

ARKANSAS REGISTER

Proposed Rule Cover Sheet



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Name of Department Arkansas Department of Health

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CHAPTER FOUR ADVANCED PRACTICE REGISTERED NURSE

SECTION I SCOPE OF PRACTICE

The advanced practice registered nurse shall practice in a manner consistent with the definition of the practice of advanced practice registered nursing set forth in Arkansas Code Annotated §17-87-102 (4)(5)(6)(7)(8), and in accordance with the scope of practice defined by the appropriate national certifying body and the standards set forth in these rules. The advanced practice registered nurse (APRN) may provide health care for which the APRN is educationally prepared and for which competence has been attained and maintained.

SECTION II QUALIFICATIONS FOR LICENSURE

Advanced practice registered nurse (APRN) licensure shall be designated in one of the four roles below and at least one population focus: Family/Individual Across the Lifespan, Adult-Gerontology, Neonatal, Pediatrics, Women's Health/Gender-Related, or Psychiatric/Mental Health (effective 2015). A current, unencumbered registered nurse license to practice in Arkansas is required for all categories of advanced practice licensure. Effective January 1, 2003, all applicants for advanced practice licensure by examination shall have completed a graduate or post-graduate level advanced practice registered nursing education program. Applicants for advanced practice licensure by endorsement shall have met the educational and certification requirements set forth in *Arkansas State Board of Nursing Rules* at the time of their initial licensure as an advanced practice registered nurse in another jurisdiction. APRN roles and their respective qualifications are:

A. CERTIFIED NURSE PRACTITIONER (CNP)

1. Successful completion of a nationally accredited graduate or post-graduate APRN education program that prepares nurses for the advanced practice role of nurse practitioner; and
2. Hold current certification by a national certifying body recognized by the Board of Nursing in the APRN role and population foci appropriate for educational preparation.

B. CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA)

1. Successful completion of a nationally accredited graduate or post-graduate APRN education program that prepares nurses to perform as nurse anesthetists; and
2. Hold current certification by a national certifying body recognized by the Board of Nursing in the APRN role and population foci appropriate for educational preparation.

C. CERTIFIED NURSE MIDWIFE (CNM)

1. Successful completion of a nationally accredited graduate or post-graduate APRN education program that prepares nurses for the advanced practice role of nurse midwife; and
2. Hold current certification by a national certifying body recognized by the Board of Nursing in the APRN role and population foci appropriate for educational preparation; and
3. Written agreement with a consulting physician if providing intrapartum care.

D. CLINICAL NURSE SPECIALIST (CNS)

1. Successful completion of a nationally accredited graduate or post-graduate APRN education program that prepares nurses for the advanced practice role of clinical nurse specialist which shall include supervised clinical practice and classroom instruction in a nursing clinical practice specialty; and
2. Hold current certification by a national certifying body recognized by the Board of Nursing in the APRN role and population foci appropriate for educational preparation.

SECTION III

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LICENSURE

A. ELIGIBILITY

The applicant shall meet the licensure requirements of the Board.

B. APPLICATION FOR LICENSURE BY EXAMINATION

In addition to a current registered nurse license to practice in Arkansas, the information submitted to the Board shall include:

1. A completed Board application form;
2. Verification of active practice of nursing as a registered nurse for a minimum of two-thousand (2,000) hours, effective July 1, 2019;
3. An official transcript or document from a nursing education program accredited by a nursing accrediting body that is recognized by the U.S. Secretary of Education and/or Council for Higher Education Accreditation (CHEA), as acceptable by the Board and meets the qualifications of Section II of this Chapter in the category of advanced practice nursing for which the applicant is seeking licensure. The transcript or document shall verify the date of graduation, the degree or certificate conferred, clinical hours completed, and the role and population focus of the education program;
4. Evidence of state and federal criminal background checks conducted by the Arkansas State Police and the Federal Bureau of Investigation completed no earlier than twelve (12) months prior to the application for advanced practice licensure;
5. Verification of certification directly from the Board-approved national certifying body evidencing current certification in good standing; and
6. Payment of the nonrefundable fee.

C. APPLICATION FOR LICENSURE BY ENDORSEMENT

1. 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 state.
2. In addition to the requirements set forth in Section II and III. A. and B. of this Chapter, the information submitted to the Board shall include documentation of current unencumbered advanced practice licensure/authority to practice in another jurisdiction.
3. An individual applying for licensure by endorsement who has been out of practice for more than two (2) years shall provide evidence of passing an APRN nursing refresher course approved by the Board or an extensive orientation, which shall include a minimum of 200 hours, in the appropriate advanced practice role and population focus which includes a supervised clinical component by a qualified preceptor who meets the following requirements:
 - a. Holds an active unencumbered APRN or physician license,
 - b. Is in current practice in the advanced role and population focus and
 - c. Functions as a supervisor and teacher and evaluates the individual's performance in the clinical setting.

D. APPLICATION FOR AN INTERNATIONALLY EDUCATED APRN (educated outside the United States)

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

1. Graduate from a graduate level APRN program equivalent to an APRN educational program in the United States accepted by the Board.
2. Submit an official transcript directly from the international nursing education program and verified through a qualified credentials evaluation process for the license being sought.
3. Meet all other licensure criteria required of applicants educated in the United States, including English proficiency.

E. TEMPORARY PERMITS

1. Upon application and payment of the required fee, the Board shall issue a temporary permit to practice in an advanced practice nursing category to a qualified applicant who has no violations as listed in ACA §17-87-312 on the Arkansas State Police criminal background check and:
 - a. Meets the educational requirements set forth in Section II of this Chapter and has been accepted by the appropriate certification body to sit for the national certification exam he or she is eligible to take; or

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- b. Has a current advanced practice registered nurse license or the equivalent from another jurisdiction and has current Board-approved certification in the appropriate advanced practice nursing education category.
- 2. The temporary permit shall immediately become invalid upon receipt of information obtained from the federal criminal background check indicating any offense listed in ACA §17-87-312 or upon notification to the applicant or ASBN of failure of the certification examination.
- 3. The temporary permit is not renewable and does not apply to prescriptive authority.
- 4. In no event shall the permit be valid in excess of six (6) months.

F. RENEWALS

- 1. The date for renewal of licensure to practice as an advanced practice registered nurse shall coincide with renewal of the applicant's registered nurse license.
- 2. An applicant for renewal of an advanced practice registered nurse license shall submit to the Board:
 - a. A completed Board renewal application form;
 - b. Documentation of current national certification in the appropriate APRN specialty through a maintenance program of a Board approved certifying body;
 - c. Documentation of current compact state RN licensure if primary state of residence has enacted the Interstate Nurse Licensure Compact; and
 - d. Payment of the nonrefundable renewal fee.
- 3. Advanced practice registered nurses with prescriptive authority shall submit evidence of a current collaborative practice agreement as a prerequisite to license renewal.
- 4. If disciplinary proceedings have been initiated against an individual with a lapsed, inactive, or retired license, the license shall not be renewed until the proceedings have been completed.
- 5. Continuing education submitted to the certifying body to meet the qualifications for recertification shall be accepted as meeting the statutory requirement for continuing education.
- 6. Upon request, an APRN shall submit documentation to the Board of continuing education.
- 7. APRNs with prescriptive authority shall complete five (5) contact hours of pharmacotherapeutics continuing education in the APRN's area of certification each biennium prior to license renewal. Effective January 1, 2017, two (2) of the five (5) hours must contain information related to maintaining professional boundaries and the prescribing rules, ~~regulations~~ and laws that apply to APRNs in the State of Arkansas.
- 8. Pursuant to Act 204 of 2017, upon notification of active duty status and submission of appropriate documentation, the license renewal fee will be waived for members of the military.

