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## CHAPTER ONE GENERAL PROVISIONS

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### SECTION I PURPOSE AND AUTHORITY

#### A. PURPOSE

1. **ARKANSAS NURSE PRACTICE ACT** - Requires that any person who practices or offers to practice professional nursing, advanced practice nursing, registered nurse practitioner nursing, practical nursing, or psychiatric technician nursing for compensation be licensed and submit evidence that he or she is qualified to so practice and shall be licensed as hereinafter provided.
2. **ARKANSAS STATE BOARD OF NURSING** - Established by the *Arkansas Nurse Practice Act* for the implementation of the statute by carrying on the licensing or certification, disciplinary, and educational functions for professional, advanced practice, registered nurse practitioner, practical, and psychiatric technician nursing and medication assistants.

- B. **LEGAL AUTHORITY** - The authority of the Board is contained in the ACA §17-87-101 et seq.

### SECTION II THE PRACTICE OF NURSING

#### A. THE PRACTICE OF PROFESSIONAL NURSING

The performance for compensation of any acts involving the observation, care, and counsel of the ill, injured, or infirm; the maintenance of health or prevention of illness of others; the supervision and teaching of other personnel; the delegation of certain nursing practices to other personnel as set forth in rules established by the board; or the administration of medications and treatments as prescribed by practitioners authorized to prescribe and treat according to state law where such acts require substantial specialized judgment and skill based on knowledge and application of the principles of biological, physical, and social sciences.

#### B. THE PRACTICE OF ADVANCED PRACTICE REGISTERED NURSING

The practice of advanced practice registered nursing means the delivery of health care services for compensation by professional nurses who have gained additional knowledge and skills through successful completion of an organized program of nursing education that certifies nurses for advanced practice roles as certified nurse practitioners, certified registered nurse anesthetists, certified nurse midwives, and clinical nurse specialists.

1. **CERTIFIED NURSE PRACTITIONER** — The practice of certified nurse practitioner nursing means the performance for compensation of nursing skills by a registered nurse who, as demonstrated by national certification, has advanced knowledge and practice skill in the delivery of nursing services.
2. **CERTIFIED REGISTERED NURSE ANESTHETIST** — The practice of certified registered nurse anesthesia means the performance for compensation of advanced nursing skills relevant to the administration of anesthetics under the supervision of, but not necessarily in the presence of, a licensed physician, licensed dentist, or other person lawfully entitled to order anesthesia.
3. **CERTIFIED NURSE MIDWIFE** — The practice of nurse midwifery means the performance for compensation of nursing skills relevant to the management of women's health care, focusing on pregnancy, childbirth, the postpartum period, care of the newborn, family planning, and gynecological needs of women, within a health care system that provides for consultation, collaborative management, or referral as indicated by the health status of the client.
4. **CLINICAL NURSE SPECIALIST** — The practice of clinical nurse specialist nursing means the

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performance for compensation of nursing skills by a registered nurse who, through study and supervised practice at the graduate level and as evidenced by national certification, has advanced knowledge and practice skills in a specialized area of nursing practice.

### **C. THE PRACTICE OF REGISTERED NURSE PRACTITIONER NURSING**

The delivery of health care services for compensation in collaboration with and under the direction of a licensed physician or under the direction of protocols developed with a licensed physician. Registered nurse practitioners shall be authorized to engage in activities as recognized by the nursing profession and as authorized by the Board. Nothing in this subdivision is to be deemed to limit a registered nurse practitioner from engaging in those activities which normally constitute the practice of nursing, or those which may be performed by persons without the necessity of the license to practice medicine.

### **D. THE PRACTICE OF PRACTICAL NURSING**

The performance for compensation of acts involving the care of the ill, injured, or infirm or the delegation of certain nursing practices to other personnel as set forth in rules established by the board; under the direction of a registered professional nurse, an advanced practice nurse, a licensed physician, or a licensed dentist, which acts do not require the substantial specialized skill, judgment, and knowledge required in professional nursing.

### **E. THE PRACTICE OF PSYCHIATRIC TECHNICIAN NURSING**

The performance for compensation of acts involving the care of the physically and mentally ill, retarded, injured, or infirm or the delegation of certain nursing practices to other personnel as set forth in rules established by the board, and the carrying out of medical orders under the direction of a registered professional nurse, an advanced practice nurse, a licensed physician or a licensed dentist, where such activities do not require the substantial specialized skill, judgment, and knowledge required in professional nursing.

## **SECTION III** **IDENTIFICATION INSIGNIA**

- A. Any person who holds a license to practice nursing in this state shall use the legal title or the abbreviation as set forth in Arkansas Code Annotated Section 17-87-101, et. seq. No other person shall assume any other name, title, or abbreviation or any words, letters, signs, or devices that would cause a reasonable person to believe the user is licensed to practice nursing.
- B. Any person licensed to practice nursing shall wear an insignia to identify himself by his name and appropriate legal title or abbreviation during times when such person is providing health care to the public for compensation.
- C. The insignia shall be prominently displayed and clearly legible such that the person receiving care may readily identify the type of nursing personnel providing such care.

## **SECTION IV** **DEFINITION OF TERMS**

**ACCREDITED** – The status granted by an accrediting agency through a voluntary process.

**ACTIVE PRACTICE** – The act of performing for compensation those acts within specified scope of practice and authorized by the board.

**ACTIVITIES OF DAILY LIVING** — Those self-care activities which must be accomplished each day in order for the client to care for his own needs and participate in society.

**ADVANCED PRACTICE REGISTERED NURSE CATEGORIES** — Certified nurse practitioner, certified registered nurse anesthetist, certified nurse midwife, and clinical nurse specialist.

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**APPROVAL** – Recognized by the Board as meeting the education standards for preparing graduates for registered or practical nurse licensure.

### **APPROVAL TYPES:**

**PREREQUISITE** — Status authorizing a program to proceed in establishing a program of nursing.

**INITIAL** — Status awarded to a program that has met all initial requirements and authorizes the program to proceed to admission of students and completion of educational standards.

**FULL** — Status awarded to a program that has met all educational standards.

**CONTINUED FULL** — Status awarded to a program that continues to maintain the educational standards.

**CONDITIONAL** — Status of a program that has not maintained the educational standards. Serves as a warning that if the standards are not followed withdrawal of approval may be initiated.

**ATD** – Alternative to Discipline program.

**BOARD** — The Arkansas State Board of Nursing.

**BOARD-APPROVED EVALUATOR** - An individual who meets board approved standards.

**BOARD REPRESENTATIVE** — A person appointed, hired, or otherwise authorized by the Board to carry out its functions.

**CASE MANAGER** – The ATD Program staff person who monitors participants' compliance.

**CLINICAL EXPERIENCE**- a faculty planned and guided learning activity that is designed to support students in meeting identified programs educational and course outcomes. The clinical settings include a variety of clinical of clinical practice settings or affiliating agencies, including but not limited to:

**ACUTE CARE SETTING**- A hospital based clinical site where students provide direct patient care and associated clinical conferences.

**NON-ACUTE CARE SETTING**- A long term, extended care, or nursing home based clinical site where students provide direct patient care and associated clinical conferences.

**COMMUNITY SETTING**- Community partner experiences with nurses and or professional staff in settings other than acute and non – acute settings where students provide indirect or direct patient care and associated clinical conferences.

**CLINICAL FACILITY** — A facility outside the framework of the program which provides educational experiences for the student.

**COLLABORATING PHYSICIAN** — A physician, licensed under the Arkansas Medical Practices Act, §17-93-201 et seq., who has a practice comparable in scope, specialty or expertise to that of the advanced practice nurse or registered nurse practitioner.

**COLLABORATIVE PRACTICE AGREEMENT** — Document setting out how an advanced practice nurse and physician intend to cooperate in the delivery of client care.

**CONSULTING PHYSICIAN** — A physician licensed by the Arkansas Medical Practices Act who has obstetric privileges in a hospital.

**CONTRACT** – The written agreement executed by a licensee or an applicant for licensure and the Board which establishes the terms for participation in the ATD program.

**CONTACT HOUR**- A measurement for continuing education; either a 50 or 60 minute clock hour of continuing education.

**CONTINUING EDUCATION UNIT (CEU)**- A measurement for continuing education; one CEU equals ten (10)

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contact hours.

**CONTROLLED SUBSTANCE** — Drug substance or immediate precursor in Schedules I-V.

**CREDENTIAL** — A license, certificate, or other evidence of qualifications.

**DELEGATION** — Entrusting the performance of a selected nursing task to an individual who is qualified, competent, and able to perform such tasks. The nurse retains the accountability for the total nursing care of the individual.

**DISTANT LEARNING SITE** — A location separate from the main campus where course offerings are delivered.

**DOCUMENTATION** — Written proof or evidence to substantiate factual claims or statements satisfactory to the Board.

**DRUG SAMPLE** — A unit of a legend drug which is distributed to a practitioner by a manufacturer or a manufacturer's representative at no charge, is not intended to be sold, and is intended to promote the sale of the drug.

**EMERGENCY CARE** — Unanticipated care provided to a person who is unconscious, ill, or injured, when the circumstances require prompt decisions and actions, and when the necessity of immediate care is so apparent that any delay would seriously worsen the physical condition or endanger the life of the person.

**FIRST LEVEL NURSE** — A nurse who provides and coordinates patient care after graduating from an approved program of at least two years in length. Regionally, the nurse may be referred to as a professional or a registered nurse (RN).

**GRADUATE COMPETENCIES** — Educational outcomes expected of the nursing program's graduates.

**IMPAIRED NURSE** - A licensee or applicant for licensure who is impaired by alcohol use, a substance use disorder, or co-occurring disorder.

**LEGEND DRUG** — A drug limited by Section 503(b)(1) of the Federal Food, Drug, and Cosmetic Act to being dispensed by or upon a practitioner's prescription.

**MAY** — Indicates permission.

**MISSION** — Beliefs accepted by the parent institution for the framework of the school's programs and offerings.

**NONCOMPLIANCE** — Failure of the ATD participant to comply with the terms and conditions of the contract.

**OBSERVATIONAL EXPERIENCE** — One in which the nursing student provides no nursing care.

**PARENT INSTITUTION** — The official institution sponsoring the nursing program.

**PARTICIPANT** — A licensee who executes a contract with the Board.

**PATIENT HARM** — Actual or potential physical or mental injury, abuse or neglect of a patient.

**PERSONAL CARE** — Assistance with activities of daily living not requiring a medical prescription.

**PHILOSOPHY** — Beliefs adopted by the nursing faculty for the framework of the program.

**PRACTICE- FOCUSED**- Academic study or continuing education targeted to meet the needs of the nurse in his / her nursing practice role.

**PRECEPTOR** — A currently licensed nurse or physician, meeting the requirements of these rules, who serves as a facilitator of student learning in a practice setting.

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**PRECEPTORSHIP** — Practice under the supervision of a qualified preceptor in the care of consumers of health services while a student in a Board approved program.

**PRESCRIPTIVE AUTHORITY** — Authorization, given by the Board, for an advanced practice nurse who meets established requirements to prescribe. Prescriptive authority for controlled substances shall only extend to drugs listed in Schedules III through V.

**PROGRAM** — An education unit that offers courses and learning experiences preparing graduates who are competent to practice nursing safely and who are eligible to take the NCLEX-PN or RN® examination. The program is often referred to as a pre-licensure nursing program. Types of pre-licensure nursing education programs are: The total educational curriculum in nursing, including theoretical and clinical components. Types of Programs are:

**ASSOCIATE DEGREE PROGRAM** — A professional nursing program leading to an associate degree with a major in nursing.

**BACCALAUREATE DEGREE PROGRAM** — A professional nursing program leading to a baccalaureate degree with a major in nursing.

**DIPLOMA PROGRAM** — A professional nursing program leading to a diploma with a major in nursing.

**MASTER'S DEGREE PROGRAM** — A professional nursing program leading to a master's degree which is an individual's first professional degree in nursing.

