

VIA E-MAIL

September 9, 2013

Representative Scott Simon, Chairman
Health and Welfare Committee
P.O. Box 94062
Baton Rouge, LA 70804

Dear Representative Simon,

The Louisiana State Board of Nursing (LSBN) hereby submits the following report required by La.R.S. 49:968 (D) (1) (b) and announces its intention to proceed with rule making by finalizing the April 20, 2013, Notice of Intent, captioned as Advance Practice Registered Nurses (LAC 46:XLVII.4503, 4505, 4507, 4511, 4513, and 4517). This notice of intent was duly promulgated and published on pages 1147-1155 of the *Louisiana Register*.

This rule-making was affected by authority of the LSBN granted in R.S. 37:918 to develop, adopt and revise rules and regulations in the Louisiana Nurse Practice Act. LSBN propose to amend Chapter 45 in accordance with R.S. 37.911 et. seq., authorizes the LSBN to regulate individuals with the desire to practice as a registered nurse or advance practice registered nurse and to adopt the rules and regulations to implement the provisions of the Nurse Practice Act. The proposed rule would allow for alignment with the nationally proposed uniform requirements for advanced practice registered nurses. This model is aimed at public protection by ensuring uniformity across all jurisdictions. Uniformity of national standards and regulation not only allows for the mobility of nurses, it also served the public by increasing access to care. The need for standardization also affects the livelihood of practicing APRN's and their ability to relocate to areas experiencing health care shortages. The proposed changes provide for consistent definitions regarding advanced practice registered nursing which specify role and population focus. The proposed rules eliminates issuance of a temporary permit to practice as an advanced practice registered nurse for the new graduate and assures that authorization to practice depends on achieving certification. The proposed revisions streamline the requirements for submitting changes in collaborative practice agreements. The proposed rules clarify the actions the regulatory agency may take if the licensee does not meet requirements for licensure or if the licensee must demonstrate further competency to ensure public safety; modification of the licensure/credentialing processes to require evidence of completed education and board certification prior to licensure, requirement for continued certification requirement and authorization of prescriptive authority which allows for thorough validation of core competencies.

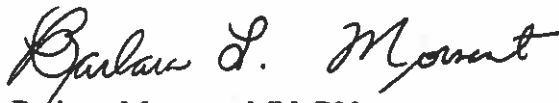
The LSBN held a public hearing pursuant to La. R.S. 49:953 (A) (2) on May 29, 2013, and all oral and written comments along with the responses to the comments by the

LSBN are attached herewith. Comments received were generally in reference to the following:

The LSBN has made changes to provide clarity to section 4503 of Chapter 45. The full text of the proposed rule is attached with all changes highlighted.

Subject to legislative oversight by either the House or Senate Health and Welfare Committee, the board intends to submit a Rule to the Office of the State Register for publication. Please contact Marcia Carter at 225-755-7500 ext. 214 if the board may be of any assistance to you concerning this rule.

Sincerely,



Barbara Morvant, MN, RN
Executive Director
Louisiana State Board of Nursing
17373 Perkins Road
Baton Rouge, La 70810
(225) 755-7576

BM: mc

cc: Catherine Brindley, Louisiana State Register
Anita Milling, DHH Liaison

Comment Summary Response & Concise Statement
Title 46
PROFESSIONAL AND OCCUPATIONAL STANDARDS
Part XLVII. Nurses: Practical Nurses and Registered Nurses
Subpart 2. Registered Nurses
Chapter 45: Advanced Practice Nurses
LAC 46:XLVII.4503, 4505, 4507, 4511, 4513, and 4517

- COMMENT 1: Email response from Cindy Cobb, DNP, APRN, WNP-BC in support of the proposed changes
- COMMENT 2: Letter of support from Sattaria S. Dilks, DNP, APRN, President of the Louisiana Association of Nurse Practitioners
- COMMENT 3: Louisiana Association of Nurse Anesthetist offered the following comments and subsequent LSBN response

3.1 LANA Comment – Referral to certification body of APRN: LANA strongly requests that the ‘nationally recognized certifying body’ for certified registered nurse anesthetist (CRNA) credential should remain specifically the National Board of Certification and Recertification of Nurse Anesthetist (NBCRNA) in all sections of the proposal referring to CRNA certification/recertification.

LSBN response: NBCRNA is not currently contained in Chapter 45. Current rules refer to the Council on Certification of Nurse Anesthetist or the Council on Recertification of Nurse Anesthetist. The name has been changed to the National Board of Certification and Recertification of Nurse Anesthetist. The NBCRNA is the ‘nationally recognized certifying body’ for certification of registered nurse anesthetist and it is not necessary to specify the name of the nationally recognized certifying body in the rules. LSBN policy document identifies the specific certifying bodies reviewed and

approved to meet the criteria for a 'nationally recognized certifying body'.

3.2 LANA Comment – Definition of ‘Role’- CRNAs are referred to as nurse anesthetist. This should read “certified registered nurse anesthetist”.

LSBN response: The LSBN reviewed the definition that is in current rules as well as the proposed revisions. The LSBN agreed that the reference to ‘certified ‘ should be added for nurse practitioner, nurse midwife and registered nurse anesthetist

3.3 LANA Comment- 4503.B.2 LANA would like this section to clearly state that the population focus of CRNAs is the family/individual across the life span.

LSBN response: LSBN agrees that the population focus of CRNAs by education and experience is across the life span and that it is appropriate to clearly identify it within this definition.

3.4 LANA Comment- LANA does not agree that CRNAs should be required to include APRN with the title of CRNA. We request that the rule include language that exempts CRNAs from this requirement.

LSBN response: LSBN does not agree to include exception language for CRNAs. APRN is the licensure title and should be designated in addition to their certification title. An exception for CRNAs is not in line with NCSBN Consensus Model that has been endorsed by the National Association of Nurse Anesthetist

COMMENT

- 4: Dr. Robert Marier Comment- Dr. Marier submitted a three (3) page document regarding the rules define “area of practice” in terms of role (NP, CRNA, CNM, or CNS) and population focus (neonatal, pediatric, women’s health, adult, family, mental health, etc) without reference to specialty (oncology, cardiology, dermatology, emergency medicine). Dr. Marier addressed several concerns

related to specialty practice particularly as it relates to nurse practitioners (NPs) as follows:

4.1 In some cases the nurse practitioners (NPs) working in these areas refer to themselves as specialist in one or another of these areas

4.2 It is a fact that there are many NPs practicing in one or another 'specialty' such as emergency medicine, cardiology, and oncology with little or no formal training or real collaboration and without approval by the Board of Nursing for the type of practice in question which is problematic for the following reasons:

4.21 They do not have the training or experience to provide the services in question. Patients seeking a specialist's care often have complex problems that require years of training and supervised experience to manage independently. It is not just a matter of bad actors, but a matter of believing that one is qualified when one is not.

