

HB 768 -- ADVANCED PRACTICE REGISTERED NURSES

SPONSOR: Grier

The bill removes the requirement that an advanced practice registered nurse (APRN) enter into a collaborative practice arrangement with a physician in order to deliver health care services so that an APRN can, without entering into a collaborative practice agreement, deliver health care services that are within the scope of practice of the APRN and that are consistent with the skill, training and competence of the APRN.

The bill amends existing provisions of law so that all APRNs, not just APRNs in collaborative practice arrangements, can perform certain functions. This includes the prescription of certain controlled substances if the APRN holds a certificate of controlled substance prescriptive authority. Under the provisions of this bill, a pharmacist is not prohibited from filing the prescription of an APRN who is not working under a collaborative practice arrangement. This also includes authorizing "the attending APRN", as opposed to just an APRN in a collaborative practice arrangement, to make certain decisions relating to the use of physical or chemical restraint, isolation, or seclusions for persons admitted on a voluntary or involuntary basis to any mental health facility; mental health program in which people are civilly detained; a patient, resident, or client of a residential facility or day program operated, funded or licensed by the Department.

The bill also removes several references to certified registered nurse anesthetist providing anesthesia services under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed.

Under the provisions of this bill, an APRN can still choose to enter into a collaborative practice arrangement with a physician, in which case the APRN shall be subject to the provisions of the arrangement and restricted to practicing in the manner authorized under the arrangement.