AMERICAN ACADEMY OF NURSE PRACTITIONERS

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December 5, 2008

MEMO TO: Pennsylvania State Board of Nursing

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Pennsylvania State Board of Nursing
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Attached are the comments of the American Academy of Nurse Practitioners regarding the proposed General Revisions for the Regulation of Certified Registered Nurse Practitioners (16A – 5124 CRNP General Revisions) published in the Pennsylvania Bulletin November 8, 2008.

We thank you for the opportunity to comment on these proposed regulations.

Comments on the Proposed General Revisions of Rules for the Regulation of Certified Registered Nurse Practitioners (16A-5124 CRNP General Revisions)

by the American Academy of Nurse Practitioners

December 5, 2008

The American Academy of Nurse Practitioners thanks you for the opportunity to comment on the above listed proposed rules for CRNPs in the Commonwealth of Pennsylvania.

While noting that the proposed rules are, with one exception, consistent with current statute governing the regulation of CRNPs in the Commonwealth of Pennsylvania, it should be noted that CRNP's in Pennsylvania still are unable to function to the full scope of practice for which they are educationally prepared, and that the current statute and proposed regulation revision still fall short of the recommended statutes and rules recommended by the National Council of State Boards of Nursing (enclosed).

Given that the current statute and regulation are still extremely restrictive, it is our opinion that the Pennsylvania Legislature and the Board of Nursing have made significant strides to facilitate the use of CRNP s in the provision of health care in the Commonwealth and that the proposed rules reflect that movement. With the reported shortage of primary care providers in the Commonwealth and throughout the nation, it is important that nurse practitioners be given the ability to practice to their full scope without restriction.

It is our understanding, however, that there has been some resistance to certain sections of the proposed rules upon which we would like to comment:

Section 21.284b. Relating to the expansion of Schedule III and IV prescriptions from a 30 day dose to a 90 day dose limitation and a Schedule II prescription from a 72 hour dose to a 30 day dose limitation.

Our review of the rationale for this expansion presented by both the Board of Nursing and the Pennsylvania Coalition of Nurse Practitioners finds that the arguments they present are valid and that the recommended changes are necessary in the interest of safe, high quality, cost effective care.. In the vast majority of states these restrictions are nonexistent, and where they do exist, steps are being taken to change this unsafe restriction. In the states surrounding Pennsylvania alone, nurse practitioners are authorized to prescribe Schedule III-V without restriction, and in all but two, they are authorized to prescribe Schedule II within the DEA guidelines without additional restrictions.(U.S.Drug Enforcement Agency, 2008). It will be noted that pending legislation/regulatory changes exist in those remaining states as well.

Section 21.287 :Removal of the 4:1 physician to nurse practitioner ratio.

Again, we are supportive of the valid arguments presented by both the Board of Nursing and the Pennsylvania Coalition of Nurse Practitioners . A ratio restriction has the potential for limiting access to health care and appears to be based on an outdated supervisory model of practice that does not exist in the collaborative/consultative relationship of nurse practitioners with all health care providers including physicians. We concur with the recommendation to remove this regulatory ratio. We also note that nowhere in statute is this ratio required and that such a requirement appears to exceed the expectation of the statute on which these regulations are based..Very few states have ratios such as this, and only one of the states surrounding the Commonwealth of Pennsylvania maintains a ratio requirement. That state is also in the process of making statutory/regulatory changes to remove the unnecessary ratio.

Section 21.284a (b) (1) : Placing name of Collaboration Physician on Prescription Blanks

We find this proposed requirement to be inconsistent with the remaining proposed revisions and suggest that such a requirement implies a supervisory relationship with a collaborating/consulting physician, and does not take into account that nurse practitioners function under their own license and maintain their own liability responsibilities. We suggest that this requirement is not necessary, confuses patients and the public regarding the responsibility of the nurse practitioner for his/her practice, leads to delays in treatment because a collaborating physician is contacted instead of the prescribing nurse practitioner and creates a liability problem for both the nurse practitioner and the collaborating/consulting physician. There are many ways to determine who a collaborating physician is if a questions arises. In addition, questions that arise regarding a prescription should be directed to the prescriber who knows and is caring for the patient. It is the responsibility of the nurse practitioner to confer with collaborators/consultants when there are questions related to what is written on a prescription pad

Section 21.285.: Collaborative Agreement

We concur with the interpretation of the statute by both the Board of Nursing and the Pennsylvania Coalition of Nurse Practitioners, that requires a written agreement for prescriptive authority and not for any other activities of the CRNP. Prior to 2000, nurse practitioners were not required to have written agreements with physicians for purposes of collaboration with no harmful consequences. It is common practice in states where collaboration is required that it be for the prescription writing aspect of the nurse practitioner's practice only. The fact that the statute calls only for written agreements related to prescriptive authority is clear and has precedence. To require these agreements for other CRNP activities limits access and interfere's with the early detection and nonprescription therapies that may keep patients healthy and out of emergency rooms and hospitals.

