

SENATE BILL REPORT

SB 5635

AS REPORTED BY COMMITTEE ON WAYS & MEANS, MARCH 11, 1991

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

SPONSORS: Senator West.

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: That Substitute Senate Bill No. 5635 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

Signed by Senators West, Chairman; L. Smith, Vice Chairman; Amondson, Johnson, L. Kreidler, Niemi, and Wojahn.

Staff: Scott Plack (786-7409)

Hearing Dates: February 28, 1991; March 6, 1991

SENATE COMMITTEE ON WAYS & MEANS

Majority Report: That Substitute Senate Bill No. 5635 as recommended by Committee on Health & Long-Term Care be substituted therefor, and the substitute bill do pass.

Signed by Senators McDonald, Chairman; Craswell, Vice Chairman; Bailey, Bauer, Bluechel, Cantu, Gaspard, Hayner, Johnson, L. Kreidler, Matson, Metcalf, Murray, Newhouse, Niemi, Owen, Saling, L. Smith, Talmadge, West, and Williams.

Staff: Karen Hayes (786-7711)

Hearing Dates: March 8, 1991; March 11, 1991

BACKGROUND:

The state Board of Nursing may designate a registered nurse as an advanced registered nurse practitioner (ARNP) upon completion of advanced specialized training and certification by a approved national certification body. The board may further grant ARNPs authority to prescribe legend drugs and schedule V controlled substances upon completion of 30 contact hours of education in pharmacology.

State statutes prohibit the board from allowing any registered nurse, including ARNPs, to prescribe schedule I through IV controlled substances. Controlled substances are drugs which have been demonstrated to 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.

Current statutes require that the performance of additional acts by a registered nurse beyond basic nursing shall be jointly recognized by the nursing and medical professions as proper for nurses to perform. Some believe that if prescriptive authority for registered nurses, such as ARNPs, is expanded to include schedule II through IV controlled substances that some level of physician involvement should occur. This involvement may include physician contact through consultation with ARNPs, participation in the development of protocols or through other formal mechanisms involving oversight or monitoring of prescriptive activity.

SUMMARY:

The Advanced Registered Nurse Practitioner (ARNP) Board is established. The ARNP board has regulatory authority over the prescriptive authority of ARNPs, including setting education and training requirements. It regulates the use of legend drugs and schedule V controlled substances as well as schedule II through IV drugs. The ARNP board authorizes the ARNPs to prescribe schedule II through V drugs. The ARNP board also serves as the disciplinary authority for ARNPs. Other licensing and practice related functions of ARNPs are regulated by the state Board of Nursing. The two boards are directed to coordinate in fulfilling the requirements of the practice act. The ARNP board is comprised of four ARNPs, four physicians and the state health officer.

After July 1, 1992, ARNPs shall be licensed registered nurses, have completed an advanced specialty educational program, have certification for specialized advanced practice by an ARNP board approved certifying body and have prescriptive authority for legend drugs and controlled substances schedules II through V. Each ARNP will have to file a board approved prescriptive authority use plan describing consultation and referral arrangements.

Specific duties of the board and the Department of Health are outlined with respect to record keeping, application for licensure procedures, examinations, licensure by endorsement, and staffing for the ARNP board.

The cost for operation of the state Board of Nursing and the Advanced Registered Nurse Practitioner Board are to be borne equally by all registered nurses and ARNPs.

The health care insurance statutes for group and blanket disability (Chapter 48.21 RCW) and health care service contractors (Chapter 48.44 RCW) are amended to clarify that services provided by registered nurses and ARNPs do not have to be reimbursed at the same level as other authorized health care practitioners. A statement of legislative recognition declares that reimbursement for health care services may be at different rates based upon objective differences in skill, training and expertise.

EFFECT OF PROPOSED SUBSTITUTE:

The composition of the ARNP Board is changed and will include two ARNPs, two physicians and one public member who shall chair the board but only vote on disciplinary matters. The ARNP Board will regulate surgery and dispensing activities in addition to the prescribing of drugs.

The ARNP Board is directed to create a drug list to classify drugs used by ARNPs with regard to whether consultation with another health care provider is required. Initially, controlled substances II through IV shall require binding consultation, schedule V drugs shall require non-binding consultation and legend drugs will not require any consultation. The ARNP Board will add and reclassify drugs on the drug list as it deems appropriate.

Under binding consultation, the ARNP must consult with another authorized health care practitioner (e.g., physician, dentist or podiatrist) who can override a prescribing decision by the ARNP. Under non-binding consultation, the ARNP must still consult with a health care practitioner but the practitioner cannot override the prescribing decision.

ARNPs are also permitted to dispense up to a 48 hour supply of schedule II through IV controlled substances under emergency situations.

The disability and health service contractors insurance laws are amended to clarify that the mandate to reimburse for registered nursing services is not extended to ARNPs.

Appropriation: none

Revenue: none

Fiscal Note: available

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

TESTIMONY FOR:

The bill will increase access to health care services, particularly in rural and medically underserved areas, where ARNPs are an important health care provider group.

TESTIMONY AGAINST: None

TESTIFIED (Health & Long-Term Care): PRO: Marianne Lile, Kent Plitt, Doug Arditti, Kathie Moritis, WSNA; Bobbie Evans, Ph.D, RN, Seattle King County Health Dept.; Mimi Fields, MD, DOH State Health Officer; Len Eddinger, Dr. Marv Young, WSMA; Dr. Eric Johnson, WSSA; Dr. Olsen, WSPS; Mel Sorensen, WA Physicians Service; Dr. Fred Colman; Dr. Lember; Pat Thibaudeau, WCMHC; Sharon Case, Assn. of Community Health Centers

TESTIFIED (Ways & Means): Marianne Lile, WA State Nurses Assn.
(pro)