

DEPARTMENT OF HEALTH, ARKANSAS STATE BOARD OF NURSING

SUBJECT: Chapter Four – Advanced Practice Registered Nurse

DESCRIPTION: The Arkansas State Board of Nursing is proposing the following changes to Chapter Four of its rules:

- In accordance with Act 607 of 2021, removed requirement for a high school diploma as an admission criteria, added requirement for social security number.
- In accordance with Act 746 of 2021, “or has been issued Federal Form I-766 U.S. Citizenship and Immigration Services-issued Employment Authorization Document” was added.
- In accordance with Acts 412 and 607 of 2021, clarification – added “who do not have full practice authority”; and added renewal of full practice authority. To update and align with current process, Section was removed.
- In accordance with Acts 630 and 762 of 2021, added full CBC process as it was not in this chapter. To updated and align with current processes, “submit” replaces “be issued a replacement license following submission of” and “request” replaces “form.”
- In accordance with Act 449 of 2021, we added scope of practice language and consultation requirements; and with Act 412 of 2021, “unless exempt by Section IX” was added. For clarification, we added requirement of protocols.
- In accordance with Act 651 of 2021, we added when an APRN is required to prescribe an opioid antagonist. For clarification, added exception of prescribing of Schedule II opioids; removed “acute pain for,” “acute,” and “the collaborating”; and added “a.”
- In accordance with Act 412 of 2021 and for clarification, added “who does not have full practice authority”; “who does not have full practice authority” and removed “the collaborating”; “If required” and deleted reinstatement requirement. In accordance with Acts 412 and 607 of 2021, Section added to describe full practice authority regulations for CNP & CNM.
- In accordance with Act 767 of 2021, changed “and” to “or”; added standard for professional relationship; and added ability to conduct group therapy via telemedicine.
- In accordance with Act 135 of 2021, Title “Uniformed Service Members, Veterans” replaces “Certain Military Nurses”; “individuals listed in Section XVI(A)(2)” replaces “an active duty military service member or their spouse stationed in the State of Arkansas or a returning military veteran or their spouse applying within one (1) year of his/her discharge from active duty”; “A uniformed” replaces “an active duty military”; “A uniformed service” replaces “a returning military”; “who resides in or establishes residency in the State of Arkansas” replaces “applying within one (1) year of his or her discharge from active duty”; Added “Uniformed service member who is killed or succumbs to his or her injuries or illness in the line of duty if the spouse establishes residency in Arkansas.”; Added “Uniformed service member who is killed or succumbs to his or her injuries or illness in the line of duty if the spouse establishes residency in

Arkansas”; “deployed uniformed service member or spouse” replaces “members of the Armed Forces of the United States who are ordered to active duty outside of this state”; “a uniformed” replaced “an active duty military”; “or a uniformed service veteran” replaces “stationed in the State of Arkansas or a returning military veteran”; “uniformed service” replaces “active duty”; “A uniformed” replaces “An active duty military”; “outside the State of Arkansas” is removed; Description removed; Changed to “(1)(b)”; “deployed uniformed service member” replaces “person under (1) or (2) above.”; and added waiver extension timeframe.

PUBLIC COMMENT: Because this rule recommends an expedited process for military personnel to attain occupational licensure, this rule underwent review pursuant to Ark. Code Ann. § 17-4-109, as amended by Act 135 of 2021, by the Administrative Rules Subcommittee at its meeting of December 15, 2021. A public hearing was held on March 2, 2022. The public comment expired on March 14, 2022. The agency provided the following summary of comments it received and its responses thereto:

Slade Bridwell, CRNA, MS (Email sent 2/18/22)

Comment: I just want to make sure that “perioperative” includes the pre-operative and post-operative periods as well according to the ASBON. I believe the statute states all 3 phases, pre, intra, and post. I’ve read definitions that perioperative covers all 3 phases.

Response: Comment taken under advisement.

Leonie DeClerk (Email dated 11/8/21)

Comment: Section III, F, 3&4 – The term used in the legislation is “full independent practice authority.” – I think it would be clearer to use those terms throughout Chapter 4.

Response: Comment taken under advisement.

Leonie DeClerk (Email dated 11/8/21)

Comment: Section VIII, D, 4 – See above [comment] re: terminology.

Response: Comment taken under advisement.

Leonie DeClerk (Email dated 11/8/21)

Comment: Section VIII, H, 1 – See above [comment] re: terminology.

Response: Comment taken under advisement.

Leonie DeClerk (Email dated 11/8/21)

Comment: Section IX, B, 3-7 – See above [comment] re: terminology. The full title of the committee is “Full Independent Practice Credentialing Committee.”

Response: Comment taken under advisement.

Leonie DeClerk (Email dated 11/8/21)

Comment: Section IX, 5, a, 1 – The certificate of prescriptive authority is lapsed if the APRN does not have full practice authority, when: a. The licensee’s active advanced practice registered nurse licensure is not renewed by the expiration date; b. The national certification upon which licensure is based expires; c. There is not a current collaborative

practice agreement on file with the board; or d. The advanced practice license is placed on inactive or retired status. If the APRN has full independent practice authority, they are not in a collaborative practice agreement, so they wouldn't have an active certificate of prescriptive authority. I think the lapse would be if the APRN license was lapsed due to non-renewal, expiration of national certification, or placing the APRN license on inactive or retired status.

Response: Comment taken under advisement.

Leonie DeClerk (Email dated 11/8/21)

Comment: Section XVI, D, 3 – Same comment as Chapter 2.

Response: Comment taken under advisement.

The Arkansas Affiliate of the American College of Nurse-Midwives (ACNM)

Comment: Section VIII – Prescriptive Authority, page 4-9, A. Initial Applicant. 5.

“...The collaborative practice agreement shall include, but not be limited to: b. Methods of management of the collaborative practice, which shall include the use of protocols for prescriptive authority;”

Seeking clarification: Because the requirements for the Collaborative Practice Agreement (page 4-9) do not include a disclaimer for the Certified Nurse Midwife with prescriptive authority for Schedule II Controlled Substances only it appears the Certified Nurse Midwife with Schedule II authority must include all aspects of the practice unrelated to the use of Schedule II Controlled Substances in the Collaborative Practice Agreement. Indeed, there is no disclaimer here for all APRNs who have full practice authority, therefore it appears this rule applies to all APRNs with or without full-practice authority.

Response: Comment taken under advisement.

The Arkansas Affiliate of the American College of Nurse-Midwives (ACNM)

Comment: [Section VIII – Prescriptive Authority], page 4-10, C. Protocols for

Prescriptive Authority – Protocols shall be made available upon request of the Board.

Such protocols shall, at a minimum, include: 1. Indications for and classifications of legend drugs, controlled substances (if prescriber holds a DEA registration number), and therapeutic devices which will be prescribed or administered by the APRN; 2. Date the protocol was adopted or last reviewed, which shall be at least annually.

Response: Comment taken under advisement.

The Arkansas Affiliate of the American College of Nurse-Midwives (ACNM)

Comment: Section IX – Full Practice Authority, page 4-13, A. Certified Nurse Midwife,

1. “A collaborative practice agreement is not required unless the Certified Nurse Midwife prescribes Schedule II controlled substances.” *Question:* CNMs do not need a collaborative agreement for prescriptive authority to include Schedules III-V according to Section IX, page 4-13, where Full Practice Authority for a Certified Nurse-Midwife is defined. For the CNM who has a collaborative practice agreement specific to Schedule II drugs, will the Board accept a Collaborative Practice Agreement with protocols that address only the use of Schedule II Controlled Substances?

Response: Comment taken under advisement.