Section 21.286: Identification of the CRNP

We agree with the statements of the Pennsylvania Coalition of Nurse Practitioners and the proposed regulation of the State Board of Nursing. Nurse practitioners are proud of their discipline and have no problems identifying themselves as nurse practitioners. Regarding this and the issue of identification of doctorally prepared nurse practitioners, the recommendations of some groups in the medical community are excessive and seem to ignore the fact that many other health care professionals are doctorally prepared and hold that title in the context of their profession.

Conclusion

In conclusion we would like to commend the State Board of Nursing for the steps it has taken to authorize nurse practitioners to practice more closely to the full scope of practice for which they are prepared. We encourage you to continue to work toward the model statute and regulations for advanced practice nurses adopted by the House of Delegates of the National Council of State Boards of Nursing in August 2008.. We are available to you to provide additional information at your request. We encourage you to **maintain** your position on the disputed **Sections 21.285, 21.287, 21.284b,** and **21.286** and to **reconsider** your position on **Section 21.284a.**

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APRN Model Act/Rules and Regulations
Approved August 2008

Article XIX APRN Scope of Nursing Practice

Section 1 : Practice of APRN

Advanced Practice Registered Nurse (APRN). Advanced practice registered nursing by certified nurse practitioners, certified nurse anesthetists, certified nurse midwives or clinical nurse specialists is based on knowledge and skills acquired in basic nursing education; licensure as a registered nurse; graduation from or completion of a graduate level APRN program accredited by a national accrediting body and current certification by a national certifying body in the appropriate APRN role and at least one population focus.

Practice as an APRN means an expanded scope of nursing in a role and population focus approved by the board, with or without compensation or personal profit, and includes the registered nurse scope of practice. The scope of an APRN includes, but is not limited to, performing acts of advanced assessment, diagnosing, prescribing and ordering. APRNs may serve as primary care providers of record.

APRNs are expected to practice as licensed independent practitioners within standards established and/or recognized by the board. Each APRN is accountable to patients, the nursing profession and the board for complying with the requirements of this Act and the quality of advanced nursing care rendered; for recognizing limits of knowledge and experience, planning for the management of situations beyond the APRN's expertise; and for consulting with or

Chapter Nineteen

19.1 Standards Related to the APRN

a. The APRN shall comply with the standards for registered nurses as specified in Chapter II above, and to the standards of the national professional nursing associations approved by the board. Standards for a specific role and population focus of APRN supersede standards for registered nurses where conflict between the standards, if any, exists.

b. APRNs shall practice within standards established by the board in rule and assure patient care is provided according to relevant patient care standards recognized by the board, including standards of national professional nursing associations.

c. An APRN performing direct patient care shall maintain a method of quality assurance for evaluation of the APRN's practice. Proof of quality assurance reviews must be maintained for five years. The APRN will make the method and reviews available to the board upon request.

referring patients to other health care providers as appropriate.

Section 2: Licensure of APRNs
A. Initial Licensure for APRN.

An applicant for initial licensure or privilege to practice as an APRN shall:

1. Submit a completed written application and appropriate fees as established by the board.

2. Hold a current RN license or privilege to practice, and shall not hold an encumbered license or privilege to practice as a registered nurse in any state or territory
3. Have completed an accredited graduate level APRN .program in one of the four roles and at least one population focus.
4. Be currently certified by a national certifying body recognized by the board in the APRN role and population foci appropriate to educational preparation.
5. Report any criminal conviction, nolo contendre plea, Alford plea or other plea arrangement in lieu of conviction.
6. Have committed no acts or omissions which are grounds for disciplinary action in another jurisdiction or, if such acts have been committed and would be grounds for disciplinary action as set forth in Article X, Section 2, of this Act, the board has found, after investigation, that sufficient restitution has been made.
7. Provide other evidence as required by rule.

19. 2.: Licensure as an APRN

19.2.1 Application for initial licensure as an APRN
An applicant for licensure as an APRN in this state shall submit to the board the required fee as specified in Chapter 15, verification of licensure or eligibility for licensure as a registered nurse in this jurisdiction, and a completed application that provides the following information:

Competence Development

a. Graduation from a graduate program accredited by a nursing accrediting body that is recognized by the U.S. Secretary of Education and/or the Council for Higher Education Accreditation (CHEA) as acceptable by the board.

b. Verification of completion as evidenced by official documentation directly from a graduate program accredited by a nursing accrediting body that is recognized by the U.S. Secretary of Education and/or the Council for Higher Education Accreditation (CHEA) as acceptable by the board.

