



ARKANSAS STATE BOARD OF NURSING

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Sue A. Tedford, MNsc, APRN
Executive Director

W. Fred Knight
General Counsel

MEMORANDUM

DATE: October 17, 2018

TO: Office of the Arkansas Secretary of State
register@sos.arkansas.gov

FROM: Susan Lester
Executive Assistant to the Director

RE: Proposed Changes to the *ASBN Rules*:
Chapter One-General Provisions
Chapter Two- Licensure: RN, LPN, and LPTN
Chapter Three- Registered Nurse Practitioner
Chapter Four- Advanced Practice Registered Nurse
Chapter Six- Standards for Nursing Education Programs
Chapter Seven- Rules of Procedure

Our public comment period concerning this matter ends on November 16, 2018. A public hearing at our office is scheduled to take place on November 13, 2018 at 4:00 p.m.

Following is a summary of the proposed changes:

Chapter 1

The definition of “failed drug screen” was added for clarification purposes.

Chapter 2

The term “good moral character” was removed to reduce and/or eliminate unnecessary regulatory barriers. The Rules for the original compact are repealed and the Rules for the Enhanced Compact are included pursuant to Act 454 of 2017. Section addressing considerations for military members and their spouses were moved to Section XII to achieve a central location. In order to facilitate inactivation of licensure for participants to enter into the alternative to discipline program, the term “inactive status” was redefined. The fees for retired status of nursing licensure is being removed because we have changed our business process and will no longer accept fees and renew retired licenses in our new data base. A section was added to address considerations for military members and their spouses pursuant to Acts 248 and 204 of 2017.

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Chapter 3

For clarification purposes, we added the statement that renewal notices are sent to the last known address of record for the licensee. In order to facilitate inactivation of licensure for participants to enter into the alternative to discipline program, the term “inactive status” was redefined.

Chapter 4

We have waived the license renewal fee for active duty military pursuant to Act 204 of 2017. For clarification purposes, we added the statement that renewal notices are sent to the last known address of record for the licensee. In order to facilitate inactivation of licensure for participants to enter into the alternative to discipline program, the term “inactive status” was redefined. The fees for retired status of nursing licensure is being removed because we can no longer accept fees and renew retired licenses in our new data base. In compliance with Act 820 of 2017, we clarified prescribing for chronic nonmalignant pain. A section was added to address considerations for military members and their spouses pursuant to Acts 248 and 204 of 2017.

Chapter 6

Specifications were added regarding the use of simulation as a substitute for traditional clinical experience which will allow nursing students to receive training on simulated patients because clinical spots are not always available.

Chapter 7

For clarification purposes, supplemental definitions of unprofessional conduct to include refusing a drug screen, complying with Board actions, and establishing and maintaining a professional boundary were added.

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CHAPTER THREE REGISTERED NURSE PRACTITIONER

SECTION I SCOPE OF PRACTICE

A. REGISTERED NURSE PRACTITIONER

A registered nurse practitioner is a licensed professional nurse prepared in the manner stated herein who provides direct care to individuals, families, and other groups in a variety of settings, including homes, hospitals, offices, industry, schools, and other institutions and health care settings. The service provided by the nurse practitioner is directed toward the delivery of primary, secondary, and tertiary care which focuses on the achievement and maintenance of optimal functions in the population. The nurse practitioner engages in independent decision making about the nursing care needs of clients and collaborates with health professionals and others in making decisions about other health care needs. The practitioner plans and institutes health care programs as a member of the health care team. The nurse practitioner is directly accountable and responsible to the recipient for the quality of care rendered.

Rules which apply to registered nurses are hereby incorporated by reference.

B. ACTS PROPER TO BE PERFORMED BY A REGISTERED NURSE PRACTITIONER

1. The Arkansas State Board of Nursing authorizes the registered nurse practitioner, in collaboration with and under the direction of a licensed physician, to perform particular acts at the advanced and specialized levels as recognized by the nursing profession and which are in conformity with the *Nurse Practice Act*.
 - a. Secures, records, and evaluates the health, psychosocial, and developmental history of patients;
 - b. Performs physical examinations using techniques of observation, inspection, auscultation, palpation and percussion, and uses appropriate diagnostic tests;
 - c. Discriminates between normal and abnormal findings on the history and physical examination and refers the individuals who need further evaluation or supervision;
 - d. Documents the processes of nursing care delivery;
 - e. Contributes to the comprehensive care of the ill in collaboration with the health care team.
 - f. Coordinates health care plans to enhance the quality of health care and diminish both fragmentation and duplication of service;
 - g. Contributes to the health education of individuals and groups and applies methods designed to increase each person's motivation to assume responsibility for his own health care;
 - h. Facilitates entry into and through the health care system by appropriate route;
 - i. Counsels with families and/or individuals regarding family planning, pregnancy, child care, emotional stresses, long term illness, and general health problems;
 - j. Performs periodic health evaluations and plans for health maintenance of clients; and
 - k. Conducts community clinics for case finding and screening for health problems.
2. The Arkansas State Board of Nursing authorizes the registered nurse practitioner, in collaboration with and under the direction of a licensed physician, to perform particular acts recognized by the nursing profession and which are in conformity with the *Nurse Practice Act*.
 - a. Assumes responsibility for ongoing health maintenance and clinical management of stable chronically ill patients;
 - b. Provides initial care of emergencies and initiates arrangements for continuing definitive care;
 - c. Identifies, manages, and initiates treatment for common medical problems by "Protocols" as described in Section I.C.; and
 - d. Evaluates progress and manages prenatal and postpartum care.