The Arkansas Affiliate of the American College of Nurse-Midwives (ACNM)

Comment: Section IX – Full Practice Authority, page 4-13, B. If delivering infants outside an accredited facility the Certified Nurse Midwife shall have a written agreement, on file, with a licensed physician or facility, or both, which identified an arrangement for referral and consultation in the event of a medical complication. This written agreement shall be made available to the Board upon request. *Seeking Clarification:* We believe that this requirement is an unnecessary addition to Act 607 and is not an interpretation of it. This was discussed by the legislators as we sought to pass HB 1215 (Act 607). Representative Mary Bentley, who drafted the bill and helped to integrate the changes made by the Health Committee stated that a verbal OR written agreement would be acceptable for CNMs delivering outside of an accredited facility. Accordingly, Act 607 is written that “For a delivery outside of an accredited facility, the certified nurse-midwife shall identify a licensed physician or facility, or both, with which an arrangement has been made for referral and consultation in the event of a medical complication.” The purpose of Act 607 was to remove barriers to practice for CNMs who are providing care in Arkansas. It was agreed, and evidence supports, that barriers to practice hinder access to and quality of care for women and infants. To this point, The American College of Obstetrician-Gynecologists (ACOG) and the American College of Certified Nurse -Midwives/Certified Midwives (ACNM) have issued a Joint Statement of Practice Relations Between Obstetrician-Gynecologists and Certified Nurse-Midwives/Certified Midwives (Reaffirmed November 2021; attached) in which the requirement of a written agreement is notably not recommended. While it is understandable that HB 1215 was amended to require a CNM practicing out-of-hospital birth to identify a collaborating facility or physician, Act 607 does not stipulate this must be obtained in writing. Requiring a written agreement would impose an unnecessary barrier to practice for Nurse-Midwives, which was not implied with the passage of Act 607 (cited above). *Question:* Can you explain the Board’s justification for the addition of this rule? If it is not justifiable, can the requirement for a written agreement be removed from the Rules of the Nurse Practice Act?

Response: Comment taken under advisement.

The Arkansas Affiliate of the American College of Nurse-Midwives (ACNM)
(Email dated 3/10/22)

Comment: Thank you for your thoughtful revisions to the Nurse Practice Act as presented on March 2nd. We were pleased to see that some of our collective concerns were addressed in the updated act. That said, as the members of the Arkansas Affiliate of the American College of Nurse-Midwives, we would like to address our concern that the current wording could still be interpreted that CNMs who prescribe schedule II drugs would require a collaborative agreement to include their entire practice and not just prescriptive authority. Specifically, the wording in the Mark-Up Copy for Chapter Four, Advanced Practice Registered Nurse, page 4-13, Section IX, Full Practice Authority, A. Certified Nurse Midwife. 1. A collaborative practice agreement is not required unless the Certified Nurse Midwife prescribes Schedule II controlled substances. Please consider adding a statement that clarifies the intent of the rule, such as: The collaborative practice agreement will address only the areas of practice that require the authorization to prescribe a Schedule II controlled substance and satisfies the requirements for a

collaborative practice agreement as stated in Section VIII, Prescriptive Authority, #5. Thank you for your attention to this concern. We look forward to your considerate response.

Response: Comment taken under advisement.

Suba Desikan, an attorney with the Bureau of Legislative Research, asked the following questions and received the following responses thereto:

1. Concerning Section III(f)(4), Section VIII(D)(3)(k) and VIII(D)(4), the questionnaire says the change was due to Act 412.

(a) Why did the agency choose the terminology “full practice authority,” rather than “full independent practice authority” which is used in the Act? **RESPONSE:** Act 412 uses the term “full independent practice authority” and Act 607 uses the term “full practice authority.” We defined these in Chapter 1 as meaning the same thing. Across the nation these two terms are used interchangeably and the most common terminology is full practice authority.

(b) The term “full practice authority” is used throughout the rule, rather than just concerning certified nurse midwives (Act 607). Why did the agency structure the rule in this way, as opposed to using “full independent practice authority” for changes related to Act 412? **RESPONSE:** It seemed more confusing to use both terms in Chapter 4 and there are several statements that applies to both types of APRN.

The proposed effective date is pending legislative review and approval.

FINANCIAL IMPACT: The agency indicated that the proposed rules do not have a financial impact.

LEGAL AUTHORIZATION: The Arkansas State Board of Nursing has authority to promulgate whatever rules it deems necessary for the implementation of Title 17, Chapter 87 of the Arkansas Code, concerning nurses. *See* Ark. Code Ann. § 17-87-203(1)(A). In addition, the Board has authority to license and renew the licenses of qualified applicants for registered nurse practitioner nursing and advanced practice nursing. *See* Ark. Code Ann. § 17-87-203(15). These rules implement the following Acts of the 2021 Regular Session:

Act 135 of 2021, which was sponsored by Senator Ricky Hill, established the Arkansas Occupational Licensing of Uniformed Service Members, Veterans, and Spouses Act of 2021. Under the Act, “[a]n occupational licensing entity shall grant automatic occupational licensure to” certain specified individuals. *See* Ark. Code Ann. § 17-4-105, *as created* by Act 135 of 2021. In addition, occupational licensing entities shall extend the expiration date of occupational licensure and allow full or partial exemption from continuing education requirements that are required as a component of licensure, for a deployed uniformed service member or his or her spouse for one hundred eighty (180) days following the date of the uniformed service member’s return from deployment. *See* Ark. Code Ann. § 17-4-108.

Act 412 of 2021, which was sponsored by Representative Lee Johnson, authorized full independent practice authority for certified nurse practitioners who met certain requirements, and created the Full Independent Practice Credentialing Committee. *See* Act 412 of 2021. Pursuant to the Act, the Committee has authority to promulgate rules as necessary to administer the fees, rates, or charges for application, certification, endorsement, certification for prescriptive authority, certification renewal, and other reasonable services. *See* Ark. Code Ann. § 17-87-316(b).

Act 449 of 2021, which was sponsored by Representative Clint Penzo, amended the definition of “practice of certified registered nurse anesthesia” by removing supervision requirements.

Act 607 of 2021, which was sponsored by Representative Mary Bentley, granted full practice authority to certified nurse midwives. *See* Ark. Code Ann. § 17-87-315.

Act 630 of 2021, which was sponsored by Senator Jim Hendren, amended the law concerning electronic submission of noncriminal background check requests submitted to the Division of Arkansas State Police. *See* Ark. Code Ann. § 12-12-1005(d)(1).

Act 651 of 2021, which was sponsored by Senator Cecile Bledsoe, mandated the co-prescription of an opioid antagonist under certain circumstances and amended the Naloxone Access Act. *See* Act 651 of 2021.

Act 746 of 2021, which was sponsored by Representative Clint Penzo, authorized occupational or professional licensure for certain individuals holding federal work permits. Temporary language contained within Act 746 required all occupational or professional licensing entities to promulgate rules necessary to implement the Act. *See* Act 746, § 2(a).

Act 762 of 2021, which was sponsored by Representative Fred Allen, amended the Arkansas Code concerning occupational criminal background checks and to ensure that licensees who were licensed prior to Act 990 of 2019 are allowed to maintain their licenses. *See* Act 762 of 2021.

Act 767 of 2021, which was sponsored by Representative Aaron Pilkington, clarified the Telemedicine Act, specified that the home of a patient may be an originating site for telemedicine and that group meetings may be performed via telemedicine, and clarified reimbursement of telemedicine services. *See* Ark. Code Ann. § 17-80-402(3).

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CHAPTER FOUR ADVANCED PRACTICE REGISTERED NURSE

SECTION I SCOPE OF PRACTICE

The advanced practice registered nurse shall practice in a manner consistent with the definition of the practice of advanced practice registered nursing set forth in Arkansas Code Annotated §17-87-102 (4)(5)(6)(7)(8), and in accordance with the scope of practice defined by the appropriate national certifying body and the standards set forth in these rules. The advanced practice registered nurse (APRN) may provide health care for which the APRN is educationally prepared and for which competence has been attained and maintained.

SECTION II QUALIFICATIONS FOR LICENSURE

Advanced practice registered nurse (APRN) licensure shall be designated in one of the four roles below and at least one population focus: Family/Individual Across the Lifespan, Adult-Gerontology, Neonatal, Pediatrics, Women's Health/Gender-Related, or Psychiatric/Mental Health (effective 2015). A current, unencumbered registered nurse license to practice in Arkansas is required for all categories of advanced practice licensure. Effective January 1, 2003, all applicants for advanced practice licensure by examination shall have completed a graduate or post-graduate level advanced practice registered nursing education program. Applicants for advanced practice licensure by endorsement shall have met the educational and certification requirements set forth in *Arkansas State Board of Nursing Rules* at the time of their initial licensure as an advanced practice registered nurse in another jurisdiction. APRN roles and their respective qualifications are:

A. CERTIFIED NURSE PRACTITIONER (CNP)

1. Successful completion of a nationally accredited graduate or post-graduate APRN education program that prepares nurses for the advanced practice role of nurse practitioner; and
2. Hold current certification by a national certifying body recognized by the Board of Nursing in the APRN role and population foci appropriate for educational preparation.

B. CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA)

1. Successful completion of a nationally accredited graduate or post-graduate APRN education program that prepares nurses to perform as nurse anesthetists; and
2. Hold current certification by a national certifying body recognized by the Board of Nursing in the APRN role and population foci appropriate for educational preparation.

C. CERTIFIED NURSE MIDWIFE (CNM)

1. Successful completion of a nationally accredited graduate or post-graduate APRN education program that prepares nurses for the advanced practice role of nurse midwife; and
2. Hold current certification by a national certifying body recognized by the Board of Nursing in the APRN role and population foci appropriate for educational preparation; ~~and~~
3. ~~Written agreement with a consulting physician if providing intrapartum care.~~

D. CLINICAL NURSE SPECIALIST (CNS)

1. Successful completion of a nationally accredited graduate or post-graduate APRN education program that prepares nurses for the advanced practice role of clinical nurse specialist which shall include supervised clinical practice and classroom instruction in a nursing clinical practice specialty; and
2. Hold current certification by a national certifying body recognized by the Board of Nursing in the APRN role and population foci appropriate for educational preparation.

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SECTION III LICENSURE

A. ELIGIBILITY

The applicant shall meet the licensure requirements of the Board including a valid United States Social Security Number (SSN) or has been issued a Federal Form I-766 U.S. Citizenship and Immigration Services-issued Employment Authorization Document.

B. APPLICATION FOR LICENSURE BY EXAMINATION

In addition to a current registered nurse license to practice in Arkansas, the information submitted to the Board shall include:

1. A completed Board application form;
2. Verification of active practice of nursing as a registered nurse for a minimum of two-thousand (2,000) hours, effective July 1, 2019;
3. An official transcript or document from a nursing education program accredited by a nursing accrediting body that is recognized by the U.S. Secretary of Education and/or Council for Higher Education Accreditation (CHEA), as acceptable by the Board and meets the qualifications of Section II of this Chapter in the category of advanced practice nursing for which the applicant is seeking licensure. The transcript or document shall verify the date of graduation, the degree or certificate conferred, clinical hours completed, and the role and population focus of the education program;
4. Evidence of state and federal criminal background checks conducted by the Arkansas State Police and the Federal Bureau of Investigation completed no earlier than twelve (12) months prior to the application for advanced practice licensure;
5. Verification of certification directly from the Board-approved national certifying body evidencing current certification in good standing; and
6. Payment of the nonrefundable fee.

C. APPLICATION FOR LICENSURE BY ENDORSEMENT

1. The Board may issue a license by endorsement to an APRN licensed under the laws of another state if, in the opinion of the Board, the applicant meets the qualifications for licensure in this state.
2. In addition to the requirements set forth in Section II and III. A. and B. of this Chapter, the information submitted to the Board shall include documentation of current unencumbered advanced practice licensure/authority to practice in another jurisdiction.
3. An individual applying for licensure by endorsement who has been out of practice for more than two (2) years shall provide evidence of passing an APRN nursing refresher course approved by the Board or an extensive orientation, which shall include a minimum of 200 hours, in the appropriate advanced practice role and population focus which includes a supervised clinical component by a qualified preceptor who meets the following requirements:
 - a. Holds an active unencumbered APRN or physician license,
 - b. Is in current practice in the advanced role and population focus and
 - c. Functions as a supervisor and teacher and evaluates the individual's performance in the clinical setting.

D. APPLICATION FOR AN INTERNATIONALLY EDUCATED APRN (educated outside the United States)

An internationally educated applicant for licensure in this state as an APRN shall:

1. Graduate from a graduate level APRN program equivalent to an APRN educational program in the United States accepted by the Board.
2. Submit an official transcript directly from the international nursing education program and verified through a qualified credentials evaluation process for the license being sought.
3. Meet all other licensure criteria required of applicants educated in the United States, including English proficiency.

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E. TEMPORARY PERMITS

1. Upon application and payment of the required fee, the Board shall issue a nonrenewable temporary permit to practice in an advanced practice nursing category to a qualified applicant who has no violations as listed in ACA §17-3-102 on the Arkansas State Police criminal background check and:
 - a. Meets the educational requirements set forth in Section II of this Chapter and has been accepted by the appropriate certification body to sit for the national certification exam he or she is eligible to take; or
 - b. Has a current advanced practice registered nurse license or the equivalent from another jurisdiction and has current Board-approved certification in the appropriate advanced practice nursing education category.
2. The temporary permit shall immediately become invalid upon receipt of information obtained from the federal criminal background check indicating any offense listed in ACA §17-3-102 or upon notification to the applicant or ASBN of failure of the certification examination.
3. The temporary permit is not renewable and does not apply to prescriptive authority.
4. In no event shall the permit be valid in excess of six (6) months.

F. RENEWALS

1. The date for renewal of licensure to practice as an advanced practice registered nurse shall coincide with renewal of the applicant's registered nurse license.
2. An applicant for renewal of an advanced practice registered nurse license shall submit to the Board:
 - a. A completed Board renewal application form;
 - b. Documentation of current national certification in the appropriate APRN specialty through a maintenance program of a Board approved certifying body;
 - c. Documentation of current compact state RN licensure if primary state of residence has enacted the Interstate Nurse Licensure Compact; and
 - d. Payment of the nonrefundable renewal fee.
3. Advanced practice registered nurses with prescriptive authority, who do not have full practice authority, shall submit evidence of a current collaborative practice agreement as a prerequisite to license renewal.
4. A certified nurse practitioner who has been granted full practice authority shall apply for renewal of the full practice authority certificate every three (3) years.
- 4.5 If disciplinary proceedings have been initiated against an individual with a lapsed, inactive, or retired license, the license shall not be renewed until the proceedings have been completed.
5. 6 Continuing education submitted to the certifying body to meet the qualifications for recertification shall be accepted as meeting the statutory requirement for continuing education.
6. 7 Upon request, an APRN shall submit documentation to the Board of continuing education.
7. 8 APRNs with prescriptive authority shall complete five (5) contact hours of pharmacotherapeutics continuing education in the APRN's area of certification each biennium prior to license renewal. Effective January 1, 2017, two (2) of the five (5) hours must contain information related to maintaining professional boundaries and the prescribing rules and laws that apply to APRNs in the State of Arkansas.
8. 9 Pursuant to Act 204 of 2017, upon notification of active duty status and submission of appropriate documentation, the license renewal fee will be waived for members of the military.

HISTORY: Amended January 1, 2018
Amended: July 1, 2020; June 4, 2021

G. LAPSED APRN LICENSE

The license is lapsed if not renewed or placed on inactive status by the expiration date.

1. The license is lapsed if the RN license or privilege to practice in Arkansas is not current.
2. The license is lapsed when the national certification upon which licensure was granted expires.
3. Failure to receive the renewal notice at the last address of record in the Board office shall not relieve the licensee of the responsibility for renewing the license by the expiration date.
4. Any licensee whose license has lapsed shall submit to the Board:
 - a. A completed Board renewal application form;
 - b. Documentation of current national certification; and
 - c. The renewal fee and the reinstatement fee/late penalty.

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5. Fees submitted to the Board are nonrefundable.
6. Any person engaged in advanced practice nursing during the time his or her license has lapsed shall be considered an illegal practitioner and shall be subject to the penalties provided for violation of the *Nurse Practice Act*.

H. REINSTATEMENT OF APRN LICENSE

1. An individual who applies for licensure reinstatement who has been out of practice for more than two (2) years shall provide evidence of passing an APRN refresher course approved by the Board or an extensive orientation, which shall include a minimum of 200 hours, in the appropriate advanced practice role and population focus which includes a supervised clinical component by a qualified preceptor who meets the following requirements:
 - a. Holds an active unencumbered APRN or physician license
 - b. Is in current practice in the advanced role and population focus; and
 - c. Functions as a supervisor and teacher and evaluates the individual's performance in the clinical setting.
2. For those licensees applying for licensure reinstatement following disciplinary action, compliance with all Board licensure requirements as well as any specified requirements set forth in the Board's discipline order is required.

I. INACTIVE STATUS

1. Any licensee who desires to temporarily inactivate their advanced practice registered nurse license in this state shall submit a request to the Board.
2. The APRN license may immediately be placed on inactive status when the registered nurse license is placed on inactive status.
3. While the license is inactive, the licensee shall not engage in advanced practice nursing nor be subject to the payment of renewal fees.
4. If the APRN desires to resume practice in this state, he or she shall submit a reinstatement application and meet the continuing education requirements.