This documentation shall verify the date of graduation, credential conferred, clinical hours completed, role and population focus of the education program, qualifications for prescribing and ordering, and evidence of meeting the standards of nursing education in this state.

Competence Assessment

1. In order to be licensed in this state, all APRN applicants must be currently licensed as a registered nurse.
2. In order to be licensed in this state, all APRN applicants must take and pass the appropriate APRN national certification examination in the APRN role and population focus congruent with educational preparation.

Criteria for Evaluating APRN Certification Programs

The board shall determine whether a certification program can be used as a requirement for licensure of APRNs based upon the following standards:

a. The certification program is national in the scope of its credentialing;
b. Conditions for taking the certification examination are consistent with standards of the testing community;
c. Educational requirements are consistent with the requirements of the advanced practice role and population foci;
d. The standard's methodologies used are acceptable to the testing community such as incumbent job analysis studies and logical job analysis studies;
e. Certification programs are accredited by a national accreditation body as acceptable by the board;
f. The examination represents entry-level practice in the APRN role and population focus;
g. The certification program will have an established process of communication with the board of nursing;
h. The examination represents the knowledge, skills and abilities essential for the delivery of safe and effective advanced nursing care to patients;
i. Examination items shall be reviewed for content validity and correct scoring using an established mechanism, both before use and at least every five years. When possible, Items will be reviewed for cultural bias;
j. Examinations are evaluated for psychometric performance.
k. The passing standard is established using acceptable psychometric methods and is re-evaluated at least every five years;
l. Examination security is maintained through established procedures;
m. Certification is issued based upon meeting all certification requirements and passing the examination;
n. A re-take policy is in place;

o. The certification program will notify the board when individuals are certified, recertified and when there is a change in certification status;
p. Certification maintenance program, which includes review of qualifications and continued competence, is in place;
q. Mechanisms are in place for communication to boards of nursing for timely verification of an individual's certification status, changes in certification status, and changes in the certification program, including qualifications, test plan and scope of practice; and
r. An evaluation process is in place to provide quality assurance in the certification program.

The board will notify certification programs when APRNs have encumbrances placed on their licenses or privilege to practice.

Competence Conduct

APRN competence conduct is the same as previously stated for RN and LPN competence conduct in 6.7.3

19. 2.2 Application of an Internationally Educated APRN

An internationally educated applicant for licensure in this state as an APRN shall:

a. Graduate from a graduate level APRN program equivalent to an APRN educational program in the United States accepted by the board.
b. Documentation will be obtained through an official transcript directly from the international nursing education program and verified through a qualified credentials evaluation process for the license being sought.
c. Meet all other licensure criteria required of applicants educated in the United States.

19. 2.3 Application for Licensure by Endorsement Requirements as an APRN

B. Endorsement of APRNs

The board may issue a license by endorsement to an APRN

licensed under the laws of another state if, in the opinion of the board, the applicant meets the qualifications for licensure in this jurisdiction. An applicant for APRN licensure by endorsement shall:

1. Submit a completed written application and appropriate fees as established by the board.
2. Hold a current unencumbered license or privilege to practice as an RN and APRN in a state or territory
3. Shall not have an encumbered license or privilege to practice in any state or territory
4. Have completed an accredited graduate level APRN program in one of the four roles and at least one population focus or meets the standards for grandfathering as described in section 19.7.1.
5. Be currently certified by a national certifying body recognized by the board in the APRN role and at least one population focus appropriate to educational preparation.
6. Meet continued competency requirements as stated in Article VI, Section 9 and as set forth in board rules.
7. Report any conviction, *nolo contendre* plea, Alford plea or other plea arrangement in lieu of conviction.
8. Have committed no acts or omissions which are grounds for disciplinary action in another jurisdiction or, if such acts have been committed and would be grounds for disciplinary action as set forth in Article X, Section 2, of this Act, the board has found, after investigation, that sufficient restitution has been made.
9. Provide other evidence as required by the board in its rules.

****An individual new to a state can apply for an RN and an APRN license at the same time.*

An applicant for licensure by endorsement as an APRN in this state shall submit to the board the required fee as specified in Chapter 15, verification of eligibility for an unencumbered license or privilege to practice as a registered nurse in this jurisdiction, and a completed APRN application that provides the following information:

Competence Development

a. Graduation from or verification of completion from a graduate level APRN program, as evidenced by an official transcript or other official documentation received directly from a graduate program accredited by a nursing accrediting body that is recognized by the U.S. Secretary of Education and/or the Council for Higher Education Accreditation (CHEA) as acceptable by the board, This documentation shall verify the date of graduation, credential conferred, clinical hours completed and role and population focus of the education, qualifications for prescribing and ordering, and evidence of meeting the standards of nursing education in this state,

b. Verification of completion as evidenced by official documentation directly from a graduate program accredited by a nursing accrediting body that is recognized by the U.S. Secretary of Education and/or the Council for Higher Education Accreditation (CHEA) as acceptable by the board.

