

<b>Date:</b> March 6, 2015	<b>POLICY BRIEF/ANALYSIS</b> PREPARED FOR THE BOARD OF DIRECTORS	 OF NORTHERN LARIMER COUNTY
<b>Staff:</b> Dan Sapienza		

## SB15-197 - ADVANCED PRACTICE NURSES PRESCRIPTIVE AUTHORITY

Concerning the prescriptive authority of advanced practice nurses

### Details

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<b>Bill Sponsors:</b>	House – Fields (D) and Willett (R) and 9 others (including Rep. Ginal) Senate – Crowder (R) and Jahn (D) and 13 others (including Sen. Lundberg)
<b>Committee:</b>	Senate Health and Human Services
<b>Bill History:</b>	03/03/2015 Introduced In Senate - Assigned to Health & Human Services
<b>Next Action:</b>	SHHS Committee Hearing – March 12, 2015

### Bill Summary

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This comes out of the Nurse Physician Advisory Taskforce for Colorado Healthcare (NPATCH) report from late 2014. NPATCH was established “To promote public safety and improve health care in Colorado by supporting collaboration and communication between the practices of nursing and medicine,” and is composed of equal numbers of physicians and nurses, as well as a consumer representative and representatives from the Board of Nursing and the Colorado Medical Board.

The bill modifies the existing process for advanced practice nurses (APRNs) to gain full independent prescription authority. Eliminating the current preceptorship system (1,800 hours) currently required for provisional prescription authority, SB15-197 grants APRNs provisional prescriptive authority upon graduation and certification for a limited time to complete a mentorship. Finally, the bill reduces the mentorship hour requirements from 1,800 to 1,000 hours and would allow advanced practice nurses to be mentors instead of requiring physician mentorship.

### Background

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Nurse practitioners have a long history in the state of Colorado, where nurses frequently served as the primary health services in rural and remote communities. Out of this practice and movement, in 1965, the University of Colorado founded the first nurse practitioner program in 1965. In 1980, Colorado authorized independent practice for nurses, but these practitioners were not given prescriptive authority.

Advanced Practice Nurses hold graduate degrees in nursing (masters or doctoral level) from nationally accredited institutions and must pass a national certification exam. There are four types of APRNs: Certified Nurse Midwives (CNMs), Certified Registered Nurse Anesthetists (CRNAs), Clinical Nurse Specialists (CNSs), and Nurse Practitioners (NPs).<sup>1</sup> In 2013, there were 295 APRNs in rural communities and 2,374 in urban areas throughout the state.<sup>2</sup>

Prescriptive authority was first granted in Colorado in 1995, but required ongoing collaboration with a physician, under a system referred to as a “dependent model.”<sup>3</sup> The APRNs were required to complete a 1,800-hour preceptorship with the collaborating physician to gain this limited authority. These APRNs’

<sup>1</sup> <https://uaprn.enpnetwork.com/page/1682-what-is-an-aprn->

<sup>2</sup> [http://www.coloradonursingcenter.org/documents/misc/NPATCH\\_final\\_11102014.pdf](http://www.coloradonursingcenter.org/documents/misc/NPATCH_final_11102014.pdf)

<sup>3</sup> [http://tornado.state.co.us/gov\\_dir/leg\\_dir/olls/sl1995/sl\\_219.htm](http://tornado.state.co.us/gov_dir/leg_dir/olls/sl1995/sl_219.htm)

prescriptive authority was restricted to three areas: chronic and stable conditions<sup>4</sup>, acute and self-limiting conditions<sup>5</sup>, and palliative and end of life care.<sup>6</sup>

In 2009, legislation (SB09-239) created a framework for APRNs to gain full, independent, prescriptive authority. In addition to the existing 1,800 hours of preceptorship to gain provisional prescriptive authority, APRNs are required to complete a 1,800-hour mentorship under a physician for full authority. The Nurse Physician Advisory Taskforce report in 2014 indicates the requirement for 3,600 hours of experience under the guidance of a physician came out of a policy compromise between APRN and physician groups; it was not based on any specific body of evidence about the appropriateness or necessity of this number of hours.

### **Other States**

APRNs' practice authority varies widely across the United States, especially surrounding prescriptive authority. Colorado is one of 20 states that allows APRNs to gain full, independent prescriptive authority, but its additional training requirements are an outlier in this group of states. Of the other 19 states allowing independent prescriptive authority, none requires additional training exceeding 400 hours. According to the Nurse Physician Advisory Taskforce, of the Western states in this group,<sup>7</sup> only Colorado and New Mexico require any additional post-graduation training; all other Western states allowing independent authority grant that authority upon graduation and certification.<sup>8</sup>

### **Nurse Physician Advisory Taskforce Findings and Recommendations**

The Nurse Physician Advisory Taskforce (NPATCH) was "asked to develop recommendations if they were able to validate barriers for APRNs in providing safe, timely, effective, efficient, equitable, and patient-centered care." It identified 5 primary barriers and made recommendations regarding each.

