

SENATE BILL REPORT

HB 1479

As Reported By Senate Committee On:
Health & Long-Term Care, March 21, 2005

Title: An act relating to independent prescriptive authority for advanced registered nurse practitioners.

Brief Description: Regarding independent prescriptive authority for advanced registered nurse practitioners.

Sponsors: Representatives Morrell, Campbell, Schual-Berke, Nixon, Cody, Green, Appleton, Clibborn, Simpson and Moeller.

Brief History: Passed House: 3/03/05, 74-23.

Committee Activity: Health & Long-Term Care: 3/17/05, 3/21/05 [DP, w/oRec].

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: Do pass.

Signed by Senators Keiser, Chair; Thibaudeau, Vice Chair; Deccio, Ranking Minority Member; Franklin, Kastama, Kline and Poulsen.

Minority Report: That it be referred without recommendation.

Signed by Senators Benson, Brandland, Johnson and Parlette.

Staff: Stephanie Yurcisin (786-7438)

Background: Advanced registered nurse practitioners (ARNP) are registered nurses with formal specialized training which qualifies them to function more independently than a registered nurse in a variety of health care specialties. ARNPs may have specialties in such areas as pediatrics, geriatrics, midwifery, anesthesiology, and neonatology. This additional training allows ARNPs to assume primary care responsibilities for a broad range of patient care beyond the practice of registered nurses.

ARNPs may only prescribe legend drugs and controlled substances contained in Schedule V of the Uniform Controlled Substances Act. There are two exceptions to this limitation. First, an ARNP who is a certified registered nurse anesthetist may select, order, and administer Schedule II through IV controlled substances for anesthesia services at the request of a physician, osteopathic physician, dentist, or podiatrist. Second, an ARNP may order or prescribe Schedule II through IV controlled substances consistent with his or her scope of practice if the ARNP practices under a joint practice arrangement with a physician or osteopathic physician. The joint practice arrangement must describe the collaboration between the ARNP and the physician or osteopathic physician, including when consultation must occur, methods of communication, and documentation of the consultation.

Summary of Bill: Advanced registered nurse practitioners may prescribe Schedule II through IV controlled substances as consistent with their scope of practice without entering into a joint practice arrangement with a physician or osteopathic physician. Rulemaking authority related to joint practice arrangements is removed.

Appropriation: None.

Fiscal Note: Not requested.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Testimony For: This change will lead to a cost-savings. There are areas in the state where ARNPs cannot enter into joint practices because there are not physicians with whom they can work. A study has shown that there have been no incidences of problems with ARNPs prescribing under the joint practice arrangements. This will also expand access to primary care.

Testimony Against: None.

Who Testified: PRO: Representative Dawn Morrell, prime sponsor; Nick Federici, ARNPs United.