**PRACTICAL NURSING PROGRAM** — A nursing program leading to a certificate in practical nursing.

**PSYCHIATRIC TECHNICIAN NURSING PROGRAM** — A nursing program leading to a certificate in psychiatric technician nursing.

**PROGRAM DIRECTOR**— The individual employed by the board to administer the ATD program or **PROGRAM DIRECTOR**—The person responsible for the specific educational unit in nursing, regardless of the official title in the institution.

**PROTOCOL** — A written statement which delineates agreed-upon approaches in client care and management.

**REFRESHER COURSE**- A formal course of instruction designed to provide a review and update of nursing theory and practice.

**QUALIFIED PROVIDER** — Individuals engaged in the treatment of substance use disorder, including alcohol, with sufficient education, training, and experience.

**RELAPSE** — Use of any unauthorized controlled or abuse potential substance including alcohol as reported by the participant or the submission of any confirmed positive drug screen.

**SATELLITE CAMPUS** — A separate geographic location where a program is offered which has a separate student body and a separate faculty leader/coordinator and/or faculty.

**SELF-REPORT** — A licensee or an applicant for licensure who provides voluntary written notification to board staff or the ATD program director that the licensee or applicant for licensure is or has been impaired.

**SHALL, WILL, MUST** — Indicates a mandatory requirement.

**SHOULD** — Indicates a recommendation.

**SUD** — Substance Use Disorder is defined by the Substance Abuse and Mental Health Services Administration as the recurrent use of alcohol and/or drugs which causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home.

**SURVEY** — A visit to determine compliance with minimum requirements.

**THERAPEUTIC DEVICE** — An instrument or apparatus, requiring a prescription, that is intended for use in diagnosis or treatment, and in the prevention of disease or maintenance or restoration of health.

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**TRANSMITTING** — Relaying an order for a medication, treatment, or therapeutic device.

**UNDER THE DIRECTION OF A LICENSED PHYSICIAN** — The performance of specific acts and procedures which have been authorized by a licensed physician and which may be performed outside the presence of the physician under conditions where a physician is readily available for consultation.

**UNENCUMBERED LICENSE** — Free of disciplinary limitations.

**HISTORY:** Adopted ?; Amended 2017

## **SECTION V** **GENERAL MATTERS**

### **A. OFFICE AND HOURS**

The office of the Board is in Little Rock, Arkansas. The office shall be open during business hours each day; Saturday, Sunday, and holidays excepted.

### **B. EXAMINATION, INQUIRY, OR INVESTIGATION**

The Board may, through one or more of its members, or staff especially authorized, conduct at its office in Little Rock, Arkansas, or in any part of the state, any examination, inquiry or investigation, hearing, or other proceeding necessary to perform its duties and functions. The executive director shall have custody of the seal and official records and shall be responsible for the maintenance and custody of the files and records of the Board, including the credentials for all Arkansas licensed nurses, transcripts of testimony and exhibits, the minutes of all actions taken by the Board and all of its findings, determinations, reports, opinions, orders, rules, and approved forms.

### **C. AUTHENTICATION**

All notices and other actions of the Board shall be authenticated or signed by the president, secretary, or such other person as may be authorized by the Board.

### **D. NOTICE**

Upon order of the Board, the president, secretary, or executive director shall issue all notices of hearings and other process as may be directed by the Board.

### **E. EXECUTIVE DIRECTOR**

The executive director of the Board shall be a registered nurse and meet the qualifications required by the Board.

### **F. BOARD FUNDS AND FEES**

1. The Board shall establish and collect fees for services relating to examination, licensing, endorsement, certification for prescriptive authority, temporary permits, license renewal, and other reasonable services as determined by the Board.
2. All funds received by the Board shall be deposited in the State Treasury to the credit of the Board.
3. Fees paid to the Board may be in the form of cashier checks, credit card or money orders. Personal checks for initial licensure are accepted from in-state residents only.
4. Fees paid to the Board are processing fees and are not refundable.

### **G. RECORDS**

1. Record Maintenance  
The executive director shall enter, in permanent form, credentials of all nurses, records of official transactions and proceedings, and keep such records in safekeeping.
2. Tapes  
Meetings may be taped by a secretary as necessary for purposes of minute taking. Tapes may be erased after corresponding minutes have been approved.
3. Destruction  
The executive director may destroy or dispose of records in the office in accord with applicable law.
4. Certified Copies  
Upon written request and payment of a fee, the executive director shall provide to any nurse holding Arkansas licensure a certified copy of any of his or her records on file in the Board office.

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### 5. Public Inspection

Records shall be open to public inspection except as may be specifically exempted by statute.

### 6. Request for Copies of Rules

Copies of rules of the Board will be furnished free of charge to any official of a government agency requesting them in the performance of his or her duties.

## H. EXAMINATION REVIEW

A registered nurse, practical nurse, or psychiatric technician nurse candidate who has failed the licensure examination may review his or her examination and/or challenge examination items according to the policies and procedures of the test development vendor.

## SECTION VI

### FAITH A. FIELDS NURSING SCHOLARSHIP/LOAN PROGRAM

#### A. ELIGIBILITY REQUIREMENTS

As funds are made available, any Arkansas resident who is enrolled in, or has been accepted for admission to, an approved school of nursing in this state or in a nationally accredited school outside the state, in a course of study leading to qualification as a registered nurse, licensed practical nurse, or nurse educator shall be eligible to make application to the Arkansas State Board of Nursing for a nursing educator loan or a nursing practice loan. The Board may, depending upon available funds, make a nursing educator loan or a nursing practice loan to an applicant when it determines that the applicant:

1. Warrants financial assistance to complete his or her nursing studies.
2. Has signed a written agreement to, upon graduation and licensure and for one year for each year a loan is granted:
  - a. Teach in a nursing education program in the State of Arkansas if granted a nursing educator loan; or
  - b. Engage in practice as a registered nurse or licensed practical nurse in the State of Arkansas if granted a nursing practice loan; and
  - c. Repay each loan with interest at the maximum legal rate if the applicant fails to fulfill the requirements of the board.

#### B. MAINTENANCE REQUIREMENTS

1. Subject to the availability of funds and the limits set out in these rules, each loan made to an applicant shall be renewable annually for the number of years required to complete studies leading to qualification as a registered nurse, license practical nurse, or nursing educator.
2. Any loan made to an applicant subsequent to an initial loan shall be made only upon application of the recipient and upon finding by the Arkansas State Board of Nursing that the applicant:
  - a. Has successfully completed the nursing studies of the preceding academic year and remains in good standing as an enrolled student in the appropriate nursing program;
  - b. Warrants financial assistance to complete his or her nursing studies;
  - c. Has signed a written agreement to, upon graduation and licensure and for one year for each year a loan is granted:
    - i. Teach in a nursing education program in the State of Arkansas; or
    - ii. Engage in practice as a registered nurse or licensed practical nurse in the State of Arkansas; and
    - iii. Repay each loan with interest at the maximum legal rate if the applicant fails to fulfill the requirements of the board; and
  - d. Continues to be a lawful resident of the State of Arkansas.
3. The total of the loans made to any one (1) student shall not exceed twenty thousand dollars (\$20,000).

#### C. BORROWER'S LOSS OF GOOD STANDING

If the recipient of a loan ceases to be enrolled in good standing in a recognized nursing program before completing the education requirements to qualify as a registered nurse, licensed practical nurse, or nursing educator, the principal and interest of all loans made to the recipient shall become due and payable immediately or as provided in the loan agreement.

#### D. LOAN REPAYMENT

1. A recipient of a loan shall repay each loan together with interest at the maximum rate allowed by Arkansas

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law if the recipient:

- a. Ceases to be enrolled in good standing in a recognized nursing program before completing the education requirements to qualify as a registered nurse, licensed practical nurse, or nursing educator;
  - b. Does not, for the period specified in the agreement, teach in an Arkansas nursing education program if granted a nursing educator loan, or engage in practice as a registered nurse or licensed practical nurse in Arkansas if granted a nursing practice loan; or
  - c. Fails to comply with any other requirements of the agreement.
2. Interest shall accrue from the date each payment of funds was received by the recipient.
  3. ~~No~~ interest shall accrue and no obligation to repay a loan exists during any period of time that the recipient of the loan serves on active duty in the United States armed forces.
  4. If repayment of a loan is required, upon the death of the recipient of the loan all unpaid principal and interest is due and payable.
  5. The failure to repay a loan as specified may be considered unprofessional conduct for disciplinary purposes.

*Effective March 26, 2016*

*Revised September 14, 2017*

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CHAPTER TWO  
LICENSURE: RN, LPN, AND LPTN

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SECTION I  
QUALIFICATIONS

- A. Good moral character.
- B. Completion of an approved high school course of study or the equivalent as determined by the appropriate educational agency.
- C. Possession of a valid United States Social Security Number (SSN).
- ~~D.~~ C. Completion of ~~the required an~~ approved nursing education program. ~~(LPN and LPTN requirements may be waived if applicant is determined to be otherwise qualified.)~~
- ~~E.~~ D. The Arkansas State Board of Nursing (ASBN) may refuse to admit to the examination any candidate and refuse to issue a license, certificate, or registration to any applicant if the license, practice privilege, certificate, or registration of such person has been revoked or suspended or placed on probation and not reinstated by the jurisdiction which took such action.
- F. ~~E.~~ Effective January 1, 2000, no person shall be eligible to receive or hold a license issued by the Board if that person has pleaded guilty or nolo contendere to, or been found guilty by any court in the State of Arkansas, or of any similar offense by a court in another state, or of any similar offense by a federal court of any offense listed in ACA § 17-87-312.

HISTORY: adopted 3/26/17; Amended? 2017

SECTION II  
EXAMINATION

- A. **ELIGIBILITY**  
The applicant shall meet the licensure requirements of the Board.
- B. **APPLICATION**
  - 1. Applications for examination shall be completed and filed with the Board prior to the examination.
  - 2. Examination applications shall not be acceptable if the director or chairman of an educational program has certified the applicant prior to date of completion.
  - 3. Applicants for licensure by examination shall not be deemed eligible to take the licensure examination until such time that the results of the state and federal criminal background checks have been received.
- C. **FEE**
  - 1. The examination fee shall accompany the application.
  - 2. The examination fee (first time or retake) is not refundable.
  - 3. The fees for the state and federal criminal background checks are the responsibility of the applicant and shall be submitted to the Arkansas State Board of Nursing with the application for same.
  - 4. The fees are determined by the Arkansas State Police and the FBI and are not refundable.

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## D. PASSING SCORE

The passing score on the licensure examination shall be determined by the Board.

## E. FAILING SCORE AND ELIGIBILITY TO RETAKE THE EXAMINATION

Persons whose score falls below the passing score shall fail the examination.

2. Persons failing the examination will be responsible for preparing to retake the examination.

The frequency and number of retests by unsuccessful candidates shall be determined by the Board.

Applicants retaking the examination shall have state and federal criminal background checks within the past twelve months on file with the Board.

1. Examination results shall not be released until the applicant's official transcript is received from the school.
2. Examination results shall be made available to all applicants and to their respective schools.

## G. INTERNATIONALLY EDUCATED NURSES

1. The applicant must present evidence of:

- a. Graduation from an approved or accredited school of nursing ~~as a registered nurse or first-level nurse.~~  
~~The Board may waive this requirement for LPN and LPTN applicants provided they are otherwise qualified.~~
- b. Licensure or proof of eligibility for licensure in the country of graduation.
- c. Theory and practice in medical, surgical, pediatric, obstetric, and psychiatric nursing which is substantially similar in length and content to that in equivalent Arkansas Board approved nursing programs at the time of application as verified by a credentials review agency.
- d. State and federal criminal background checks within the past twelve months on file with the Board.
- e. Credentials review ~~by a Board approved credentialing evaluation agency, which that~~ includes verification of the candidate's education, training, experience, and licensure with respect to the statutory and regulatory requirements for the nursing profession, as well as oral and written competence in English.

~~2. Transcripts and certificates which are not in English must be accompanied by a certified translation.~~

~~2.3.~~ Applicants shall be required to take such licensure examinations as required of Arkansas Board approved nursing ~~education~~ programs.