4.22 There is no review of the individual's qualifications by the Board of Nursing and no standards by which to assess their qualifications. In other words it is up to the individual to decide what he or she is qualified to do in the absence of a formal credentialing process by provider organization where he or she may work.

4.23 A patient who is seeking the care of a specialist may not realize that the person providing the service has had little or no formal training or certification and/or is not a board certified physician. This is especially the case when the person represents themselves as 'doctor' based on some degree other than an MD or DO without including the degree in question so as to clearly indicate that the person is not a physician.

4.24 An NP may refer a patient to an NP specialist in which case a patient with problems requiring the attention of a qualified person will not ever see one.

4.3 The LSBME propose that specialty designation 1) be approved by the Board of Nursing on the basis of criteria established by rule, (2) subject to collaboration with a qualified physician with the same specialty, and 3) subject to the same credentialing process as physicians when working

in settings such as hospitals and multi-specialty clinics where physician credentialing occurs

4.4 The amended rule if adopted as proposed will create inconsistencies in the rule itself with respect to the way various terms are used or defined such as the term 'specialty'. Is specialty a component of one's area of practice or not? I believe the intent of the rule is that it is not although in my opinion it most definitely should be notwithstanding what the national organizations may have to say.

LSBN response: The LSBN gave careful consideration to the LSBME's comments. The LSBN agrees that the issue of APRNs identifying themselves as having a specialty beyond that of the role and population focus for which they are licensed and authorized to practice needs to be addressed. The LSBN can address this through the education of APRNs and healthcare entities that employ and credential APRNs that the scope of practice and authority to practice is directly related to role and population focus to which they have been licensed to practice. Specialty designation is only appropriate if they have achieved national nursing professional recognition based on educational preparation and competency validation beyond the category and population for which they are licensed. Further, the LSBN needs to be informed of these individuals so that it may investigate on a case by case basis of any misrepresentation to the public or unauthorized scope that may have occurred and take necessary action to protect the public.

The proposed rules change the definitions in current rules from previous reference to "advanced practice nursing specialty" to language consistent with nationally accepted regulatory model using the terms 'role' and 'population focus' and consistent with the current educational preparation and credentialing of APRNs. The LSBN agrees to strike the definition of 'specialty' from the proposed rules, particularly since

nursing specialty does not appear otherwise in the regulations.

1) COMMENT

5: Verbal testimony:
Individuals provided verbal testimony:

5.1 Gerry Pedersen on behalf of LANA.

LSBN response: same as above LANA response

5.2 Cynthia Cobb, APRN, Secretary for the Louisiana Association of Nurse Practitioners (LANP), came forward to voice their support of the proposed rules. Ms. Cobb stated bringing Louisiana more into agreement with the national standards is a move forward.

LSBN response: Accepted testimony.

5.3 Thania Elliott, J.D., MSH, RN on behalf of LSBME.

LSBN response: Same as above LSBME response

5.4 Gerry Matranga, APRN, Lead Neonatal Nurse Practitioner Ochsner, New Orleans, voiced support for the proposed rules but stated she had a question regarding obtaining collaborative practice and prescriptive authority once you have been out of work for more than two years. When someone returns back as an advanced practice registered nurse in their area of specialty, do they need to provide the Board with a certain amount of clinical time to be reinstated, more specifically in the pediatric nurse practitioner and neonatal nurse practitioner.

*LSBN response: Accepted testimony.
Referred to LSBN rules and Board staff for the information in the rules of the Board that addresses this issue.*

5.5 Sattaria Dilks, DNP, APRN, President LANP in support of proposed changes.

LSBN response: Accepted testimony.

5.6 Gwen George, APRN, Director of the DNP program at Loyola University, voiced her support

for the changes, particularly the changes that allow students who will graduate with an initial educational preparation of the Doctorate of Nursing Practice to be able to be licensed. Ms. George concurred with comments from LANP regarding having uniform national standard for the roles and the populations focus for APRN education and credentialing.

LSBN response: Accepted testimony.

5.7 Jennifer Lemoine, APRN, Treasurer, LANP, neonatal nurse practitioner, representing Pediatrics Medical Group, Lafayette, Louisiana, added their support to the changes to Chapter 45 to bring Louisiana up to date with the NCSBN Consensus Model.

LSBN response: Accepted testimony.

5.8 Fiona Winterbottom, Lead Clinical Nurse Specialist Ochsner, Board member of the National Association of Clinical Nurse Specialists (NACNS), expressed appreciation for including the clinical nurse specialist as an advanced practice registered nurse role.

LSBN response: Accepted testimony.

5.9 Lisa Bayhi, APRN, submitted testimony slip in support but did not speak.

LSBN response: Accepted for record.

Commenters:

COMMENT: #

1

SUGGESTED BY:

Cindy Cobb, DNP, APRN, WNP-BC

2

Sattaria S. Dilks, DNP, APRN

3

Louisiana Association of Nurse Anesthetist

4

Dr. Robert Marier

5

Verbal testimony:

- (a) Gerry Pedersen, CRNA, MS
- (b) Cynthia Cobb, DNP, APRN, WNP-BC
- (c) Thania Elliott, JD., MSH, RN
- (d) Gerry Matranga, MN, APRN, NNP-BC
- (e) Sattaria Dilks, DNP, APRN
- (f) Gwen George, DNP, APRN, FNP-BC
- (g) Jennifer Lemoine, DNP, APRN, NNP-BC
- (h) Fiona Winterbottom, MSN, APRN, CNS
- (i) Lisa Bayhi, MSN, ACNP-BC, FNP-BC

forty (40) hour CEH requirement every 2 years. Since these are not additional CEHs, but are merely more defined subsets of the current 40-hour CEH requirement, there are no additional anticipated costs to the LPC-Supervisors or LPCs. In addition, beginning in 2014, up to 20 of the 40 CEHs can be obtained online, thereby saving LPCs travel and associated costs.

In addition, LPC-S's may charge Counselor Interns for each hour of face-to-face supervision. Though the board does not regulate these fees, on average an LPC-S will charge between \$50 and \$90 for every hour supervised. As such, depending upon the Supervisor's rate, this could result in estimated \$5,000 to \$9,000 in additional income for the LPC-S for each Counselor Intern (100 hours x \$50-\$90). A Supervisor may have up to ten (10) Interns at one time. All Counselor Interns are required to complete at least 100 hours of face-to-face supervision with their Board-approved LPC-S as a requirement for licensure.

In addition, the rule changes to section 503 codify current practice that any counselor/therapist serving Louisiana residents over the Internet must be licensed in Louisiana. The license application fee is \$200 and renewal fee is \$150.

