FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Emergency Management Assistance Compact

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

There are no anticipated implementation costs or savings to state or local governments. The proposed rules codify the provisions of Act 246 of the 2017 Regular Session of the Louisiana Legislature. The Act memorializes current processes and practices with regard to federal Emergency Assistance Compact Law, which are accomplished with current staffing and funding levels. There are no new or additional costs of implementation anticipated. This process is aided by the National Emergency Management Association (NEMA), which provides software and assistance free of charge to participating member states.

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

The proposed rules are not anticipated to affect revenue collections of state or local governmental units.

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

The proposed rules will not create costs or economic benefits to directly affected persons or non-governmental groups.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

The proposed rules are not anticipated to affect competition or employment.

Christina Dayries
Assistant Deputy Director
1711#029

Evan Brasseaux
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

Department of Health
Board of Nursing

Authorized Practice Registered Nurses and Physician Collaboration (LAC 46:XLVII.Chapter 45)

Notice is hereby given in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., and through the authority granted in R.S. 37:918, that the Louisiana State Board of Nursing (LSBN) is proposing rule changes to Chapter 45, revisions to definitions and authorized practice under Title 46, Professional and Occupational Standards, Part XLVII, Sections 4505-4513. The proposed rules change the administrative management of the collaboration that can exist between an advanced practice registered nurse (APRN) and his/ her current and alternate collaborating physician (s). This change will allow for the collaborating physician to delegate his/her responsibility to one or two other physicians in order to streamline approval processes and improve the meaningfulness of the agreement to the collaborating professionals. The proposed change will also add or remove language from the following: (1) collaborative practice agreement; (2) practice site form; and (3) prescriptive authority application.

Title 46
PROFESSIONAL AND OCCUPATIONAL STANDARDS
Part XLVII. Nurses: Practical Nurses and Registered Nurses
Subpart 2. Registered Nurses
Chapter 45. Advanced Practice Registered Nurses
§4505. Definitions

* * *

Advanced Practice Registered Nurse Student—Repealed.

* * *

Alternate Collaborating Physician (ACP)—a physician designated by a collaborating physician (CP) with whom an APRN has been previously approved to collaborate by the board, who agrees to serve in this capacity, and is available to the APRN for consultation and collaboration as delineated in the collaborative practice agreement signed by the CP. The ACP shall be a physician actively engaged in clinical practice and the provision of direct patient care in Louisiana who holds a current and valid medical license issued by the Louisiana State Board of Medical Examiners. The ACP shall be engaged in clinical practice in the same or a practice comparable in scope, specialty or expertise to that of the APRN. Physicians otherwise authorized to practice in the state of Louisiana under provisions of federal law may be considered to serve as an ACP. Retired physicians are not eligible to serve as an ACP. The ACP shall collaborate with the APRN at a practice site(s) previously submitted to the board that is affiliated with the CP who formally designates the ACP. The ACP is not approved directly through processes of the board.

Approval—Repealed.

Approved Program—Repealed.

* * *

Attestation of APRN Collaborative Practice—a form provided by the board and required to be submitted to the board for review and approval as indicated in rules and procedures to validate that an APRN possesses and retains a collaborative practice agreement with a specified CP or dentist and signed by the APRN and the specified CP or dentist that is associated with a practice site submitted to the board.

* * *

Collaborating Physician—Repealed.

Collaborating Physician (CP)—a physician with whom an APRN has been approved to collaborate by the board, who is actively engaged in clinical practice and the provision of direct patient care in Louisiana, with whom the APRN has developed and signed a collaborative practice agreement for prescriptive and distributing authority, who holds a current and valid medical license issued by the Louisiana State Board of Medical Examiners (LSBME), and practices in accordance with rules of the LSBME. The CP shall be engaged in clinical practice in the same or a practice comparable in scope, specialty or expertise to that of the APRN. Physicians otherwise authorized to practice in the state of Louisiana under provisions of federal law may be considered to serve as a CP. Retired physicians are not eligible to serve as a CP.

* * *

Collaborative Practice Agreement—

1. 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 collaborating physicians or dentists. Dentists shall be given consideration to serve as a collaborating professional within a collaborative practice agreement only with CRNAs for services relative to anesthesia care. The collaborative practice agreement shall include but not be limited to the following provisions:

a. availability of the CP or dentist for consultation or referral, or both;

b. methods of management of the collaborative practice which shall include clinical practice guidelines;

c. coverage of the health care needs of a patient during any absence of the advanced practice registered nurse, physician, or dentist;

2. the APRN retains the collaborative practice agreement on site and attests to possessing and retaining such document by submitting an attestation to the board as required in rules and procedures.