## H. EQUIVALENCIES

1. LPTN to LPN: Candidates holding LPTN licensure who completed Arkansas Board approved LPTN programs after March 18, 1980, may be admitted to the LPN licensure examination provided they are otherwise qualified.
2. RN examination failures: Graduates of Board approved RN programs, upon submission of an official transcript directly from the school, and a copy of their RN examination failure results, may be admitted to the PN licensure examination provided they are otherwise qualified.
3. ~~Portion of RN Program: Candidates who have completed equivalent courses in a state approved program of nursing may be admitted to the PN licensure examination provided they are otherwise qualified. Evidence must be provided verifying successful completion of classroom instruction and clinical practice substantially similar to the minimum requirements for practical nursing programs.~~

**HISTORY:** adopted 3/26/17; Amended? 2017

## SECTION III INTERSTATE NURSE LICENSURE COMPACT

### A. DEFINITIONS OF TERMS IN THE COMPACT

For the purpose of the Compact:

1. "Board" means party state's regulatory body responsible for issuing nurse licenses.
2. "Information system" means the coordinated licensure information system.
3. "Primary state of residence" means the state of a person's declared fixed permanent and principal home for legal purposes; domicile.
4. "Public" means any individual or entity other than designated staff or representatives of party state Boards or

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- the National Council of State Boards of Nursing, Inc.
5. "Alternative program" means a voluntary, non-disciplinary monitoring program approved by a nurse licensing board.
  6. "Coordinated Licensure Information System" means an integrated process for collecting, storing, and sharing information on nurse licensure and enforcement activities related to nurse licensure laws, which is administered by a non-profit organization composed of state nurse licensing boards.
  7. "Home state" means the party state which is the nurse's primary state of residence.
  8. "Multi-state licensure privilege" means current, official authority from a remote state permitting the practice of nursing as either a registered nurse or a licensed practical/vocational nurse in such party state.
  9. "Nurse" means a registered nurse or licensed practical nurse, as those terms are defined by each party's state practice laws.
  10. "Party state" means any state that has adopted this Compact.
  11. "Remote state" means a party state, other than the home state,
    - (a) where the patient is located at the time nursing care is provided, or,
    - (b) in the case of the practice of nursing not involving a patient, in such party state where the recipient of nursing practice is located.
  12. "Current significant investigative information" means:
    - (a) investigative information that a licensing board, after a preliminary inquiry that includes notification and an opportunity for the nurse to respond if required by state law, has reason to believe is not groundless and, if proved true, would indicate more than a minor infraction; or
    - (b) investigative information that indicates that the nurse represents an immediate threat to public health and safety regardless of whether the nurse has been notified and had an opportunity to respond.
  13. Licensed Practical Nurse or Licensed Vocational Nurse means a person who has been licensed as an LPN or LVN by a party state licensing board.

Other terms used in these rules are to be defined as in the Interstate Compact.

### B. ISSUANCE OF A LICENSE BY A COMPACT PARTY STATE

For the purpose of this Compact:

1. No applicant for initial licensure will be issued a compact license granting a multi-state privilege to practice unless the applicant first obtains a passing score on the applicable NCLEX examination or any other predecessor examination used for licensure.
2. A nurse applying for a license in a home party state shall produce evidence of the nurses' primary state of residence. Such evidence shall include a declaration signed by the licensee. Further evidence that may be requested may include but is not limited to:
  - a. Driver's license with a home address;
  - b. Voter registration card displaying a home address;
  - c. Federal income tax return declaring the primary state of residence;
  - d. Military form No. 2058-state of legal residence certificate; or
  - e. W2 from US Government or any bureau, division or agency thereof indicating the declared state of residence.
3. A nurse on a visa from another country applying for licensure in a party state may declare either the country of origin or the party state as the primary state of residence. If the foreign country is declared the primary state of residence, a single state license will be issued by the party state.
4. A license issued by a party state is valid for practice in all other party states unless clearly designated as valid only in the state which issued the license.
5. When a party state issues a license authorizing practice only in that state and not authorizing practice in other party states (i.e. single state license), the license information shall clearly indicate that it is valid only in the state of issuance.
6. A nurse changing primary state of residence, from one party state to another party state, may continue to practice under the former home state license and multistate licensure privilege during the processing of the nurse's licensure application in the new home state for a period not to exceed ninety (90) days.
7. The licensure application in the new home state of a nurse under pending investigation by the former home state shall be held in abeyance and the ninety (90) day period in section B.6. shall be stayed until resolution of the pending investigation.
8. The former home state license shall no longer be valid upon the issuance of a new home state license.

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9. If a decision is made by the new home state denying licensure, the new home state shall notify the former home state within ten (10) business days and the former home state may take action in accordance with that state's laws and rules.
10. Party states shall recognize and honor either the LPN or LVN title used for Licensed Practical Nurses and Licensed Vocational Nurses, respectively.

### **C. LIMITATIONS ON MULTISTATE LICENSURE PRIVILEGE-DISCIPLINE**

1. Home state Boards shall include in all licensure disciplinary orders and/or agreements that limit practice and/or require monitoring the requirement that the licensee subject to said order and/or agreement will agree to limit the licensee's practice to the home state during the pendency of the disciplinary order and/or agreement. This requirement may, in the alternative, allow the nurse to practice in other party states with prior written authorization from both the home state and such other party state Boards.
2. An individual who had a license which was surrendered, revoked, suspended, or an application denied for cause in a prior state of primary residence, may be issued a single state license in a new primary state of residence until such time as the individual would be eligible for an unrestricted license by the prior state(s) adverse action. Once eligible for licensure in the prior state(s), a multistate license may be issued.

### **D. INFORMATION SYSTEM**

1. Levels of access
  - a. The public shall have access to nurse licensure information limited to:
    - (1) The nurse's name;
    - (2) Jurisdiction(s) of licensure;
    - (3) License expiration date(s);
    - (4) Licensure classification(s) and status(es);
    - (5) Public emergency and final disciplinary actions, as defined by contributing state authority; and
    - (6) The status of multistate licensure privileges.
  - b. Non-party state Boards shall have access to all Information System data except current significant investigative information and other information as limited by contributing party state authority.
  - c. Party state Boards shall have access to all Information System data contributed by the party states and other information as limited by contributing non-party state authority.
2. The licensee may request in writing to the home state Board to review the data relating to the licensee in the Information System. In the event a licensee asserts that any data relating to him or her is inaccurate, the burden of proof shall be upon the licensee to provide evidence that substantiates such claim. The Board shall verify and within ten (10) business days correct inaccurate data to the Information System.
3. The Board shall report to the Information System within ten (10) business days:
  - a. Disciplinary action, agreement, or order requiring participation in alternative programs or which limit practice or require monitoring (except agreements and orders relating to participation in alternative programs required to remain nonpublic by contributing state authority);
  - b. Dismissal of complaint, and
  - c. Changes in status of disciplinary action, or licensure encumbrance.
4. Current significant investigative information shall be deleted from the Information System within ten (10) business days upon report of disciplinary action, agreement, or order requiring participation in alternative programs or agreements which limit practice or require monitoring or dismissal of a complaint.
5. Changes to licensure information in the Information System shall be completed within ten (10) business days upon notification by a Board.

## **SECTION IV** **ENDORSEMENT**

### **A. ELIGIBILITY**

1. An applicant for licensure by endorsement must meet the requirements of the Board at the time of graduation.
2. An applicant licensed in another state after January 1950 must have taken a state board licensing examination and achieved a passing score.
3. LPTN applicants will be accepted from California and Kansas only.

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4. Internationally educated nurses practicing in other states may appeal to the Board for licensure if not otherwise qualified.
5. An applicant for licensure by endorsement who has not been engaged in the active practice of nursing for a period greater than five (5) years shall document completion of the following:
  - a. ~~Active practice of nursing for a minimum of one thousand hours (1,000) within the one year immediately prior to application. Verification of employment shall be submitted; or~~
  - ~~a.b.~~ Completion of a Arkansas board approved refresher course within one (1) year of the date of application; or
  - ~~b.e.~~ Graduation from an approved nursing education program within one year of the date of application; and
  - ~~c.d.~~ Provide other evidence as requested by the Board.

### B. EQUIVALENCIES

1. RN examination failures: Graduates of Board approved RN programs, holding LPN licensure by examination in other jurisdictions, may be endorsed provided they are otherwise qualified.
2. Canadian Registered Nurses licensed by NLN State Board Test Pool Examination in the following provinces during the years indicated: Alberta, 1952-1970; British Columbia, 1949-1970; Manitoba, 1955-1970; Newfoundland, 1961-1970; Nova Scotia, 1955-1970; Prince Edward Island, 1956-1970; Quebec (English language), 1959-1970; and Saskatchewan, 1956-1970. These applicants may be endorsed provided they are otherwise qualified.
- ~~3. Portion of RN Program: Candidates who have completed equivalent courses in a state approved program of nursing may be endorsed provided they are otherwise qualified. Evidence must be provided verifying successful completion of classroom instruction and clinical practice substantially similar to the minimum requirements for practical nursing programs.~~

### C. APPLICATION

1. Applications must be completed and filed with the Board.
2. Endorsement certification will be accepted from the state of original licensure only.
3. Applicants for licensure by endorsement shall not be issued a permanent license to practice until such time that the results of the state and federal criminal background checks have been received.

### D. FEE

1. The endorsement fee must accompany the application.
2. The fees for the state and federal criminal background checks are the responsibility of the applicant and shall be submitted to the Arkansas State Board of Nursing with the application for same.
3. The fees are not refundable.

HISTORY: adopted ?; Amended? 2017

## SECTION V 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. 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.
- C. 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 §17-87-312.
- D. 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

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license issued by the ASBN and at any other time thereafter that the Board deems necessary.

- E. 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.
- F. 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.
- G. The request for a waiver shall be made in writing to the Executive Director or the 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
- H. 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.
- I. 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 Arkansas Code §§5-14-101 through 5-14-127 and is an offense screened for in a criminal background check.

### **SECTION VI** **TEMPORARY PERMITS**

#### **A. ENDORSEMENT AND EXAMINATION APPLICANTS**

- 1. ASBN shall be authorized to issue a temporary permit for a period not exceeding six months. This temporary permit shall be issued only to those applicants who meet all other qualifications for licensure by the ASBN.
- 2. ~~Temporary permits for spouses of active duty service members shall be issued within twenty-four (24) hours of receipt of all required documents.~~
- 2. The temporary permit shall immediately become invalid upon receipt of information obtained from the state or federal criminal background check indicating any offense listed in ACA §17-87-312 or upon notification to the applicant or ASBN of results on the first licensure examination he or she is eligible to take after the permit is issued.
- 3. Falsification of the applicant's criminal record history shall be grounds for disciplinary action by the Board.

#### **B. FEES AND APPLICATIONS**

- 1. The temporary permit fee shall be submitted with the application.
- 2. The fee is not refundable.

~~HISTORY: adopted ?; Amended? 2017~~

### **SECTION VII** **CONTINUING EDUCATION**

Each person holding an active license or applying for reinstatement of a license under the provisions of the *Nurse Practice Act* shall be required to complete certain continuing education requirements prior to licensure renewal or reinstatement.

#### **A. DECLARATION OF COMPLIANCE**

Each nurse shall declare his or her compliance with the requirements for continuing education at the time of license renewal or reinstatement. The declaration shall be made at the time of renewal.

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### B. AUDITS OF LICENSEES

1. The Board shall perform random audits of licensees for compliance with the continuing education requirement.
2. If audited, the licensee shall prove participation in the required continuing education during the 24-months immediately preceding the renewal date by presenting photocopies of original certificates of completion to the Board.
3. The licensee shall provide evidence of continuing education requirements within thirty (30) calendar days from the mailing date of the audit notification letter sent from the Board to the last known address of the licensee.