This documentation shall verify the date of graduation, credential conferred, number of clinical hours, completion of three separate graduate level courses in advanced physiology and pathophysiology, advanced health assessment, and advanced pharmacotherapeutics, role and population focus of the education program, and evidence of meeting the standards of nursing education in this state.

c. Demonstrates successful completion of approved APRN certificate program.

Competence Assessment

a. Current certification by a national certifying body in the APRN role and population focus appropriate to educational preparation
b. Primary source of verification of certification is required.
c. If the applicant has not been in clinical practice for more than the past two years, the applicant shall provide evidence of satisfactory completion of 24 contact hours ,12 in pharmacotherapeutics and 12 in the clinical management of patients within the two years prior to applying for approval to practice. No more than two hours may concern the study of herbal or complementary therapies.
d. If the applicant has not been in clinical practice for more than the past five years, the applicant shall provide evidence of satisfactory completion of 45 contact hours of pharmacotherapeutics within the two years prior to applying for approval to practice. No more than two hours may concern the study of herbal or complementary therapies. The applicant must also successfully complete a refresher course approved by the board or an extensive orientation in the appropriate advanced practice role and population focus which includes a supervised clinical component by a qualified preceptor who meets the following requirements:
   - Holds an active unencumbered license or privilege to practice
   - Is in current practice in the advanced role and population foci.
   - Functions as a supervisor and teacher and evaluates the individual's performance in the clinical setting

   The preceptor may be a practicing physician or other licensed graduate prepared health care provider with comparable practice focus.

Competence Conduct – APRN competence conduct is the same as previously stated for RN and LPN competence conduct in 6.7.3

19.2.4 Application for Renewal of License as an APRN

An applicant for license renewal as an APRN shall submit to

C. Renewal of APRN License

APRN licenses issued under this Act shall be renewed at least

every two years according to a schedule established by the board. An applicant for APRN license renewal shall:

1. Submit a renewal application as directed by the board and remit the required fee as set forth in rule.
2. Maintain national certification in the appropriate APRN role and at least one population focus, authorized by licensure, through an ongoing certification maintenance program of a nationally recognized certifying body recognized by the board.
3. Meet other requirements set forth in rule.

D. Reinstatement of APRN License

The board may reinstate an APRN nursing license as set forth in board rules.

the board the required fee for license renewal, as specified in Chapter 15, and a completed license renewal application including:

a. Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background;

b. Evidence of completion of a minimum of 24 contact hours obtained within the most recent licensure renewal cycle; twelve hours in pharmacotherpeutics and twelve hours in the clinical management of patients from an approved continuing education provider recognized by the board. No more than two pharmacology contact hours may concern the study of herbal or complementary therapies; and

c. Evidence of current certification(s), or recertification as applicable, by a national professional certification organization that meets the requirements of 19.2.1

19.2.5: Quality Assurance/Documentation and Audit

The board may conduct a random audit of nurses to verify current APRN certification and/or continuing education. Upon request of the board, licensees shall submit documentation of compliance as described in Chapter 6.

19.2.6 Reinstatement of APRN License.

The reinstatement of APRN licensure is the same as previously stated for RN and LPN in Chapter 6 plus the following:

a. Refresher Course Required
An individual who applies for licensure reinstatement who has been out of practice for more than five years shall provide evidence of passing an APRN nursing refresher course approved by the board or an extensive orientation in the appropriate advanced practice role and population focus which includes a supervised clinical component by a qualified preceptor

who meets the following requirements:

- Holds an active unencumbered license
- Is in current practice in the advanced role and population foci.
- Functions as a supervisor and teacher and evaluates the individual's performance in the clinical setting

The preceptor may be a practicing physician or other licensed graduate prepared health care provider with comparable practice focus.

b. Reinstatement Following Disciplinary Action
For those licensees applying for licensure reinstatement following disciplinary action, compliance with all board licensure requirements as well as any specified requirements set forth in the board's discipline order is required

E. Duties of Licensees
The duties of licensees are the same as previously stated for RN and LPN in article. VI; section 12.

In addition:
At reasonable intervals, the APRN shall be afforded the opportunity to demonstrate competence to resume the practice of nursing with reasonable skill and safety to patients

Section 3: Titles and Abbreviations for APRNs.
Only those persons who hold a license or privilege to practice advanced practice nursing in this state shall have the right to use the title advanced practice registered nurse and the roles of certified nurse anesthetist, certified nurse midwife, clinical nurse specialist and certified nurse practitioner; and the abbreviations "APRN." and CRNA, CNM, CNS and CNP respectively.

