

HOUSE BILL REPORT

SSB 5635

*As Reported By House Committee on:
Health Care*

Title: An act relating to advanced registered nurse practitioners.

Brief Description: Changing provisions relating to advanced registered nurse practitioners.

Sponsor(s): Senate Committee on Health & Long-Term Care (originally sponsored by Senator West).

Brief History:

Reported by House Committee on:
Health Care, April 4, 1991, DPA.

**HOUSE COMMITTEE ON
HEALTH CARE**

Majority Report: *Do pass as amended.* Signed by 6 members: Representatives Braddock, Chair; Day, Vice Chair; Cantwell; Morris; Prentice; and Sprenkle.

Minority Report: *Do not pass.* Signed by 5 members: Representatives Moyer, Ranking Minority Member; Casada, Assistant Ranking Minority Member; Edmondson; Franklin; and Paris.

Staff: John Welsh (786-7133).

Background: Advanced registered nurse practitioners (ARNP) are those nurses who have been designated by the Board of Nursing upon completion of advanced specialized training and certification by an approved national certification body. The board may further grant an ARNP authority to prescribe legend (prescription) drugs and schedule V controlled substances upon completion of 30 contact hours of education in pharmacology.

The law, however, prohibits nurses from prescribing schedules I through IV controlled substances.

Controlled substances are drugs which have addictive properties and may result in physical and/or psychological dependence by the user.

Schedule I drugs have the highest potential for substance abuse. They have no accepted medical use in treatment. Schedule II through V drugs have an accepted medical use. Schedule II drugs have a high potential for substance abuse and may lead to severe physical or psychological dependence. Schedule III drugs have a lesser potential for abuse than schedules I or II and may lead to moderate or low physical dependence or high psychological dependence. Schedule IV drugs have a low potential for substance abuse and may lead to limited physical or psychological dependence. Schedule V drugs have a lower dependence than schedule IV drugs and also may lead to limited physical or psychological dependence.

Summary of Amended Bill: The Board of Nursing is authorized to license an advanced registered nurse practitioner, who is a registered nurse prepared in a formal educational program and certified for specialized and advanced nursing practice to assume an expanded role in providing health care services, in collaboration with other licensed health professionals. The board may also grant plenary authority to an ARNP to prescribe all legend drugs, including schedules II through IV controlled substances.

Until July 1, 1992, nurses with current prescriptive authority may continue to prescribe without being licensed.

A Prescriptive Authority Advisory Committee to the board is established composed of five members to include two ARNP members, and two licensed physician members, to be appointed by the governor for two-year terms respectively; and the secretary of the Department of Health. The duties of the committee include developing a monitoring system of prescribing practices of ARNP's for recommendation to the board; and a recommended prescriptive authority use plan which outlines procedures for consultation and referral with other health professionals. The prescriptive authority use plan must provide that the ARNP have a description of the clinical practice and the process for consultation and referral, a list of health professionals used for routine consultation and referral, and a description of the process for quality assurance used to evaluate prescriptive practices.

The committee must review the education and training of nurses with prescriptive authority for legend drugs and schedule V controlled substances, and is not limited to requiring additional education and training to only the ARNP.

The committee must report immediately to the board evidence of any pattern of inappropriate prescribing by an ARNP, and

may issue opinions on matters pending before the board which the board is required to review prior to any decision. Where there is a difference of views, the matter may be appealed to the secretary.

The Department of Health is given authority to administer the act, including the licensing without examination of ARNP's licensed by other states with standards substantially equivalent to the licensing standards of this state.

The dispensing of schedule II through V controlled substances is limited to a 48-hour supply during emergencies.

Applicants for licensure are required to pay fees determined by the secretary to cover the costs of administration, to be borne by all nurses registered and licensed under this law. Interim permits to practice under the supervision of a health care practitioner can be issued pending results of the licensure examination.

The secretary may place a license on inactive status.

Amended Bill Compared to Substitute Bill: The Advanced Registered Nurse Practitioner Board is replaced by the advisory committee. This board had authority to license ARNP's, with full regulatory authority over the prescription of drugs and minor surgery, as well as discipline. The board was required to specify lists of drugs that required binding and non-binding consultation with health practitioners, and those drugs that did not require any consultation. The board was composed of two physicians, two nurses, and a public member who could vote solely on disciplinary matters. The amendment deleted references to provisions in the insurance code that allowed insurers to reimburse nurses at levels different from other health practitioners; and did not extend the mandated insurance reimbursement to services provided by ARNP's.

Fiscal Note: Available.

Effective Date of Amended Bill: The bill contains an emergency clause and takes effect immediately.

Testimony For: The Senate bill is a compromise reached after lengthy negotiations, and recognizes the joint responsibility of physician and nurse members on the board to regulate the expansion of the scope of nursing to include prescriptive authority of controlled substances. The only difference between ARNP's with prescriptive authority and physicians, is major surgery. ARNP's do not have the same educational qualifications as physicians.

Testimony Against: Nurses have serious concerns about the insurance provisions in the original Senate bill that impair their ability to receive reimbursement for their services. Their patients will have to pay directly, and access to health care is thereby restricted based on their ability to pay. The practice of nursing should be regulated by the Board of Nursing, not by another profession. Prescriptive authority should be expanded to include all drugs with accepted medical use for those nurses who are qualified. Thirty-six states have already given nurses this prescriptive authority. The striking amendment goes far in eliminating the barriers to efficient practice that the original bill contained. Requiring binding consultation over prescriptions in every circumstance would severely restrict the practice of health care, especially in rural areas where other health practitioners may simply not be present.

Witnesses: Patty Joynes, Larry Brewer, Joan Gaumer and Ken Plitt, Washington State Nurses Association (support concept); Ron Weaver, Department of Health (support concept); Lars Hennem, Pharmacists of Washington; Mel Sorensen, Washington Physicians Service/Blue Cross (pro); Marv Young and Eric Johnson, Washington State Medical Association (pro); and Carrie Bashaw, Washington Health Care Association (support concept).