### C. CONTINUING EDUCATION REQUIREMENT STANDARDS

1. Standards for Renewal of Active Licensure Status. Licensees who hold an active nursing license shall document completion of one of the following during each renewal period:
  - a. Fifteen (15) practice focused contact hours from a nationally recognized or state continuing education approval body recognized by the ASBN; or
  - b. Certification or re-certification during the renewal period by a national certifying body recognized by the ASBN; or
  - c. An academic course in nursing or related field; and
  - d. Provide other evidence as requested by the Board.
  - e. Effective January 1, 2010, 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.
2. Standards for Nurses on Inactive Status. Nurses who have their license placed on inactive status have no requirements for continuing education.
3. Standards for Reinstatement of Active Licensure Status
  - a. Nurses reinstating a nursing license to active status within five years or less shall document completion of the following within the past two (2) years:
    - i) Twenty (20) practice focused contact hours within the past two years from a nationally recognized or state continuing education approval body recognized by the ASBN; or
    - ii) Certification or re-certification by a national certifying body recognized by the ASBN; or
    - iii) An academic course in nursing or related field; and/or
    - iv) Provide other evidence as requested by the Board.
  - b. Nurses reinstating a nursing license to active status after greater than five (5) years shall document completion of the following:
    - i) Twenty (20) practice focused contact hours within the past two (2) years from a nationally recognized or state continuing education approval body recognized by the Arkansas State Board of Nursing; or
    - ii) Certification or re-certification by a national certifying body recognized by the ASBN; or
    - iii) An academic course in nursing or related field; and
    - iv) Active practice of nursing for a minimum of one thousand hours (1,000) within the one year immediately prior to application. Verification of employment shall be submitted; or
    - v) Completion of a Arkansas board approved refresher course within one (1) year of the date of application; or
    - vi) Graduation from an approved nursing education program within one (1) year of the date of application, and
    - vii) Provide other evidence as requested by the Board.
4. Standards for Reinstatement of Prescriptive Authority Effective January 1, 2010, APRNs whose prescriptive authority is inactive shall complete five (5) contact hours of pharmacotherapeutics continuing education in the APRN's area of certification for each twelve (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.
5. The Board may issue a temporary permit to a nurse during the time enrolled in a Board approved nursing refresher course or an employer competency orientation program upon submission of an application, fees, and verification of enrollment in such program.

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6. Continuing education hours beyond the required contact hours shall not be "carried over" to the next renewal period.

### **D. RESPONSIBILITIES OF THE INDIVIDUAL LICENSEE**

1. It shall be the responsibility of each licensee to select and participate in those continuing activities that will meet the criteria for acceptable continuing education as specified in ACA §17-87-207 and these rules.
2. It shall be the licensee's responsibility to maintain records of continuing education as well as documented proof such as original certificates of attendance, contact hour certificates, academic transcripts or grade slips and to submit copies of this evidence when requested by the Board.
4. Records shall be maintained by the licensee for a minimum of two consecutive renewal periods or four years.

### **E. RECOGNITION OF PROVIDERS**

1. The Board shall identify organizations, agencies, and groups that shall be recognized as valid approval bodies/providers of nursing continuing education. The recognition may include providers approved by national organizations and state agencies with comparable standards.
2. The Board shall work with professional organizations, approved nursing schools, and other providers of continuing educational programs to ensure that continuing education activities are available to nurses in Arkansas.

### **F. ACTIVITIES ACCEPTABLE FOR CONTINUING EDUCATION**

1. Activities presented by recognized providers which may be acceptable include: national/regional educational conferences, classroom instruction, individualized instruction (home study/programmed instruction), academic courses, and institutional based instruction; and
2. The content shall be relevant to nursing practice and provide for professional growth of the licensee.
3. If participation is in an academic course or other program in which grades are given, a grade equivalent to "C" or better shall be required, or "pass" on a pass/fail grading system. An academic course may also be taken as "audit", provided that class attendance is verified by the instructor.

### **G. ACTIVITIES WHICH ARE NOT ACCEPTABLE AS CONTINUING EDUCATION**

1. In-service programs. Activities intended to assist the nurse to acquire, maintain, and/or increase the competence in fulfilling the assigned responsibilities specific to the expectations of the employer.
2. Refresher courses. Programs designed to update basic general knowledge and clinical practice, which consist of a didactic and clinical component to ensure entry-level competencies into nursing practice.
3. Orientation programs. A program by which new staff are introduced to the philosophy, goals, policies, procedures, role expectations, physical facilities, and special services in a specific work setting. Orientation is provided at the time of employment and at other times when changes in roles and responsibilities occur in a specific work setting.
4. Courses designed for lay people.

### **H. INDIVIDUAL REVIEW OF A CONTINUING EDUCATION ACTIVITY PROVIDED BY A NON-RECOGNIZED AGENCY/ORGANIZATION**

1. A licensee may request an individual review by:
  - a. Submitting an "Application for Individual Review"; and
  - b. Paying a fee.
2. Approval of a non-recognized continuing educational activity shall be limited to the specific event under consideration.

### **I. FAILURE TO COMPLY**

1. Any licensee who fails to complete continuing education or who falsely certifies completion of continuing education shall be subject to disciplinary action, non-renewal of the nurse's license, or both, pursuant to ACA §17-87-207 and A.C.A. §17-87-309(a)(1) and (a)(6).
2. If the Board determines that a licensee has failed to comply with continuing education requirements, the licensee will:
  - a. Be allowed to meet continuing education requirements within ninety (90) days of notification of non-compliance.
  - b. Be assessed a late fee for each contact hour that requirements are not met after the ninety (90) day grace period and be issued a Letter of Reprimand. Failure to pay the fee may result in further

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disciplinary action.

HISTORY: adopted ?; Amended? 2017

## SECTION VIII RENEWALS

- A. Each person licensed under the provisions of the *Nurse Practice Act* shall renew biennially.
1. Sixty (60) days prior to the expiration date, the Board shall mail a renewal notice to the last known address of each nurse to whom a license was issued or renewed during the current period.
  2. The application shall be completed before the license renewal is processed.
  3. The fee for renewal shall accompany the application.
  4. The fee is not refundable.
  5. Pursuant to Act 996 of 2003 and upon written request and submission of appropriate documentation, members of the Armed Forces of the United States who are Arkansas residents and are ordered to active duty to a duty station located outside of this state shall be allowed an extension without penalty or assessment of a late fee for renewing the service members nursing license. The extension shall be effective for the period that the service member is serving on active duty at a duty station located outside of this state and for a period not to exceed six months after the service member returns to the state.
  6. 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.
- B. **LAPSED LICENSE**
1. The license is lapsed if not renewed or placed in inactive status by the expiration date.
  2. 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.
  3. Any licensee whose license has lapsed shall file a renewal application and pay the current renewal fee and the late fee.
  4. Any person practicing 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*.
- C. **INACTIVE STATUS**
1. Any licensee in good standing, who desires to retire temporarily from the practice of nursing in this state, shall submit a request in writing and the current license shall be placed on inactive status.
  2. While inactive, the licensee shall not practice nursing nor be subject to the payment of renewal fees.
  3. When the licensee desires to resume practice, he or she shall request a renewal application, which shall be completed and submitted with a reinstatement fee and the renewal fee and must meet those requirements outlined in Section VII.
  4. When disciplinary proceedings have been initiated against an inactive licensee, the license shall not be reinstated until the proceedings have been completed.
- D. **RETIRED NURSE**
1. Any licensee in good standing, who desires to retire for any length of time from the practice of nursing in this state, shall submit a request in writing, and pay the required fee. The current license shall be placed on inactive status and a retired license issued.
  2. A retired license shall be renewed biennially following submission of a renewal application and fee.
  3. Fees are non-refundable.
  4. While retired, the licensee shall not practice nursing, however:
    - a. A registered nurse with a retired license may use the title "Registered Nurse", or the abbreviation "RN"; and
    - b. A practical nurse with a retired license may use the title "Licensed Practice Nurse", or the abbreviation "LPN"; and

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- c. A psychiatric technician nurse with a retired license may use the title "Licensed Psychiatric Technician Nurse", or the abbreviation "LPTN".
  - 5. When the licensee desires to resume practice, he or she shall request a renewal application, which shall be completed and submitted with a reinstatement fee and the active renewal fee. The licensee must also meet those requirements outlined in Section VII.
  - 6. If the retired license is allowed to lapse, the licensee shall not hold himself or herself out as an RN, LPN, or LPTN and shall pay a reinstatement fee in addition to the fee required for renewal of the retired license.
  - 7. When disciplinary proceedings have been initiated against a retired licensee, the license shall not be reinstated until the proceedings have been completed.
- E. The licensee may be required to submit to a state and federal criminal background check if the Board deems it necessary.

**HISTORY:** adopted ?; Amended? 2017

### **SECTION IX** **DUPLICATE LICENSE**

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

### **SECTION X** **CERTIFICATION/VERIFICATION TO ANOTHER JURISDICTION**

Upon payment of a certification/verification fee, a nurse seeking licensure in another state may have a certified statement of Arkansas licensure issued to the Board of Nursing in that state.

### **SECTION XI** **NAME OR ADDRESS CHANGE**

- A. A licensee, whose name is legally changed, shall be issued a replacement license following submission of a name change 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.

*Effective March 26, 2016*

# MARK-UP COPY

## 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.

### **SECTION III** **LICENSURE**

#### **A. ELIGIBILITY**

The applicant shall meet the licensure requirements of the Board.

#### **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.

#### **E. TEMPORARY PERMITS**

1. Upon application and payment of the required fee, the Board shall issue a temporary permit to practice in an advanced practice nursing category to a qualified applicant who has no violations as listed in ACA §17-87-312 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 §17-87-312 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 shall submit evidence of a current collaborative practice agreement as a prerequisite to license renewal.
4. 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. 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. Upon request, an APRN shall submit documentation to the Board of continuing education.
7. 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, regulations and laws that apply to APRNs in the State of Arkansas.

#### **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 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.
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 in good standing who desires his or her advanced practice registered nurse license to be placed on inactive status shall submit a request in writing 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 request a renewal application, which shall be completed and submitted with a renewal fee and the reinstatement fee. Fees are nonrefundable.
5. All certification and continuing education requirements for renewal shall apply.

#### **J. RETIRED ADVANCED PRACTICE REGISTERED NURSE**

1. Any advanced practice registered nurse in good standing may request that their APRN license be placed on retired status.
2. The APRN shall submit a request in writing, and pay the required fee. The current license shall be placed on inactive status and a retired APRN license issued.
3. A retired APRN license shall be renewed biennially following submission of a renewal application and fee.
4. Fees are non-refundable.
5. 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 license may practice in the role of a Registered Nurse.
6. When the licensee desires to resume practice, he or she shall request a renewal application, which shall be completed and submitted with a reinstatement fee and the active renewal fee. The licensee must also meet those requirements outlined in Section III, F.
7. If the retired APRN license is allowed to lapse, the licensee shall not use the title of APRN and shall pay a reinstatement fee in addition to the fee required for renewal of the retired APRN license.

#### **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.
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

### **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 V**  
**NAME OR ADDRESS CHANGE**

- A. A licensee whose name is legally changed shall be issued a replacement license following submission of a name change form, a 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.

**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:~~
  - ~~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.~~
- ~~6.5.~~ 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.
- ~~7.6.~~ The advanced practice registered nurse shall retain professional accountability for advanced practice nursing care when delegating interventions.
- ~~8.7.~~ The advanced practice registered nurse shall maintain current knowledge and skills in the advanced practice nursing category.
- ~~9.8.~~ Rules which apply to registered nurses are hereby incorporated by reference.
- ~~10.9.~~ 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'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.
4. 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, or other person lawfully entitled to order anesthesia.
5. The CRNA shall be responsible for complying with all applicable state and federal laws and rules related to medications.

**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 any disciplinary action taken on their license or privilege to practice.

## **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 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 with a practicing physician who is licensed under the Arkansas Medical Practices Act, §17-95-201 et seq., 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 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) 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 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. Signatures of the advanced practice registered nurse and collaborating physician(s), 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, regulations 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;
  - 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

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.