The abbreviation for the advanced practice registered nurse

19. 3. Titles and Abbreviations for APRNs

Individuals are licensed or privilege to practice as APRNs in the roles of Nurse Anesthetist (CRNA), Nurse Midwife (CNM), Clinical Nurse Specialist (CNS) and nurse practitioner (CNP) and in the population foci of Family/Individual across the Lifespan, Adult-Gerontology, Neonatal, Pediatrics, Women's Health/Gender-Related or Psychiatric /Mental Health,

Each APRN shall use the designation "APRN" plus role title as a

designation of a certified registered nurse anesthetist, a certified nurse midwife, a clinical nurse specialist, and for a certified nurse practitioner will be APRN plus the role title, i.e., CRNACNM, CNS, and CNP.

It shall be unlawful for any person to use the title advanced practice registered nurse or "APRN" plus their respective role titles, or their authorized abbreviations, or any other title that would lead a person to believe the individual is an APRN unless permitted by this Act.

Section 4: APRN Nursing Education Programs

a. Approval Standards. The board shall, by administrative rules, set standards for the establishment and outcomes of nursing education programs, including clinical learning experiences, and approve such programs that meet the requirements of the Act and board rules.

minimum for purposes of identification and documentation. The APRN with an earned doctorate may use the term 'doctor' or abbreviation 'Dr.'

When providing nursing care, the APRN shall provide clear identification that indicates his/her APRN designation.

19.4: APRN Nursing Education

19.4.1. Purpose of Nursing Education Standards
The purpose of APRN nursing education standards is the same as previously stated for RN and LPN in Section 9.1

19.4.2. Required Criteria for APRN Nursing Education Programs

The board shall determine whether an APRN nursing education program meets the qualifications for the establishment of a school based upon the following standards:

Faculty

1. APRN program administrator qualifications shall include:

    a. A current, active, unencumbered APRN license or privilege to practice in the state where the program is approved and/or accredited;
    b. A doctoral degree in a health-related field;
    c. Educational preparation or experience in teaching and learning principles for adult education, including curriculum development and administration, and at least two years of clinical experience; and
    d. A current knowledge of APRN practice.

2. Qualifications for nursing faculty who teach in the clinical learning

experiences leading to licensure as an APRN:

a. A current, active, unencumbered APRN license or privilege to practice in the state where the program is approved and/or accredited;
b. A minimum of a master's degree in nursing or health related field in the clinical specialty;
c. Two years of APRN clinical experience; and
d. Current knowledge, competence and certification as an APRN in the role and population foci consistent with teaching responsibilities.

*** *Doctorate education is desirable for faculty of the APRN graduate nursing education track.*

****There is an evolving field of nursing where the nurse is educated with a practice doctorate, also termed a nurse doctorate. This education emphasizes the science of nursing practice, rather than nursing theory and research. Boards should be aware of this movement and understand how it differs from traditional doctoral education and consider this degree for faculty qualifications for all three types of program when appropriate.*

3. Adjunct clinical faculty employed solely to supervise clinical nursing experiences of students shall meet all the faculty qualifications for the program level they are teaching.
4. Interdisciplinary faculty who teach non-clinical nursing courses shall have advanced preparation appropriate to these areas of content.
5. Clinical preceptors shall have demonstrated competencies related to the area of assigned clinical teaching responsibilities and will serve as a role model and educator to the student. Clinical preceptors may be used to enhance faculty-directed clinical learning experiences but not to replace them. Clinical preceptors will be approved by faculty and meet the following requirements:
   - Hold an active unencumbered APRN license or privilege to practice;
   - Is in current practice in the advanced role and population

focus; and

- Functions as a supervisor and teacher and evaluates the student' performance in the clinical setting.

The preceptor may be a practicing physician or other licensed graduate prepared health care provider with comparable practice focus. However, they cannot consist of a majority of the preceptors.

Curriculum

The curriculum of the APRN nursing education program must prepare the graduate to practice on one of the four identified APRN roles (i.e., CRNA, CNM, CNS and CNP) and at least one of the six population foci (i.e., Family/Individual across the Lifespan, Adult-Gerontology, Neonatal, Pediatrics, Women's Health/Gender-Related or Psychiatric /Mental Health,). The curriculum shall include:

1. Three (3) separate *graduate level* courses (the APRN Core) in:
   a. Advanced physiology and pathophysiology, including general principles that apply across the lifespan;
   b. Advanced health assessment which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and
   c. Advanced pharmacology which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents.

[Additional content, specific to the role and population focus, in these three APRN core areas should be integrated throughout the other role and population didactic and clinical courses.]