The Board seeks to codify current practice, which requires applicants for licensure through endorsement that have been licensed in another state and actively practicing for over 5 years to either pass the National Counselor Examination, the National Clinical Mental Health Counseling Examination, or successfully complete the Board administered oral examination. For those who have been practicing less than 5 years, passage of one of the national exams is required as opposed to the board administered oral exam. These applicants are subject to the various examination fees required by the national testing agencies.

Under section 1505, client records for adults must be maintained up to 5 years and up to 7 years for minors. This may result in additional costs for storage for some licensees, though the Board anticipates this number to be minimal since a survey of current licensees showed that most already keep records for 5 to 7 years. Costs will vary according to each licensee's business, scope of work, and current accommodations for filing.

Since it is not explicitly mentioned in the ACA Code of Ethics, the ban on LPCs receiving referral fees is eliminated from section 2109. However, since the Board intends to reinstate the ban on referrals fees through the rulemaking process, there is no anticipated increase in revenues to LPCs.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This proposed rule change should not affect competition or employment. An LPC-S with the appraisal privilege may find more job opportunities as they may provide additional services to their employer.

Mary Alice Olsan
Executive Director
1304#051

John D. Carpenter
Legislative Fiscal Officer
Legislative Fiscal Office

NOTICE OF INTENT

Department of Health and Hospitals Board of Nursing

Advanced Practice Registered Nurses
(LAC 46:XLVII.4503, 4505, 4507, 4511, 4513, and 4517)

~~In accordance with R.S. 37:911 et seq., authorizes the Louisiana State Board of Nursing to regulate individuals with the desire to practice as a registered nurse or advanced practice registered nurse and to adopt the rules and~~

~~regulations to implement the provisions of the Nurse Practice Act. The proposed rule would allow for alignment with the nationally proposed uniform requirements for advanced practice registered nurses. This model is aimed at public protection by ensuring uniformity across all jurisdictions. Uniformity of national standards and regulation not only allows for the mobility of nurses, it also served the public by increasing access to care. The need for standardization also affects the livelihood of practicing APRN's and their ability to relocate to areas experiencing health care shortages. The proposed changes provide for consistent definitions regarding advanced practice registered nursing which specify role and population focus. The proposed rules eliminates issuance of a temporary permit to practice as a advanced practice registered nurse for the new graduate and assures that authorization to practice depends on achieving certification. The proposed revisions streamline the requirements for submitting changes in collaborative practice agreements. The proposed rules clarify the actions the regulatory agency may take if the licensee does not meet requirements for licensure or if the licensee must demonstrate further competency to ensure public safety; modification of the licensure/ credentialing processes to require evidence of completed education and board certification prior to licensure, requirement for continued certification requirement and authorization of prescriptive authority which allows for thorough validation of core competencies.~~

Title 46 **RULE**

PROFESSIONAL AND OCCUPATIONAL STANDARDS

Part XLVII. Nurses: Practical Nurses and Registered Nurses

Subpart 2. Registered Nurses

Chapter 45. Advanced Practice Registered Nurses

§4503. Titles

A. Advanced practice registered nurse (APRN) means a licensed registered nurse who has completed an accredited graduate level education program preparing the individual in one or more APRN role and population foci, is certified by a nationally recognized certifying body in one or more role and population focus and who meets the criteria for an advanced practice registered nurse as established by the board.

B. A nurse licensed as an advanced practice registered nurse (APRN) shall include, but not be limited to, the following functional roles.

1. *Certified Nurse Midwife (CNM)*—an advanced practice registered nurse educated in the disciplines of nursing and midwifery and certified according to a nationally recognized certifying body, such as the American College of Nurse Midwives Certification Council, as approved by the board and who is authorized to manage the nurse midwifery care of newborns and women in the antepartum, intrapartum, and postpartum periods as well as primary care for women across their lifespan and treatment of their male partners for sexually transmitted infections (STI).

2. *Certified Registered Nurse Anesthetist (CRNA)*—an advanced practice registered nurse educated in the field of nurse anesthesia and certified according to the requirements of a nationally recognized certifying body as approved by

the board and who is authorized to select and administer anesthetics or ancillary services to patients across the life span under their care.

3. *Clinical Nurse Specialist (CNS)*—an advanced practice registered nurse educated as a CNS and is certified according to the requirements of a nationally recognized certifying body as approved by the board. CNS's are expert clinicians in a specialized area of nursing practice and population focus and practice in a wide variety of health care settings by providing direct patient care and influencing health care outcomes by providing expert consultation and by implementing improvements in health care delivery systems. CNS practice integrates nursing practice which focuses on assisting patients in the prevention or resolution of illness through medical diagnosis and treatment of disease, injury or disability.

4. *Certified Nurse Practitioner (CNP)*—an advanced practice registered nurse educated in a specified area of care and certified according to the requirements of a nationally recognized certifying body as approved by the board and who is authorized to provide primary, acute, or chronic care as an advanced nurse practitioner acting within his scope of practice to individuals, families, and other populations in a variety of settings including, but not limited to, homes, institutions, offices, industry, schools, and other community agencies.

5. Repealed.

C. A licensed advanced practice registered nurse must use the title "APRN". The APRN role of certification and/or education designation may be used before or after APRN as follows:

1. certification:
 - a. CNM—certified nurse midwife;
 - b. CRNA—certified registered nurse anesthetist;
 - c. CNS—clinical nurse specialist;
 - d. CNP—certified nurse practitioner;
2. education:
 - a. MSN, MN, MS or other appropriate degree at the master's level;
 - b. DNP, DNS, EdD, PhD, or other appropriate degree at the doctorate level.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 22:281 (April 1996), amended LR 27:723 (May 2001), LR 31:2012 (August 2005), LR 39:

§4505. Definitions

Accrediting Agency—an organization which establishes and maintains standards for professional nursing or nursing related programs and recognizes those programs that meet these standards.

* * *

Advanced Practice Nursing Education Program—a program whose purpose is to prepare advanced practitioners of nursing with a graduate degree or post-graduate certification/award by an academic institution accredited or awarded pre-approval, pre-accreditation status by a nursing or nursing -related accrediting organization recognized by the US Department of Education (USDE) and/or the Council for Higher Education Accreditation (CHEA) and whose graduates are eligible for certification as an Advanced Practice Registered Nurse.