HISTORY: Amended January 1, 2018
[Amended January 1, 2020](#)

G. LAPSED APRN LICENSE

The license is lapsed if not renewed or placed on inactive status by the expiration date.

- 1. The license is lapsed if the RN license or privilege to practice in Arkansas is not current.
- 2. The license is lapsed when the national certification upon which licensure was granted expires.
- 3. Failure to receive the renewal notice at the last address of record in the Board office shall not relieve the licensee of the responsibility for renewing the license by the expiration date.
- 4. Any licensee whose license has lapsed shall submit to the Board:
 - a. A completed Board renewal application form;
 - b. Documentation of current national certification; and
 - c. The renewal fee and the reinstatement fee/late penalty.
- 5. Fees submitted to the Board are nonrefundable.
- 6. Any person engaged in advanced practice nursing during the time his or her license has lapsed shall be

considered an illegal practitioner and shall be subject to the penalties provided for violation of the *Nurse Practice Act*.

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H. REINSTATEMENT OF APRN LICENSE

1. An individual who applies for licensure reinstatement who has been out of practice for more than two (2) years shall provide evidence of passing an APRN refresher course approved by the Board or an extensive orientation, which shall include a minimum of 200 hours, in the appropriate advanced practice role and population focus which includes a supervised clinical component by a qualified preceptor who meets the following requirements:
 - a. Holds an active unencumbered APRN or physician license
 - b. Is in current practice in the advanced role and population focus; and
 - c. Functions as a supervisor and teacher and evaluates the individual's performance in the clinical setting.
2. 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.

I. INACTIVE STATUS

1. Any licensee who desires to temporarily inactivate their advanced practice registered nurse license in this state shall submit a request to the Board.
2. The APRN license may immediately be placed on inactive status when the registered nurse license is placed on inactive status.
3. While the license is inactive, the licensee shall not engage in advanced practice nursing nor be subject to the payment of renewal fees.
4. If the APRN desires to resume practice in this state, he or she shall submit a reinstatement application and meet the continuing education requirements.

J. RETIRED ADVANCED PRACTICE REGISTERED NURSE

1. Any advanced practice registered nurse in good standing, who desires to retire for any length of time from the practice of nursing in this state shall submit a request and their APRN license shall be placed on retired status.
2. While retired, the APRN shall not practice advanced practice nursing; however, an APRN with a retired license may use the title "Advanced Practice Registered Nurse" or the abbreviation "APRN." Retired APRNs that maintain an active RN or RNP license may practice in the role of a Registered Nurse or Registered Nurse Practitioner.
3. When the licensee desires to resume practice, he or she shall submit a reinstatement application, with a reinstatement fee and the active renewal fee. The licensee must also meet those requirements outlined in Section III, F.
4. When disciplinary proceedings have been initiated against a retired licensee, the license shall not be reinstated until the proceedings have been completed.

K. ADDITIONAL CERTIFICATIONS

1. An APRN who has completed post-masters education for an additional nursing specialty shall:
 - a. Submit a request for permission to practice in the new certification area;
 - b. Submit evidence of eligibility to sit for the new certification exam from the Board-approved certifying body;
 - c. Immediately cease practicing in the specialty upon notification of failure of the exam;
 - d. Submit results of the certification in the additional specialty directly from the certifying body;
 - e. Submit an official transcript or document from a nursing education program that meets the qualifications in Section II of this Chapter verifying the date and degree or certificate conferred.
2. An APRN who has prescriptive authority shall:
 - a. Prescribe only for patients covered by the original specialty while waiting additional specialty results.
 - b. Submit a collaborative practice agreement which includes the additional certification.

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SECTION IV DUPLICATE LICENSE

A duplicate license or certificate shall be issued when the licensee submits a notarized statement to the Board that the document is lost, stolen, or destroyed, and pays the required fee.

SECTION V NAME OR ADDRESS CHANGE

- A. A licensee whose name is legally changed shall be issued a replacement license following submission of a name change form, a copy of marriage license or court action, and the required fee.
- B. A licensee whose address changes from the address on file with the Board shall immediately notify the Board in writing of the change.

SECTION VI STANDARDS OF NURSING PRACTICE

A. PURPOSE

- 1. To establish standards essential for safe practice by the advanced practice registered nurse.
- 2. To serve as a guide for evaluation of advanced nursing practice.

B. STANDARDS FOR ALL CATEGORIES OF ADVANCED PRACTICE REGISTERED NURSING

- 1. The advanced practice registered nurse shall assess clients at an advanced level, identify health status including abnormal conditions, establish a diagnosis, develop and implement treatment plans and evaluate client outcomes.
- 2. The advanced practice registered nurse shall use advanced knowledge and skills in teaching and guiding clients and other health team members.
- 3. The advanced practice registered nurse shall use critical thinking and decision making at an advanced level, commensurate with the autonomy, authority, and responsibility of his/her practice category.
- 4. The advanced practice registered nurse shall have knowledge of the statutes and rules governing advanced nursing practice, and function within the legal boundaries of the appropriate advanced practice registered nursing category.
- 5. The advanced practice registered nurse is authorized to sign the following official documents:
 - a. Certification of disability for patients to receive disabled parking permits or placards from the Office of Motor Vehicle;
 - b. Sports physicals to authorize student athletes to participate in athletic activities;
 - c. Physicals for bus drivers;
 - d. Forms relating to do-not-resuscitate orders;
 - e. Forms excusing a potential jury member due to an illness;
 - f. Death certificate;
 - g. Workers' compensation forms;
 - h. Forms relating to absenteeism for employment or school purposes; and
 - i. Authorizations for durable medical equipment.
- 6. The advanced practice registered nurse shall recognize the APRN's limits of knowledge and experience, planning for situations beyond expertise, and collaborating with or referring clients to other health care providers as appropriate.
- 7. The advanced practice registered nurse shall retain professional accountability for advanced practice nursing care when delegating interventions.
- 8. The advanced practice registered nurse shall maintain current knowledge and skills in the advanced practice

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- nursing category.
9. Rules which apply to registered nurses are hereby incorporated by reference.
 10. The APRN shall comply with the standards for registered nurses as specified in Chapter 1. Standards for a specific role and population focus of APRN supersede standards for registered nurses where conflict between the standards, if any, exists.
- C. In addition to the standards, the advanced practice registered nurse shall practice in accordance with the standards established by the national certifying body from which the APRN holds his or her certification required for licensure. These standards shall have been reviewed and accepted by the Board.
- D. ADDITIONAL STANDARDS FOR CRNAs**
1. The CRNA, acting in the normal course of his/her professional practice, may be authorized by a hospital or institution to act as their agent or employee to order the administration of controlled substances under the DEA registration of the hospital or institution.
 2. The CRNA may order nurses to administer drugs preoperatively and/or postoperatively in connection with an anesthetic and/or other operative or invasive procedure that will be or has been provided.
 3. The CRNA's order shall be directly related to the administration of drugs preoperatively and/or postoperatively in connection with an anesthetic and/or other operative or invasive procedure that will be or has been provided.
 4. A CRNA who has not been granted authority by a DEA registrant as described in Title 21 CFR 1301.22, or its successor to order the administration of controlled substances shall give all orders as verbal orders from the supervising physician, dentist, podiatrist, or other person lawfully entitled to order anesthesia.
 5. The CRNA shall be responsible for complying with all applicable state and federal laws and rules related to medications.