### 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 III through V and only 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 III-V), and only 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. The APRN shall not prescribe hydrocodone combination products for acute pain in excess of seven (7) days.
  - c. The APRN shall not prescribe Schedule II controlled substances for his/her own use or for the use of his/her immediate family.
  - d. The APRN shall file his/her DEA registration number with the Board upon receipt.
  - e. Advanced practice registered nurses shall not delegate to unlicensed ancillary staff the calling in of prescriptions to the pharmacy.
  - f. The APRN shall notify the Board in writing within seven (7) days following termination of the collaborative practice agreement. A new collaborative practice agreement is required to be on file prior to reactivating prescriptive authority.
- 4. The APRN may prescribe a legend drug, medicine or therapeutic devices not included in the written protocols only as follows:
  - a. Upon a specific written or verbal order obtained from the collaborating physician before the prescription or order is issued by the APRN; and
  - b. Include documentation of consultation as described above in the client's medical record to be signed by the APRN;
  - c. Schedules I and II controlled substances shall not be prescribed under the APRN's certificate of prescriptive authority with the exception of hydrocodone combination products which were reclassified from Schedule III to Schedule II as of October 6, 2014.
- 5. The APRN shall note prescriptions on the client's medical record and include the following information:
  - a. Medication and strength;
  - b. Dose;
  - c. Amount prescribed;
  - d. Directions for use;
  - e. Number of refills; and
  - f. Initials or signature of APRN.

6. The APRN will keep accurate records to include the medical history, physical examination, other evaluations and consultations, treatment plan objective, informed consent noted in the patient record, treatment, medications given, agreements with the patient and periodic reviews.
7. The APRN will periodically review the course of scheduled drug treatment of the patient and any new information about etiology of the pain. If the patient has not improved, the APRN may assess the appropriateness of continued prescribing of scheduled medications or dangerous drugs, or trial of other modalities.
8. The APRN will obtain written informed consent from those patients he or she is concerned may abuse controlled substances and discuss the risks and benefits of the use of controlled substances with the patient, his or her guardian, or authorized representatives.
9. Advanced practice registered nurses in the category of certified registered nurse anesthetists shall not be required to have prescriptive authority to provide anesthesia care, including the administration of drugs or medicines necessary for such care.
10. Advanced practice registered nurses who prescribe prior to obtaining a certificate of prescriptive shall be considered illegal practitioners and shall be subject to the penalties provided for violation of the *Nurse Practice Act*.

#### **E. PRESCRIPTION FORMAT**

1. All prescriptions issued by the APRN shall contain the name of the client, and the APRN's name, title, address, telephone number, signature with the initials "APRN" and shall include information contained in Subsection D.5.a-f of this Section.
2. All prescriptions for controlled substances shall be in accordance with federal rules. The APRN's assigned DEA registration number shall be included on the prescription when a controlled substance is prescribed.

#### **F. RECEIVING PREPACKAGED DRUG SAMPLES**

1. APRNs who have an active prescriptive authority certificate may receive legend drug samples and therapeutic devices appropriate to their area of practice, including controlled substances contained in Schedules III through V and only hydrocodone combination products, which were reclassified from Schedule III to Schedule II as of October 6, 2014, which have been prepared, packaged, or fabricated by a pharmaceutical manufacturer in accordance with the Arkansas pharmacy laws and rules.
2. Records must comply with all applicable federal and state laws and rules.

#### **G. TERMINATION OF PRESCRIPTIVE AUTHORITY**

1. Prescriptive authority may be terminated by the Board when the prescriber:
  - 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;
  - 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.
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, regulations 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 ~~who have been found guilty, by the Board of Nursing, of violating a law or rule involving prescription drugs~~ shall review PDMP a current report (run within the past 30 days) from the Prescription Drug Monitoring Program prior to prescribing; an opioid. Review of this report shall be documented in the patient's medical record.
  - 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
  - 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.

## **SECTION IX PRESCRIBING GUIDELINES FOR ANOREXIC 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 anorexiant drugs inappropriate, and to determine if there are other contraindications to use of anorexiant drugs exists.
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 anorexiant drugs, 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 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 X**

### **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 XI**  
**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.
  - 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, CNM, 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 XII 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, a prescription for one hundred twenty (120) or more, fifty (50) milligram tablets.
- B. Patient Treatment and Evaluation
  - 1. The patient shall be evaluated 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
- C. 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.

*Effective: March 26, 2016*

## SECTION XIII 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 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 medication.
2. On-call or cross-coverage situations requested by the patient's health care provider.

#### 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.
  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.

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## CHAPTER SIX STANDARDS FOR NURSING EDUCATION

### SECTION I APPROVAL OF PROGRAMS

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This chapter presents the Standards established by the Arkansas State Board of Nursing for nursing education programs that offer courses and learning experiences preparing graduates who are competent to practice nursing safely and who are eligible to take the NCLEX-PN® or RN® examination. These programs are often referred to as a pre-licensure nursing program lead to practical nursing and registered nursing licensure.

#### A. NEW PROGRAM LEADING TO LICENSURE

##### 1. Institution Requirement

- a. A nursing education program whose parent institution is located in an Arkansas jurisdiction seeking to establish a new masters, baccalaureate, diploma, associate degree or practical nursing program shall meet the following requirements:
  - (1) Educational institutions or consortiums shall be approved by the Arkansas Department of Higher Education and be accredited by an accrediting body recognized by the United States Secretary of Education.
  - (2) Hospitals or hospital consortiums shall be approved by the Arkansas Department of Health and accredited by the Joint Commission on Accreditation of Health Care Organizations or equivalent accrediting organization.
  - (3) The parent institution shall meet the transfer or articulation requirements for courses in Arkansas education institutions.
- b. A nursing education program whose parent institution is located outside of Arkansas jurisdiction seeking to establish a new masters, baccalaureate, diploma, associate degree or practical nursing program shall meet the following requirements:
  - (1) Education institutions shall be approved by the Arkansas Department of Higher Education and be accredited by an accrediting body recognized by the United States Secretary of Education.
  - (2) Be approved/accredited by the Board of Nursing or equivalent agency in the state where the Parent institution originates.
  - (3) The parent institution shall meet the transfer or articulation requirements for courses in Arkansas education institutions.
  - (4) Maintain the Education Standards required of Arkansas based nursing education programs.

##### 2. Prerequisite Approval

- a. An institution seeking to establish a new nursing education program leading to licensure shall submit a letter of intent to the Board at least one year prior to submission of a feasibility study proposal.
- b. The institution must submit a current feasibility study, that is signed by the appropriate administrative officers, and includes the following:
  - (1) Purpose for establishing the program;
  - (2) Type of educational program to be established;
  - (3) Relationship to the parent institution, including an organizational chart;
  - (4) Mission, philosophy, purposes, and accreditation status of the parent institution;
  - (5) Financial statement of the parent institution for the past two fiscal years;
  - (6) A proposed budget for each year of the program's implementation;
  - (7) Documented need and readiness of the community to support the program, including surveys of potential students, employment availability, and potential employers;
  - (8) Source and numbers of potential students and faculty;
  - (9) Proposed employee positions including support staff;

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- (10) Proposed clinical facilities for student experiences, including letters of support from all major facilities expected to be used for full program implementation, including evidence of clinical space for additional students;
- (11) Letters of support from approved nursing and health-related programs using the proposed clinical facilities; officers, and includes the following:
- (12) Proposed physical facilities including offices, classrooms, technology, library, and laboratories;
- (13) Availability of the general education component of the curriculum or letter of agreement, if planned, from another institution; and
- (14) A timetable for initiating the program, including required resources, and plans for attaining initial approval.
- (15) Other information as requested by the Board.

The Board shall review all prerequisite documents and may determine the need for an on-site survey during a regularly scheduled Board meeting.

d. The Board may grant, defer, or deny Prerequisite Approval.

e. If the Board denies Prerequisite Approval the program must wait two years before submitting another proposal.

f. After receiving Prerequisite Approval status, the institution may:

- (1) Advertise for students; and
- (2) Proceed toward compliance by following the Education Standards for Initial Approval.

### 3. Initial Approval

- a. The institution shall secure a nurse administrator of the program.
- b. The nurse administrator shall plan the program and
  - (1) Assure compliance with Board standards and recommendations;
  - (2) Address prerequisite recommendations;
  - (3) Prepare detailed budget;
  - (4) Employ qualified faculty and support staff;
  - (5) Prepare a program organizational chart showing lines of authority;
  - (6) Design the program's sequential curriculum plan;
  - (7) Develop student, faculty, and support staff policies and procedures;
  - (8) Attain agency affiliation agreements;
  - (9) Verify that proposed physical facilities are in place; and
  - (10) Submit documentation to the Board that Initial Approval Standards are met.
- c. A Board representative shall validate readiness of the program to admit students and prepare a report.
- d. The Board shall review all documents for Initial Approval during a regularly scheduled Board meeting.
- e. The Board may grant, defer or deny Initial Approval.
- f. After receiving Initial Approval, the program:
  - (1) May admit students;
  - (2) Shall proceed toward compliance by following the Education Standards for Full Approval; and
  - (3) Shall follow the same standards as those of established programs in terms of annual activities, projects, and reports.

### 4. Full Approval

- a. Before graduation of the first class, a Board representative shall validate compliance with the Standards and prepare a report.
- b. The report and documentation shall be reviewed during a regularly scheduled Board meeting.
- c. The Board may grant, defer, or deny Full Approval.

## B. ESTABLISHED PROGRAM THAT PREPARES GRADUATES FOR PRACTICAL AND REGISTERED NURSING LICENSURE

### 1. Continued Full Approval

- a. A survey shall be periodically conducted to review the program for continued compliance with the Standards. An on-site or paper survey for a program includes:
  - (1) A newly established program shall have an on-site survey three (3) years after receiving initial Full Approval.
  - (2) An established professional or practical nurse program that has continued accreditation status with a national nursing accreditation organization and has maintained a NCLEX-RN® or NCLEX-PN® pass rate of at least 75% shall have a paper survey every five (5) years thereafter.
  - (3) An established professional or practical nurse program that does not meet the criteria for accreditation with a national nursing education accreditation organization or has failed to maintain

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- at least a 75% pass rate on the NCLEX-RN® or NCLEX-PN® shall have an on-site survey visit every five (5) years thereafter.
- b. The survey report and documentation shall be submitted to the Board and reviewed during a regularly scheduled Board meeting.
  - c. A program that is granted full approval shall maintain a NCLEX-RN® or NCLEX-PN® pass rate above 75% for two consecutive year prior to being considered for Continued Full Approval.
  - d. The Board may grant, defer, or deny Continued Full Approval.
2. Conditional Approval
- a. If areas of noncompliance with standards are not corrected in the timeframe established by the Board, the Board shall award Conditional Approval.
  - b. Information regarding a nursing program requested by the Board shall be provided by the parent institution.
  - c. A representative of the Board ~~may shall~~ conduct an on-site survey and complete a written report at the request of the Board.
  - d. Additional information available to the Board may be considered.
  - e. The Board shall review all documents during a regularly scheduled Board meeting.
  - f. The Conditional Approval status shall be in effect for a maximum of one (1) year to correct noncompliance deviations from the standards, unless otherwise determined by the Board.
  - g. The program and parent institution shall receive written notification of noncompliance deviations and the Board action.
  - h. The Board may grant continued Conditional Approval, Full Approval, or withdraw the program's approval.
3. Satellite Campus
- a. Satellite campus programs shall be approved by the Board prior to implementation.
    - (1) Continued Full Approval program may submit a proposal for a satellite campus program.
    - (2) The proposal shall reflect requirements for prerequisite approval of a new program.
  - b. The Board may grant, defer, or deny approval.
  - c. All approved satellite campus programs shall maintain the same standards as the parent program.
  - d. Each satellite campus' data will be included in the program's annual report and five-year survey report.
4. Distant Learning Sites
- a. Distant learning sites shall be approved by the Board prior to utilization.
  - b. Each distant learning site's data shall be included in the program's annual report and five-year survey report.