2. Diagnosis and management of diseases across practice settings including diseases representative of all systems and caused by major morbidities;
3. Preparation which provides a basic understanding of the principles for decision making in the identified role;
4. Preparation in the core competencies for the identified APRN role; and
5. Role preparation in one of the six population foci of practice.

Preparation in a specialty area of practice is optional but if included must build on the APRN role/population-focus competencies. Clinical and didactic coursework must be comprehensive and sufficient to prepare the graduate to practice in the APRN role and population focus.

Additional Required Components of Graduate Education Programs preparing APRNs

a. Licensure Requirement for APRN Students. Each student enrolled in an APRN program shall have an unencumbered license or privilege to practice in this state and be currently licensed as a registered nurse in this state prior to involvement in clinical practice as a student APRN, unless exempted from this licensure requirement under §14.1.

****This requirement for RN licensure reflects that APRN roles and population foci build upon educational preparation and experience as a registered nurse.*

b. Education programs offered by an accredited college or university that offers a graduate degree with a concentration in the advanced nursing practice role and at least one population focus or post masters certificate programs offered by an accredited college or university shall include the following components:

1. Clinical supervision must be congruent with current national professional organizations and nursing accrediting body standards applicable to the APRN role and population focus
2. The curriculum is congruent with national standards for graduate level and advanced practice nursing education and is consistent with nationally recognized APRN roles and population foci, and includes but is not limited to:

    a. Graduate APRN program core courses.
    b. An advanced practice-nursing core, including legal, ethical and professional responsibilities of the APRN.

****Examples of APRN core courses include advanced pathophysiology, advanced pharmacotherapeutics, advanced assessment and diagnostic reasoning, and management of health care status.*

3. Coursework focusing on the APRN role and population focus.

   The curriculum meets the following criteria:
   a. Consistent with competencies of the specific areas of practice;
   b. APRN programs preparing for two population foci or combined nurse practitioner/clinical nurse specialist shall include content and clinical experience in both functional roles and population foci;
   c. Each instructional track/major has a minimum of 500 supervised clinical hours as defined by the board. The supervised experience is directly related to the role and population foci including pharmacotherapeutic management of patients; and
   d. There shall be provisions for the recognition of prior learning and advanced placements in the curriculum for individuals who hold a master's in nursing and are seeking preparation in a different role and population foci. Post-masters nursing students shall complete the requirements of the master's APRN program through a formal graduate level certificate in the desired role and population foci. Post-master students must master the same APRN outcome competencies as the master level students.

****"The advanced practice nursing student prepared in any of the current direct care provider roles must receive sufficient clinical experience to provide depth and breadth in a given population foci. A 500-hour supervised clinical is the standard of the National Organization of Nurse Practitioners Faculties, the National Task Force on Quality Nurse Practitioner Education, and the National Association of Clinical Nurse Specialist and endorsed by the American Association of Colleges of Nursing. Boards should be aware that other APRN groups are requiring set numbers of cases (nurse anesthetists) or*

mastery of clinical skills (nurse midwives) to meet the supervised clinical requirement.

e. A lead faculty member who is educated and nationally certified in the same role and population foci and licensed as an APRN shall coordinate the educational component for the role and population foci in the APRN program.

b. Process for Determining Compliance with Standards.

The board shall, by administrative rules, identify the process for determining APRN nursing education program compliance with standards.

19.4.6: Models for Determining Compliance with Standards

The models for determining compliance with APRN nursing education standards is the same as previously stated for RN and LPN in chapter 9.2.

c. Establishment *of a New Nursing Education Program.*

The board shall set requirements for the establishment of a new APRN nursing education program. New programs will be preapproved by an accrediting body

19.4.8: Establishment of a New APRN Nursing Education Program

Before establishing a new nursing education program, the APRN program shall complete the process outlined below:

1. Application to the professional accrediting body. The proposed program shall provide the following information to the board:
   a. Results of a needs assessment, including identification of potential students and employment opportunities for program graduates.
   b. Identification of sufficient financial and other resources.
   c. Governing institution approval and support.
   d. Community support.
   e. Type of educational program proposed.
   f. Clinical opportunities and availability of resources.
   g. Availability of qualified faculty.
   h. A pool of available students.
   i. A proposed time line for initiating and expanding the program.

Section 5: Prescribing and Ordering Authority

The board grants prescribing and ordering authority through the APRN license. All licensed APRNs are authorized to

19.5.1: Requirements for prescribing and ordering authority

a. Regulating Authority – An APRN licensed by the board may prescribe, procure, administer and dispense over the counter,

diagnose, prescribe and institute therapy or referrals of patients to health care agencies, health care providers, and community resources. They are authorized to prescribe, procure, administer, dispense over the counter, legend, and controlled substances. They plan and initiate a therapeutic regimen that includes ordering and prescribing medical devices and equipment, nutrition, diagnostic and supportive services including, but not limited to, home health care, hospice, physical and occupational therapy.