* * *

Cooperating Agency—Repealed.

Course—Repealed.

Curriculum—Repealed.

Distance Education—Repealed.

Distance Education Technology—Repealed.

* * *

Faculty—Repealed.

* * *

Goals—Repealed.

* * *

Major Change in Curriculum—Repealed.

* * *

National Nursing Accrediting Body—Repealed.

National Professional Accrediting Organization—Repealed.

* * *

Objectives—Repealed.

Parent Institution—Repealed.

Philosophy—Repealed.

Population Focus—term referenced in the National Council for State Boards of Nursing's document entitled "Consensus Model for APRN Regulation: Licensure Accreditation, Certification, and 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.

Practice Site or *Site*—for the purposes of clarifying prescriptive authority and collaborative practices, including but not limited to the provisions for CPs and ACPs, *practice site* or *site* refers to a location identified in documentation submitted by the APRN to the board at which an APRN exercises prescriptive authority or otherwise engages in advanced practice registered nursing including but not limited to direct and indirect care of patients. A hospital and its clinics, ambulatory surgery center, nursing home, any facility or office licensed and regulated by the Department of Health, as well as a group or solo practice, which have more than one physical location shall be considered a *site* when the organizational policies and provisions provided by the managing entity are applicable to all affected locations including the policies delineated in §4513.D.1.f. Business entities that contract with facilities to provide services such as those provided by APRNs, may be considered a practice site separate from the facility depending upon the roles and responsibilities and agreements of the parties.

Preceptorship Experience—Repealed.

* * *

Program Head (Administrative Director)—Repealed.

* * *

Requirements—Repealed.

* * *

Survey—Repealed.

* * *

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 40:60 (January 2014), amended by the Department of Health, Board of Nursing, LR 44:

§4513. Authorized Practice

A. - D.1.c. ...

d. submit an application and *Attestation of APRN Collaborative Practice* on forms provided by the board with a non-refundable fee as set forth in LAC 46:XLVII.3341;

e. - e.v. ...

f. obtain and retain at the practice site a signed collaborative practice agreement on a form and template provided by the board and as defined in §4513.B.1, 2 and 3, with no more than two CPs per site which shall include, but not be limited to:

i. a plan of accountability among the parties that:

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

(b). 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;

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

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

ii. 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:

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

(b). specific to the practice setting;

(c). maintained on site; and

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

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

(a). physician shall be available face-to-face, by telephone, or by direct telecommunications for consultation, assistance with medical emergencies, or patient referral, as delineated in the collaborative practice agreement; and

(b). in the event all of the collaborating physicians for a practice site previously submitted to the board are unavailable, the collaborating physician for the practice site may designate an ACP to be available for consultation and collaboration provided the following conditions are met:

(i). there is a formal, documented, approved, and enforceable organizational policy that allows and provides for designation of an alternate collaborating physician;

(ii). the organizational policy establishes and provides for documenting in writing such designation and such documentation will be available to LSBN and LSBME representatives when requested including the dates of the designation and name of the ACP (s);

(iii). the designated ACP must agree to the provisions of the collaborative practice agreement previously signed by the CP(s) as attested to and recognized by the board;

(iv). the designated ACP must meet the provisions as defined in the definition of ACP in LAC:XLVII:4505;

(v). the CP and the APRN are responsible for ensuring the policy is established and that the policy and designated ACP meets requirements;

(vi.). the CP and APRN must have the authority to establish a policy at the practice site;

(vii.). the CP may designate an ACP only at practice sites which were submitted to the board by the APRN that are associated with the CP that wishes to designate an ACP. The CP and APRN are not authorized to designate or utilize an ACP at a practice site not associated with the CP as recorded by the board which is derived from submissions of the APRN including attestations and forms required by the board:

[a]. in the event all CPs are unavailable at a site, and there is no designated ACP as provided for in §4513.D.1.f. iii.(b), the APRN will not medically diagnose nor prescribe;

[b]. any deviation from §4513.D.1.f regarding the limit of no more than two CPs per site shall be submitted to the board for review and approval with any and all documentation requested;

iv. 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

v. an acknowledgement of the mutual obligation and responsibility of the APRN and collaborating physicians to insure that all acts of prescriptive authority are properly documented;

g. collaborative practice agreements approved prior to April 1, 2017 are subject to additional review and, if directed by the board, APRNs shall revise previously approved collaborative practice agreements to comply with any and all provisions of this part including but not limited to the provision of an attestation and selection of no more than two CPs per site.