Advanced Practice Registered Nurse (APRN)—a registered nurse:

1. who has completed an accredited graduate-level education program preparing him/her for one of the four recognized APRN roles in addition to a population focus;
2. who has passed a national certification examination that measures APRN role and population-focused competencies and who maintains continued competence as evidenced by recertification in the role and population through the national certification program;
3. who has acquired advanced clinical knowledge and skills preparing him/her to provide direct care to patients;
4. whose practice builds on the competencies of registered nurses (RNs) by demonstrating a greater depth and breadth of knowledge, a greater synthesis of data, increased complexity of skills and interventions, and greater role autonomy;
5. who is educationally prepared to assume responsibility and accountability for health promotion and/or maintenance as well as the assessment, diagnosis, and management of patient problems, which includes the use and prescription of pharmacologic and non-pharmacologic interventions;
6. who has clinical experience of sufficient depth and breadth to reflect the intended license;
7. who has obtained a license to practice as an APRN;
8. who is expected to practice within established standards and is accountable for the quality of advanced nursing care rendered, for recognizing limits of knowledge and experience, planning for the management of situations beyond one's expertise; and for consulting with or referring patients to other health care providers as appropriate.

Advanced Practice Registered Nurse Student—any licensed registered nurse enrolled as a student in an educational program approved by the board which prepares the individual for APRN licensure.

Advanced Practice Registered Nursing—nursing by a certified registered nurse anesthetist, certified nurse midwife, clinical nurse specialist, or nurse practitioner which is based on knowledge and skills acquired in a basic nursing education program, licensure as a registered nurse, and a minimum of a graduate degree with a concentration in one or more respective advanced practice nursing role and population focus which includes both didactic and clinical components, advanced knowledge in nursing theory, physical and psychosocial assessment, nursing interventions, and management of health care.

Advanced Practice Registered Nursing Role—a designated area of advanced practice in which the registered nurse holds a graduate degree with a concentration in the respective area of practice that includes both the didactic and clinical components, advanced knowledge in nursing theory, physical and psychosocial assessment, nursing interventions, pharmacotherapeutics, and management of health care and also prepares the APRN for national certification. For the purpose of this part, the *area of practice* is defined within the context of the role and population focus of advanced practice nursing. The four APRN roles include: certified registered nurse anesthetist, certified nurse midwife, clinical nurse specialist, and nurse practitioner.

Approval—a status indicating the program has met the legal standards established by the board.

Approved Program—a nursing education program approved by the board.

Assessment Studies—diagnostic studies including, but not limited to laboratory testing, radiologic studies, electrocardiograms, pulmonary function tests, and pharmaceutical diagnostic testing.

Board—the Louisiana State Board of Nursing.

Clinical Practice Guidelines—refers to written or electronic documents, jointly agreed upon by the collaborating professionals that describe a specific plan, arrangement, or sequence of orders, steps, or procedures to be followed or carried out in providing patient care in various clinical situations. These may include textbooks, reference manuals, electronic communications, and Internet sources. Clinical practice guidelines must be commensurate with the APRN's knowledge, skills and abilities; in accordance with current standards of care and evidence-based practice for the APRN role and population focus; address types or categories or schedules of drugs for prescription; be specific to the practice setting; and be maintained on site.

Collaborative Practice Agreement—a formal written statement/document addressing the parameters of the collaborative practice which are mutually agreed upon by the advanced practice registered nurse and one or more licensed physicians or dentists which shall include but not be limited to the following provisions:

1. - 3. ...

Contact Hour—a unit of measurement that describes 60 minutes of participation in an educational activity, which meets the board's continuing education criteria. Ten contact hours equal one continuing education unit (C.E.U.).

National Nursing Accrediting Body—the National League for Nursing Accreditation Commission (NLNAC), the Commission for Collegiate Nursing Education (CCNE), Accreditation Commission for Midwifery Education (ACME), or the Council on Accreditation of Nurse Anesthesia Educational Programs (COA)

Nationally Recognized Certifying Body—a national certification organization which certifies qualified licensed registered nurses as advanced practice registered nurses and which establishes and requires certain eligibility criteria related to education and practice, offers an examination in an advanced practice nursing role and population which meets current psychometric guidelines and tests, and is approved by the board.

Population Focus—term referenced in the National Counsel for State Boards of Nursing's document entitled "Consensus Model for APRN Regulation: Licensure Accreditation, Certification, & Education" which refers to one of the areas of concentrated study and practice provided to a collection of specified individuals who have characteristics in common. A broad, population-based focus of study encompasses common problems and aspects of that group of patients and the likely co-morbidities, interventions, and responses to those problems. Examples include, but are not limited to neonatal, pediatric, women's health, adult, family, mental health, etc. A population focus

is not defined as a specific disease/health problem or specific intervention.

Prescription Monitoring Program (PMP)—a system for the monitoring of controlled substances and other drugs of concern dispensed in the state or dispensed to an address within the state as established in R.S. 40:1001-1014.

Published Professional Standards—level of performance that advanced practice registered nurses, within their specific role and population focus, are required to achieve and maintain in their practice; represents the criteria against which the performance of all advanced practice registered nurses within the role and population focus is considered as published by the relevant professional nursing organizations.

Role—the advanced practice area for which a graduate level nursing program prepares its graduates. The four roles for advanced practice registered nurse licensure include certified nurse midwives, certified registered nurse anesthetists, clinical nurse specialists, and certified nurse practitioners.

~~**Specialty**—a focus of practice beyond an advanced practice role and population focus assuring expert, in-depth knowledge, skills, and abilities of an aspect of patient care; e.g., cardiovascular disease, palliative care, oncology, substance abuse, orthopedies, critical care, etc.~~

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 27:724 (May 2001), amended LR 31:2013 (August 2005), LR 39:

§4507. Licensure as Advanced Practice Registered Nurse

A. - A.1.a. ...

b. completion of a minimum of a graduate degree with a concentration in the respective advanced practice nursing role and population focus or completion of a post master's concentration in the respective advanced practice nursing role and population focus from a program accredited by a nursing or nursing related accrediting body that is recognized by the U.S. Secretary of Education and/or the Council for Higher Education Accreditation (CHEA) and otherwise approved by the board.. Exception to the graduate degree may be granted to those applicants who provide documentation as requested by the board that, prior to December 31, 1995, the applicant completed or was continuously enrolled in a formalized post-basic education program preparing for the advanced practice nursing role and population focus as approved by the board prior to December 31, 1995 as follows:

i. a program of studies offered through an institution of higher education which qualifies the graduate to take a certification examination in the advanced practice role and population foci; or

ii. a program of studies accepted by a nationally recognized certifying body which is recognized by the Louisiana State Board of Nursing.

iii. Repealed

c. ...

focus by a nationally recognized certifying body approved by the board.

e. ...

f. submission to criminal history record information as specified in LAC46:XLVII.3330;

g. after initial licensure, applicants seeking licensure for advanced practice in an additional specialty and/or functional role shall meet the requirements stated in LAC 46:XLVII.4507.A.1.a-d.

h. if there is a gap equal to or greater than two years between the completion of the graduate or post graduate program as delineated in LAC46:XLVII. 4507.1.b and the application for initial licensure, the applicant must provide additional verification of competency as requested by the board and may be required to appear before the board (or its committee) for further consideration before licensure or a temporary permit may be granted.