HISTORY: Amended January 1, 2018
Amended January 1, 2020

SECTION VII PROFESSIONAL CERTIFICATION PROGRAMS

- A. A national certification program which meets the following criteria shall be recognized by the Board to satisfy Section II of these rules.
- B. The national certification program:
 1. Is national in the scope of its credentialing;
 2. Is accredited by a national accreditation body as acceptable by the Board;
 3. Has no requirement for an applicant to be a member of any organization;
 4. Has an application process and credential review which includes documentation that the applicant's education is in the advanced practice nursing category being certified, and that the applicant's clinical practice is in the certification category;
 5. Education requirements are consistent with the requirements of the advanced practice role and population foci.
 6. Uses an examination as a basis for certification in the advanced practice nursing category which meets the following criteria:
 - a. The examination is based upon job analysis studies conducted using standard methodologies acceptable to the testing community;
 - b. The examination represents entry-level practice in the APRN role and population focus;
 - c. The examination represents the knowledge, skills, and abilities essential for the delivery of safe and effective advanced nursing care to clients;
 - d. The examination content and its distribution are specified in a test plan (blueprint), based on the job analysis study, that is available to examinees;
 - e. Examination items are reviewed for content validity and correct scoring using an established

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- mechanism, both before use and periodically;
 - f. Examinations are evaluated for psychometric performance;
 - g. The passing standard is established using acceptable psychometric methods, and is re-evaluated at least every five (5) years;
 - h. Examination security is maintained through established procedures; and
 - i. A retake policy is in place.
7. Issues certification based upon passing the examination and meeting all other certification requirements;
 8. Provides for periodic recertification which includes review of continued education, qualifications, and continued competence;
 9. Has mechanisms in place for communication to the Board 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;
 10. Has an evaluation process to provide quality assurance in its certification program.
- C. The Board will notify the appropriate certifying body when an APRN has ~~any~~ disciplinary action taken on their license or privilege to practice which restricts the APRN's ability to practice (eg. suspension or revocation).

HISTORY: Amended December 29, 2018; January 1, 2020

SECTION VIII PRESCRIPTIVE AUTHORITY

A. INITIAL APPLICANT

An applicant for an initial certificate of prescriptive authority shall:

1. Be currently licensed as an advanced practice registered nurse in Arkansas.
2. Provide evidence from the national certifying body that differential diagnosis and prescribing practices are recognized as being within the scope of practice for the applicant's certification category.
3. Provide documentation of successful completion of pharmacology coursework which shall include pharmacokinetics principles and their clinical application and the prescription of pharmacological agents in the prevention and treatment of illness, and the restoration and maintenance of health. The coursework shall contain a minimum of:
 - a. Three (3) graduate credit hour pharmacology course offered by an accredited college or university within two years immediately prior to the date of application to the Board; or
 - b. Forty-five (45) contact hours [a contact hour is fifty (50) to sixty (60) minutes] in a pharmacology course which includes a competency component, offered by an accredited college or university, within two (2) years immediately prior to the date of application to the Board; or
 - c. Three (3) graduate credit hours pharmacology course, included as part of an advanced practice nursing education program, within five (5) years immediately prior to the date of application to the Board.
4. Provide documentation of a minimum of three hundred (300) clock hours preceptorial experience in the prescription of drugs, medicines and therapeutic devices with a qualified preceptor, to be initiated with the pharmacology course and to be completed within one year of the beginning of the course. Preceptorial experience completed as a part of the formal educational program in which the pharmacology course is taught will meet the three hundred (300) clock hour requirement.
5. Submit a collaborative practice agreement with a practicing physician who is licensed under the Arkansas Medical Practices Act, §17-95-201 et seq., or a podiatrist licensed by the Arkansas Board of Podiatric Medicine under Arkansas Code Annotated §17-96-101, et. seq., if employed by the podiatrist, and who has training within the scope, specialty or expertise of the advanced practice registered nurse. APRNs who will prescribe controlled substances shall seek a collaborative practice with a physician or podiatrist who has an unrestricted DEA registration number. The collaborative practice agreement shall include, but not be limited to:
 - a. Availability of the collaborating physician(s) or podiatrist for consultation or referral or both;

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- b. Methods of management of the collaborative practice, which shall include the use of protocols for prescriptive authority;
 - c. Plans for coverage of the health care needs of a client in the emergency absence of the advanced practice registered nurse, podiatrist, or physician;
 - d. Provision for quality assurance;
 - e. Authorization for the APRN to prescribe hydrocodone combination products which were reclassified from Schedule III to Schedule II as of October 6, 2014 if expressly authorized by the collaborating physician; and
 - f. Authorization for the APRN to prescribe drugs listed in Schedule II if expressly authorized by the collaborating physician or podiatrist.
 - g. Signatures of the advanced practice registered nurse and collaborating physician(s) or podiatrist, signifying mutual agreement to the terms of the collaborative practice.
6. Submit the nonrefundable processing fee with the application for a certificate of prescriptive authority.
7. APRNs issued a certificate of prescriptive authority after December 31, 2015 shall obtain a minimum of three (3) hours of prescribing education which includes information on maintaining professional boundaries and the prescribing rules, ~~regulations~~ and laws that apply to APRNs in the state of Arkansas within two (2) years of issuance of the prescriptive authority certificate.

B. ENDORSEMENT APPLICANT

1. An applicant for endorsement of prescriptive authority shall:
 - a. Provide documentation of a three (3) graduate credit hour pharmacology course offered by an accredited college or university or a forty-five (45) contact hour [a contact hour is fifty (50) to sixty (60) minutes] pharmacology course which includes a competency component offered by an accredited college or university;
 - b. Provide evidence that prescriptive authority is current and unencumbered in the jurisdiction from which the applicant is moving;
 - c. Provide evidence of prescribing in a clinical setting for at least 500 hours in the year prior to application for a certificate of prescriptive authority;
 - d. Have an unencumbered advanced practice registered nurse license to practice or the equivalent in the jurisdiction from which the applicant is moving;
 - e. Provide a copy of current DEA registration (if prescriber has DEA number) and history of registration status; and
 - f. Meet requirements in Section VIII.A.1, 2, 5, 6, 7.
2. Endorsement applicants who do not meet all requirements established herein shall be required to submit documentation acceptable to the Board according to Section VIII.A.

C. PROTOCOLS FOR PRESCRIPTIVE AUTHORITY

Protocols shall be made available upon request of the Board. Such protocols shall, at a minimum, include:

1. Indications for and classifications of legend drugs, controlled substances (if prescriber holds a DEA registration number), and therapeutic devices which will be prescribed or administered by the APRN;
2. Date the protocol was adopted or last reviewed, which shall be at least annually.

D. PRESCRIBING PRIVILEGES

1. The APRN, applying for a certificate of prescriptive authority, shall acknowledge in the application that he or she is familiar with all state and federal laws and rules regarding prescribing, and shall agree to comply with these laws and rules.
2. An advanced practice registered nurse with a certificate of prescriptive authority may receive and prescribe legend drugs, medicines or therapeutic devices appropriate to the APRN 's area of practice. The prescriptive authority for controlled drugs shall extend to drugs listed in Schedules ~~III~~ II through V and only hydrocodone combination products which were reclassified from Schedule III to Schedule II as of October 6, 2014.
3. Prescribing stipulations are as follows:
 - a. Legend drugs, therapeutic devices, and controlled substances (Schedules ~~III~~ II-V), and only hydrocodone combination products, which were reclassified from Schedule III to Schedule II as of October 6, 2014, will be prescribed, administered, or ordered as established in protocols provided that

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the APRN has an assigned DEA registration number which is entered on each written prescription for a controlled substance.