J. RETIRED ADVANCED PRACTICE REGISTERED NURSE

1. Any advanced practice registered nurse in good standing, who desires to retire for any length of time from the practice of nursing in this state shall submit a request and their APRN license shall be placed on retired status.
2. While retired, the APRN shall not practice advanced practice nursing; however, an APRN with a retired license may use the title "Advanced Practice Registered Nurse" or the abbreviation "APRN." Retired APRNs that maintain an active RN or RNP license may practice in the role of a Registered Nurse or Registered Nurse Practitioner.
3. When the licensee desires to resume practice, he or she shall submit a reinstatement application, with a reinstatement fee and the active renewal fee. The licensee must also meet those requirements outlined in Section III, F.
4. When disciplinary proceedings have been initiated against a retired licensee, the license shall not be reinstated until the proceedings have been completed.

K. ADDITIONAL CERTIFICATIONS

1. An APRN who has completed post-masters education for an additional nursing specialty shall:
 - a. Submit a request for permission to practice in the new certification area;
 - b. Submit evidence of eligibility to sit for the new certification exam from the Board-approved certifying body;
 - c. Immediately cease practicing in the specialty upon notification of failure of the exam;
 - d. Submit results of the certification in the additional specialty directly from the certifying body;
 - e. Submit an official transcript or document from a nursing education program that meets the qualifications in Section II of this Chapter verifying the date and degree or certificate conferred.

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2. An APRN who has prescriptive authority shall:
 - a. Prescribe only for patients covered by the original specialty while waiting additional specialty results.
 - b. Submit a collaborative practice agreement which includes the additional certification.

HISTORY: Amended: October 1, 2017
Amended: December 29, 2018

SECTION IV DUPLICATE LICENSE

~~A duplicate license or certificate shall be issued when the licensee submits a notarized statement to the Board that the document is lost, stolen, or destroyed, and pays the required fee.~~

SECTION IV CRIMINAL BACKGROUND CHECK

- A. No application for issuance of an initial license will be considered without state and federal criminal background checks by the Arkansas State Police and the Federal Bureau of Investigation.
- B. Federal background checks originating within the State of Arkansas shall be submitted electronically.
- C. Each applicant shall sign a release of information on the criminal background check application and licensure applications and shall be solely responsible for the payment of any fees associated with the state and federal criminal background checks.
- D. Upon completion of the state and federal criminal background checks, the Identification Bureau of the Arkansas State Police shall forward all information obtained concerning the applicant in the commission of any offense listed in ACA §17-3-102.
- E. The state and federal criminal background checks conducted by the Arkansas State Police and the Federal Bureau of Investigation shall have been completed no earlier than twelve (12) months prior to the application for an initial license issued by the ASBN and at any other time thereafter that the Board deems necessary.
- F. The ASBN shall not issue a permanent license until the state and federal criminal background checks conducted by the Arkansas State Police and the Federal Bureau of Investigation have been completed.
- G. Pursuant to Act 990 of 2019, an individual may petition for a pre-licensure determination of whether the individual's criminal record will disqualify the individual from licensure and whether a waiver may be obtained.
 1. A request for a waiver shall be in writing and accompany the completed application and fees.
 2. All decisions of the Board in response to the petition will be determined by the information provided by the individual.
 3. The Board's response shall state the reason(s) for the decision.
 4. Any decision made by the Board in response to a pre-licensure criminal background waiver petition is not subject to appeal.
- H. A waiver of the denial of licensure pursuant to the provisions of ACA §17-3-102 is not required for individuals who held a valid license on July 24, 2019, an individual who held a valid license on or before July 24, 2019, but failed to renew his or her license for any reason; or, an individual who was a student on or before July 24, 2019, in a nursing school or program.

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- I. A request to seek waiver of the denial of licensure pursuant to the provisions of ACA §17-87-312 may be made to the ASBN by:
 - 1. The affected applicant for licensure; or
 - 2. The person holding a license subject to revocation.
- J. The request for a waiver shall be made in writing to the Director or designee within thirty (30) calendar days after notification of denial of a license. The request for waiver shall include, but not be limited to the following:
 - 1. Certified copy of court records indicating grounds for conviction; and
 - 2. Any other pertinent documentation to indicate surrounding circumstances.
- K. If an individual notifies ASBN in writing that he or she desires a hearing regarding their request for a waiver, the ASBN will schedule the individual for a hearing pursuant to the Arkansas Administrative Procedures Act.
- L. In compliance with ACA §17-87-312, whenever a criminal background check is performed on a person under the provisions of the criminal background check requirement contained in the Arkansas Code for licensure, the person may be disqualified for licensure if it is determined that the person committed a violation of any sexual offense formerly proscribed under ACA §§5-14-101 through 5-14-127 that is substantially equivalent to any sexual offense presently listed in ACA §§5-14-101 through 5-14-127 and is an offense screened for in a criminal background check.

HISTORY: Adopted:

SECTION V NAME OR ADDRESS CHANGE

- A. A licensee, whose name is legally changed, shall ~~submit~~ ~~be issued a replacement license following submission of~~ a name change ~~request form~~, copy of marriage license, or court action, and the required fee.
- B. A licensee whose address changes from the address on file with the Board shall immediately notify the Board in writing of the change.

HISTORY: Amended: June 4, 2021

SECTION VI STANDARDS OF NURSING PRACTICE

- A. **PURPOSE**
 - 1. To establish standards essential for safe practice by the advanced practice registered nurse.
 - 2. To serve as a guide for evaluation of advanced nursing practice.
- B. **STANDARDS FOR ALL CATEGORIES OF ADVANCED PRACTICE REGISTERED NURSING**
 - 1. The advanced practice registered nurse shall assess clients at an advanced level, identify health status including abnormal conditions, establish a diagnosis, develop and implement treatment plans and evaluate client outcomes.
 - 2. The advanced practice registered nurse shall use advanced knowledge and skills in teaching and guiding clients and other health team members.
 - 3. The advanced practice registered nurse shall use critical thinking and decision making at an advanced level, commensurate with the autonomy, authority, and responsibility of his/her practice category.
 - 4. The advanced practice registered nurse shall have knowledge of the statutes and rules governing advanced nursing practice, and function within the legal boundaries of the appropriate advanced practice registered nursing category.
 - 5. The advanced practice registered nurse is authorized to sign the following official documents:

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- a. Certification of disability for patients to receive disabled parking permits or placards from the Office of Motor Vehicle;
 - b. Sports physicals to authorize student athletes to participate in athletic activities;
 - c. Physicals for bus drivers;
 - d. Forms relating to do-not-resuscitate orders;
 - e. Forms excusing a potential jury member due to an illness;
 - f. Death certificate;
 - g. Workers' compensation forms;
 - h. Forms relating to absenteeism for employment or school purposes; and
 - i. Authorizations for durable medical equipment.
6. The advanced practice registered nurse shall recognize the APRN's limits of knowledge and experience, planning for situations beyond expertise, and collaborating with or referring clients to other health care providers as appropriate.
 7. The advanced practice registered nurse shall retain professional accountability for advanced practice nursing care when delegating interventions.
 8. The advanced practice registered nurse shall maintain current knowledge and skills in the advanced practice nursing category.
 9. Rules which apply to registered nurses are hereby incorporated by reference.
 10. The APRN shall comply with the standards for registered nurses as specified in Chapter 1. Standards for a specific role and population focus of APRN supersede standards for registered nurses where conflict between the standards, if any, exists.

- C. In addition to the standards, the advanced practice registered nurse shall practice in accordance with the standards established by the national certifying body from which the APRN holds his or her certification required for licensure. These standards shall have been reviewed and accepted by the Board.

D. ADDITIONAL STANDARDS FOR CRNAs

1. The CRNA, acting in the normal course of his/her professional practice, may be authorized by a hospital or institution to act as their agent or employee to order the administration of controlled substances under the DEA registration of the hospital or institution.
2. The CRNA may order nurses to administer drugs preoperatively and/or postoperatively in connection with an anesthetic and/or other operative or invasive procedure that will be or has been provided.
3. The CRNA may select, obtain, and administer Schedule II drugs only during the perioperative, peri-obstetrical and medical procedure period.
4. The CRNA's order shall be directly related to the administration of drugs preoperatively and/or postoperatively in connection with an anesthetic and/or other operative or invasive procedure that will be or has been provided.
5. A CRNA who has not been granted authority by a DEA registrant as described in Title 21 CFR 1301.22, or its successor to order the administration of controlled substances shall give all orders as verbal orders from the supervising physician, dentist, podiatrist, or other person lawfully entitled to order anesthesia.
6. The CRNA shall be responsible for complying with all applicable state and federal laws and rules related to medications.
7. The consulting individual shall remain immediately available for consultation during the delivery of anesthesia for diagnosis, consultation, and treatment of medical conditions. The hospital's administrative staff, medical staff, and governing body shall determine the guidelines on immediately available for consultation.