2. The board will verify all licensure and certification requirements via primary source verification as requested including (a) Licensure (b) Education (c) Certification and information relevant to the practice of the APRN.

3. An APRN license shall be issued with an expiration date that coincides with the applicant's RN license.

B. Temporary Permit—Initial Applicants

1. An APRN applicant that has a gap equal to or greater than two years between the completion of the graduate or post graduate program as delineated in LAC46:XLVII. 4507.1.b and the application for initial licensure, may be granted a temporary permit for a maximum of 120 days which allows the applicant to practice under the guidance of an APRN or physician who is engaged in active clinical practice and holds an active, unencumbered, unrestricted licensed within the role and population or practice specialty of the applicant. Evidence must be submitted to the board delineating that the applicant:

a. holds an active, unencumbered, unrestricted and valid registered nurse license in Louisiana;

b. is in the process of applying for initial licensure under LAC 46:XLVII.4507.A;

c. holds current certification in the respective advanced practice nursing role and population focus by a nationally recognized certifying body approved by the board;

d. meets requirements of LAC 46:XLVII.4507.A.1.h. and;

e. there are no grounds for disciplinary proceedings as stated in R.S. 37:921.

2. A nurse practicing under the temporary permit shall use the title advanced practice registered nurse applicant or APRN applicant.

3. The APRN temporary permit may be extended for justifiable causes.

4. If allegations of acts or omissions which constitute grounds for disciplinary action as defined in R.S. 37:911 et seq., or any rule promulgated by the board is received during the permit interval, the temporary permit issued pursuant to this Section above shall be recalled and licensure denied or delayed in accordance with LAC 46:XLVII.3331 or until such time as the person completes the disciplinary process.

C. ...

1. If the applicant is applying from another jurisdiction that licenses the role and population focus of the

APRN for which the applicant is seeking licensure, the applicant shall submit:

a. - c. ...

d. verification of licensure status directly from the jurisdiction of original licensure in the advanced practice nursing role and population focus;

e. verification of current unencumbered, unrestricted license in the registered nurse and advanced practice nursing role and population focus directly from the jurisdiction of current or most recent employment as an APRN;

f. verification of educational requirements as stated in LAC 46:XLVII.4507.A.1.b;

g. verification of current unconditional national certification in the respective role and population focus as recognized by the board; and

h. submission to criminal history record information as specified in LAC46:XLVII.3330.

2. If the applicant is applying from a jurisdiction that does not license the APRN role and/or population focus for which the applicant is seeking licensure, the applicant shall submit in addition to Subparagraphs C.1.a, b, c, f, g, and h as stated above:

a. documentation of the applicant's qualifications for advanced practice directly from the board in the state where the applicant first practiced in the APRN role and/or population focus; and

b. documentation of the applicant's qualifications for advanced practice directly from the board in the state where the applicant was last employed in the APRN role and/or population focus.

3. If the applicant is applying from a jurisdiction that does not verify advanced practice or does not meet the endorsement requirements, the applicant shall qualify by meeting the requirements for initial APRN licensure, LAC 46:XLVII.4507.A and B.

4. if the applicant has not been engaged in clinical practice as an APRN for two years or more, the applicant must provide additional verification of competency as requested by the board and may be required to appear before the board (or its committee) for further consideration before licensure or a temporary permit may be granted.

D. Temporary Permit: Endorsement Applicants

1. - 1.c. ...

d. Repealed.

2. The APRN temporary permit may be extended for justifiable causes.

3. If allegations of acts or omissions which constitute grounds for disciplinary action as defined in R.S. 37:911 et seq., or any rule promulgated by the board is received during the permit interval, the temporary permit issued pursuant to this Section above shall be recalled and licensure denied or delayed in accordance with LAC 46:XLVII.3331 or until such time as the person completes the disciplinary process.

E. Renewal of Licenses by Certification or Commensurate Requirements

1. The date for renewal of licensure to practice as an APRN shall coincide with renewal of the applicant's RN license. Renewal of the APRN license is contingent upon renewal of the RN license and verification that there are no grounds for disciplinary proceedings as stated in R.S. 37:921. RN and APRN license renewal must be submitted to

the board electronically through the board website annually prior to current licensure expiration. Renewal includes but is not limited to the following components:

a. completion of renewal applications for both RN and APRN licensure available at the board website during annual renewal season;

b. evidence of current certification/recertification in each APRN role and population focus being renewed by a national certifying body approved by the board;

c. payment of the annual licensure renewal fee as specified in LAC 46:XLVII.3341.

2. APRNs initially licensed in accordance with R.S. 37:912(B)(3)(4) (grand-fathered) and who are not advanced practice certified, or R.S. 37:920(A)(2) whose role and population focus does not provide for certification/recertification (commensurate requirements) shall submit the following documentation for renewal, in addition to meeting the requirements specified above in §4507.E.1.a-c:

a. - d. ...

e. Repealed

3. An advanced practice registered nurse shall maintain current national certification and/or recertification as required in all subsections regarding licensure throughout the entire licensure period. Failure of any APRN to submit evidence of and maintain current active certification or recertification shall result in the APRN license becoming inactive and invalid and the APRN shall not practice or use the title of advanced practice registered nurse until the requirements for reinstatement of the APRN license are met.

4. Any advanced practice registered nurse who practices during the time the APRN license is inactive and invalid will be subject to disciplinary action and will not be reinstated until such time as the person completes the disciplinary process.

F. Reinstatement of an APRN License

1. - 1.c. ...

d. APRNs initially licensed in accordance with R.S. 37:912(B)(3)(4) or 920(A)(2) whose role and population focus does not provide for certification/recertification shall submit the following documentation for each year of inactive or lapsed status:

1.d.i. - 2.a. ...

b. practice under the temporary permit and current practice standards set forth by the respective advanced practice nursing role and population focus; and

c. - d. ...

e. if seeking commensurate requirements the applicant must practice under the guidance of a clinical preceptor approved by the board for a minimum of 800 hours of clinical practice in the area of clinical specialization when certification is not available; and

f. - g. ...

3. If allegations of acts or omissions which constitute grounds for disciplinary action as defined in R.S. 37:911 et seq., or any rule promulgated by the board is received during the permit interval, the temporary permit issued pursuant to this Section above shall be recalled and licensure denied or delayed in accordance with LAC 46:XLVII.3331 or until such time as the person completes the disciplinary process.