C. PROTOCOLS

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1. Any nurse practicing as a registered nurse practitioner shall practice in accordance with protocols developed in collaboration with and signed by a licensed physician.
2. Protocols shall address:
 - a. Established procedures for the management of common medical problems in the practice setting;
 - b. The degree to which collaboration, independent action, and supervision are required; and
 - c. Acts including, but not limited to, assessment, diagnosis, treatment, and evaluation.
3. Protocols shall not include controlled substances.
4. Documentation.
 - a. Orders transmitted from protocols shall be documented on the client's medical record;
 - b. Orders transmitted from protocols to inpatient medical records shall contain:
 - (1) Name of medication, therapeutic device, or treatment;
 - (2) Strength;
 - (3) Dose;
 - (4) Length of time or amount prescribed;
 - (5) Directions for use;
 - (6) RNP Signature; and
 - (7) Physician's name, printed, followed by notation "protocol."
5. Any deviation from written protocols shall require:
 - a. A specific written or verbal order from the collaborating physician before the order is transmitted or implemented; and
 - b. Documentation in the medical record as specified in 4b. (1)-(6) above, and notation that order was by consultation, to be signed by the RNP.
6. Review of Protocols
 - a. The RNP shall document annual joint review with the licensed physician, and revise when necessary.
 - b. The RNP shall, upon request, provide the Board with current protocols.
7. Nothing in this regulation shall be construed to prohibit any registered nurse practitioner from transmitting a prescription order orally or telephonically, or from administering a legend drug pursuant to a lawful direction of a licensed physician, dentist, or advanced practice nurse who holds a certificate of prescriptive authority.

D. SERVICES AND RESPONSIBILITIES

The RNP shall, upon request of the Board, provide documentation outlining the extent of services, responsibilities, and required supervision of nurse practitioners, and the accompanying responsibilities of collaborating physicians.

E. DELEGATED ACTS

The registered nurse practitioner shall demonstrate competence in any act or procedure delegated by the collaborating physician.

SECTION II LICENSURE

A. Initial licensing of registered nurse practitioners terminated on November 30, 2000.

B. RENEWAL

1. The date for renewal of licensure to practice as a registered nurse practitioner shall coincide with the renewal of the applicant's registered nurse license.
2. An application for renewal of a registered nurse practitioner license shall submit to the Board:
 - a. A completed application form; and
 - b. Payment of the nonrefundable renewal fee.

C. LAPSED LICENSE

1. The license is lapsed if not renewed or placed in an inactive status by the expiration date.
2. Failure to receive the renewal notice [at the last address of record at the Board office](#) shall not relieve the

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- licensee of the responsibility for renewing the license by the expiration date.
3. Any licensee whose license has lapsed shall submit to the Board:
 - a. A completed Board renewal application form; and
 - b. The renewal fee and the reinstatement fee.
 4. Fees are nonrefundable.
 5. Any person practicing as a registered nurse practitioner during the time his or her license has lapsed shall be considered an illegal practitioner and shall be subjected to the penalties provided for violation of the *Nurse Practice Act*.

D. INACTIVE STATUS

1. Any licensee ~~in good standing~~ who desires ~~his or her~~ to temporarily inactivate their registered nurse practitioner license ~~to be placed on inactive status may~~ shall submit a request ~~in writing~~ to the Board.
2. The current license shall be placed on inactive status.
3. While the license is inactive, the licensee shall not engage in registered nurse practitioner nursing nor be subject to the payment of renewal fees.
4. If the nurse desires to resume practice, he or she shall submit a reinstatement application and meet the continuing education requirements. ~~written request for a renewal application, which shall be completed and submitted with a renewal fee and the reinstatement fee.~~
5. ~~Fees are nonrefundable.~~
6. If disciplinary proceedings on an inactive licensee have been initiated, the license shall not be reinstated until the proceedings have been completed.

[History: Amended 2018](#)

SECTION III DUPLICATE LICENSE

- A. The licensee shall immediately report a lost, stolen, or destroyed license to the Board.
- B. A duplicate license 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 IV NAME OR ADDRESS CHANGE

- A. A licensee whose name is legally changed shall be issued a replacement license following submission 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.

Effective March 26, 2016