

HB 271 -- ADVANCED PRACTICE REGISTERED NURSES

SPONSOR: Riley

This bill removes the requirement that Advanced Practice Registered Nurses (APRNs) practice in collaboration with a physician through a collaborative practice arrangement. The bill changes the prescriptive authority of APRNs so that APRNs with a certificate of controlled substance prescriptive authority from the Board of Nursing can prescribe any Schedule II to V controlled substance, except controlled substances prescribed for the purpose of inducing general anesthesia for procedures that are outside of the APRN's scope of practice.

Currently, a person who wants to practice as an APRN must be licensed as a Registered Professional Nurse (RN) and receive a privilege to practice. This bill requires an APRN to apply for a separate license to practice as an APRN.

An applicant must:

- (1) Be a current Registered Professional Nurse and can not have an encumbered license as an RN or an APRN;
- (2) Have completed a graduate-level APRN program;
- (3) Be certified by a national certifying body; and
- (4) Have a population focus on his or her certification, corresponding with his or her educational advance practice registered nurse program.

If any person has an APRN privilege to practice at the time of the effective date of the bill, that person will be automatically licensed as an APRN. An APRN must maintain his or her RN license in order to remain licensed as an APRN. The RN and APRN licenses will be renewed together.

This bill is similar to HB 1578 (2022), HB 502 (2021), and HB 693 (2019).