HISTORY: Adopted ?; Amended 2017

## **SECTION II** **PROGRAM REQUIREMENTS**

### **A. ADMINISTRATION AND ORGANIZATION**

1. Institutional Accreditation  
The parent institution shall be approved by the appropriate state body.
2. Institutional Organization
  - a. The parent institution shall be a post-secondary educational institution, hospital, or consortium of such institutions.
  - b. The institutional organizational chart shall indicate lines of authority and relationships with administration, the program, and other departments.
  - c. The program shall have at least equal status with comparable departments of the parent institution.
3. Program Organization
  - a. The program shall have a current organizational chart.
  - b. The program shall have specific current job descriptions for all positions.

### **B. PHILOSOPHY AND GRADUATE COMPETENCIES**

1. The philosophy of the program shall be in writing and consistent with the mission of the parent institution.
2. Graduate competencies shall be derived from the program's philosophy.
3. The philosophy and graduate competencies shall serve as the framework for program development and maintenance.

### **C. RESOURCES**

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1. Financial Resources
  - a. There shall be adequate financial support to provide stability, development, and effective operation of the program.
  - b. The director of the program shall administer the budget according to parent institutional policies.
  - c. The director shall make budget recommendations with input from the faculty and staff.
2. Library and Learning Resource Center
  - a. Each program and each satellite campus shall have a library or learning resource center with the following:
    - (1) Current holdings to meet student educational needs, faculty instructional needs, and scholarly activities.
    - (2) Budget plan for acquisitions of printed and multi-media materials.
    - (3) Written process for identifying and deleting outdated holdings.
    - (4) Resources and services accessible and conveniently available.
  - b. ~~The library of a baccalaureate, diploma, associate degree, or practical nurse program shall be under the direction of a qualified master's degreed librarian.~~

### D. FACILITIES

1. Classrooms and Laboratories
  - a. Each program and satellite campus shall have a clinical skills laboratory equipped with necessary educational resources.
  - b. Classrooms and laboratories shall be:
    - (1) Available at the scheduled time;
    - (2) Adequate in size for number of students;
    - (3) Climate controlled, ventilated, lighted; and
    - (4) Equipped with seating, furnishings and equipment conducive to learning and program goals.
  - c. Adequate storage space shall be available.
  - d. Facilities shall be in compliance with applicable local, state, and federal rules and regulations related to safety and the Americans with Disabilities Act.
2. Offices
  - a. The director of the program shall have a private office.
  - b. Faculty members shall have adequate office space to complete duties of their positions and provide for uninterrupted work and privacy for conferences with students.
  - c. There shall also be adequate:
    - (1) Office space for clerical staff;
    - (2) Secure space for records, files, equipment, and supplies; and
    - (3) Office equipment and supplies to meet the needs of faculty and clerical staff.
3. Clinical Facilities
  - a. Clinical facilities and sites shall provide adequate learning experiences to meet course objectives.
  - b. Clinical sites shall be adequately staffed with health professionals.
  - c. The program shall have a current and appropriate written agreement with each clinical site.
  - d. Written agreements shall include a termination clause and be reviewed annually.
  - e. Students shall receive orientation to each clinical site.

### E. PERSONNEL

1. Program Director
  - a. The program director shall have a current unencumbered registered nurse license to practice in Arkansas and be employed full time.
  - b. The practical nursing program director shall have a minimum of a baccalaureate degree in nursing. Directors appointed prior to January 1, 2004, shall be exempt for the duration of their current position.
  - c. The baccalaureate, diploma or associate degree program director shall have a minimum of a master's degree in nursing.
  - d. The master's degree program director shall have a graduate degree with a major in nursing and is doctorally prepared
  - ~~d-e.~~ The program director shall have previous experience in clinical nursing practice and/or education.
  - ~~e-f.~~ The program director's primary responsibility and authority shall be to administer the nursing program.
    - (1) The program director shall be accountable for program administration, planning, implementation, and evaluation.
    - (2) Adequate time shall be allowed for relevant administrative duties and responsibilities.

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- f. ~~The licensure examination application program director~~ ~~licensure examination application shall be authorized to verify by the nursing program director to assure~~ ~~be authorized by the nursing program director to assure~~ the applicant has completed the program.
2. Faculty and Assistant Clinical Instructors
- Faculty shall hold a current unencumbered registered nurse license to practice in Arkansas.
  - Faculty shall have had at least ~~one one-two~~ years previous experience in clinical nursing at or above the education program level.
  - Faculty teaching in a masters, baccalaureate, diploma, associate degree, or practical nurse program shall have a degree or diploma above the type of education program offered.
  - Nurses serving as assistant clinical instructors in a masters, baccalaureate, diploma, associate degree, or practical nurse program shall have a degree or diploma at or above the type of education program offered.
  - Assistant clinical instructors shall:
    - Be under the direction of faculty;
    - Hold a current unencumbered license to practice in Arkansas; and
    - Have a minimum of ~~one one-two~~ years' experience in the clinical area.
  - All faculty shall maintain education and clinical competencies in areas of instructional responsibilities.
  - Non-nurse faculty shall meet the requirements of the parent institution.
  - Faculty shall be organized with written policies, procedures, and, if appropriate, standing committees.
  - Nursing faculty policies shall be consistent with parent institutional policies.
  - Program specific policies shall be developed by nursing faculty.
  - A planned program specific orientation for new faculty shall be in writing and implemented.
  - Consideration shall be given to safety, patient acuity, and the clinical area in determining the necessary faculty to student ratio for clinical experiences. The faculty to student ratio in clinical experiences shall be ~~no greater than 1:10. Effective January 1, 2015, the faculty to student ratio in clinical experiences shall be:~~
    - In the acute care setting where students are providing direct patient care the ratio is one faculty member to eight students (1:8).
    - In the non-acute care setting where students are providing direct patient care the ratio is one faculty member to ten students (1:10).
    - In the community setting where the students have indirect or direct patient care with a community partner the ratio is one faculty member to fifteen students (1:15).
  - The minimum number of faculty shall be one (1) full-time member in addition to the director.
  - Faculty meetings shall be regularly scheduled and held. Minutes shall be maintained in writing.
  - Faculty members shall participate in program activities as per policies and procedures.
3. Support Staff
- There shall be secretarial designated support staff sufficient to meet the needs of the program.

### F. PRECEPTORS

- Preceptor Utilization
  - Preceptors shall not be utilized in foundation or introductory courses.
  - Preceptors shall not be considered in clinical faculty-student ratio. The ratio of preceptor to student shall not exceed 1:2.
  - There shall be written policies for the use of preceptors, that include:
    - Communications between the program and preceptor concerning students;
    - Duties, roles, and responsibilities of the program, preceptor, and student; and
    - An evaluation process.
  - All preceptors shall be listed on the annual report by area, agency, and number of students precepted.
- Preceptor Criteria
  - Masters, ~~BBB~~ baccalaureate, diploma, associate degree, or practical nurse program student preceptors shall hold a current unencumbered license to practice as a registered nurse in Arkansas. Practical nurse student preceptors shall hold a current unencumbered license to practice as a registered nurse, licensed practical nurse, or licensed psychiatric technician nurse in Arkansas.
  - Preceptors shall have a minimum of one-year experience in the area of clinical specialty for which the preceptor is utilized.
  - Preceptors shall participate in evaluation of the student.
- Student Criteria
  - Precepted students shall be enrolled in courses specific to the preceptor's expertise.
  - Precepted students shall have appropriate learning experiences prior to the preceptorship.

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- c. There shall be no reimbursement to students for the educational preceptorship.
- 4. Faculty Criteria
  - a. Program faculty shall be responsible for the learning activity.
  - b. Program faculty shall be available for consultation with student and preceptor.
  - c. Program faculty shall be responsible for the final evaluation of the experience.

### G. STUDENTS

- 1. Admissions, Readmissions, and Transfers
  - a. There shall be written policies for admission, readmission, transfer, and advanced placement of students.
  - b. Admission criteria shall reflect consideration of potential to complete the program and meet standards to apply for licensure (See ACA §17-87-312).
  - c. Students who speak English as a second language shall meet the same admission criteria as other students and shall pass an English proficiency examination.
  - d. Documentation of high school graduation or an equivalent, as determined by the appropriate educational agency, shall be an admission requirement.
- 2. Progression and Graduation: There shall be written policies for progression and graduation of students.
- 3. Student Services
  - a. Academic and financial aid services shall be accessible to all students.
  - b. If health services are not available through the parent institution, a plan for emergency care shall be in writing.
  - c. There shall be provision for a counseling and guidance program separate from nursing faculty.
- 4. Appeal Policies: Appeal policies shall be in writing and provide for academic and non-academic grievances.
- 5. Program Governance: Students shall participate in program governance as appropriate.

### H. STUDENT PUBLICATIONS

- 1. Publications shall be current, dated, and internally consistent with parent institution and program materials.
- 2. The following minimum information shall be available in writing for prospective and current students:
  - a. Approval status of the program granted by the Board;
  - b. Admission criteria;
  - c. Advanced placement policies;
  - d. Curriculum plan;
  - e. Program costs;
  - f. Refund policy;
  - g. Financial aid information; and
  - h. Information on meeting eligibility standards for licensure, including information on ACA §17-87-312 and that graduating from a nursing program does not assure ASBN's approval to take the licensure examination.
- 3. The student handbook shall include the following minimum information:
  - a. Philosophy and graduate competencies;
  - b. Policies related to substance abuse, processes for grievances and appeal, grading, progression, and graduation; and
  - c. Student rights and responsibilities.

### I. EDUCATIONAL PROGRAM

- 1. The education program shall include curriculum and learning experiences essential for the expected entry level and scope of practice.
  - a. Curriculum development shall be the responsibility of the nursing faculty.
  - b. Curriculum plan shall be organized to reflect the philosophy and graduate competencies.
  - c. Courses shall be placed in a logical and sequential manner showing progression of knowledge and learning experiences.
  - d. Courses shall have written syllabi indicating learning experiences and requirements.
  - e. Theory content shall be taught concurrently or prior to related clinical experience.
  - f. Clinical experiences shall include expectations of professional conduct by students.
  - g. Curriculum plans for all programs shall include appropriate content in:
    - (1) Introduction to current federal and state patient care guidelines;
    - (2) Current and emerging infectious diseases;

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- (3) Emergency preparedness for natural and manmade disasters;
  - (4) Impact of genetic research ~~and cloning~~;
  - (5) End of life care; and
  - (6) Legal and ethical aspects of nursing, including the *Arkansas Nurse Practice Act*.
2. The curriculum plan for practical nurse programs shall include:
- a. Theoretical content and clinical experiences that focus on:
    - (1) Care for persons throughout the life span including cultural sensitivity;
    - (2) Restoration, promotion, and maintenance of physical and mental health; and
    - (3) Prevention of illness for individuals and groups.
  - b. The length of the practical nurse curriculum shall be no less than ten (10) calendar months which includes a minimum of thirty-five (35) credit hours in nursing content.
  - c. Theory content may be in separate courses or integrated and shall include at least the following:
    - (1) Anatomy and physiology;
    - (2) Nutrition;
    - (3) Pharmacology and intravenous therapy;
    - (4) Growth and development throughout the life span;
    - (5) Fundamentals of nursing;
    - (6) Gerontological nursing;
    - (7) Nursing of adults;
    - (8) Pediatric nursing;
    - (9) Maternal/infant nursing;
    - (10) Mental health nursing; and
    - (11) Principles of management in long term care, including delegation.
  - d. Clinical experiences shall be in the areas of:
    - (1) Fundamentals of nursing;
    - (2) Nursing of adults;
    - (3) Pediatric nursing;
    - (4) Gerontological nursing;
    - (5) Maternal/infant nursing;
    - (6) Mental health;
    - (7) Administration of medications, including intravenous therapy; and
    - (8) Management in long term care, including delegation.
3. The curriculum plan for registered nurse programs: masters, baccalaureate, diploma, or associate degree ~~nurse programs~~ ~~nurse programs~~ shall include:
- a. Theoretical content and clinical experiences that focus upon:
    - (1) The prevention of illness and the restoration, promotion, and maintenance of physical and mental health;
    - (2) Nursing care based upon assessment, analysis, planning, implementing, and evaluating; and
    - (3) Care for persons throughout the life span, including cultural sensitivity.
  - b. Course content may be in separate courses or integrated and shall include at least the following:
    - (1) Biological and physical sciences content:
      - a. Chemistry;
      - b. Anatomy and physiology;
      - c. Microbiology;
      - d. Pharmacology;
      - e. Nutrition; and
      - f. Mathematics.
    - (2) Behavioral science and humanities content:
      - a. Psychology;
      - b. Sociology;
      - c. Growth and development;
      - d. Interpersonal relationships;
      - e. Communication; and
      - f. English composition.
    - (3) Nursing science content:
      - a. Medical surgical adult;
      - b. Pediatrics;
      - c. Maternal/infant;
      - d. Gerontology;

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- e. Mental health;
  - f. Leadership, including nursing management and delegation; and
  - g. Masters and Baccalaureate programs shall include community health.
- (4) Clinical experiences shall be in the areas of:
- a. Medical/surgical;
  - b. Pediatrics;
  - c. Maternal/infant;
  - d. Mental health;
  - e. Gerontology;
  - f. Leadership and management, including delegation;
  - g. Rehabilitation; and
  - h. Masters and Baccalaureate programs shall include clinical experiences in community health.