Section 6: Discipline

APRN Discipline and proceedings shall be the same as stated

legend and controlled substances pursuant to applicable state and federal laws. Licensed APRNs plan and initiate a therapeutic regimen that includes ordering and prescribing medical devices and equipment, nutrition, diagnostic and supportive services including, but not limited to, home health care, hospice, physical and occupational therapy. Boards may limit the ability of APRNs to prescribe and order.

b. Prescribing Practices – Written, verbal or electronic prescriptions and orders will comply with all applicable state and federal laws.
   1. All prescriptions will include but not be limited to the following information:
      a. name, title, address and phone number of the APRN who is prescribing
      b. name of patient
      c. date of prescription
      d. the full name of the drug, dosage, route, amount to be dispensed and directions for its use
      e. number of refills
      f. signature of prescriber on written prescription
      g. DEA number of the prescriber on all scheduled drugs
         1. The APRN will comply with Federal Drug Enforcement Administration requirements related to controlled substance.
         2. The APRN will immediately file any and all of the nurse's DEA registrations and numbers with the board.
         3. The board will maintain current records of all APRNs with DEA registration and numbers.

19.5.3: Distribution of samples

1. APRNs may receive, sign for, record, and distribute samples to patients.
2. Distribution of drug samples shall be in accordance with state law and the DEA laws, regulations and guidelines.

19.6: Discipline

19.6.1 APRN discipline and proceedings is the same as previously

for the RN and LPN in Article XI.

Section 7:APRN Implementation

a. Any person holding a license to practice nursing as an APRN in this state that is valid on December 30, 2015 shall be deemed to be licensed as an APRN under the provisions of this Act with their current privileges and shall be eligible for renewal of such license under the conditions and standards prescribed in this Act.

stated for the RN and LPN in chapter 11.

19.6.2 The Board may limit, restrict, deny, suspend or revoke APRN licensure and/or prescriptive and/or dispensing authority.

19.6.3.: Grounds for discipline related to prescriptive and/or dispensing authority will include but is not limited to:

1. Prescribing, dispensing, administering or distributing drugs in an unsafe manner or without adequate instructions to patients according to acceptable and prevailing standards;
2. Selling purchasing, trading, or offering to sell, purchase or trade drug samples;
3. Prescribing, dispensing, administering or distributing drugs for other than therapeutic or prophylactic purposes; and
4. Prescribing or distributing drugs to individuals who are not patients of the APRN or who are not within that nurse's role and population focus.

***These rules are related to the statutes, Article XI, section 1 (authority) and Article XI, Section 2 (grounds for discipline).

19.7.1: APRN Implementation

After December 31, 2015, all new graduates applying for APRN licensure must meet the stipulated licensure requirements.

An APRN applying for licensure by endorsement in another state, the APRN would be eligible for licensure if s/he demonstrates that the following criteria have been met:

- current, active practice in the advanced role and population focus area;
- current active national certification, or recertification as applicable, in the advanced role and population focus area,
- compliance with the APRN educational requirements of the state in which the APRN is applying for licensure that were in effect at the time the APRN completed his/her APRN education program; and
- compliance with all other criteria set forth by the state in which the APRN is applying for licensure (e.g. continuing education).

Definitions – to be placed in the appropriate section of the Model Nurse Practice Act

a. APRN – an "*APRN*" means:
The definition of an Advanced Practice Registered Nurse (APRN) is a nurse:

1. who has completed an accredited graduate-level education program preparing him/her for one of the four recognized APRN roles;
2. who has passed a national certification examination that measures APRN role and population-focused competencies and who maintains continued competence as evidenced by recertification in the role and population through the national certification program;
3. who has acquired advanced clinical knowledge and skills preparing him/her to provide direct care to patients; as well as a component of indirect care; however the defining factor for all APRNs is that a significant component of the education and practice focuses on direct care of individuals;
4. whose practice builds on the competencies of registered nurses (RNs) by demonstrating a greater depth and breadth of knowledge, a greater synthesis of data, increased complexity of skills and interventions, and greater role autonomy;
5. who has been educationally prepared to assume responsibility and accountability for health promotion and/or maintenance as well as the assessment, diagnosis, and management of patient problems which includes the use and prescription of pharmacologic and non-pharmacologic interventions;
6. who has clinical experience of sufficient depth and breadth to reflect the intended license and
7. who has obtained a license as an APRN in one of