- b. ~~The APRN shall not prescribe hydrocodone combination products for acute pain in excess of seven (7) days.~~
 - c. The APRN shall not prescribe Schedule II opioids for acute pain for more than a five (5) day period. If additional Schedule II opioids are needed for management of acute pain, the patient shall be referred to the collaborating physician.
 - d. The APRN is authorized to prescribe Schedule II drugs that are classified as stimulants once the following criteria are met:
 - 1. The prescription was originally initiated by a physician;
 - 2. The physician has evaluated the patient within six (6) months before the APRN issues a prescription;
 - 3. The prescription by the APRN is to treat the same condition as the original prescription.
 - e. The APRN shall not prescribe Schedule II controlled substances for his/her own use or for the use of his/her immediate family.
 - f. The APRN shall file his/her DEA registration number with the Board upon receipt.
 - g. Advanced practice registered nurses shall not delegate to unlicensed ancillary staff the calling in of prescriptions to the pharmacy.
 - h. The APRN shall notify the Board in writing within seven (7) days following termination of the collaborative practice agreement. A new collaborative practice agreement is required to be on file prior to reactivating prescriptive authority.
4. The APRN may prescribe a legend drug, medicine or therapeutic devices not included in the written protocols only as follows:
 - a. Upon a specific written or verbal order obtained from the collaborating physician or podiatrist before the prescription or order is issued by the APRN; and
 - b. Include documentation of consultation as described above in the client's medical record to be signed by the APRN;
 - c. Schedule I ~~and II~~ controlled substances shall not be prescribed under the APRN's certificate of prescriptive authority. ~~with the exception of hydrocodone combination products which were reclassified from Schedule III to Schedule II as of October 6, 2014.~~
 5. The APRN shall note prescriptions on the client's medical record and include the following information:
 - a. Medication and strength;
 - b. Dose;
 - c. Amount prescribed;
 - d. Directions for use;
 - e. Number of refills; and
 - f. Initials or signature of APRN.
 6. The APRN will keep accurate records to include the medical history, physical examination, other evaluations and consultations, treatment plan objective, informed consent noted in the patient record, treatment, medications given, agreements with the patient and periodic reviews.
 7. The APRN will periodically review the course of scheduled drug treatment of the patient and any new information about etiology of the pain. If the patient has not improved, the APRN may assess the appropriateness of continued prescribing of scheduled medications or dangerous drugs, or trial of other modalities.
 8. The APRN will obtain written informed consent from those patients he or she is concerned may abuse controlled substances and discuss the risks and benefits of the use of controlled substances with the patient, his or her guardian, or authorized representatives.
 9. Advanced practice registered nurses in the category of certified registered nurse anesthetists shall not be required to have prescriptive authority to provide anesthesia care, including the administration of drugs or medicines necessary for such care.
 10. Advanced practice registered nurses who prescribe prior to obtaining a certificate of prescriptive shall be considered illegal practitioners and shall be subject to the penalties provided for violation of the *Nurse Practice Act*.

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E. PRESCRIPTION FORMAT

1. All prescriptions issued by the APRN shall contain the name of the client, and the APRN's name, title, address, telephone number, signature with the initials "APRN" and shall include information contained in Subsection D.5.a-f of this Section.
2. All prescriptions for controlled substances shall be in accordance with federal rules. The APRN's assigned DEA registration number shall be included on the prescription when a controlled substance is prescribed.

F. RECEIVING PREPACKAGED DRUG SAMPLES

1. APRNs who have an active prescriptive authority certificate may receive legend drug samples and therapeutic devices appropriate to their area of practice, including controlled substances contained in Schedules III through V and only hydrocodone combination products, which were reclassified from Schedule III to Schedule II as of October 6, 2014, which have been prepared, packaged, or fabricated by a pharmaceutical manufacturer in accordance with the Arkansas pharmacy laws and rules.
2. Records must comply with all applicable federal and state laws and rules.

G. TERMINATION OF PRESCRIPTIVE AUTHORITY

1. Prescriptive authority may be terminated by the Board when the prescriber:
 - a. Fails to maintain current active licensure as an advanced practice registered nurse;
 - b. Violates provisions of this *Act* and/or *Rules* established by the Arkansas Department of Health, Nursing or Pharmacy Boards;
 - c. Violates any state or federal law or rules applicable to prescriptions; or
 - d. Fails to follow any conditions imposed.
2. To reinstate prescriptive authority, the APRN must meet requirements of the Board at the time of reinstatement.

H. LAPSED CERTIFICATE OF PRESCRIPTIVE AUTHORITY

1. The certificate of prescriptive authority is lapsed if:
 - a. The licensee's active advanced practice registered nurse license is not renewed by the expiration date;
 - b. The national certification upon which licensure is based expires;
 - c. There is not a current collaborative practice agreement on file with the board; or
 - d. The advanced practice license is placed on inactive or retired status.
2. After reinstating a lapsed advanced practice registered nurse license, the licensee shall submit to the Board a current collaborative practice agreement to reactivate the certificate of prescriptive authority.
3. Any person engaged in prescribing during the time his or her certificate of prescriptive authority has lapsed shall be considered an illegal practitioner and shall be subject to the penalties provided for violation of the *Nurse Practice Act*.

I. INACTIVE STATUS

1. A certificate of prescriptive authority will automatically be considered lapsed and subject to the requirements of these rules when a licensee places his or her advanced practice registered nurse license on inactive status.
2. While the certificate of prescriptive authority or advanced practice registered nurse license is inactive, the licensee shall not engage in any practice within the scope of the certificate of prescriptive authority.
3. If the nurse desires to resume practice in this state, he or she shall request a renewal application which shall be completed and submitted with a renewal fee and the reinstatement fee. Fees are nonrefundable.
4. All certification requirements for renewal shall apply.
5. If disciplinary proceedings on an inactive licensee have been initiated, the license shall not be reinstated until the proceedings have been completed.

J. REACTIVATION OF PRESCRIPTIVE AUTHORITY

APRNs whose prescriptive authority is inactive shall complete:

1. Five (5) contact hours of pharmacotherapeutics continuing education in the APRN's area of certification for each 12 months of non-prescribing activity in addition to the five (5) contact hours required for APRN

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- license renewal, as noted in Chapter 4, III(F)(7), prior to reactivation of prescriptive authority.
2. Two (2) contact hours shall include information on maintaining professional boundaries and the prescribing rules, ~~regulations~~ and laws that apply to the APRNs in the state of Arkansas

K. PRESCRIPTION DRUG MONITORING PROGRAM

1. APRNs may delegate access to the Prescription Drug Monitoring Program (PDMP) for running requested reports to no more than two licensed nurses under his or her supervision or employment at each practice location.
2. APRNs with prescriptive authority shall review PDMP report from the Prescription Drug Monitoring Program prior to prescribing:
 - a. An opioid from Schedule II or Schedule III every time prescribing the medication to a patient; and
 - b. A benzodiazepine medication for the first time and every six (6) months thereafter prescribing for a patient.
3. Review of the PDMP report shall be documented in the patient’s medical record.
4. Mandatory checking of the PDMP does not apply when prescribing a controlled substance to a patient;
 - a. Immediately before or during surgery; or
 - b. During recovery from surgery while in a healthcare facility; or
 - c. In a healthcare facility; or
 - d. When necessary to treat a patient in an emergency situation at the scene of an emergency, in a licensed ground ambulance or air ambulance, or in the intensive care unit of a licensed hospital; or
 - e. In palliative care or hospice; or
 - f. In a licensed nursing home facility; or
 - g. In situations in which the PDMP is not accessible due to technological or electrical failure.