### J. PROGRAM EVALUATION

1. Faculty shall be responsible for program evaluation.
2. A systematic evaluation plan of all program aspects shall be in writing, implemented, and include: philosophy and graduate competencies, curriculum, policies, resources, facilities, faculty, students, graduates, and employer evaluation of graduates.
3. The outcomes of the systematic evaluations shall be used for ongoing maintenance and development of the program.
4. Appropriate records shall be maintained to assist in overall evaluation of the program after graduation.
5. The systematic program evaluation plan shall be periodically reviewed.
6. Students shall evaluate the courses, instructors, preceptors, and clinical experiences throughout the program, and the overall program after graduation.

### K. RECORDS

1. Transcripts of all students enrolled in the program shall be maintained according to policies of the parent institution.
  - a. Transcripts shall reflect courses taken.
  - b. The final transcript shall include:
    - (1) Dates of admission;
    - (2) Date of separation or graduation from the program;
    - (3) Hours/credits/units earned, degree, diploma, or certificate awarded;
    - (4) The signature of the program director, registrar, or official electronic signature; and
    - (5) The seal of the school or be printed on security paper or an official electronic document.
  - c. Current program records shall be safely stored in a secure area.
  - d. Permanent student records shall be safely stored to prevent loss by destruction and unauthorized use.

HISTORY: Adopted ?; Amended 2017

## SECTION III REPORTS, LICENSURE EXAMINATION PERFORMANCE AND CLOSURE

### A. REPORTS

1. Annual report: An annual report shall be submitted in a format and date determined by the Board.
2. Special reports/requests: The Board shall be notified in writing of major changes affecting the program, including but not limited to:
  - a. School name;
  - b. Director of Program; and
  - c. Ownership or merger of parent institution.
3. Curriculum changes:
  - a. Masters, bBaccalaureate Masters, Bbaccalaureate, diploma, or associate degree, ~~or practical nurse or practical~~ program changes – Major changes of curriculum or standards shall be reported to the Board prior to implementation, including but not limited to:
    - (1) Philosophy, competencies, and objectives.
    - (2) Reorganization of curriculum.
    - (3) Increase or decrease in length of program.

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- b. Practical Programs – Major changes of curriculum and standards shall be approved prior to implementation, including but not limited to:
  - (1) Philosophy, competencies, and objectives;
  - (2) Reorganization of curriculum; and
  - (3) Increase or decrease in length of program.
- 4. Pilot programs/projects that differ from the current approved program shall be approved prior to implementation.

### B. LICENSURE EXAMINATION PERFORMANCE

- 1. The student pass rate on the licensure examination shall be calculated on the ASBN fiscal year. The program shall maintain a minimum pass rate of 75% for first-time examination candidates.
- 3. Any program with a pass rate below 75% shall:
  - a. First year:
    - (1) Receive a letter of concern; and
    - (2) Provide the Board with a report analyzing all aspects of the program. The report shall identify and analyze areas contributing to the low pass rate and include plans for resolution which shall be implemented.
  - b. Second consecutive year:
    - (1) Receive a letter of warning; and
    - (2) Program director and parent institution representative shall appear and present a report to the Board. The report shall identify and analyze the failure of first year corrections and additional plans for resolution of the low pass rate.
  - c. Third consecutive year:
    - (1) Be placed on conditional approval; and
    - (2) Conditional approval will be granted until two consecutive years of an above 75% pass rate is achieved or until the Board withdraws approval status for noncompliance with the education standards.

### C. PROGRAM CLOSURE

- 1. Voluntary
  - a. The parent institution shall submit a letter of intent for closure at least six (6) months prior to the closure. The letter shall include:
    - (1) Date of closure; and
    - (2) Plan for completion of currently enrolled students.
  - b. The Board must approve closure plan prior to implementation.
  - c. All classes and clinical experiences shall be provided until current students complete the program or parent institution provides for transfer to another acceptable program.
  - d. Records of a closed program shall be maintained by the parent institution and be in compliance with federal and state laws. The institution shall notify the Board of arrangements for the storage of permanent student and graduate records.
- 2. Mandatory
  - a. Upon Board determination that a program has failed to comply with educational standards and approval has been withdrawn, the parent institution shall receive written notification for closure of the program. The notification shall include:
    - (1) The reason for withdrawal of approval;
    - (2) The date of expected closure; and
    - (3) A requirement for a plan for completion of currently enrolled students or transfer of students to another acceptable program.
  - b. Records of a closed program shall be maintained by the parent institution and be in compliance with federal and state laws. The institution shall notify the Board of arrangements for the storage of permanent student and graduate records.
- 3. A program that has had withdrawal of their approval status may apply as a new program after one year from official closure date.

**HISTORY:** Adopted ?; Amended 2017

*Effective January 1, 2013*

## ARKANSAS STATE BOARD OF NURSING RULES

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## CHAPTER SEVEN RULES OF PROCEDURE

### SECTION I

#### ARKANSAS ADMINISTRATIVE PROCEDURE ACT

Rules, Rule Making, Notice of Hearing, Hearings, Judicial Review, Declaratory Orders, Adjudications, and other procedures authorized by the Arkansas Nurse Practice Act are governed by the Arkansas Administrative Procedures Act §25-15-201 et seq.

### SECTION II

#### PROCEDURE ON DENIAL, REPRIMAND, PROBATION, CIVIL PENALTIES, SUSPENSION, OR REVOCATION

#### **A. GROUNDS FOR DISCIPLINE**

1. The Board shall have sole authority to deny, suspend, revoke, or limit any license or privilege to practice nursing or certificate of prescriptive authority issued by the Board or applied for in accordance with the provisions of this chapter, or to otherwise discipline a licensee upon proof that the person:
  - a. Is guilty of fraud or deceit in procuring or attempting to procure a license to practice nursing or engaged in the practice of nursing without a valid license;
  - b. Is guilty of crime or gross immorality;
  - c. Is unfit or incompetent by reason of negligence, habits or other causes;
  - d. Is habitually intemperate or is addicted to the use of habit-forming drugs;
  - e. Is mentally incompetent;
  - f. Is guilty of unprofessional conduct;
  - g. Has had a license, certificate or registration revoked, suspended, placed on probation, or under disciplinary order in any jurisdiction;
  - h. Has voluntarily surrendered a license, certification, or registration, and has not been reinstated in any jurisdiction; or
  - i. Has willfully or repeatedly violated any of the provisions of this chapter.
2. The board shall refuse to issue or shall revoke the license of any person who is found guilty of or pleads guilty or nolo contendere to any offense listed in ACA §17-87-312(e) unless the person requests and the board grants a waiver pursuant to ACA §17-87-312(g).
3. Proceedings under this section shall be as provided in the Arkansas Administrative Procedure Act, as amended, ACA §25-15-201 et seq.

#### **B. PROCEEDINGS**

Proceedings shall be as follows.

1. Opportunity for licensee or applicant to have hearing.  
Except as provided in subsection 2 below, every licensee or applicant for a license shall be afforded notice and an opportunity to be heard before the Board. The Board shall have authority to take any action the effect of which would be to:
  - a. Deny permission to take an examination for licensing for which application has been duly made;
  - b. Deny a license after examination for any cause other than failure to pass an examination;
  - c. Withhold the renewal or reinstatement of a license for any cause;
  - d. Revoke a license;
  - e. Suspend a license;
  - f. Probate a license;

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- g. Reprimand a licensee;
  - h. Levy civil penalties.
- 2. Suspension of license without prior notice or hearing. If the Board finds that the continued practice by a licensee of the occupation or profession for which he or she is licensed will create an immediate hazard to the public, the Board may suspend the license pending a hearing without prior notice or hearing.
- 3. Notice of action or contemplated action by the Board-Request for Hearing-Notice of Contemplated Action.
  - a. When the Board contemplates taking any action of a type specified in paragraphs a. and b. of subsection B.1. supra, it shall give written notice to the applicant at the last address of record in the Board office, including a statement:
    - (1) That the applicant has failed to satisfy the Board of his or her qualifications to be examined or to be licensed, as the case may be;
    - (2) Indicating in what respects the applicant has failed to satisfy the Board; and
    - (3) That the applicant may secure a hearing before the Board by depositing in the mail, within 20 days after service of said notice, a registered letter addressed to the Board containing a request for a hearing.
  - 1. In any proceeding of the Board involving the denial of a duly made application to take an examination, or refusal to issue a license after an applicant has taken and passed an examination, the burden of satisfying the Board of the applicant's qualifications shall be upon the applicant.
  - 2. When the Board contemplates taking any action of a type specified in subsections c, d, and e of subsection B.1. supra, it shall give a written notice to the licensee at the last address of record in the Board office, through the Board's attorney, which contains a statement:
    - (1) That the Board has sufficient evidence which, if not rebutted or explained, will justify the Board in taking the contemplated action;
    - (2) Indicating the general nature of the evidence, and detailed allegations of violation of ACA §17-87-309(a) (1-9) the licensee is charged with;
    - (3) That a hearing will be held on a date certain, no sooner than 20 days after the mailing of the notice to the last address of record in the Board office; and at that hearing the Board will receive evidence.
  - 3. When the Board shall summarily suspend a license pending a hearing, as authorized in subsection B.2 supra, it shall give written notice of the general nature of the evidence and detailed allegations of violation of ACA §17-87-309(a)(1-9) the licensee is charged with:
    - (1) That the Board has sufficient evidence which, if not rebutted or explained, will justify revocation of the license by the Board;
    - (2) Indicating the general nature of the evidence against the licensee;
    - (3) That, based on the evidence indicated, the Board has determined that the continuation of practice of the occupation or profession of the licensee will create an immediate hazard to the public and has therefore suspended the license of the licensee effective as of the date such notice is served;
    - (4) The Board will then set an immediate hearing for a full evidentiary presentation by the licensee and the Board.
  - 4. In any hearing before the Board involving the suspension or revocation of a license, the burden shall be on the Board to present competent evidence to justify the action taken or proposed by the Board.

### C. CIVIL PENALTIES

The Board may, after providing notice and a hearing, levy civil penalties in an amount not to exceed one thousand dollars (\$1,000.00) for each violation against those individuals or entities found to be in violation of this Chapter or Rules promulgated thereunder.

- 1. Each day of violation shall be a separate offense.
- 2. These penalties shall be in addition to other penalties which may be imposed by the Board pursuant to this Chapter.
- 3. Unless the penalty assessed under this subsection is paid within fifteen (15) calendar days following the date for an appeal from the order, the Board shall have the power to file suit in the Circuit Court of Pulaski County to obtain a judgment for the amount of penalty not paid.