2. - 2.a....

i. The board shall review the application, reapplication or renewal, the *Attestation of APRN Collaborative Practice* 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. - v. ...

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 CFR 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, oral, or faxed prescriptions for controlled substances shall comply with all scheduled drug prescription requirements in accordance with LAC 46:LIII.2511:

i. - i.(c). ...

ii. any APRN authorized by the board to prescribe controlled substances shall comply with provisions in 21 U.S.C. §§821-831 including, but not limited to, obtaining and possessing an active Louisiana controlled dangerous substance license 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 physicians and in the APRN's licensed role and population focus. The APRN must have been approved by the board to prescribe and distribute non-controlled substances. Upon initial application for controlled substance privileges, the applicant must submit an application and *Attestation of APRN Collaborative Practice* on forms provided by the board.

iv. the APRN must obtain and retain at the practice site a signed collaborative practice agreement on a form and template provided by the board and as defined in §4513.B.1-3 and as per §4513.D.1.f .with no more than two CPs per site. The collaborative practice agreement must clearly indicate that the controlled substances prescribed have been jointly agreed upon with the collaborating physician; The collaborative practice agreement shall delineate controlled substances utilization, which specifies the circumstances, limitations and extent to which such substances may be prescribed or distributed;

v. - xi. ...

3. Responsibilities; Unexpected Absence of Collaborating Physician

a. The APRN is responsible for ensuring that the CP and ACP meet all eligibility requirements to serve as a CP

and ACP and that documentation has been provided to the board for review and approval in a timely manner and as required.

b. When an APRN has a single, sole CP for a practice site, the APRN may collaborate with the CP to identify an ACP prior to and in the potential event that the collaborative practice agreement ends for unpredictable or involuntary reasons directly affecting the CP (such as death, disability, incarceration, disappearance, unplanned relocation, etc.).

i. A physician serving as ACP for such unpredictable or involuntary reasons may serve in such capacity temporarily for at least 30, but no more than 120 days to provide for continuity of care of patients and to allow for the APRN to secure and submit an *Attestation of APRN Collaborative Practice* to the board.

ii. A physician serving as ACP for such unpredictable or involuntary reasons is exempt from the requirement to be engaged in clinical practice in the same or a practice comparable in scope, specialty or expertise to that of the APRN when appropriate referral and consultation resources are reasonably available.

iii. The APRN shall notify the board in writing within two business days if a physician is serving as ACP for unpredictable or involuntary reasons.

c. Per LAC 46:XLV.7915, when serving as the sole CP at a site, the CP shall give no less than 30-days notice when ending a collaborative practice agreement for predictable, voluntary reasons in order to provide for the care of patients.

4. Maintenance of Patient Records

a. Patient Record. An APRN who prescribes a controlled substance shall maintain a complete record of the examination, evaluation and treatment of the patient which must include documentation of the diagnosis and reason for prescribing controlled substances. The name, dose, strength, quantity of the controlled substance and the date that the controlled substance was prescribed must be documented in the record.

b. The Louisiana State Board of Nursing has the authority to conduct random audits of patient records, facility policies, and any other documents and elements related to the provision of patient care at practice sites where APRNs practice and/or exercise prescriptive authority.

5. Drug Maintenance, Labeling and Distribution Requirements

a. APRNs shall not receive samples of controlled substances. An APRN may receive and distribute pre-packaged medications or samples of non-controlled substances for which the APRN has prescriptive authority.

b. An APRN must distribute the medication. For the purpose of this regulation, "distribute" shall mean hand the pre-packaged medication to the patient or the patient's authorized agent.

c. All drug products which are maintained/stored at the site of practice of an APRN, shall be maintained/stored in the manufacturer's or re-packager's original package. The label of any container in which drugs are maintained must bear the drug name, strength, the manufacturer's control lot number and the expiration date.

d. All drug products shall be maintained, stored and distributed in such a manner as to maintain the integrity of the product.

6. 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.

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

8. 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 (i.e. new employment) to prescriptive authority privileges, the APRN shall notify the board in writing requesting approval on forms provided by the board including an *Attestation of APRN Collaborative Practice*. A collaborative practice agreement on a form and template provided by the board and signed by the APRN and CPs must be retained on site at all times.

b. Prior to requesting the addition or replacement of collaborating physicians or dentist(s) at a site that has previously been submitted to the board, the APRN shall notify the board in writing requesting approval on forms provided by the board including an *Attestation of APRN Collaborative Practice*. A collaborative practice agreement on a form and template provided by the board and signed by the APRN and CPs must be retained on site at all times.

