

OVERVIEW OF CRNP LEGISLATION (ACT 48 OF 2007)

Collaboration

Certified registered nurse practitioners (CRNPs) still will be required to have a collaborative or written agreement with physicians as in existing law. They will not have independent practice.

The current definition of collaboration in the law will remain unchanged. “Collaboration” means a process in which a CRNP works with one or more physicians to deliver health care services within the scope of the CRNP’s expertise. The process includes all of the following:

- Immediate availability of a licensed physician to a CRNP through direct communication or by radio, telephone, or telecommunications.
- A predetermined plan for emergency services.
- A physician available to a CRNP on a regularly scheduled basis for referrals, review of the standards of medical practice incorporating consultation and chart review, drug and other medical protocols within the practice setting, periodic updating in medical diagnosis and therapeutics, and cosigning records when necessary to document accountability by both parties.

The act *no longer includes* language disallowing any physician/CRNP ratio requirements. However, we will still need to fight this in the regulatory process. These ratios are now in the CRNP regulations. The Nursing Board has draft regulations that would remove these ratios.

The act *no longer includes* vague language prohibiting collaborative agreements from “unreasonably restricting” CRNPs from practicing to the fullest extent permitted by their scope of practice, clinical education, and experience.

Expanded practice

CRNP practice will be expanded to include the following:

1. Order home health and hospice care.
2. Order durable medical equipment.
3. Issue oral orders to the extent permitted by the health care facilities’ bylaws, rules, regulations, or administrative policies or guidelines.
4. Make physical therapy and dietician referrals.
5. Order respiratory or occupational therapy.
6. Perform disability assessments for the program providing Temporary Assistance to Needy Families (TANF).
7. Perform and sign initial assessment of methadone treatment evaluations, provided that any order for methadone treatment shall only be made by a physician.
8. Issue home bound schooling certifications.

The act *no longer includes* the following expansions:

1. Perform and sign workers' compensation physicals.
2. Perform and sign cosmetology license physicals. (These are no longer required).
3. Take medical histories.
4. Perform and sign physical or psychiatric examinations.
5. Provide acute illness, minor injury or chronic disease management care.
6. Perform other similar activities.
7. Make commitments under the Mental Health Procedures Act.

The act also states that nothing in the language providing for the expanded practice areas may be construed to supersede the authority of the Departments of Health and Public Welfare to regulate the types of health care professionals who are eligible for medical staff membership or clinical privileges or restrict the authority of a health care facility to determine the scope of practice and supervision or other oversight requirements for health care professionals practicing within the facility.

Prescribing restrictions

The act *does not* change existing law, which limited on CRNP's authorization to prescribe drugs within categories approved in regulation by the Nursing Board. The act *does not* change existing law, which limited the Nursing Board's authority to change the approved drug categories only with approval of the Drug Review Committee.

The act *no longer* includes language on prescribing drugs. In other words, the provisions allowing CRNPs to prescribe scheduled drugs without limitation was removed. However, we will still need to fight this in the regulatory process. These restrictions are now in the CRNP regulations. The Nursing Board has draft regulations that would significantly modify these restrictions.

Professional liability coverage

The act *will* require CRNPs to carry \$1 million/\$3 million of professional liability coverage, and they will not be eligible to participate in the Mcare Fund.