HISTORY: Amended January 1, 2018
[Amended January 1, 2020](#)

**SECTION IX
 PRESCRIBING GUIDELINES FOR ANOREXIANT DRUGS**

An Advanced Practice Registered Nurse (APRN) must maintain prescribing medication practices that are within the APRN’s educational preparation and certification. An APRN will be in violation of the Arkansas *Nurse Practice Act* if he/she prescribes Schedule III and/or Schedule IV drugs under the Uniform Controlled Substance Act for short-term treatment of obesity, except in conformity with the requirements as set below.

A. PRESCRIBING GUIDELINES

1. An established APRN/patient relationship shall exist. The patient shall be age 18 or older, or have written consent from a parent or guardian. The medication shall only be an adjunct to a comprehensive weight loss program focused on appropriate nutrition education, a change in lifestyle, counseling, and an individualized exercise program. The APRN shall determine whether or not the patient has made a substantial good faith effort to lose weight through diet and alteration of lifestyle prior to beginning drug therapy.
2. The treating APRN shall take a complete history of the patient, including a detailed family history, dietary history, and shall perform a complete physical examination. The physical examination shall include a minimum of checking the blood pressure and pulse, examining the heart and lungs, recording height and weight, and administering any other appropriate diagnostic tests to evaluate for a metabolic disorder. The history and examination shall be sufficient to determine if the patient has previously been drug dependent, to determine if there is a metabolic cause of the obesity which would make anorexiants inappropriate, and to determine if there are other contraindications to use of anorexiants.
3. The APRN shall discuss with the patient different approaches to the treatment of obesity, and the risks and benefits associated with each approach. Risks shall include potential side effects, such as cardiovascular and

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pulmonary complications, as well as the potential for lack of success with weight loss. The APRN shall be aware of potential drug interactions between anorexiant, and other centrally acting drugs. The treating APRN shall prescribe a diet for weight loss and appropriate counseling regarding lifestyle change, and record these changes on the patient’s medical record. Consideration on the use of anorexiant medications shall take into account the degree of overweight and associated medical conditions. The body mass index (BMI) shall be used as a guide to determine the degree of overweight status. In general, anorexiant medications shall only be used if the BMI is more than 27. In the case of associated obesity-related medical conditions, anorexiant medications may be considered with a BMI above 25. Obesity-related medical conditions include, but are not limited to, diabetes, hypertension, dyslipidemia, cardiovascular disease, sleep apnea, psychological conditions, disc disease, and severe arthritis of the lower extremities.

4. The treating APRN shall prescribe a daily dosage that does not exceed the dosage recommended in the manufacturer’s prescribing information for the drug prescribed.
5. The APRN shall not prescribe more than a 30-day supply for a patient at each visit and regular follow-up visits shall not exceed 30 days. The patient shall be weighed at each visit prior to the prescribing of an additional supply of the drug.
6. At the time of each return patient visit, the treating APRN shall monitor progress of the patient. The patient’s weight, blood pressure, pulse, heart, and lungs shall be assessed. In addition to any side effects of the medications, the APRN shall perform appropriate exams and tests to monitor the safety of any weight loss. This may include a detailed dietary questionnaire, serum electrolytes, blood glucose, and other tests deemed appropriate. The APRN shall discontinue the anorexiant medications when the patient reaches weight loss goals. These goals may be defined as a body weight that is no longer considered “obese” (e.g. BMI of less than or equal to 27), or an improvement in medical conditions (e.g. normalization of blood glucose). After the goal is reached, the APRN may continue to prescribe anorexiant drugs for up to an additional sixty (60) days.
7. Except as otherwise provided by this regulation, Schedule III and/or Schedule IV anorexiant drugs are only recommended for short-term use (e.g. 90 days). In addition, anorexiant drugs shall not be prescribed to a patient with a BMI of less than 27, unless prescribing for obesity-related conditions with a BMI of above 25. The treating APRN may extend therapy beyond 90 days under the following conditions:
 - a. When the anorexiant drugs are indicated for treatment of diseases other than obesity; and
 - b. When, in the APRN’s professional judgment, the treating APRN is assessing and recording significant progress or benefit from the drugs and no adverse effects occur that are related to the treatment.

SECTION X

PRESCRIPTIVE AUTHORITY ADVISORY COMMITTEE

A. PURPOSE

The purpose of this committee shall include functioning in an advisory capacity to assist the Board with oversight and implementation of the provisions regarding prescriptive authority.

B. COMPOSITION

The Advisory Committee shall be composed of six (6) members appointed by the Board and approved by the Governor. Four (4) members shall be advanced practice registered nurses with at least three (3) of whom hold certificates of prescriptive authority and an active Drug Enforcement Administration (DEA) number. One (1) committee member shall be a licensed physician who has been involved in a collaborative practice with an advanced practice registered nurse for at least five (5) years. One member shall be a licensed pharmacist who has been licensed for at least five (5) years.

C. TERMS OF OFFICE

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Members shall serve three (3) year terms and may be reappointed. The Board may remove any advisory committee member, after notice and hearing, for incapacity, incompetence, neglect of duty, or malfeasance in office.

D. COMPENSATION

Advisory committee members shall serve without compensation; but may be reimbursed to the extent special monies are appropriated therefore for actual and necessary expenses incurred in the performance of their official Board duties.

SECTION XI NURSING EDUCATION PROGRAMS

A. NEW APRN PROGRAM LEADING TO LICENSURE

1. Prerequisite Approval
 - a. An institution, seeking to establish a new APRN nursing education program leading to licensure, shall submit a letter of intent to the Board.
 - (1) An applicant for an Advanced Practice Registered Nursing (APRN) program shall comply with the “Criteria and Procedures for Preparing Proposals for New Programs,” established by the Arkansas Department of Higher Education.
 - (2) Appropriate professional accreditation (nursing accrediting organizations recognized by the U.S. Department of Education and/or the Council for Higher Education Accreditation) of the new APRN program is considered to be deemed status as approved by the Board.
 - b. The institution shall submit:
 - (1) A copy of the curricula plan and course descriptions for Board review within thirty (30) days of sending the information to the accrediting body;
 - (2) Other accreditation materials as requested by the Board; and
 - (3) Documentation of accreditation within thirty (30) days of receipt of the report from the accrediting body.

B. ESTABLISHED PROGRAM THAT PREPARES GRADUATES FOR LICENSURE

1. Continued Full Approval – an established graduate program in advanced practice registered nursing shall submit to the Board documentation of the program’s continued national nursing accreditation status within thirty (30) days of receipt from the accrediting body. Receipt of the documentation shall serve as deemed status for approval by the ASBN.

C. EDUCATION PROGRAM

1. The education program for advanced practice nursing shall meet the nursing accrediting body standards for advanced practice registered nursing.
2. The curriculum plan for advanced practice registered nursing shall include:
 - a. Preparation in one of the four identified APRN roles (CRNA, CNM, CNS, and CNP); and
 - b. Preparation in at least one of the approved population foci:
 - (1) Family/Individual Across the Lifespan
 - (2) Adult-Gerontology
 - (3) Neonatal
 - (4) Pediatrics
 - (5) Women’s Health/Gender-Related
 - (6) Psychiatric/Mental Health; and
 - c. Three separate graduate level courses (the APRN Core):
 - (1) Advanced physiology and pathophysiology
 - (2) Advanced health assessment
 - (3) Advanced pharmacology
3. Clinical Experiences
 - a. All graduate or post-graduate programs leading to advanced practice licensure shall have a minimum of 500 supervised clinical hours in direct clinical practice during the program.