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

9. The board shall be responsible for maintaining a current up-to-date public list of APRNs who have authority to prescribe in the state.

10. The board shall supply whatever data is needed by the Office of Narcotics and Dangerous Drugs of the Department of Health.

11. An APRN shall demonstrate compliance with the board's rules relating to authorized practice, LAC 46:XLVII.4513.C.

12. Limitation

a. An APRN's prescriptive and distributing authority is personal to that individual APRN and is not delegable. An APRN shall not enter into any agreement, arrangement or contract with another health care provider, practitioner, person or individual which in any manner transfers any of the prescribing or distributing authority that the APRN derives as a result of approval by the board.

b. Only registered practitioners of medicine, dentistry, or veterinary medicine are authorized to compound and dispense drugs in accord with R.S. 37:1201.

c. Exclusion. Nothing herein shall require a CRNA to have a collaborative practice agreement to provide anesthesia care and ancillary services to patients in a hospital or other licensed surgical facility.

i. Anesthesia care includes modalities associated with the delivery of anesthesia. Anesthesia care provided by a CRNA shall be in accord with the educational preparation of that CRNA in compliance with R.S. 37:930(A)(3) and includes:

(a). the administration, selection, and prescribing of anesthesia related drugs or medicine during the perioperative period necessary for anesthesia care; and

(b). prescribing diagnostic studies, legend and controlled drugs, therapeutic regimens, and medical devices and appliances necessary for anesthesia care.

ii. Ancillary services provided by CRNAs shall be in accordance with R.S. 37:930(A)(3):

(a). shall include services provided by a CRNA in accord with the educational preparation of that CRNA;

(b). shall be pursuant to a consult for the service by a licensed prescriber if the services are not directly related to anesthesia care; and

(c). may include prescribing diagnostic studies, legend and controlled drugs, therapeutic regimens, and medical devices and appliances for assessment, administration or application while the patient is in the hospital or other licensed surgical facility in the state of Louisiana.

iii. Nothing herein shall provide for services by a CRNA which are otherwise prohibited by law.

d. Continuance. Those APRNs who have previously been granted prescriptive and distributing authority by the Joint Administrative Committee or the LSBN shall continue under these rules.

e. Reinstatement. An APRN who has been granted approval by the board for prescriptive and distributive authority and who has ceased practicing with prescriptive authority for more than 12 months may apply for reinstatement of such authority.

f. In the event that the time period is greater than 12 months but less than four years the APRN shall:

i. meet the requirements as set forth in LAC 46:XLVII.4513.D.1.a, b., and c; and

ii. provide evidence of six contact hours of continuing education in pharmacotherapeutics for each 12-month period of non-prescribing in their category and area of specialization. The APRN may obtain the required advanced pharmacotherapeutic hours through continuing education offerings. The required advanced pharmacotherapeutic hours may be non-lecture offerings or continuing medical education units (CMEs) provided that the offering documents the number of advanced pharmacotherapeutic hours in the educational offering. Pharmacotherapeutics hours must be delineated on the certificate. 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; and

(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.

g. In the event that the time period is greater than four years, the APRN shall meet the requirements as set forth in LAC 46:XLVII.4513.D.1.a-e.i.

13. Failure to abide by any provision of rules relative to prescriptive authority may result in formal disciplinary action. The board may suspend or revoke prescriptive authority privileges, including controlled substance privileges, for violations of the Nurse Practice Act and subsequent rules and regulations.

14. The requirements and directives for submission of a collaborative practice agreement noted in declaratory statements or opinions issued prior to April 1, 2017 are considered to have been met through submission of an *Attestation of APRN Collaborative Practice* and retaining of the collaborative practice agreement on site that meets the provisions of current rules and provisions detailed in the statement or opinion.

15. Termination of Prescriptive Privileges

a. Prescriptive privileges may be terminated for violation of any rules and regulations of the board.

b. Prescriptive authority will be designated as "inactive" when an APRN has no current collaborative practice agreement with a collaborating physicians.

c. Prescriptive authority will be designated as "inactive" in the event the RN and/or APRN license is revoked, suspended, made inactive or becomes delinquent.

16. Financial Disclosure

a. The APRN is subject to the rules in LAC 46:XLVII.3605, Required Disclosure of Financial Interests.

17. Freedom of Choice

a. An APRN shall not be influenced in the prescribing of drugs, devices or appliances by a direct or indirect financial interest in a pharmaceutical firm, pharmacy or other supplier or other health care related business.

