidence of a collaborative agreement with a licensed physician.”
North Dakota BON testimony

- Rural areas remain underserved
- APRN practice will be affected in a POSITIVE way by allowing APRNs to practice to the full extent of their education and experience.
- APRNs are able to diagnose, prescribe medication and treat a variety of illnesses.
- Collaboration between healthcare providers should be the professional norm and not legally required for only one or two different professions.
- The Board will continue to require the scope of practice to include consultation and collaboration information.
- Removing the requirement for a collaborative agreement should have NO bearing on quality and safety of the APRN's practice because they collaborate regularly now as may be needed for each patient.
North Dakota’s grass roots effort

- BON supported the legislation
- North Dakota Nurse Practitioner Association actively lobbied for the passage of the legislation
- Supporters hired a lobbyist and they met with all organizations that were involved, i.e. NDBME, NDMA, North Dakota Nurses Association
- North Dakota Nurse Practitioners Association met with the legislators willing to sponsor and also met with the legislators who opposed the legislation
- Status: signed by governor 4/1/2011
Ohio

- **H 141 and S 83**
  - Prescribing limitation added:
    - CNS, CNM or CNP may prescribe to a patient a schedule II controlled substance w/in defined formulary, except that a schedule II controlled substance may not be prescribed to a patient in a convenience care clinic.
  
- **Status:**
  - H 141 – in House Committee on Health and Aging since 03/10/2011
  - S 83 - in Senate Committee on Health, Human Services and Aging since 02/23/2011
Ohio cont.

- **H 93**
  - As introduced: “The nurse's prescriptive authority shall not exceed the prescriptive authority of the collaborating physician or podiatrist and shall be in conformance with any rules adopted by the state medical board under Chapter 4731 of the Revised Code governing physician or podiatrist prescribing”
  - Status: substituted on 5/12/11
  - Underlined language removed
Oklahoma

- **H 1351**
- CRNA has authority, in collaboration with a medical doctor, an osteopathic physician, a podiatric physician or a dentist licensed in this state, shall be authorized to order, select, obtain and administer *legend* drugs, Schedules II through V controlled substances, devices, and medical gases pursuant to rules adopted by the Oklahoma Board of Nursing, only when engaged in the preanesthetic preparation or evaluation; anesthesia induction, maintenance or emergence; or postanesthesia care practice of nurse anesthesia. A certified registered nurse anesthetist may order, select, obtain and administer drugs only during the perioperative or periobstetrical period.

- **Status:** in House Committee on Public Health since 02/08/2011
S 544
Introduced same as H 1351
Amended to read:
CRNA shall be authorized, pursuant to rules adopted by the Oklahoma Board of Nursing, to order, select, obtain and administer legend drugs, Schedules II through V controlled substances, devices, and medical gases only when engaged in the preanesthetic preparation and evaluation; anesthesia induction, maintenance and emergence; and postanesthesia care. A certified registered nurse anesthetist may order, select, obtain and administer drugs only during the perioperative or periobstetrical period in collaboration with a medical doctor, osteopathic physician, podiatric physician, or dentist licensed in this state
Status: recommended do pass as amended by Senate Committee on Judiciary (02/28/2011)
Oklahoma cont.

- **H 1275**
  - Defines APRN, CNP, CNS, CNM and CRNA:
    - Completed an APRN education program in preparation for one of four recognized roles,
    - Passed a national certification examination
    - Acquired advanced clinical knowledge and skills
    - Practice builds on the competencies of Registered Nurses
    - Obtained a license as an APRN in one of the following roles: CRNA, CNM, CNS, or CNP.
  - Status: signed by governor 04/25/2011
Oregon

- **S 203**
- Introduced by a physician Senator
- Only a physician may conduct or maintain a medical practice
- A physician must have the responsibility, without interference or influence by persons who are not licensed to practice medicine, for:
  - Diagnosis
  - Prescribing
  - Treatment planning
  - Overall quality of patient care
  - Supervision of personnel involved in direct patient care
  - Other services within the scope of medical practice
- Status: in Senate Committee on Health Care, Human Services and Rural Health Policy since 01/14/2011
Pennsylvania

- **H 212 and S 936**
  - Would create CRNA role
  - Requirements for CRNA licensure
    - “The board shall promulgate regulations related to the certification of nurses to administer anesthesia, the conduct of nurses certified to administer anesthesia and the discipline of nurses certified to administer anesthesia”
  - **Status:** introduced in April and sent to Committees on Professional Licensure
Tennessee

- **H 299 and S 344**
- Change APN to APRN
- Change NP to APRN
- Opposition from medical society
- **Status:**
  - H 299 – in House Committee on Health and Human Resources since 02/10/2011
  - S 344 – in Senate Committee on General Welfare, Health and Human Resources since 02/09/2011
Texas

- **H 1266 and S 1260**
  - **Sec.A301.701. SCOPE OF PRACTICE**
    - (a) Advanced practice registered nursing by a nurse practitioner, nurse anesthetist, nurse-midwife, or clinical nurse specialist is based on:
      - (1) knowledge and skills acquired in basic nursing education;
      - (2) licensure as a registered nurse;
      - (3) successful completion of a graduate-level advanced practice registered nursing program accredited by a national accrediting body recognized by the board;
      - (4) current certification in accordance with this chapter by a national certifying body recognized by the board in the appropriate advanced practice registered nursing role approved by the board; and
      - (5) nursing care provided in an area with at least one targeted population group recognized and approved by the board.
    - (b) Practice as an advanced practice registered nurse is an expanded scope of nursing practice in a role approved by the board and in an area with a targeted population group recognized and approved by the board, with or without compensation or other personal profit, and includes the scope of practice of a registered nurse.
    - (c) The scope of practice of an advanced practice registered nurse includes advanced assessment, diagnosing, prescribing, and ordering.
    - (d) An advanced practice registered nurse may serve as a primary care provider of record.
Texas cont.

- S 1260 – in Senate Committee on Finance since 03/23/2011
- H 1266 – substituted as of 5/9/2011:
- Calls for joint House and Senate study
  - To examine the independent practice of APRNs to perform basic emergency and non-emergency health care services and preventive health care services, including:
    - Potential cost savings
    - Impact on access to health care services
    - Projected impact on patient safety and the quality of care
    - Effect on the state's overall health care system
    - Potential cost savings and other foreseeable consequences of expanding the authority of APRNs to prescribe medication
  - Study findings and recommendations to be reported to the lieutenant governor in 2013
Vermont

- **H 358**
- Defines CNP, CRNA, CNM, and CNS and scopes of practice
- Qualification for APRN licensure:
  - Graduate degree (education must include 3Ps)
  - Certification
  - Board approval of practice guidelines
  - 5,000 hours transition to practice
- APRN practicing in a clinically integrated setting vs. APRN practicing outside of a clinically integrated setting
- “Clinically integrated practice” means a practice setting as defined by the joint board that includes one or more APRNs and one or more physicians
- Status: carryover
West Virginia

- **H 2881 and S 471**
  - Introduced by WV Nurses Association
  - “The board may, in its discretion, authorize an advanced nurse practitioner to prescribe prescription drugs in a collaborative relationship with a physician licensed to practice in West Virginia and in accordance with applicable state and federal laws. An authorized advanced nurse practitioner may write or sign prescriptions or transmit prescriptions verbally or by other means of communication.”
- Both failed – adjourned
Thank you.