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- b. APRN programs preparing for two population foci shall have a minimum of 500 supervised clinical hours for each population focus.
- c. Clinical supervision must be congruent with current national professional organizations and nursing accrediting body standards applicable to the APRN role and population focus.
- d. Student clinical experiences shall be congruent with the population focus of the role.

SECTION XII PRESCRIBING FOR CHRONIC NONMALIGNANT PAIN

- A. Chronic nonmalignant pain is defined as pain requiring more than three consecutive months of prescriptions for:
 - 1. An opioid that is written for more than the equivalent of ninety (90) tablets, each containing five (5) milligrams of hydrocodone; or
 - 2. A morphine equivalent dose of more than fifteen mg (15 mg) per day; or
 - 3. Tramadol – an average dose of two hundred milligrams (200 mg) or greater per day.
- B. When opioids are started, the lowest effective dosage should be prescribed. APRNs should use caution when prescribing opioids at any dosage and carefully reassess evidence of individual benefits and risks when considering increasing dosage to >50 morphine milligram equivalents (MME) per day. APRNs should avoid increasing dosage to >90 MME/day or carefully justify a decision to titrate dosage to >90 MME/day.
- C. If opioids are prescribed at a level defined by the Centers for Disease Control and Prevention (CDC) as excessive (>50 MME/day) the following shall be documented in the patient’s medical record:
 - a. Objective findings, which include, but are not limited to, imaging studies, lab testing and results, nerve conduction testing, biopsy, and any other test that would establish pain generating pathology.
 - b. Specific reasons for the need to prescribe > 50 MME/day.
 - c. Documented alternative treatment plans as well as alternative therapies tried and failed prior to considering chronic opioid therapy.
 - d. Documented risk factor assessment detailing that the patient was informed of the risk and addictive nature of the prescribed drug.
 - e. Documented assessment of the potential for abuse and/or diversion of the prescribed drug.
 - f. Documented review of the Prescription Drug Monitoring report prior to issuing the prescription.
 - g. A detailed clinical rationale for the prescribing
- D. Patient Treatment and Evaluation
 - 1. The patient shall be evaluated through an in-person examination at least every three (3) months by the APRN and at least one (1) time every six (6) months by a physician who is licensed by the Arkansas State Medical Board.
 - 2. A current Prescription Drug Monitoring Program report shall be reviewed at least every six (6) months. The review shall be documented in the patient’s medical record.
 - 3. A current pain contract with the patient shall be maintained and include, at a minimum, requirements for:
 - a. Random urine drug screens and
 - b. Random pill counts
- E. The requirements of this section shall not apply to a patient:
 - 1. Whose pain medications are being prescribed for a malignant condition;
 - 2. With a terminal condition;
 - 3. Who is a resident of a licensed healthcare facility;
 - 4. Who is enrolled in a hospice program; or
 - 5. Who is in an inpatient or outpatient palliative care program.

HISTORY: Adopted: March 26, 2017
Amended: January 1, 2018; December 29, 2018

SECTION XIII MINIMUM STANDARDS FOR ESTABLISHING A PATIENT RELATIONSHIP

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- A. The APRN shall establish a proper APRN/patient relationship prior to providing any patient care.
- B. A proper APRN/patient relationship, at a minimum requires that:
 - 1. The APRN perform a history and an “in person” physical examination of the patient adequate to establish a diagnosis and identify underlying conditions and/or contraindications to the treatment recommended/provided; OR
 - 2. The APRN perform a face-to-face examination using real-time audio and visual telemedicine technology that provides information at least equal to such information as would have been obtained by an in-person examination; AND
 - 3. Appropriate follow-up be provided or arranged, when necessary, at medically necessary intervals.
- C. A proper APRN/patient relationship is also deemed to exist in the following situations:
 - 1. When treatment is provided in consultation with, or upon referral by another health care provider who has an ongoing relationship with the patient, and who has agreed to supervise the patient’s treatment, including follow-up care and the use of any prescribed medications.
 - 2. On-call or cross-coverage situations arranged by the patient’s health care provider.
- D. Recognizing a Providers duty to adhere to the applicable standard of care, the following situations are hereby excluded from the requirement of this regulation:**
 - 1. Emergency situations where the life or health of the patient is in danger or imminent danger.**
 - 2. Providing information of a generic nature not meant to be specific to an individual.**
 - 3. Providing prescriptions written or medications issued for use in expedited heterosexual partner therapy for the sexually transmitted diseases of gonorrhea and/or chlamydia.**
 - 4. Administration of vaccines containing tetanus toxoid (e.g., DTaP, DTP, DT, Tdap, TD, or TT) or inactivated influenza vaccines.**

HISTORY: Adopted: January 1, 2018
Amended January 1, 2020

SECTION XIV TELEMEDICINE

Requirement for all services provided by APRNs providing care via telemedicine:

- A. An APRN/patient relationship shall be established in accordance with Chapter 4, Section XIII before the delivery of services via telemedicine. A patient completing a medical history online and forwarding it to an APRN is not sufficient to establish the relationship, nor does it qualify as store-and-forward technology.
- B. The following requirements apply to all services provided by APRNs using telemedicine:
 - 1. The practice of nursing via telemedicine shall be held to the same standards of care as traditional in-person encounters.
 - 2. The APRN shall obtain a detailed explanation of the patient’s complaint from the patient or the patient’s health care provider.
 - 3. If a decision is made to provide treatment, the APRN shall agree to accept responsibility for the care of the patient.
 - 4. If follow-up care is indicated, the APRN shall agree to provide or arrange for such follow-up care.
 - 5. An APRN using telemedicine may NOT issue a prescription for any controlled substances defined as any scheduled medication under schedules III through V and only hydrocodone combination products which were reclassified from Schedule III to Schedule II as of October 6, 2014 unless the APRN has seen the patient for an in-person exam or unless a relationship exists through consultation or referral; or on-call or cross-coverage situations.
 - 6. The APRN shall keep a documented medical record, including medical history.
 - 7. At the patient’s request, the APRN shall make available to the patient an electronic or hardcopy version of the patient’s medical record documenting the encounter. Additionally, unless the patient declines to consent, the APRN shall forward a copy of the record of the encounter to the patient’s regular treating

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health care provider if that health care provider is not the same one delivering the service via telemedicine.

8. Services shall be delivered in a transparent manner, including providing access to information identifying the APRN in advance of the encounter, with licensure and board certifications, as well as patient financial responsibilities.
9. If the patient, at the recommendation of the APRN, needs to be seen in person for the current medical issue, the APRN shall arrange to see the patient in person or direct the patient to their regular treating health care provider. Such recommendation shall be documented in the patient's medical record.
10. APRNs who deliver services through telemedicine shall establish protocols for referrals for emergency services.
11. APRNs providing care via telemedicine to a patient located within the State of Arkansas shall be licensed to practice nursing in the State of Arkansas.

HISTORY: Adopted: January 1, 2018

**SECTION XV
LICENSURE FOR CERTAIN MILITARY NURSES AND SPOUSES**

A. EXPEDITED LICENSURE

1. Temporary permits for an active duty military service member or their spouse stationed in the State of Arkansas or a returning military veteran or their spouse applying within one (1) year of his/her discharge from active duty shall be issued within twenty-four (24) hours of receipt of all required documents.
2. The Board will give preference in the order of processing to applications for full licensure filed by the following individuals:
 - a. An active duty military service member stationed in the State of Arkansas;
 - b. A returning military veteran applying within one (1) year of his or her discharge from active duty; or
 - c. The spouse of a person under (a) or (b) above

B. EXTENSION OF LICENSURE EXPIRATION DATE

Upon written request and submission of appropriate documentation, members of the Armed Forces of the United States who are ordered to active duty outside of this state shall be allowed an extension of the expiration date without penalty or assessment of a late fee for renewing the service member's nursing license. The extension shall be effective for one hundred eighty (180) days after the service member or spouse returns from active deployment.