4. if the applicant has not been in clinical practice as an APRN for two years or more, the applicant must provide additional verification of competency as requested by the

board and may be required to appear before the board (or its committee) for further consideration before licensure or a temporary permit may be granted.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 22:281 (April 1996), amended LR 27:724 (May 2001), LR 29:580 (April 2003), LR 31:1340 (June 2005), LR 31:2015 (August 2005), LR 32:247 (February 2006), LR 37:3027 (October 2011), LR 39:

§4511. Advanced Practice Registered Nurse Professional Certification Programs

A. A national certifying body which meets the following criteria shall be recognized by the board as mandated by R.S. 37:913:

1. - 3. ...

4. requires a graduate degree as the minimal educational level for certification or otherwise approved by the board;

5. utilizes an application process and credential review which includes documentation that the applicant's didactic education has concentrated in the advanced nursing practice role and population focus being certified, and that the applicant's clinical practice is in the advanced nursing role and population focus of certification;

6. - 9. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 22:283 April 1996), amended LR 31:2023 (August 2005), LR 39:

§4513. Authorized Practice

A. - C.8. ...

D. Prescriptive and Distributing Authority. An advanced practice registered nurse (APRN) shall practice in a manner consistent with the definition of advanced practice set forth in R.S. 37:913(3). An APRN may be granted prescriptive authority to prescribe assessment studies, including pharmaceutical diagnostic testing (e.g., dobutamine stress testing) legend and certain controlled drugs, therapeutic regimens, medical devices and appliances, receiving and distributing a therapeutic regimen of prepackaged drugs prepared and labeled by a licensed pharmacist, and free samples supplied by a drug manufacturer, and distributing drugs for administration to and use by other individuals within the scope of practice as defined by the board in R.S. 37.913(3)(b).

I. The applicant shall:

a. hold a current, unencumbered, unrestricted and valid registered nurse license in Louisiana with no pending disciplinary proceedings as stated in R.S. 37:921;

b. hold a current, unencumbered, unrestricted and valid APRN license;

c. hold current national certification in the advanced practice nursing role and population focus by a nationally recognized certifying body approved by the board;

d. submit a notarized application on a form provided by the board with a non-refundable fee as set forth in LAC 46:XLVII.3341;

e. provide evidence of:

i. 500 hours of clinical practice as a licensed APRN or APRN applicant within two years in the role and population focus for which the applicant was educationally

prepared as an APRN immediately prior to applying for prescriptive and distributing authority; practice in another state as a licensed APRN may be accepted to meet this requirement; clinical practice obtained during the graduate program which meets requirements of eligibility for certification and which prepared the APRN or APRN applicant for the advanced practice nursing role may be accepted to meet this requirement;

ii. successful completion of a minimum of 45 contact hours of education (3 credit hour academic course) in advanced pharmacotherapeutics obtained as a component of a formal educational program preparing registered nurses for advanced practice, approved by the board;

iii. successful completion of a minimum of 45 contact hours (3 credit hour academic course) in advanced physiology/pathophysiology in a formal educational program approved by the board for preparation for advanced practice registered nurses;

iv. successful completion of a minimum of 45 contact hours (3 credit hour academic course) in advanced health assessment in a formal educational program approved by the board for preparation for advanced practice registered nurses; or

v. any deviation from Clause I.e.i, ii, iii, or iv shall be submitted to the board for review and approval; and

vi. a collaborative practice agreement as defined in §4513.B.1, 2 and 3, with one or more licensed collaborating physicians which shall include, but not be limited to:

(a). a plan of accountability among the parties that:

(i). defines the prescriptive authority of the APRN and the responsibilities of the collaborating physician or physicians;

(ii). delineates a plan for hospital and other healthcare institution admissions and privileges which includes a statement that the collaborating physician must have said privileges at the same institution before an APRN can receive this determination at said institution;

(iii). delineates mechanisms and arrangements for diagnostic and laboratory requests for testing; and

(iv). delineates a plan for documentation of medical records;

(b). clinical practice guidelines as required by R.S. 37:913(9)(b) shall contain documentation of the types or categories or schedules of drugs available and generic substitution for prescription and be in accordance with current standards of care and evidence-based practice for the APRN specialty and functional role and be:

(i). mutually agreed upon by the APRN and collaborating physician;

(ii). specific to the practice setting;

(iii). maintained on site; and

(iv). reviewed and signed at least annually by the APRN and physician to reflect current practice;

(c). documentation of the availability of the collaborating physician when the physician is not physically present in the practice setting. Physicians shall be available to provide consultation as needed:

(i). physician shall be available by telephone or direct telecommunications for consultation,

assistance with medical emergencies, or patient referral, as delineated in the collaborative practice agreement; and

(ii). the secondary (back-up) physician or physicians shall be in good standing and approved by the Louisiana State Board of Medical Examiners and sign the collaborative practice agreement;

(iii). in the event the collaborating physician and any secondary (back-up) collaborating physician(s) are unavailable, the APRN will not prescribe;

(d). documentation shall be shown that patients are informed about how to access care when both the APRN and/or the collaborating physicians are absent from the practice setting; and

(e). an acknowledgement of the mutual obligation and responsibility of the APRN and collaborating physician to insure that all acts of prescriptive authority are properly documented.

2. Prescriptive Authority

a. Prescribing Controlled Substances and Legend Drugs

i. The LSBN shall review the application, reapplication or renewal, the collaborative practice agreement for prescriptive authority and all related materials and shall approve, modify, or deny the application, reapplication or renewal for prescriptive authority. An APRN with prescriptive authority approved by the board may prescribe drugs and therapeutic devices as recommended by clinical practice guidelines and the parameters of the collaborative practice agreement.

ii. Prior to granting an APRN prescriptive authority the collaborating physician or physicians license(s) shall be verified through the Louisiana State Board of Medical Examiners.

iii. An APRN granted prescriptive authority shall comply with all federal and state laws and rules in prescribing, distributing, and administering drugs.

iv. The APRN who has been given proper authority to prescribe whether in person or by an electronic means or over the Internet or over telephone lines must meet the following requirements:

(a). perform and appropriately document a history and physical examination, and make a diagnosis based upon the examination and all diagnostic and laboratory tests;

(b). formulate a therapeutic plan that is discussed with the patient;

(c). state the availability of the APRN or coverage for the patient for follow-up care;

(d). all of the above must be included in the collaborative practice agreement.

v. Each order for a prescription, whether written, faxed, oral, or electronic shall include the information in accordance with the rules and regulations as set forth by the Louisiana Board of Pharmacy including LAC 46:LIII.2511.