HISTORY: Amended January 1, 2018
Amended July 1, 2020
Amended:

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SECTION VII PROFESSIONAL CERTIFICATION PROGRAMS

- A. A national certification program which meets the following criteria shall be recognized by the Board to satisfy Section II of these rules.
- B. The national certification program:
1. Is national in the scope of its credentialing;
 2. Is accredited by a national accreditation body as acceptable by the Board;
 3. Has no requirement for an applicant to be a member of any organization;
 4. Has an application process and credential review which includes documentation that the applicant's education is in the advanced practice nursing category being certified, and that the applicant's clinical practice is in the certification category;
 5. Education requirements are consistent with the requirements of the advanced practice role and population foci.
 6. Uses an examination as a basis for certification in the advanced practice nursing category which meets the following criteria:
 - a. The examination is based upon job analysis studies conducted using standard methodologies acceptable to the testing community;
 - b. The examination represents entry-level practice in the APRN role and population focus;
 - c. The examination represents the knowledge, skills, and abilities essential for the delivery of safe and effective advanced nursing care to clients;
 - d. The examination content and its distribution are specified in a test plan (blueprint), based on the job analysis study, that is available to examinees;
 - e. Examination items are reviewed for content validity and correct scoring using an established mechanism, both before use and periodically;
 - f. Examinations are evaluated for psychometric performance;
 - g. The passing standard is established using acceptable psychometric methods, and is re-evaluated at least every five (5) years;
 - h. Examination security is maintained through established procedures; and
 - i. A retake policy is in place.
 7. Issues certification based upon passing the examination and meeting all other certification requirements;
 8. Provides for periodic recertification which includes review of continued education, qualifications, and continued competence;
 9. Has mechanisms in place for communication to the Board for timely verification of an individual's certification status, changes in certification status, and changes in the certification program, including qualifications, test plan, and scope of practice;
 10. Has an evaluation process to provide quality assurance in its certification program.
- C. The Board will notify the appropriate certifying body when an APRN has disciplinary action taken on their license or privilege to practice which restricts the APRN's ability to practice (eg. suspension or revocation).

Amended: July 1, 2020
HISTORY: Amended December 29, 2018

SECTION VIII PRESCRIPTIVE AUTHORITY

A. INITIAL APPLICANT

An applicant for an initial certificate of prescriptive authority shall:

1. Be currently licensed as an advanced practice registered nurse in Arkansas.
2. Provide evidence from the national certifying body that differential diagnosis and prescribing practices are recognized as being within the scope of practice for the applicant's certification category.
3. Provide documentation of successful completion of pharmacology coursework which shall include

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pharmacokinetics principles and their clinical application and the prescription of pharmacological agents in the prevention and treatment of illness, and the restoration and maintenance of health. The coursework shall contain a minimum of:

- a. Three (3) graduate credit hour pharmacology course offered by an accredited college or university within two years immediately prior to the date of application to the Board; or
 - b. Forty-five (45) contact hours [a contact hour is fifty (50) to sixty (60) minutes] in a pharmacology course which includes a competency component, offered by an accredited college or university, within two (2) years immediately prior to the date of application to the Board; or
 - c. Three (3) graduate credit hours pharmacology course, included as part of an advanced practice nursing education program, within five (5) years immediately prior to the date of application to the Board.
4. Provide documentation of a minimum of three hundred (300) clock hours preceptorial experience in the prescription of drugs, medicines and therapeutic devices with a qualified preceptor, to be initiated with the pharmacology course and to be completed within one year of the beginning of the course. Preceptorial experience completed as a part of the formal educational program in which the pharmacology course is taught will meet the three hundred (300) clock hour requirement.
 5. Submit a collaborative practice agreement, unless exempt by Section IX, with a practicing physician who is licensed under the Arkansas Medical Practices Act, §17-95-201 et seq., or a podiatrist licensed by the Arkansas Board of Podiatric Medicine under Arkansas Code Annotated §17-96-101, et. seq., if employed by the podiatrist, and who has training within the scope, specialty or expertise of the advanced practice registered nurse. APRNs who will prescribe controlled substances shall seek a collaborative practice with a physician or podiatrist who has an unrestricted DEA registration number. The collaborative practice agreement shall include, but not be limited to:
 - a. Availability of the collaborating physician(s) or podiatrist for consultation or referral or both;
 - b. Methods of management of the collaborative practice, which shall include the use of protocols for prescriptive authority;
 - c. Plans for coverage of the health care needs of a client in the emergency absence of the advanced practice registered nurse, podiatrist, or physician;
 - d. Provision for quality assurance;
 - e. Authorization for the APRN to prescribe hydrocodone combination products which were reclassified from Schedule III to Schedule II as of October 6, 2014 if expressly authorized by the collaborating physician; and
 - f. Authorization for the APRN to prescribe drugs listed in Schedule II subject to the provisions in Section VIII(D) if expressly authorized by the collaborating physician or podiatrist.
 - g. Signatures of the advanced practice registered nurse and collaborating physician(s) or podiatrist, signifying mutual agreement to the terms of the collaborative practice.
 6. Submit the nonrefundable processing fee with the application for a certificate of prescriptive authority.
 7. APRNs issued a certificate of prescriptive authority after December 31, 2015 shall obtain a minimum of three (3) hours of prescribing education which includes information on maintaining professional boundaries and the prescribing rules and laws that apply to APRNs in the state of Arkansas within two (2) years of issuance of the prescriptive authority certificate.

B. ENDORSEMENT APPLICANT

1. An applicant for endorsement of prescriptive authority shall:
 - a. Provide documentation of a three (3) graduate credit hour pharmacology course offered by an accredited college or university or a forty-five (45) contact hour [a contact hour is fifty (50) to sixty (60) minutes] pharmacology course which includes a competency component offered by an accredited college or university;
 - b. Provide evidence that prescriptive authority is current and unencumbered in the jurisdiction from which the applicant is moving;
 - c. Provide evidence of prescribing in a clinical setting for at least 500 hours in the year prior to application for a certificate of prescriptive authority;
 - d. Have an unencumbered advanced practice registered nurse license to practice or the equivalent in the jurisdiction from which the applicant is moving;

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- e. Provide a copy of current DEA registration (if prescriber has DEA number) and history of registration status; and
 - f. Meet requirements in Section VIII.A.1, 2, 5, 6, 7.
2. Endorsement applicants who do not meet all requirements established herein shall be required to submit documentation acceptable to the Board according to Section VIII.A.

C. PROTOCOLS FOR PRESCRIPTIVE AUTHORITY

- 1. Protocols are required for all APRNs practicing under a collaborative practice agreement.
- 2. Protocols shall be made available upon request of the Board. Such protocols shall, at a minimum, include:
 - a. Indications for and classifications of legend drugs, controlled substances (if prescriber holds a DEA registration number), and therapeutic devices which will be prescribed or administered by the APRN;
 - b. Date the protocol was adopted or last reviewed, which shall be at least annually.