C. CONSIDERATION OF MILITARY TRAINING AND EXPERIENCE

When considering an application for licensure from an active duty military service member stationed in the State of Arkansas or a returning military veteran applying within one (1) year of his or her discharge from active duty, the Board shall:

1. Consider whether or not the applicant's military training and experience in the practice of nursing is substantially similar to the experience or education required for licensure.
2. Accept the applicant's military training and experience in the practice of nursing in lieu of experience or education required for licensure, if the Board determines that the military training and experience is a satisfactory substitute for the experience or education required for licensure.

D. WAIVER OF CONTINUING EDUCATION

Upon written request and submission of appropriate documentation the continuing education requirements for license renewal shall be waived for:

- 1 An active duty military service member deployed outside the State of Arkansas;
- 2 A returning military veteran renewing within one (1) year of his/her discharge from active duty; or
- 3 The spouse of a person under (1) or (2) above.

History: Adopted: December 29, 2018

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SECTION XVI MINOR AESTHETIC PROCEDURES

The performance of aesthetic cosmetic or dermatologic procedures is within the scope of practice of a trained APRN or RN as part of a medically prescribed plan of care for treatment of various dermatological conditions or as a part of a health maintenance/health promotion regime. The performance of aesthetic cosmetic or dermatologic procedures is not within the scope of practice of an LPN.

A. EDUCATIONAL PREPARATION

The nurse shall have documented educational preparation, supervised clinical practice experience and competency validation appropriate to responsibilities, treatment provided and patient population served. The delegating physician or supervising APRN shall document competency for the RN. The collaborating physician shall document competency for the APRN.

B. Educational program preparation shall include, but not limited to:

1. Anatomy, physiology, and pathophysiology regarding the integumentary system as well as systems specific to the procedure(s) being performed.
2. Proper technique for each dermatologic procedure.
3. Proper client selection, history taking, physical assessment parameters, indications and contraindications for treatment.
4. Pharmacology including drug actions/interactions, side effects, contraindications, and untoward effects.
5. Proper selection, maintenance and utilization of equipment.
6. Realistic and expected outcomes of the procedure(s).
7. Potential complications and side effects of the procedure(s).
8. Nursing care required and nursing interventions in the event of complications or untoward outcomes.
9. Management of complications or adverse reactions.
10. Infection control.
11. Safety precautions.
12. Documentation appropriate to the type of the procedure being performed.
13. Supervised clinical practice experience
14. Competency validation

C. PRACTICE SETTINGS

1. APRNs and RNs performing aesthetic cosmetic or dermatological procedures shall contract with or be an employee of a physician or of a physician owned clinic.
2. Aesthetic cosmetic or dermatological procedures shall be prescribed or ordered by a qualified physician or an APRN with a collaborative practice agreement with a qualified physician as defined by the Arkansas Medical Board.
3. The physician or APRN must be immediately available at all times that the RN is engaged in the provision of aesthetic procedures.

History: Adopted January 1, 2020

QUESTIONNAIRE FOR FILING PROPOSED RULES WITH THE
ARKANSAS LEGISLATIVE COUNCIL

DEPARTMENT/AGENCY: Department of Health
DIVISION: Division of Health Related Board and Commissions/State Board of Nursing
DIVISION DIRECTOR: Matt Gilmore
CONTACT PERSON: Sue Tedford
ADDRESS: 1123 S. University Ave., Suite 800; Little Rock, AR 72204
PHONE NO.: (501) 686-2703 **FAX NO.:** (501) 686-2714 **E-MAIL:** sue.tedford@arkansas.gov
NAME OF PRESENTER AT COMMITTEE MEETING: Sue Tedford
PRESENTER E-MAIL: sue.tedford@arkansas.gov

INSTRUCTIONS

- A. Please make copies of this form for future use.**
- B. Please answer each question completely using layman terms. You may use additional sheets, if necessary.**
- C. If you have a method of indexing your rules, please give the proposed citation after “Short Title of this Rule” below.**
- D. Submit two (2) copies of this questionnaire and financial impact statement attached to the front of two (2) copies of the proposed rule and required documents. Mail or deliver to:**

Jessica C. Sutton
Administrative Rules Review Section
Arkansas Legislative Council
Bureau of Legislative Research
One Capitol Mall, 5th Floor
Little Rock, AR 72201

1. What is the short title of this rule?

Chapter One- General Provisions
Chapter Two- Licensure: RN, LPN, and LPTN
Chapter Four- Advanced Practice Registered Nurse
Chapter Six- Standards for Nursing Education Programs
Chapter Eight- Medication Assistant- Certified
Chapter Ten- Alternative to Discipline

2. What is the subject of the proposed rule?

General Provisions, Licensure: RN, LPN, and LPTN, Advanced Practice Registered Nurse, Standards for Nursing Education Programs, Medication Assistant- Certified, Alternative to Discipline

3. Is this rule required to comply with a federal statute, rule, or regulation? Yes X No

If yes, please provide the federal rule, regulation, and/or statute citation.

Act 250 of 2019, Act 837 of 2019, Act 315 of 2019, Act 308 of 2019, and Act 593 of 2019

4. Was this rule filed under the emergency provisions of the Administrative Procedure Act? Yes _____ No X

If yes, what is the effective date of the emergency rule? _____

When does the emergency rule expire? _____

Will this emergency rule be promulgated under the permanent provisions of the Administrative Procedure Act? Yes _____ No _____

5. Is this a new rule? Yes _____ No X If yes, please provide a brief summary explaining the rule.

Does this repeal an existing rule? Yes _____ No X If yes, a copy of the repealed rule is to be included with your completed questionnaire. If it is being replaced with a new rule, please provide a summary of the rule giving an explanation of what the rule does.

Is this an amendment to an existing rule? Yes _____ No X If yes, please attach a mark-up showing the changes in the existing rule and a summary of the substantive changes. **Note: The summary should explain what the amendment does, and the mark-up copy should be clearly labeled “mark-up.”**

6. Cite the state law that grants the authority for this proposed rule? If codified, please give the Arkansas Code citation.

Administrative Procedures Act; A.C.A. § 25-15-201, et. seq.