a. Adjunct Faculty – "*Adjunct Faculty*" means: Temporary nursing faculty, in addition to regular program faculty used to enrich student experiences
b. Advanced nurse refresher course – "*Advanced nurse refresher course*" means: Formal program with both didactic and clinical components, designed to prepare an APRN who has been out of practice to re-enter into the profession.
c. Clinical Judgment – "*Clinical Judgment*" means: The application of the nurses knowledge and experience in making decisions about patient care
d. Clinical learning experiences – "Clinical learning experiences means: the planned, faculty-guided learning experiences that involve direct contact with patients.
e. Competence Assessment – "*Competence Assessment*" means: Evaluation of the practitioner's knowledge, skills and abilities. Assessment mechanisms may include examination, peer review, professional portfolio and professional certification
f. Competence Development – "*Competence Development*" means: The method by which a practitioner gains, maintains, or refines practice knowledge, skills and abilities. This development can occur through formal education program, continuing education or clinical practice and is expected to continue throughout the APRN's career.
g. Faculty directed clinical practice – "*Faculty directed clinical practice*" means: The role of nursing program faculty in overseeing student clinical learning including those programs utilizing preceptors
h. Health-related - *"Health-related"* means: any domains that affect the well-being of a population.
i. Interdisciplinary faculty – "*Interdisciplinary faculty*" means: Faculty from other professions who in addition to regular program faculty, add diversity and enrich student experiences.
j. Nursing program faculty – "*Nursing program faculty*" means:

the four APRN roles: certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), or certified nurse practitioner (CNP).

b. Advanced Assessment – "*Advanced Assessment*" means: Assessment by an APRN based on additional knowledge and skill developed, a graduate level nursing education program in the APRN category, and the nurse's experience working in the APRN role and population focus.
c. Alford Plea – "*Alford Plea*" means: Plea agreements where the defendant may plead guilty yet not admit all the facts that comprise the crime. North Carolina vs Alford, 40 US 25, 91 S Ct 160,27 L Ed2d 162 (1970)
d. Competence – "*Competence*" means: the application of knowledge and the interpersonal decision making and psychomotor skills expected for the practice role within the context of public health, safety and welfare.
e. Competence Conduct – "*Competence Conduct*" means: The health and behavior expectations that may be evaluated through reports from the individual practitioner employer reports and discipline checks. Part of competence conduct is assurance that licensees possess the functional abilities to perform the essential functions of the APRN role and population focus.
f. Grandfathering – "*Grandfathering*" means: Provision in a new law or regulation exempting those already in or a part of the existing system that is being regulated. An exception to a restriction that allows all those already doing something to continue doing it even if they would be stopped by the new restriction.
g. Health care provider – "*Health care provider*" means: an individual authorized (e.g., licensed or certified) to prescribe and/or administer various aspects of health care.
h. Internationally educated APRN – "*Internationally educated APRN*" means: A nurse educated outside the United States who applies for state licensure.

Individuals employed full or part time by academic institution responsible for developing, implementing evaluating and updating curricula.

k. Preceptor – "*Preceptor*" means: An individual at or above the level of licensure that an assigned student is seeking, who may serve as a teacher, mentor, role model and/or supervisor in a clinical setting
l. Prescribed devices – "*Prescribed devices*" means: An instrument or an apparatus intended for use in diagnosis or treatment and in the prevention of disease or restoration of health.
m. Professional boundaries – "*Professional boundaries*" means: The space between the nurse's power and the patient's vulnerability – The power of the nurse comes from the professional position and access to private knowledge about the patient. Establishing boundaries allows the nurse to control this power differential and allows a safe connection to meet the *patient's* needs.
n. Professional Certification – "*Professional Certification*" means: A credential issued by a national certifying body meeting specified requirements acceptable to the board that is used as a requirement for APRN licensure.

i. Lapsed license – "*Lapsed license*" means: The termination of an individual's privilege to practice nursing due to the individual's failure to renew the nursing license within a specified period of time.
j. Nolo contender plea – "*Nolo contender plea*" means: A 'no contest' plea in a criminal case that has a similar effect as pleading guilty.
k. Patient – "*Patient*" means: The patient, as a recipient of care, may be an individual, family, or group.
l. Prescribing – "*Prescribing*" means: Determining which legend of drugs and controlled substances shall be used by or administered to a patient exercised in compliance with applicable state and federal laws.
m. Primary Care Provider – Primary care provider means the provider who acts as the first point of consultation for all patients with an undiagnosed health concern as well as providing continuing care of varied medical conditions not limited by cause, organ systems or diagnosis.
n. Privilege to practice – "Privilege to practice "means the authority to practice nursing in any compact state that is not the state of residency. Additional license is not granted for this authority
o. Population focus – "*Population focus*" means: The section of the population which the APRN has targeted to practice within. The categories of population foci are: Family/Individual across the Lifespan, Adult-Gerontology, Neonatal, Pediatrics, Women's Health/Gender-Related or Psychiatric /Mental Health,