D. PRESCRIBING PRIVILEGES

- 1. The APRN, applying for a certificate of prescriptive authority, shall acknowledge in the application that he or she is familiar with all state and federal laws and rules regarding prescribing, and shall agree to comply with these laws and rules.
- 2. An advanced practice registered nurse with a certificate of prescriptive authority may receive and prescribe legend drugs, medicines or therapeutic devices appropriate to the APRN 's area of practice. The prescriptive authority for controlled drugs shall extend to drugs listed in Schedules II through V and hydrocodone combination products which were reclassified from Schedule III to Schedule II as of October 6, 2014.
- 3. Prescribing stipulations are as follows:
 - a. Legend drugs, therapeutic devices, and controlled substances (Schedules II-V), and hydrocodone combination products, which were reclassified from Schedule III to Schedule II as of October 6, 2014, will be prescribed, administered, or ordered as established in protocols provided that the APRN has an assigned DEA registration number which is entered on each written prescription for a controlled substance.
 - b. Except as provided below, the APRN shall provide a prescription for an opioid antagonist when prescribing or dispensing an opioid when:
 - (1) the patient doesn't have an existing prescription for an opioid antagonist; and
 - (2) the opioid dosage prescribed is equal to or in excess of fifty morphine milligram equivalents (50 MME) per day; or
 - (3) a benzodiazepine has been prescribed for the patient in the past or will be prescribed at the same time as the opioid; or
 - (4) the patient has a history of opioid use disorder or drug overdose.
 - c. The APRN shall provide patient counseling that addresses the use of an opioid antagonist for overdose prevention.
 - d. Prescribing an opioid antagonist does not apply to a patient receiving hospice or other end-of-life care.
 - e. If a healthcare professional does not believe that it is in the best interest of a patient to coprescribe an opioid antagonist, the APRN shall document in the medical record the reasons for not coprescribing the opioid antagonist.
 - b. f. Except for hydrocodone combination products, the APRN shall not prescribe Schedule II opioids for ~~acute pain~~ for more than a five (5) day period. If additional Schedule II opioids are needed for management of ~~acute~~ pain, the patient shall be referred to ~~the collaborating a~~ physician.
 - e.g. The APRN is authorized to prescribe Schedule II drugs that are classified as stimulants once the following criteria are met:
 - (1) The prescription was originally initiated by a physician;
 - (2) The physician has evaluated the patient within six (6) months before the APRN issues a prescription;
 - (3) The prescription by the APRN is to treat the same condition as the original prescription.
 - ~~e. h.~~ h. The APRN shall not prescribe Schedule II controlled substances for his/her own use or for the use of his/her immediate family.
 - e.i. The APRN shall file his/her DEA registration number with the Board upon receipt.

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- a. Fails to maintain current active licensure as an advanced practice registered nurse;
 - b. Violates provisions of this *Act* and/or *Rules* established by the Arkansas Department of Health, Nursing or Pharmacy Boards;
 - c. Violates any state or federal law or rules applicable to prescriptions; or
 - d. Fails to follow any conditions imposed.
2. To reinstate prescriptive authority, the APRN must meet requirements of the Board at the time of reinstatement.

H. LAPSED CERTIFICATE OF PRESCRIPTIVE AUTHORITY

1. The certificate of prescriptive authority is lapsed if:
 - a. The licensee's active advanced practice registered nurse license is not renewed by the expiration date;
 - b. The national certification upon which licensure is based expires;
 - ~~e. There is not a current collaborative practice agreement on file with the board; or~~
 - ~~d. c.~~ The advanced practice license is placed on inactive or retired status or
 - d. There is not a current collaborative practice agreement, if required, on file with the board
2. ~~After reinstating a lapsed advanced practice registered nurse license, the licensee shall submit to the Board a current collaborative practice agreement to reactivate the certificate of prescriptive authority.~~
3. Any person engaged in prescribing during the time his or her certificate of prescriptive authority has lapsed shall be considered an illegal practitioner and shall be subject to the penalties provided for violation of the *Nurse Practice Act*.

I. INACTIVE STATUS

1. A certificate of prescriptive authority will automatically be considered lapsed and subject to the requirements of these rules when a licensee places his or her advanced practice registered nurse license on inactive status.
2. While the certificate of prescriptive authority or advanced practice registered nurse license is inactive, the licensee shall not engage in any practice within the scope of the certificate of prescriptive authority.
3. If the nurse desires to resume practice in this state, he or she shall request a renewal application which shall be completed and submitted with a renewal fee and the reinstatement fee. Fees are nonrefundable.
4. All certification requirements for renewal shall apply.
5. If disciplinary proceedings on an inactive licensee have been initiated, the license shall not be reinstated until the proceedings have been completed.

J. REACTIVATION OF PRESCRIPTIVE AUTHORITY

APRNs whose prescriptive authority is inactive shall complete:

1. Five (5) contact hours of pharmacotherapeutics continuing education in the APRN's area of certification for each 12 months of non-prescribing activity in addition to the five (5) contact hours required for APRN license renewal, as noted in Chapter 4, III(F)(7), prior to reactivation of prescriptive authority.
2. Two (2) contact hours shall include information on maintaining professional boundaries and the prescribing rules and laws that apply to the APRNs in the state of Arkansas

K. PRESCRIPTION DRUG MONITORING PROGRAM

1. APRNs may delegate access to the Prescription Drug Monitoring Program (PDMP) for running requested reports to no more than two licensed nurses under his or her supervision or employment at each practice location.
2. APRNs with prescriptive authority shall review PDMP report from the Prescription Drug Monitoring Program prior to prescribing:
 - a. An opioid from Schedule II or Schedule III every time prescribing the medication to a patient; and
 - b. A benzodiazepine medication for the first time and every six (6) months thereafter prescribing for a patient.
3. Review of the PDMP report shall be documented in the patient's medical record.
4. Mandatory checking of the PDMP does not apply when prescribing a controlled substance to a patient;
 - a. Immediately before or during surgery; or

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- b. During recovery from surgery while in a healthcare facility; or
- c. In a healthcare facility; or
- d. When necessary to treat a patient in an emergency situation at the scene of an emergency, in a licensed ground ambulance or air ambulance, or in the intensive care unit of a licensed hospital; or
- e. In palliative care or hospice; or
- f. In a licensed nursing home facility; or
- g. In situations in which the PDMP is not accessible due to technological or electrical failure.

HISTORY: Amended January 1, 2018
Amended July 1, 2020

SECTION IX FULL PRACTICE AUTHORITY

A. Certified Nurse Midwife

1. A collaborative practice agreement is not required unless the Certified Nurse Midwife prescribes Schedule II controlled substances.
2. If delivering infants outside an accredited facility the Certified Nurse Midwife shall have an agreement with a licensed physician or facility, or both, which identifies an arrangement for referral and consultation in the event of a medical complication. The agreement shall be made available to the Board upon request.
3. A certificate of prescriptive authority shall be issued prior to prescribing any legend drug, medicine or therapeutic device.

B. Certified Nurse Practitioner

1. Qualifications
 - a. Currently be licensed as a Certified Nurse Practitioner in Arkansas,
 - b. Have no encumbrance on any nursing license in any jurisdiction,
 - c. Completed a minimum of six thousand two hundred (6,240) hours of practice under a collaborative practice agreement, and
 - d. Hold an active prescriptive authority certificate.
2. Scope of Practice
 - a. Receive and prescribe drugs, medications or therapeutic devices appropriate for area(s) of approved population foci.
 - b. Prescribing legend drugs and controlled substances shall follow the provisions in ASBN Rules, Chapter 4, Section VIII(D).
3. An applicant for initial full practice authority shall submit:
 - a. An application and applicable fees;
 - b. An affidavit of successful completion of six thousand two hundred (6,240) hours of practice under a collaborative practice agreement; and
 - c. Any other relevant information requested by the Board or Full Independent Practice Credentialing Committee.
4. Certificates of Full Practice Authority shall be renewed every three (3) years. The applicant shall:
 - a. Submit an application and applicable fees, and
 - b. Any other relevant information requested by the Board or Full Independent Practice Committee
5. Lapsed Full Practice Authority certificate
 - a. The Certificate of Full Practice Authority is lapsed if:
 - i. The licensee's certificate of prescriptive authority is lapsed; or
 - ii. The renewal application for full independent practice has not been approved.
 - b. The Certified Nurse Practitioner may practice under a collaborative practice agreement until the full independent practice certificate is renewed.
6. Complaints against a Certified Nurse Practitioner with full practice authority shall be referred to the Full Independent Practice Committee for review and action on the Certificate of Full Practice Authority.

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7. In the office of practice, the Certified Nurse Practitioner shall conspicuously display the current Certificate of Full Practice Authority with notation the practitioner is not required to have a collaborative practice agreement with a physician.

HISTORY: Adopted

SECTION IX **PRESCRIBING GUIDELINES FOR ANOREXIANT DRUGS**

An Advanced Practice Registered Nurse (APRN) must maintain prescribing medication practices that are within the APRN's educational preparation and certification. An APRN will be in violation of the Arkansas *Nurse Practice Act* if he/she prescribes Schedule III and/or Schedule IV drugs under the Uniform Controlled Substance Act for short-term treatment of obesity, except in conformity with the requirements as set below.

