Who determines your scope of practice?
Scope has many factors

Clinical Training
Board of Nursing
National Certification
Credentialing/Privileging
Individual expertise
Education
Nurse Practitioner
Other influences on Scope of Practice

- Geographic and regional factors
- Ability to collaborate and consult
- Standard of practice: professional, national, local
- Evidence based guidelines/consensus documents
Administrative Law

- Law which governs administrative agencies: made and enforced by regulatory boards
- Agencies which may have regulations that affect you may include:
  - Board of Nursing, Board of Medical Examiners, Workers Compensation, Health Division (Department of Human Services), Motor Vehicles Division, Department of Education, Department of Vital Records, also agencies specific to elders, disabled, children, and mentally ill.
Board of Nursing Role: Public Protection

- Provision of license and/or certificate to practice
- Authorization of prescriptive authority
- Authorization of scope of practice parameters
- Disciplinary sanctions
- Educational guidelines, criteria, approval
What does a licensing board **not** do?

- Medicare/Medicaid questions
- Billing issues or CPT coding
- Job placement or job postings
- Develop or review employment contracts
- Determine facility policies
What is *not* found in the Nurse Practice Act

- Charting format and guidelines
- Regulations about ages of consent
- Regulations about discharge from care
- Medical Records maintenance guidelines and rules
- HIPPPA
- Regulations about release of records
- Billing regulations
Types of Regulatory Models (Boards)

- Joint Medical/Nursing regulation - North Carolina
- Health Professions Commission (umbrella organization) - Washington
- Board of Nursing (professional regulation) - Oregon, Arizona
- Advisory Groups - Arizona, Arkansas, Texas (APRN) (Also have APN Consultant as Board staff)
Historical Overview of NP Regulation

- Initial role conceptualized in 1965 for the PNP through University of Colorado
- Majority of programs were federally funded certificate programs in the 1970’s
- 1975-Legislation passed in Oregon to recognize Nurse Practitioners for autonomous practice
- 1986-National Council of State Boards of Nursing came out with position paper on “Advanced Clinical Nursing Practice” advocating masters level education and “designation/recognition”
- 1990- NONPF releases first set of core competencies for nurse practitioner graduates
1993- NCSBN identified prevalence of voluntary certification for regulation/recognition, and advocated licensure as the appropriate level of regulation for NPs “Regulation of Advanced Nursing Practice NCSBN Position Paper”

2000- NCSBN “Uniform Advanced Practice Registered Nurse Licensure/ Authority to Practice Requirements” was published for Board guidance

2005- Utah is first state to sign APRN Compact

2006- Georgia is the last state to obtain prescriptive authority!
Questions on the Phone:

Why can’t I practice in Arizona like I did in California?

How can you tell me I need a Masters degree when I’ve shown that I am safe to practice…isn’t that “restraint of trade”?

How come NPs can’t have a national scope of practice or license like MDs?
## Examples from 3 States: Oregon, Washington, California

<table>
<thead>
<tr>
<th>Board</th>
<th>Masters</th>
<th>Cert</th>
<th>Practice</th>
<th>Rx</th>
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<tbody>
<tr>
<td>OR BON</td>
<td>Yes-1986</td>
<td>No</td>
<td>Indep</td>
<td>II-V, formulary</td>
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<tr>
<td>WA QUAC</td>
<td>Yes-1996</td>
<td>Yes</td>
<td>Indep</td>
<td>II-V, No formulary</td>
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<tr>
<td>CA BON</td>
<td>Yes-2008</td>
<td>No</td>
<td>MD Supervision/Protocol or standardized procedure</td>
<td>Furnishing II-V, specified in standardized procedures</td>
</tr>
</tbody>
</table>
Differences in California and Washington

- Washington
  - Pharmacists can initiate medications under protocol (such as emergency contraception)
  - Scope is in accordance with national certification guidelines, decision making tree
  - Title NP is general “ARNP”
  - No formulary
  - Only CNS recognition is Psych/Mental Health
Differences in California

- Scope of practice is based upon protocols, standardized procedures, and MD supervision
- Separate furnishing number for prescriptive medications, furnished under protocols which may include a formulary
- Schedule III-V medications only
- Title NP is general
- Recognition of CNS since late 1990’s
- Pharmacists may administer and initiate medications under protocol
Don’t MDs have a national license and scope of practice?