(a). - (e).(iii). Repealed

b. Controlled Substances. The board may authorize an APRN with prescriptive authority to prescribe or distribute controlled substances as defined, enumerated or included in federal or state statutes or regulations 21 C.F.R.1308.11-15, R.S 40:964, on an individual practice basis An APRN who is so authorized shall provide their Drug Enforcement Administration registration number on all

written, electronic, or faxed prescriptions and be furnished on all oral prescriptions and shall comply with all scheduled drug prescription requirements in accordance with LAC 46:LIII.2511:

i. an APRN granted authority to prescribe or distribute controlled substances shall not utilize such substances in connection with the treatment of:

(a). - (c). ...

ii. any APRN authorized to prescribe controlled substances shall provide to the board a copy of his or her initial Louisiana Controlled Dangerous Substance permit and Drug Enforcement Administration registration number prior to prescribing or distributing controlled substances;

iii. controlled substances which may be prescribed by an APRN shall include Schedule II, III, IV and V. Controlled substances shall be limited to, consistent with, and exclusively within the parameters of the practice specialty of the collaborating physician and in the APRN's licensed role and population focus. The APRN must have been approved by the board to prescribe and distribute noncontrolled substances. The applicant must submit a collaborative practice agreement that clearly states that the controlled substances prescribed have been jointly agreed upon with the collaborating physician;

iv. the APRN must submit a collaborative practice agreement which delineates controlled substances utilization, which specifies the circumstances, limitations and extent to which such substances may be prescribed or distributed;

v. the APRNs application must state an identified need for controlled substances within the patient population served by the collaborative practice;

vi. the collaborative practice agreement must contain acknowledgment of responsibility by the collaborating physician to ensure that the controlled substance authority of an APRN is utilized in a manner that is consistent with any rule or regulation imposed upon the APRNs practice;

vii. the APRN who is authorized to prescribe controlled substances must determine the type, dosage form, frequency of application of controlled substances prescribed to a patient. This responsibility must never be delegated to any other personnel;

viii. the APRN shall insure that the complete name and address of the patient to whom the APRN is prescribing the controlled substance appears on the prescription;

ix. the APRN shall not permit any prescription for controlled substances to be signed by any other person in the place of or on behalf of the APRN;

x. the APRN may utilize telefaxes as original prescriptions for Schedule III-V as long as it has a true electronic signature;

xi. no APRN shall prescribe any controlled substance or other drug having addiction-forming or addiction-sustaining liability without a good faith prior examination and medical indication.

3. - 3.a....

b. The Louisiana State Board of Nursing has the authority to conduct random audits of patient records at practice sites where APRNs have been granted approval for prescribing legend and controlled substances.

4. - 4.d....

5. Continued Competency for Prescriptive Authority. Each year an APRN with prescriptive authority shall obtain six contact hours of continuing education in pharmacotherapeutics in their advanced nursing role and population foci. Documentation of completion of the continuing education contact hours required for prescriptive authority shall be submitted at the request of the board in a random audit procedure at the time of the APRN's license renewal. In order for the continuing education program to be approved by the board, the program shall:

a. be provided by a board approved national certifying organization or provider approved by the board;

b. include content relevant to advanced practice nursing and the use of pharmacological agents in the prevention of illness, and the restoration and maintenance of health;

6. APRN prescriptive authority may be renewed after review and approval by the board;

7. Changes in prescriptive authority; the APRN shall notify the board in writing requesting approval of all changes regarding physicians and practice sites including the addition and deletion of any collaborating physicians within 30 days

a. prior to adding new collaborating physician(s) or dentists(s) and sites concurrently (ie. new employment) to prescriptive authority privileges, the APRN shall notify the Board in writing requesting approval of such additions on forms provided by the board and submit a collaborative practice agreement;

b. prior to the addition of physician(s) or dentist(s) to a collaborative practice agreement at a site that has previously been approved by the board, the APRN shall:

i. obtain a collaborative practice agreement which is signed by the additional physician(s) or dentist(s). The collaborative practice agreement shall be identical in all aspects and content to the collaborative practice agreement which has been previously approved by the board for collaborating physician(s) or dentist(s) at this site;

ii. maintain the signed collaborative practice agreement on site at all times and provide a copy to board staff at any time it is requested;

iii. notify the board in writing within 30 days of the addition of the collaborating physician(s) or dentist(s) on a form provided by the board;

iv. provide any additional documents as requested by the board;

v. Cease practicing with a collaborating physician(s) or dentist(s) if notified by the board to do so;

c. Failure to abide by all provisions of this part may result in disciplinary action.

8. - 14.a. ...

b. patients are entitled to the same freedom of choice in selecting who will fill their prescription needs as they are in the choice of an APRN. The prescription is a written or electronic direction for a therapeutic or corrective agent. A patient is entitled to a copy of the APRN's prescription for drugs or other devices. The patient has a right to have the prescription filled wherever the patient wishes.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918(K), and R.S. 37:1031-1034.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 10:598 (August 1984), amended by the Department of Health and Hospitals, Board of Nursing, LR 22:283 (April 1996), amended by the Department of Health and Hospitals, Board of Nursing and Board of Medical Examiners, LR 22:981 (October 1996), LR 25:1245 (July 1999), LR, amended by the Department of Health and Hospitals, Board of Nursing, 27:727 (May 2001), amended by the Department of Health and Hospitals, Board of Nursing and Board of Medical Examiners, LR 28:487 (March 2002) repromulgated LR 28:1205 (June 2002), amended LR 31:2023 (August 2005), LR 39:

§4517. Additional Standards for Each Advanced Practice Nurse Category

A. The APRN is responsible and accountable for compliance to the specific standards of practice for his/her specialty and functional role and for other state and federal rules and regulations that effect his/her patient population(s).

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 22:284 (April 1996), amended LR 27:727 (May 2001), LR 31:2027 (August 2005), LR 39:

Family Impact Statement

1. What effect will this Rule have on the stability of the family? The proposed Rule will not affect the stability of the family.

2. What effect will this have on the authority and rights of persons regarding the education and supervision of their children? The proposed Rule will not affect the authority and rights of persons regarding the education and supervision of their children.

3. What effect will this have on the functioning of the family? This Rule will not affect the functioning of the family.

4. What effect will this have on family earnings and family budget? This Rule will have some affect on family earnings for new graduates of APRN programs due to the elimination of temporary permits to practice as APRNs and authority to practice as APRNs only after certification requirement has been achieved. Individuals so impacted may continue to practice as a Registered Nurse while awaiting certification. The time requirements vary based on category of APRN however, usually can be achieved within 30 days following graduation. Further, this rule will have some effect on family earnings for APRNs who fail to maintain certification which is a provision for licensure. APRNs who fail to maintain certification licensure requirement will not be authorized to practice as an APRN until recertification is achieved. Individuals so impacted may continue to practice as a registered nurse while awaiting recertification

5. What effect will this have on behavior and personal responsibility of children? This Rule will not affect the behavior or personal responsibility of children.

6. Is the family or local government able to perform the function as contained in this proposed Rule? No, the action proposed is strictly a state enforcement function.

Poverty Impact Statement

The proposed rulemaking will have no impact on poverty as described in R.S. 49:973.