1. *Employers are unwilling to hire new APRN graduates because they cannot prescribe.*
  - a. *Upon acceptance into the advanced practice registry, APRNs seeking prescriptive authority should be eligible for provisional prescriptive authority.*
2. *APRNs are unable to find employment offering preceptorship or mentorship opportunities to gain full prescriptive authority.*
  - a. Requirements should be amended so that in order to transition from provisional to full prescriptive authority, within 3 years of achieving the designation as advanced practice nurse with provisional prescriptive authority, the advanced practice nurse with provisional prescriptive authority shall complete:
    - i. Either 6 months full-time or 1000 practice hours involving active collaboration on a representative sample of typical and complex cases;
    - ii. This active collaboration will be with an unrestricted prescriber lawfully practicing in Colorado in a corresponding population focus, i.e. either with an experienced physician or experienced advanced practice nurse with prescriptive authority; and
    - iii. Collaboration should occur through synchronous communication.
3. *There are many challenges for out-of-state or military APRNs seeking to relocate to Colorado.*

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<sup>4</sup> "a chronic condition that has stabilized"

<sup>5</sup> "a condition that has a defined diagnosis and a predictable outcome and is not threatening to life or limb."

<sup>6</sup> "Terminal comfort care"

<sup>7</sup> (AK, AZ, ID, MT, ND, NM, NV, OR, WA, and WY)

<sup>8</sup> New Mexico requires 400 hours of mentorship and additional training.

- a. The Board of Nursing should review and amend, to the extent of its authority, its current waiver process in Chapter 15 of the Board of Nursing Rules toward eliminating barriers and clarifying processes to align with other recommendations made by the NPATCH.
4. *There is widespread misunderstanding about the requirements for APRN training among APRNs and the physician community, leading to fewer mentorships and opportunities for APRNs.*
  - a. DORA should engage professional regulatory boards and other stakeholders to improve education and outreach regarding the requirements for APRNs to obtain prescriptive authority.
5. *There are some difficulties for APRNs to obtain professional liability insurance.*
  - a. DORA should further examine the barrier of liability for experienced providers wishing to assist an APRN in meeting prescriptive authority requirements. We recommend DORA identify appropriate liability levels for APRNs practicing in a private setting, which may vary from the requirements for APRNs practicing in a team-based environment.

### Reasons to Support

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With the expansion of health coverage for Coloradans around the state, issues of the adequacy of the size of Colorado's health workforce are moving to center stage. Especially in rural areas, there are insufficient numbers of physicians to provide care. Denver County has 195 residents per county physician, while more rural areas range from 1,000 to 5,000 residents per physician.<sup>9</sup> Potentially exacerbating this disparity in the near future, many rural counties have an aging primary care workforce nearing retirement ages, with high percentages of primary care providers (physicians and APRNs) over 55.

In Larimer County, according to data from the local Medicaid Accountable Care Collaborative, there are thousands of people enrolled in Medicaid who are not connected to a primary care home yet. Advanced Practice Nurses are an important way to expand primary care capacity in both safety net and private primary care practices locally.

Advanced Practice Nurses are also potential source of primary care for other areas of the state that will face health provider shortages, but due to burdensome training requirements they are unable to work at the full scope of their education. The existing 3,600 hour additional training requirement is many times higher than other states' requirements of full prescriptive authority and was based on a compromise between stakeholders, not on evidence of necessity. This bill would still include more than double the next highest state's training-hour requirement, yet would reduce the burden on APRNs in the state.

Further, there are some reports that APRNs trained in Colorado are leaving the state due to the burdens that are non-existent in other states. New Mexico is actively recruiting nurses to move to the state from neighboring states with more restrictive requirements.

### Reasons to Oppose

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The standard time for an M.D. or D.O to enter practice is 11 years, with undergraduate hours, post-grad education, and residency; one report by the Primary Care Coalition estimates this at 20,000 hours. APRNs' education is 5.5 to 7 years, with undergraduate and a 1.5 or 3 year graduate program, but no residency requirement; this would total as much as 5,500 hours.<sup>10</sup>

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<sup>9</sup> Colorado Nursing Center, Colorado's Future Healthcare Workforce and the Role of Advanced Practice Registered Nurses, using data collected from DORA active health professional registrations by county.

[http://www.coloradonursingcenter.org/documents/misc/APRN\\_Report\\_Final\\_02272015.pdf](http://www.coloradonursingcenter.org/documents/misc/APRN_Report_Final_02272015.pdf)

<sup>10</sup> <http://www.taftp.org/Media/Default/Downloads/advocacy/scope-education.pdf>

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Under the Colorado regulations, APRNs wishing to receive prescriptive authority must complete coursework in pharmacology, but far less than physicians. Required is 3 semester hours in each of:

- advanced health/physical and psychological assessment,
- advanced pathophysiology/ psychopathology, and
- advanced pharmacology, pathology and assessment.

Some are concerned that APRNs are insufficiently trained to have prescriptive authority and should have an extended post-graduation training before being granted independent prescriptive authority. A 2014 survey of Colorado Medical Society members showed that, “overall, CMS physicians express general opposition to changing the requirements for APRNs seeking prescriptive authority, although some physician specialties are in favor, such as primary care physicians and those currently working with APRNs.”<sup>11</sup> However, the majority believes independent prescriptive authority for APRNs is important.

### **About this Summary**

This summary was prepared by Health District of Northern Larimer County staff to assist the Health District Board of Directors in determining whether to take an official stand on various health-related issues. The Health District is a special district of the northern two-thirds of Larimer County, Colorado, supported by local property tax dollars and governed by a publicly elected five-member board. The Health District provides medical, mental health, dental, preventive and health planning services to the communities it serves. For more information about this summary or the Health District, please contact Dan Sapienza, Policy Coordinator, at (970) 224-5209, or e-mail at dsapienza@healthdistrict.org.

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<sup>11</sup> [http://www.coloradonursingcenter.org/documents/misc/NPATCH\\_final\\_11102014.pdf](http://www.coloradonursingcenter.org/documents/misc/NPATCH_final_11102014.pdf)