No. RNs have one of the few models of multi-state recognition (NCSBN Nurse Licensure Compact) existing for health professionals.
Authority to Practice Language

- Collaboration- Working together formally or informally within individual area of expertise
- Supervision- To have direction and oversight over the performance of others (direct or indirect)
- Delegation- Transferring to a competent individual the authority to perform a selected nursing task in a selected situation. The nurse retains accountability for the delegation (NCSBN)
- Independent or “autonomous” practice- To have legal and professional authority to exercise judgment and oversight of patient care within individual scope of practice and expertise
Professional Regulation: Terms

- Credentialing
  - Evaluation of licensure, certificates, malpractice insurance, CME and other qualifications to determine legal and professional fitness to practice autonomously in a given capacity.
  - Example: Hospital staff process granting authority to practice in the hospital system
Professional Regulation Terms:

- Recognition-
  - Acknowledgement that a credential is true and valid
  - Example: RN endorsement of licenses from state to state
Professional Regulation: Terms

- Privileging-
  - Determining that an individual’s credentials qualify them to practice in a clinical capacity with specific authority and autonomy. Privileging is facility and provider specific.
  - Example: Admitting privileges
Professional Regulation: Terms

- Empaneling-
  - The process of authorizing an individual to function under the auspices of an insurance plan to bill and treat patients according to the plan’s bylaws and regulations.
  - Example: Authority to see Cigna patients
Certification-

- National certification means a process by which specialized knowledge is validated using standardized testing, credentials evaluation, and/or other measurement methods.
  - Example: ANCC, ACNM, NCC
- State certification means a process by which provides title protection for applicants meeting specified requirements, and those applicants who have met the predetermined qualifications may use the title (NCSBN definition)
  - Example: Nurse Practitioner, ARNP, CNS
Policy vs. Law

Policy is often written to further articulate a broad or ambiguous part of law. Boards also may use policy to address very specific questions from practice. Policy can be formal or informal and does not hold the force of law.

Example: Arizona Board Advisory opinion
“My approach is nontraditional, but from a uniquely Western perspective.”
Nurse Practitioners with Prescriptive Authority and Non-Prescriptive Remedies

- Nurse Practitioners with prescriptive authority may recommend use of non-prescriptive remedies to their patients within their specialty scope of practice. “Non-prescriptive remedies” include such therapeutics as vitamins, minerals, homeopathic, herbal and compound medications, as well as over the counter drugs. The Nurse Practitioner recommending such a remedy will be held to the standards of his or her prescriptive authority, whether or not the remedy requires an actual written prescription.
Nurse Practitioners with Prescriptive Authority and Non-Prescriptive Remedies

- These standards protect the patient by requiring that the Nurse Practitioner assess the patient’s current use of medications and therapeutics, potential risks and benefits of the proposed remedy, and possible drug interactions. Female patients must be appraised of any known fetal risks inherent in a non-prescriptive remedy.

OSBN Policy Statement (2001)
Emerging Policy Issues

- Internet practice and prescribing
- Primary care providers and psych medications or services
- How to expand scope/competencies?
- Dual licensure: massage, naturopathy, acupuncture
- Scope of Practice and the Nurse Practitioner: Regulation, Competency, Expansion, and Evolution
Recent Policy Issues which may affect national scope and standards:

- JCAHO LIP/Medical Staff
- Physician, Pharmacist, and Nursing Shortage
- Telemedicine
- AMA Scope of Practice Initiative
- Clinical Doctorate
- Complementary therapies
- Third party billing
Questions/ Concerns from Practice