Small Business Statement

It is anticipated that the proposed Rule will not have a significant adverse impact on small businesses as defined in

the Regulatory Flexibility Act. The agency, consistent with health, safety, environmental and economic factors has considered and, where possible, utilized regulatory methods in drafting the proposed rule to accomplish the objectives of applicable statutes while minimizing any anticipated adverse impact on small businesses.

Public Comments

All interested persons may submit written comments until 5 p.m., May 10, 2013 to Barbara L. Morvant, Executive Director, Louisiana State Board of Nursing, 17373 Perkins Road, Baton Rouge, LA 70810.

Barbara Morvant
Executive Director

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES

RULE TITLE: Advance Practice Registered Nurses

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

Other than publication costs associated with the rule changes, which are estimated to be \$2.132 in FY 13, it is not anticipated that state or local governmental units will incur any other costs or savings as a result of promulgation of the proposed rule. The proposed rule will align with national standards and regulations across all jurisdictions. The rule changes to sections 4503 and 4505 primarily provide clarity concerning definitions and roles of Advanced Practice Registered Nurses (APRN), thereby aligning with these national standards. This rule does not require an increase or decrease in workload responsibilities to the Board.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

The rule changes to section 4507 add a new provision that is subject to the Board's \$100 reinstatement fee. It requires APRNs that fail to maintain current certification to file a reinstatement application and pay the Board a \$100 fee. The Board's revenue will increase depending on the number of APRNs this provision applies to. Otherwise, it is anticipated that implementation of the proposed rule will not affect state or local governmental revenue collections as there are no new or eliminated fees introduced with the rule changes.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

Section 4507 requires APRNs that do not maintain current certification to pay the Board's \$100 reactivation fee for their license and incur varying costs associated with recertification. In addition, the APRN temporary permit's applicability is changing. Previously, APRN applicants that were awaiting certification qualified for the temporary permit, and there were no requirements regarding timeliness of the initial application for licensure. Under the rule change, the temporary permit is required for applicants who waited over 2 years to initially apply for APRN licensure after completion of their graduate studies and certification. This requires the APRN to practice in a limited capacity while the Board verifies competency of the applicant due to the long time delay before an application is filed. Outside of potential costs associated with education needed to meet the additional competency standards set by the Board (such as continuing education credits and preceptorship), there is no impact to the individual as a result of changes to temporary permits.

Under the changes to section 4513, specific educational and training requirements are amended in order for an APRN to obtain prescriptive authority. Specifically, an APRN must now

complete 45 contact hours in advanced health assessment. Costs for this educational course will vary by institution. Also, the time requirement for 500 hours of clinical practice lengthened from 1 year to 2 years, which benefits the APRN by giving extra time to complete the workload. In order to specifically prescribe controlled substances, the rules are amended so that APRNs no longer need to complete 500 hours of practice with a collaborating physician, and APRNs may be permitted to apply to prescribe Schedule II controlled substances, if it is considered within the parameters of the practice and specialty of the collaborating physician and APRN, which will result in a cost and workload decrease that varies according to each APRN's scope of practice. Section 4513 is also amended to require that APRNs obtain and keep a collaborative practice agreement on site when adding a physician to a site that was previously approved by the Board. Though a single form will still need to be submitted, this eliminates the need to send the collaborative practice agreement to the Board office, thus benefiting the APRN in cost and efficiency.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

Standardization under the proposed rule changes affects the livelihood of practicing APRN's and their ability to relocate to areas experiencing health care shortages.

Barbara Morvant
Executive Director
1304#099

John D. Carpenter
Legislative Fiscal Officer
Legislative Fiscal Office

NOTICE OF INTENT

**Department of Health and Hospitals
Board of Pharmacy**

**Technician Training Programs
(LAC 46:LIII.Chapter 9)**

In accordance with the provisions of the Administrative Procedure Act (R.S. 49:950 et seq.) and the Pharmacy Practice Act (R.S. 37:1161 et seq.), the Louisiana Board of Pharmacy hereby gives notice of its intent to amend its chapter of rules for pharmacy technicians to initially eliminate the requirement for board approval of a pharmacy technician training program, and then beginning in January 2016, to require an applicant for a pharmacy technician certificate to have completed a nationally-accredited and board approved pharmacy technician training program.

**Title 46
PROFESSIONAL AND OCCUPATIONAL
STANDARDS**

Part LIII. Pharmacists

Chapter 9. Pharmacy Technicians

§901. Definitions

A. As used in this Chapter, the following terms shall have the meaning ascribed to them in this Section.

Pharmacist Preceptor—Repealed.

Pharmacy Technician Candidate—an individual not yet certified as a pharmacy technician by the board who is:

- a. an individual who possesses a valid registration and is working under the supervision of a pharmacist for the purpose of obtaining practical experience for certification as a pharmacy technician by the board; or

- b. an individual who possesses a valid registration, and is awaiting examination.

Structured Program—Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1212.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR 30:2485 (November 2004), effective January 1, 2005, amended LR 39:

§903. Pharmacy Technician Candidates

A. Registration

1. - 1.e.ii. ...

2. Issuance and Maintenance

a. Upon receipt of a properly completed application, appropriate fee, and any other documentation required by the board, the board may issue a Pharmacy Technician Candidate Registration to the applicant.

b. - d. ...

e. A pharmacy technician candidate shall notify the board, in writing, no later than 10 days following a change in location(s) of employment. The written notice shall include the candidate's name, registration number, and name, address, and permit numbers for old and new employers.

B. Practical Experience

1. The candidate shall possess a registration prior to earning any practical experience in a pharmacy.

2. The candidate's registration shall be conspicuously displayed in the prescription department.

3. The candidate shall wear appropriate attire and be properly identified as to name and candidate status while on duty in the prescription department.

4. A candidate shall not work in a permitted site that is on probation with the board, or with a pharmacist who is on probation with the board.

5. The candidate's registration shall evidence his authority to earn a minimum of 600 hours of practical experience in a pharmacy, under the supervision of a pharmacist, in satisfaction of the requirements for pharmacy technician certification.

6. A candidate may receive board credit for a maximum of 50 hours per week.

7. Hours of practical experience earned by a candidate shall expire one year after the expiration date of the registration.

C. Examination

1. A board-approved technician examination shall consist of integrated pharmacy subject matter and any other disciplines the board may deem appropriate in order to permit the candidate to demonstrate his competency. The candidate shall achieve a passing score, as determined by the board.

2. Re-Examination

a. Following the first or second unsuccessful attempt of an examination, the candidate may be permitted to retake that examination.

b. Following the third unsuccessful attempt of an examination, the candidate shall wait one year after the date of the last examination to retake that examination. If the candidate fails to wait the prescribed one year period, the board may delay any future certification until that one year period has elapsed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1212.