A. PRESCRIBING GUIDELINES

1. An established APRN/patient relationship shall exist. The patient shall be age 18 or older, or have written consent from a parent or guardian. The medication shall only be an adjunct to a comprehensive weight loss program focused on appropriate nutrition education, a change in lifestyle, counseling, and an individualized exercise program. The APRN shall determine whether or not the patient has made a substantial good faith effort to lose weight through diet and alteration of lifestyle prior to beginning drug therapy.
2. The treating APRN shall take a complete history of the patient, including a detailed family history, dietary history, and shall perform a complete physical examination. The physical examination shall include a minimum of checking the blood pressure and pulse, examining the heart and lungs, recording height and weight, and administering any other appropriate diagnostic tests to evaluate for a metabolic disorder. The history and examination shall be sufficient to determine if the patient has previously been drug dependent, to determine if there is a metabolic cause of the obesity which would make anorexiants inappropriate, and to determine if there are other contraindications to use of anorexiants.
3. The APRN shall discuss with the patient different approaches to the treatment of obesity, and the risks and benefits associated with each approach. Risks shall include potential side effects, such as cardiovascular and pulmonary complications, as well as the potential for lack of success with weight loss. The APRN shall be aware of potential drug interactions between anorexiants, and other centrally acting drugs. The treating APRN shall prescribe a diet for weight loss and appropriate counseling regarding lifestyle change, and record these changes on the patient's medical record. Consideration on the use of anorexiant medications shall take into account the degree of overweight and associated medical conditions. The body mass index (BMI) shall be used as a guide to determine the degree of overweight status. In general, anorexiant medications shall only be used if the BMI is more than 27. In the case of associated obesity-related medical conditions, anorexiant medications may be considered with a BMI above 25. Obesity-related medical conditions include, but are not limited to, diabetes, hypertension, dyslipidemia, cardiovascular disease, sleep apnea, psychological conditions, disc disease, and severe arthritis of the lower extremities.
4. The treating APRN shall prescribe a daily dosage that does not exceed the dosage recommended in the manufacturer's prescribing information for the drug prescribed.
5. The APRN shall not prescribe more than a 30-day supply for a patient at each visit and regular follow-up visits shall not exceed 30 days. The patient shall be weighed at each visit prior to the prescribing of an additional supply of the drug.
6. At the time of each return patient visit, the treating APRN shall monitor progress of the patient. The patient's weight, blood pressure, pulse, heart, and lungs shall be assessed. In addition to any side effects of the medications, the APRN shall perform appropriate exams and tests to monitor the safety of any weight loss. This may include a detailed dietary questionnaire, serum electrolytes, blood glucose, and other tests deemed

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appropriate. The APRN shall discontinue the anorexiant medications when the patient reaches weight loss goals. These goals may be defined as a body weight that is no longer considered “obese” (e.g. BMI of less than or equal to 27), or an improvement in medical conditions (e.g. normalization of blood glucose). After the goal is reached, the APRN may continue to prescribe anorexiant drugs for up to an additional sixty (60) days.

7. Except as otherwise provided by this regulation, Schedule III and/or Schedule IV anorexiant drugs are only recommended for short-term use (e.g. 90 days). In addition, anorexiant drugs shall not be prescribed to a patient with a BMI of less than 27, unless prescribing for obesity-related conditions with a BMI of above 25. The treating APRN may extend therapy beyond 90 days under the following conditions:
 - a. When the anorexiant drugs are indicated for treatment of diseases other than obesity; and
 - b. When, in the APRN’s professional judgment, the treating APRN is assessing and recording significant progress or benefit from the drugs and no adverse effects occur that are related to the treatment.

SECTION XI PRESCRIPTIVE AUTHORITY ADVISORY COMMITTEE

A. PURPOSE

The purpose of this committee shall include functioning in an advisory capacity to assist the Board with oversight and implementation of the provisions regarding prescriptive authority.

B. COMPOSITION

The Advisory Committee shall be composed of six (6) members appointed by the Board and approved by the Governor. Four (4) members shall be advanced practice registered nurses with at least three (3) of whom hold certificates of prescriptive authority and an active Drug Enforcement Administration (DEA) number. One (1) committee member shall be a licensed physician who has been involved in a collaborative practice with an advanced practice registered nurse for at least five (5) years. One member shall be a licensed pharmacist who has been licensed for at least five (5) years.

C. TERMS OF OFFICE

Members shall serve three (3) year terms and may be reappointed. The Board may remove any advisory committee member, after notice and hearing, for incapacity, incompetence, neglect of duty, or malfeasance in office.

D. COMPENSATION

Advisory committee members shall serve without compensation; but may be reimbursed to the extent special monies are appropriated therefore for actual and necessary expenses incurred in the performance of their official Board duties.

SECTION XII NURSING EDUCATION PROGRAMS

A. NEW APRN PROGRAM LEADING TO LICENSURE

1. Prerequisite Approval
 - a. An institution, seeking to establish a new APRN nursing education program leading to licensure, shall submit a letter of intent to the Board.
 - (1) An applicant for an Advanced Practice Registered Nursing (APRN) program shall comply with the “Criteria and Procedures for Preparing Proposals for New Programs,” established by the Arkansas Department of Higher Education.
 - (2) Appropriate professional accreditation (nursing accrediting organizations recognized by the U.S. Department of Education and/or the Council for Higher Education Accreditation) of the new APRN program is considered to be deemed status as approved by the Board.

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- b. The institution shall submit:
 - (1) A copy of the curricula plan and course descriptions for Board review within thirty (30) days of sending the information to the accrediting body;
 - (2) Other accreditation materials as requested by the Board; and
 - (3) Documentation of accreditation within thirty (30) days of receipt of the report from the accrediting body.

B. ESTABLISHED PROGRAM THAT PREPARES GRADUATES FOR LICENSURE

- 1. Continued Full Approval – an established graduate program in advanced practice registered nursing shall submit to the Board documentation of the program’s continued national nursing accreditation status within thirty (30) days of receipt from the accrediting body. Receipt of the documentation shall serve as deemed status for approval by the ASBN.

C. EDUCATION PROGRAM

- 1. The education program for advanced practice nursing shall meet the nursing accrediting body standards for advanced practice registered nursing.
- 2. The curriculum plan for advanced practice registered nursing shall include:
 - a. Preparation in one of the four identified APRN roles (CRNA, CERTIFIED NURSE MIDWIFE, CNS, and CNP); and
 - b. Preparation in at least one of the approved population foci:
 - (1) Family/Individual Across the Lifespan
 - (2) Adult-Gerontology
 - (3) Neonatal
 - (4) Pediatrics
 - (5) Women’s Health/Gender-Related
 - (6) Psychiatric/Mental Health; and
 - c. Three separate graduate level courses (the APRN Core):
 - (1) Advanced physiology and pathophysiology
 - (2) Advanced health assessment
 - (3) Advanced pharmacology
- 3. Clinical Experiences
 - a. All graduate or post-graduate programs leading to advanced practice licensure shall have a minimum of 500 supervised clinical hours in direct clinical practice during the program.
 - b. APRN programs preparing for two population foci shall have a minimum of 500 supervised clinical hours for each population focus.
 - c. Clinical supervision must be congruent with current national professional organizations and nursing accrediting body standards applicable to the APRN role and population focus.
 - d. Student clinical experiences shall be congruent with the population focus of the role.

SECTION XIII
PRESCRIBING FOR CHRONIC NONMALIGNANT PAIN

- A. Chronic nonmalignant pain is defined as pain requiring more than three consecutive months of prescriptions for:
 - 1. An opioid that is written for more than the equivalent of ninety (90) tablets, each containing five (5) milligrams of hydrocodone; or
 - 2. A morphine equivalent dose of more than fifteen mg (15 mg) per day; or
 - 3. Tramadol – an average dose of two hundred milligrams (200 mg) or greater per day.
- B. When opioids are started, the lowest effective dosage should be prescribed. APRNs should use caution when prescribing opioids at any dosage and carefully reassess evidence of individual benefits and risks when considering increasing dosage to >50 morphine milligram equivalents (MME) per day. APRNs should avoid increasing dosage to >90 MME/day or carefully justify a decision to titrate dosage to >90 MME/day.
- C. If opioids are prescribed at a level defined by the Centers for Disease Control and Prevention (CDC) as excessive

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(>50 MME/day) the following shall be documented in the patient's medical record:

1. Objective findings, which include, but are not limited to, imaging studies, lab testing and results, nerve conduction testing, biopsy, and any other test that would establish pain generating pathology.
2. Specific reasons for the need to prescribe > 50 MME/day.
3. Documented alternative treatment plans as well as alternative therapies tried and failed prior to considering chronic opioid therapy.
4. Documented risk factor assessment detailing that the patient was informed of the risk and addictive nature of the prescribed drug.
5. Documented assessment of the potential for abuse and/or diversion of the prescribed drug.
6. Documented review of the Prescription Drug Monitoring report prior to issuing the prescription.
7. A detailed clinical rationale for the prescribing

D. Patient Treatment and Evaluation

1. The patient shall be evaluated through an in-person examination at least every three (3) months by the APRN and at least one (1) time every six (6) months by a physician who is licensed by the Arkansas State Medical Board.
2. A current Prescription Drug Monitoring Program report shall be reviewed at least every six (6) months. The review shall be documented in the patient's medical record.
3. A current pain contract with the patient shall be maintained and include, at a minimum, requirements for:
 - a. Random urine drug screens and
 - b. Random pill counts

E. The requirements of this section shall not apply to a patient:

1. Whose pain medications are being prescribed for a malignant condition;
2. With a terminal condition;
3. Who is a resident of a licensed healthcare facility;
4. Who is enrolled in a hospice program; or
5. Who is in an inpatient or outpatient palliative care program.