- What are the most common complaints about NP prescribing?
- Do I have to have a DEA number? Why do they want it at the pharmacy?
- What if I do choose to prescribe for a family member or peer?
- Can a Nurse Practitioner prescribe “off label”?
- Can a FNP see patients for psychiatric conditions?
- Can a PMHNP prescribe primary care medications? What if it is for a condition related to what I prescribed?
What are the 3 principles that support scope of practice?
Principle #1:
Scope is uniquely defined by the congruence between law and appropriate practice
Principle #2: Supervision does not, in itself, define scope of practice for professionals in fields that have a specialized body of knowledge, skill and competency.
Principle #3: Ethics guide scope through individual ability to accept and manage consequences, in accordance with safe standards of practice
Practicing out of scope:

What if someone complains to the Board?
How do I document my scope of practice?
Process of Investigation:

- Boards have exemption from HIPPA
- Can subpoena medical and other records
- Records can come from several sources:
  - HIPDB (Healthcare Integrity and Protection Data Bank)
  - Other Regulatory Boards (such as Board of Medicine)
  - Other Regulatory Agencies (DEA, CMS)
  - Pharmacy data banks
  - Insurance billing records
Other Records which may be Reviewed

- Resume
- Personal References
- Job Descriptions
- Continuing Education documentation
- Research pertaining to off label use, other specialized scope of practice issues
NP Charting: How does it differ?

- **Nurse Practitioner**
  - Independent Practice and scope
  - Specialized scope and populations (PNP, GNP, FNP)
  - Prescriptive authority: initiates, modifies, and refills medications. Writes orders for administration and prescriptions for dispensing.

- **Registered Nurse**
  - Independent scope, practice through orders of independent practitioners
  - Generalized scope
  - Administers medication under orders of independent practitioners
NP Charting: How does it differ?

- **Nurse Practitioner**
  - Medical Diagnosis
  - Examination for diagnostic outcome
  - May “rule out” conditions as part of differential diagnosis

- **Registered Nurse**
  - Nursing Diagnosis, charting of signs and symptoms
  - Examination for screening outcome
  - Referral to MD, NP, or other licensed provider with diagnostic authority to “rule out” conditions
Specialty practice: What makes a “specialty”? 

- Requirement for specialized clinical and didactic training to meet competencies 
- High level of technical skill 
- Potential for poor outcome/harm 
- Complex differential diagnosis 
- Other assessment barriers: children, mentally ill.
Specialty and Scope

- Nurse Practitioners **may not** prescribe out of specialty (GNP prescribing for 6 year old)
- Nurse Practitioners **must** prescribe within scope (clinical, didactic training, licensure, specialty certification, maintenance of competence)
- Chart clearly any consultation or collaboration which occurred, especially when continuing a medication for a condition you did not diagnose or when prescribing outside of usual practice parameters
Questions to ask when determining scope of practice

- **Knowledge**: Was I prepared clinically and didactically to do this? Can I differentially diagnose the condition I am treating?

- **Role validation**: Am I licensed/credentialed/privileged to practice in this role? As a generalist or as a specialist? How can the public validate that I am trained and competent?
Questions to ask when determining scope

- **Competence and Skill**: Have I achieved and have I maintained competency in the area I want to practice? Do I meet the standard of care for where I practice?

- **Environment**: Does my environment safely support my scope of practice? Is access to care an issue? Will I be facilitating or impeding access to care?

- **Ethics**: Can I accept and manage consequences? Is a personal relationship with the patient affecting my ability to provide or deny care?
Prescribing Issues

Requirements for NP prescribing:

- Establishment of client relationship
- Assessment
- Documentation that patient was a client and has been assessed
- Medication must be legal for NPs to prescribe
- Must meet state and federal guidelines
- Must be FDA approved
- DEA number if controlled substance
National Issues of Interest

National NP Groups:
American Academy of Nurse Practitioners
American College of Nurse Practitioners

NP Specialty Groups:
NONPF, NANPRH, NAPNAP, APNA
Nursing Advocacy

Center for Nursing Advocacy:
http://www.nursingadvocacy.org

Nurse Practitioner Healthcare Foundation:
http://www.nphealthcarefoundation.org
Develops model rules, uniform guidelines and policies

APRN Advisory Committee: reviewing issues regarding credentialing and national certification

Connects member Boards with each other to discuss important areas of mutual interest: discipline, licensing, NCLEX examination

Develops and owns the NCLEX exam for RNs
Final Questions....