7. What is the purpose of this proposed rule? Why is it necessary?

	CHANGE	REASON FOR CHANGE
Ch. 1, pg. 1-5, Section IV, Definitions	Definition of “Professional Boundaries” added	Clarification
Ch. 1, pg. 1-8, Section VI,E, Default or Delinquent Student Loans and Scholarships	Stops licensure suspension or revocation for nonpayment of student loans	Act 250 of 2019
Ch. 2, pg. 2-2, Section II, I, Deferred Action for Childhood Arrivals (DACA)	Authorizes ASBN to license recipients of DACA	Act 837 of 2019
Ch. 2, pg. 2-14 to 2-15, Section XIII, Minor Aesthetic Procedures	Language added to define and clarify a nurse’s role and required training for minor aesthetic procedures	In collaboration with the Arkansas Medical Board, ASBN is being proactive with this public protection issue
Ch. 4, pg. 4-3, Section III, F, Renewals	Eliminates unnecessary references to the word “regulation” in statute and rule	Act 315 of 2019

Ch. 4, pg. 4-6, Section VI, D., 4, Additional Standards for CRNAs	Allows a podiatrist to be a collaborating physician and requires an APRN to be employed by the podiatrist	Act 308 of 2019
Ch. 4, pg. 4-7, Section VII, C, Professional Certification Programs	Eliminates the necessity of notifying a certified body of disciplinary action unless an APRN's ability to practice is restricted	Determined it was not necessary for public protection, no action is taken by the certifying body
Ch. 4, pg. 4-7 to 4-8, Section VIII, A, 5, Prescriptive Authority	Allows a podiatrist to be a collaborating physician and requires an APRN to be employed by the podiatrist	Act 308 of 2019
Ch. 4, pg. 4-8, Section VIII, A, 7, Prescriptive Authority	Eliminates unnecessary references to the word "regulation" in statute and rule	Act 315 of 2019
Ch. 4, pg. 4-8 to 4-9, Section VIII, D, Prescribing Privileges	APRNs may prescribe schedule II medications with the following restrictions: *opioid- 5 days or less; and *stimulants if the initial prescription was issued by a physician, used to treat same condition, and the physician evaluates the patients at least every 6 months	Act 593 of 2019
Ch. 4, pg. 4-9, Section VIII, A, 4, a, Prescriptive Authority	Allows a podiatrist to be a collaborating physician and requires an APRN to be employed by the podiatrist	Act 308 of 2019
Ch. 4, pg. 4-9, Section VIII, D, 4, c, Prescribing Privileges	APRNs may prescribe schedule II medications with the following restrictions: *opioid- 5 days or less; and *stimulants if the initial prescription was issued by a physician, used to treat same condition, and the physician evaluates the patients at least every 6 months	Act 593 of 2019
Ch. 4, pg. 4-11, Section VIII, J, 2, Renewals	Eliminates unnecessary references to the word "regulation" in statute and rule	Act 315 of 2019
Ch. 4, pg. 4-15, Section XIII, D, Minimum Standards for Establishing a Patient Relationship	Lists exclusions to the minimum standards for establishing a patient relationship	Mirroring the Arkansas Medical Board
Ch. 4, pg. 4-17, Section XVI, Minor Aesthetic Procedures	Language added to define and clarify a nurse's role and required training for minor aesthetic procedures	In collaboration with the Arkansas Medical Board, ASBN is being proactive with this public protection issue
Ch. 6, pg. 6-4, Section II, D, Facilities	Eliminates unnecessary references to the word "regulation" in statute and rule	Act 315 of 2019

Ch. 8, pg. 8-7, Section XIV, C, d, Program Requirements	Eliminates unnecessary references to the word "regulation" in statute and rule	Act 315 of 2019
Ch. 10, pg. 10-1, Section I, C, Qualifications for Admission	Articulates the responsibility of an ATD participant to acknowledge a drug or alcohol abuse problem or addiction, to mirror statute	To align with statute regarding the alternative to discipline program

8. Please provide the address where this rule is publicly accessible in electronic form via the Internet as required by Arkansas Code § 25-19-108(b).

www.arsbn.org

9. Will a public hearing be held on this proposed rule? Yes X No _____
If yes, please complete the following:

Date: March 13, 2020

Time: 9:00 a.m.

Place: Arkansas State Board of Nursing Boardroom, Suite 312; 1123 S. University Ave., Little Rock, AR 72204

10. When does the public comment period expire for permanent promulgation? (Must provide a date.)

March 25, 2020

11. What is the proposed effective date of this proposed rule? (Must provide a date.)

Date pending legislative review and approval. (Original proposed date was January 1, 2020)

12. Please provide a copy of the notice required under Ark. Code Ann. § 25-15-204(a), and proof of the publication of said notice.

Attached

13. Please provide proof of filing the rule with the Secretary of State as required pursuant to Ark. Code Ann. § 25-15-204(e).

Attached

14. Please give the names of persons, groups, or organizations that you expect to comment on these rules? Please provide their position (for or against) if known.

Arkansas Association of Nurse Anesthetists, Arkansas Nurses Association, Arkansas Nurse Practitioner Association, Arkansas Medical Society, Arkansas Medical Board, Arkansas Nursing Educational Programs

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT/AGENCY: Department of Health

DIVISION: Division of Health Related Board and Commissions/State Board of Nursing

PERSON COMPLETING THIS STATEMENT: Sue Tedford

PHONE NO.: (501) 686-2703 **FAX NO.:** (501) 686-2714 **E-MAIL:** sue.teford@arkansas.gov

To comply with Ark. Code Ann. § 25-15-204(e), please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules.

SHORT TITLE OF THIS RULE _____

1. Does this proposed, amended, or repealed rule have a financial impact?
Yes _____ No X

2. Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule?
Yes X No _____

3. In consideration of the alternatives to this rule, was this rule determined by the agency to be the least costly rule considered? Yes X No _____

If an agency is proposing a more costly rule, please state the following:

- (a) How the additional benefits of the more costly rule justify its additional cost;
N/A

- (b) The reason for adoption of the more costly rule;
N/A

- (c) Whether the more costly rule is based on the interests of public health, safety, or welfare, and if so, please explain; and
N/A

- (d) Whether the reason is within the scope of the agency's statutory authority, and if so, please explain.
N/A

4. If the purpose of this rule is to implement a federal rule or regulation, please state the following:

- (a) What is the cost to implement the federal rule or regulation?

Current Fiscal Year

Next Fiscal Year

General Revenue _____ 0 _____
Federal Funds _____ 0 _____
Cash Funds _____ 0 _____
Special Revenue _____ 0 _____
Other (Identify) _____ 0 _____

Total _____ 0 _____

General Revenue _____ 0 _____
Federal Funds _____ 0 _____
Cash Funds _____ 0 _____
Special Revenue _____ 0 _____
Other (Identify) _____ 0 _____

Total _____ 0 _____

(b) What is the additional cost of the state rule?

Current Fiscal Year

General Revenue 0
Federal Funds 0
Cash Funds 0
Special Revenue 0
Other (Identify) 0

Total 0

Next Fiscal Year

General Revenue 0
Federal Funds 0
Cash Funds 0
Special Revenue 0
Other (Identify) 0

Total 0

5. What is the total estimated cost by fiscal year to any private individual, entity and business subject to the proposed, amended, or repealed rule? Identify the entity(ies) subject to the proposed rule and explain how they are affected.

Current Fiscal Year

\$ 0

Next Fiscal Year

\$ 0

6. What is the total estimated cost by fiscal year to state, county, and municipal government to implement this rule? Is this the cost of the program or grant? Please explain how the government is affected.

Current Fiscal Year

\$ 0

Next Fiscal Year

\$ 0

7. With respect to the agency's answers to Questions #5 and #6 above, is there a new or increased cost or obligation of at least one hundred thousand dollars (\$100,000) per year to a private individual, private entity, private business, state government, county government, municipal government, or to two (2) or more of those entities combined?

Yes _____ No X

If YES, the agency is required by Ark. Code Ann. § 25-15-204(e)(4) to file written findings at the time of filing the financial impact statement. The written findings shall be filed simultaneously

with the financial impact statement and shall include, without limitation, the following:

- (1) a statement of the rule's basis and purpose;
- (2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;
- (3) a description of the factual evidence that:
 - (a) justifies the agency's need for the proposed rule; and
 - (b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs;
- (4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and
- (7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:
 - (a) the rule is achieving the statutory objectives;
 - (b) the benefits of the rule continue to justify its costs; and
 - (c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.