HISTORY: Adopted: March 26, 2017
Amended: January 1, 2018; December 29, 2018

SECTION XIV
MINIMUM STANDARDS FOR ESTABLISHING A PATIENT RELATIONSHIP

A. The APRN shall establish a proper APRN/patient relationship prior to providing any patient care.

B. A proper APRN/patient relationship, at a minimum requires that:

1. The APRN perform a history and an "in person" physical examination of the patient adequate to establish a diagnosis and identify underlying conditions and/or contraindications to the treatment recommended/provided; OR
2. The APRN perform a face-to-face examination using real-time audio ~~and~~ or visual telemedicine technology that provides information at least equal to such information as would have been obtained by an in-person examination; AND
3. Appropriate follow-up be provided or arranged, when necessary, at medically necessary intervals.

C. A proper APRN/patient relationship is also deemed to exist in the following situations:

1. When treatment is provided in consultation with, or upon referral by another health care provider who has an ongoing relationship with the patient, and who has agreed to supervise the patient's treatment, including follow-up care and the use of any prescribed medications.
2. On-call or cross-coverage situations arranged by the patient's health care provider.
3. Has access to a patient's personal health record maintained by a healthcare professional and uses any technology deemed appropriate by the healthcare professional, including the telephone, with a

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patient located in Arkansas to diagnose, treat and, if clinically appropriate, prescribe a noncontrolled drug to the patient.

- D.** Recognizing a Providers duty to adhere to the applicable standard of care, the following situations are hereby excluded from the requirement of this regulation:
1. Emergency situations where the life or health of the patient is in danger or imminent danger.
 2. Providing information of a generic nature not meant to be specific to an individual.
 3. Providing prescriptions written or medications issued for use in expedited heterosexual partner therapy for the sexually transmitted diseases of gonorrhea and/or chlamydia.
 4. Administration of vaccines containing tetanus toxoid (e.g., DTaP, DTP, DT, Tdap, TD, or TT) or inactive influenza vaccines.

HISTORY: Adopted: January 1, 2018
Amended July 1, 2020

SECTION XIV TELEMEDICINE

Requirement for all services provided by APRNs providing care via telemedicine:

- A.** An APRN/patient relationship shall be established in accordance with Chapter 4, Section XIII before the delivery of services via telemedicine. A patient completing a medical history online and forwarding it to an APRN is not sufficient to establish the relationship, nor does it qualify as store-and-forward technology.
- B.** The following requirements apply to all services provided by APRNs using telemedicine:
1. The practice of nursing via telemedicine shall be held to the same standards of care as traditional in-person encounters.
 2. The APRN shall obtain a detailed explanation of the patient's complaint from the patient or the patient's health care provider.
 3. If a decision is made to provide treatment, the APRN shall agree to accept responsibility for the care of the patient.
 4. If follow-up care is indicated, the APRN shall agree to provide or arrange for such follow-up care.
 5. An APRN using telemedicine may NOT issue a prescription for any controlled substances defined as any scheduled medication under schedules III through V and only hydrocodone combination products which were reclassified from Schedule III to Schedule II as of October 6, 2014 unless the APRN has seen the patient for an in-person exam or unless a relationship exists through consultation or referral; or on-call or cross-coverage situations.
 6. The APRN shall keep a documented medical record, including medical history.
 7. At the patient's request, the APRN shall make available to the patient an electronic or hardcopy version of the patient's medical record documenting the encounter. Additionally, unless the patient declines to consent, the APRN shall forward a copy of the record of the encounter to the patient's regular treating health care provider if that health care provider is not the same one delivering the service via telemedicine.
 8. Services shall be delivered in a transparent manner, including providing access to information identifying the APRN in advance of the encounter, with licensure and board certifications, as well as patient financial responsibilities.
 9. If the patient, at the recommendation of the APRN, needs to be seen in person for the current medical issue, the APRN shall arrange to see the patient in person or direct the patient to their regular treating health care provider. Such recommendation shall be documented in the patient's medical record.
 10. APRNs who deliver services through telemedicine shall establish protocols for referrals for emergency services.

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11. APRNs providing care via telemedicine to a patient located within the State of Arkansas shall be licensed to practice nursing in the State of Arkansas.
12. Telemedicine may be utilized for group therapy for adults (over the age of 18) who are participants in a program or plan authorized and funded under 42 U.S.C. §1396a, if permitted by the Centers for Medicare and Medicaid Services.

HISTORY: Adopted: January 1, 2018
Amended:

SECTION XVI LICENSURE FOR ~~CERTAIN MILITARY NURSES~~ UNIFORMED SERVICE MEMBERS, VETERANS AND SPOUSES

A. EXPEDITED LICENSURE

1. Temporary permits for individuals listed in Section XVI(A)(2) an active duty military service member, or their spouse stationed in the State of Arkansas or a returning military veteran or their spouse applying within one (1) year of his/her discharge from active duty shall be issued within twenty-four (24) hours of receipt of all required documents.
2. The Board will give preference in the order of processing to applications for full licensure filed by the following individuals:
 - a. ~~An active duty military~~ A uniformed service member stationed in the State of Arkansas;
 - b. ~~A returning military~~ A uniformed service veteran who resides in or establishes residency in the State of Arkansas applying within one (1) year of his or her discharge from active duty; or
 - c. The spouse of a:
 1. Person under (a) or (b) above; or
 2. Uniformed service member who is assigned a tour of duty that excludes the uniformed service member's spouse from accompanying the uniformed service member and the spouse relocates to Arkansas; or
 3. Uniformed service member who is killed or succumbs to his or her injuries or illness in the line of duty if the spouse establishes residency in Arkansas.

B. EXTENSION OF LICENSURE EXPIRATION DATE

Upon written request and submission of appropriate documentation, deployed uniformed service member or spouse members of the Armed Forces of the United States who are ordered to active duty outside of this state shall be allowed an extension of the expiration date without penalty or assessment of a late fee for renewing the ~~service member's~~ nursing license. The extension shall be effective for one hundred eighty (180) days after the service member or spouse returns from active deployment.

C. CONSIDERATION OF MILITARY TRAINING AND EXPERIENCE

When considering an application for licensure from ~~an active duty military~~ a uniformed service member ~~stationed in the State of Arkansas or a returning military veteran~~ or a uniformed service veteran applying within one (1) year of his or her discharge from ~~uniformed service active duty~~, the Board shall:

1. Consider whether or not the applicant's military training and experience in the practice of nursing is substantially similar to the experience or education required for licensure.
2. Accept the applicant's military training and experience in the practice of nursing in lieu of experience or education required for licensure, if the Board determines that the military training and experience is a satisfactory substitute for the experience or education required for licensure.

D. WAIVER OF CONTINUING EDUCATION

1. Upon written request and submission of appropriate documentation the continuing education requirements for license renewal shall be waived for:
 1. ~~a.~~ A uniformed service member deployed ~~outside the State of Arkansas;~~
 2. ~~A returning military veteran renewing within one (1) year of his/her discharge from active duty;~~ or

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- b. The spouse of a deployed uniformed service member ~~person under (1) or (2) above.~~
2. This waiver shall be extended until one hundred eighty (180) days following the date of the uniformed service member's return from deployment.

History: Adopted December 29, 2018
Amended: 2021