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 by the Department of Health and Hospitals, Board of Nursing, LR 31:2023 (August 2005), LR 33:1870 (September 2007), LR 40:63 (January 2014), LR 40:2249 (November 2014), LR 42:572 (April

2016), amended by the Department of Health, Board of Nursing, LR 44:

Family Impact Statement

The proposed additions and/or changes to the rules of the board, Louisiana State Board of Nursing should not have any known or foreseeable impact on any family as defined by R.S. 49:972(D) or on family formation, stability and autonomy. Specifically, there should be no known or foreseeable effect on:

1. the stability of the family;
2. the authority and rights of parents regarding the education and supervision of their children;
3. the functioning of the family;
4. a family's earnings and budget;
5. the behavior and personal responsibility of the children; or
6. the family's ability or that of the local government to perform the function as contained in the proposed Rule.

Poverty Impact Statement

In compliance with Act 854 of the 2012 Regular Session of the Louisiana Legislature, the poverty impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will not have an impact on child, individual, or family poverty in relation to individual or community asset development as described on R.S. 49:973.

Provider Impact Statement

In compliance with House Concurrent Resolution (HCR) 170 of the 2014 Regular Session of the Louisiana Legislature, the provider impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will not have an impact on the staffing level requirements or qualifications required to provide the same level of service, no direct or indirect cost to the provider to provide the same level of service, and will have no impact on the provider's ability to provide the same level of service as described in HCR 170.

Public Comments

Interested persons may submit written comments on the proposed Rule to Karen C. Lyon, 17373 Perkins Road, Baton Rouge, LA 70810, or by facsimile to (225) 755-7585. All comments must be submitted by 5 p.m. on or before December 10, 2017.

Dr. Karen C. Lyon
Executive Director

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Authorized Practice Registered Nurses and Physician Collaboration

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

The proposed rule changes will not result in any additional costs or savings to state or local governmental units other than one-time publication costs of the proposed amendments, which total approximately $850 in FY 18. The proposed rule changes alter the administrative management of collaborations between an Advanced Practice Registered Nurse (APRN) and their current and alternate collaborating physician(s) (CP). This change will allow for the CP to delegate his/her responsibility to one or two other alternate collaborating physicians.

The proposed rule changes also make technical changes to provisions regarding collaborative practice agreements, practice sites forms, and prescriptive authority application. Furthermore, the proposed rules remove redundant definitions that are currently in Chapter 35 of the Louisiana State Board of Nursing, as well as other grammatical and non-substantive technical corrections.

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

The proposed rule change will not affect state or local government revenue collections.

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

The proposed rule changes place the responsibility of documenting physicians at a practice site as alternative collaborating physicians (ACPs) on CPs and APRNs who wish to utilize ACPs. Furthermore, APRNs must notify the LA State Board of Nursing within two business days in the event a CP is absent unexpectedly. This workload increase is nominal and likely does not carry any associated cost.

The proposed rule changes will also benefit CPs and APRNs by allowing them to practice with alternate collaborating physicians (ACPs) at practice sites to the extent the ACP holds a valid license issued by the LA State Board of Medical Examiners and is engaged in practice that is comparable in scope, specialty, and expertise of the APRN. Once a CP and an APRN designate an ACP, the APRN will be able to continue practicing at a given site in the event their CP is absent but their ACP is present. Additionally, APRNs benefit in the event a CP is unexpectedly absent due to death, disappearance, or other circumstances, as the proposed rules include provisions allowing APRNs to temporarily practice under an ACP for 30-120 days even if the ACP is not engaged in the same scope of practice as the APRN.

Furthermore, patients under the care of an APRN will benefit, as they will be able to continue receiving treatment from APRNs who will be able to continue providing care under the purview of an ACP.

Lastly, the proposed rule changes affect dentists by limiting the types of APRNs that they may enter into collaborative practice agreements with to Certified Registered Nurse Anesthetists.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

The proposed rule change does not affect competition and/or employment.

Karen C. Lyon
Executive Director
1711#041

Evan Brasseaux
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

Department of Health
Board of Veterinary Medicine

Continuing Education and Professional Conduct
(LAC 46:LXXXV.403, 1015, 1019, and 1227)

The Louisiana Board of Veterinary Medicine proposes to adopt LAC 46:LXXXV.403 and 1227, amend §1015.A and repeal §§1015.B and 1019, in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953 et seq., and the Louisiana Veterinary Practice Act, R.S. 37:1518A(9) and 37:1533. The board is vested with the authority to regulate the practice of veterinary medicine to