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### **D. ENCUMBRANCE OR SUSPENSION OF DEA REGISTRATION**

The APN shall submit his/her DEA Registration to the Board upon request following disciplinary hearing in which the registration is encumbered or suspended.

### **E. METHOD OF SERVING NOTICE OF HEARING**

Any notice required by subsection B.3 above, may be served either personally or by an officer authorized by law to serve process, or by registered mail or certified mail with return receipt requested, directed to the licensee or applicant at his or her last known address as shown by the records of the Board. If notice is served personally, it shall be deemed to have been served at the time when the officer delivers the notice to the person addressed.

### **F. VENUE OF HEARING**

Board hearings held under the provisions of this rule shall be conducted at the Board office or elsewhere in Pulaski County.

### **G. HEARINGS PUBLIC**

Use of Hearing Office — All hearings under this section shall be open to the public.

At all such hearings at least a quorum of the Board shall be present to hear and determine the matter.

### **H. RIGHTS OF PERSONS ENTITLED TO HEARING**

A person entitled to be heard pursuant to this section shall have the right to:

1. Be represented by counsel;
2. Present all relevant evidence by means of witnesses and books, papers and documents;
3. Examine all opposing witnesses on any matter relevant to the issues;
4. Have subpoenas and subpoenas duces tecum issued to compel the attendance of witnesses and the production of relevant books, papers and documents upon making written request therefore to the Board; and
5. Have a transcript of the hearing made at his or her own expense.

### **I. POWERS OF THE BOARD IN CONNECTION WITH HEARING**

In connection with any hearing held pursuant to the provisions of this section, the Board or its hearing officer shall have power to:

1. Have counsel to develop the case;
2. Administer oaths or affirmations to witnesses called to testify;
3. Take testimony;
4. Examine witnesses;
5. Have a transcript of the hearing made at the expense of the Board; and
6. Direct a continuance of any case.

### **J. RULES OF EVIDENCE**

In proceedings held pursuant to this rule, the Board may admit any evidence and may give probative effect to evidence that is of a kind commonly relied on by reasonably prudent men in the conduct of serious affairs. The Board may in their discretion exclude incompetent, irrelevant, immaterial, and unduly repetitious evidence.

### **K. FEES – WITNESSES**

Witness fees and mileage, if claimed, shall be allowed the same as for testimony in a Circuit Court.

### **L. MANNER AND TIME OF RENDERING DECISION**

After a hearing has been completed, the members of the Board shall proceed to consider the case and as soon as practicable shall render their decision. If the hearing was conducted by a hearing officer, the decision shall be rendered by the Board at a meeting where a quorum of the members of the Board is present and participating in the decision. In any case the decision must be rendered within ninety (90) days after the hearing.

### **M. SERVICE OF WRITTEN DECISION**

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Within a reasonable time after the decision is rendered, the Board shall serve upon the person whose license is involved a written copy of the decision, either personally or by registered mail to the last address of record in the Board office. If notice is served personally, it shall be deemed to have been served at the time when the officer delivers the notice to the person addressed. Where notice is served by registered mail, it shall be deemed to have been served on the date borne by the return receipt showing delivery of the notice to the addressee or refusal to accept the notice. An attempt to serve notice at the last address of record shall constitute official notice.

### **N. PROCEDURE WHERE PERSON FAILS TO REQUEST OR APPEAR FOR HEARING—REOPENING HEARING**

If a person duly notified fails to appear for a disciplinary hearing and no continuance has been granted, the Board, or its hearing officer, shall hear the evidence of such witnesses as may have appeared, and the Board shall proceed to consider the matter and dispose of it on the basis of the evidence before it in the manner required by subsection L. of Section II. Failure of the licensee to keep the Board informed of a change of address shall not be grounds to have the hearing reopened.

Where because of accident, sickness, or other cause a person fails to appear for a hearing which has been scheduled by the Board, the person may, within a reasonable time, apply to the Board to reopen the proceeding; and the Board, upon finding such cause sufficient, shall immediately fix a time and place for hearing, and give such person notice thereof as required by Section II. At the time and place fixed, a hearing shall be held in the same manner as would have been employed if the person had appeared in response to the original notice of hearing.

### **O. CONTENTS OF DECISION**

The decision of the Board shall contain:

1. Findings of fact made by the Board;
2. Conclusions of law reached by the Board;
3. The order of the Board based upon these findings of fact and conclusions of law; and
4. A statement informing the person whose license is involved of his right to request a judicial review and the time within such request must be made.

## **SECTION III** **ENFORCEMENT**

### **A. CIVIL ACTION**

The Board may institute such civil suits or other legal proceedings as may be required for enforcement of any provisions of ACA §17-87-101 through §17-87-711 (*Nurse Practice Act*), as amended, and related acts.

### **B. CRIMINAL ACTION**

If the Board has reason to believe that any person has violated any provisions of the *Nurse Practice Act*, as amended, or related acts for which criminal prosecution would be in order, it shall so inform the prosecuting attorney in whose district any such purported violation may have occurred.

## **SECTION IV** **DISCIPLINARY PROCEEDINGS**

### **A. DEFINITIONS**

1. The term "fraud and deceit" shall include but not be limited to:
  - a. False representation of facts on an application for licensure by examination or licensure by endorsement without examination or on application for renewal of license;
  - b. False representation by having another person in his/her place for the licensing examination or any part thereof;
  - c. Forged or altered documents or credentials as required for the application for original license, application for renewal of license, or application for certificate of prescriptive authority;
  - d. Disclosing the contents of the licensing examination or soliciting, accepting, or compiling

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- information regarding the examination before, during or after its administration;
- e. Aiding, abetting, assisting, or hiring an individual to violate or circumvent any law or duly promulgated rules intended to guide the conduct of a nurse or other health care provider;
  - f. Prescribing any drug, medicine, or therapeutic device unless certified by the Board as having prescriptive authority.
  - g. Engaging in the practice of nursing without a valid license.
  - h. Payment for any license, renewal license, fine, civil penalty, service or item purchased by any method or devise that results in nonpayment to the Arkansas State Board of Nursing or its agents.
2. The term "gross immorality" shall include but not be limited to acts and conduct inconsistent with the rules and principles of morality which relate to the practice of nursing and the responsibilities of the licensee.
3. The term "negligence" means the failure to do some act of nursing which a licensee should do, guided by those ordinary considerations which regulate the practice of nursing; or the doing of something which a reasonable and prudent licensee would not do under the same or similar facts and circumstances in the practice of nursing. The term "gross negligence" is an exercise of such minimal care as to justify the belief that there was a conscious disregard or indifference for the health, safety, or welfare of the patient or the public and shall be considered a substantial departure from the accepted standard of care. The term "other causes" shall include but not be limited to the inability to practice nursing because of physical and/or psychological impairment.
4. The term "habitually intemperate or addicted" shall include but not be limited to the use of hallucinogenics, stimulants, depressants, or intoxicants which could result in behavior that interferes with the practice of nursing.
5. The term "mental incompetence" shall include those situations where a court has judged a licensee as incompetent.
6. The term "unprofessional conduct" includes, but is not limited to, the conduct listed below:
- a. Failing to assess and evaluate a patient's status or failing to institute nursing intervention which might be required to stabilize a patient's condition or prevent complications.
  - b. Failing to accurately or intelligibly report or document a patient's symptoms, responses, progress, medications, and/or treatments.
  - c. Failing to make entries, destroying entries, and/or making false entries in records pertaining to the giving of narcotics, drugs, or nursing care.
  - d. Unlawfully appropriating medications, supplies, equipment, or personal items of the patient or employer.
  - e. Failing to administer medications and/or treatments in a responsible manner.
  - f. Performing or attempting to perform nursing techniques and/or procedures in which the nurse is untrained by experience or education, and practicing without the required professional supervision.
  - g. Violating the confidentiality of information or knowledge concerning the patient except where required by law.
  - h. Causing suffering, permitting or allowing physical or emotional injury to the patient or failing to report the same in accordance with the incident reporting procedure in effect at the employing institution or agency.
  - i. Leaving a nursing assignment without notifying appropriate personnel.
  - j. Failing to report to the Board within a reasonable time of the occurrence, any violation or attempted violation of the Arkansas *Nurse Practice Act* or duly promulgated rules or orders.
  - k. Delegating nursing care functions and/or responsibilities in violation of the Arkansas *Nurse Practice Act* and the Arkansas State Board of Nursing Rules, Chapter 5.
  - l. Failing to supervise persons to whom nursing functions are delegated or assigned.
  - m. Practicing nursing when unfit to perform procedures and make decisions in accordance with the license held because of physical, psychological, or mental impairment.
  - n. Failing to conform to the Standard Precautions for preventing contact with blood or other potentially infectious materials.
  - o. Providing inaccurate or misleading information regarding employment history to an employer or the Arkansas State Board of Nursing.
  - p. Failing a drug screen as requested by employer or Board.
  - q. Engaging in acts of dishonesty which relate to the practice of nursing.
  - r. Failure to display appropriate insignia to identify the nurse during times when the nurse is providing health care to the public.

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- s. Failure to repay loans to the Nursing Student Loan Fund as contracted with the Board of Nursing.
  - t. Failure to comply with the terms and conditions of the alternative to discipline contract.
  - u. Any other conduct that, in the opinion of the Board, is likely to deceive, defraud, injure or harm a patient or the public by an act, practice, or omission that fails to conform to the accepted standards of the nursing profession.
- 
- 7. The term "has had a license, privilege to practice, certificate, or registration revoked, suspended or placed on probation or under disciplinary order" refers to actions in any jurisdiction;
  - 8. The term "has voluntarily surrendered a license, privilege to practice, certification, or registration and has not been reinstated" refers to actions in any jurisdiction.
  - 9. The term "willfully" shall include but not be limited to:
    - a. Continuing action after notice by the Arkansas State Board of Nursing;
    - b. Disregarding the expiration date of the license;
    - c. Providing false, incorrect, or incomplete information to the employer regarding the status of the license;
    - d. Performing acts beyond the authorized scope of the level of nursing for which the individual is licensed, and practicing without required professional supervision;
    - e. Failing to follow the *Nurse Practice Act* of the State of Arkansas and its Rules.

*Effective: March 26, 2016*

HISTORY: Amended 2016; Amended 2017

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## CHAPTER TEN ALTERNATIVE TO DISCIPLINE

### SECTION I QUALIFICATIONS FOR ADMISSION

In order to be eligible for admission to the ATD program the licensee or applicant for licensure shall:

- A. Hold an Arkansas nursing license or be eligible for licensure;
- B. Otherwise be eligible for continued licensure under the Arkansas Nurse Practice Act;
- C. Admit in writing to a Substance Use Disorder (SUD) including alcohol; and
- D. Voluntarily request participation in the ATD program.
- E. A participant may transfer from another state's alternative program if it is substantively similar and approved by the ATD program director.

### SECTION II DENIAL TO PROGRAM

Licensees or applicants for licensure will be denied participation in the ATD program if they:

- A. Do not meet the qualifications listed in Section I;
- B. Diverted controlled substances for reasons other than self-administration;
- C. Engaged in behaviors resulting in patient harm;
- D. Have prior discipline by any board of nursing for substance abuse or diversion; or
- E. Demonstrated unsuccessful participation resulting in termination from the Arkansas ATD program or similar program offered in another jurisdiction.

### SECTION III REQUIREMENTS FOR PARTICIPATION

The participant shall:

- A. Agree to immediately place licensure on inactive status;
- B. Complete an in-depth psychological and addictive evaluation by a Board approved evaluator;
- C. Agree to complete all treatment recommendations, if any, of the evaluator;
- D. Admit, in writing, to violation of the Arkansas Nurse Practice Act;
- E. Enter into an ATD program contract;
- F. Execute any release necessary to give the ATD program director access to records, including but not limited to medical, employment and criminal records; and
- G. Agree to not practice nursing without written authorization from the ATD program director.

### SECTION IV STANDARDS FOR APPROVED EVALUATORS AND TREATMENT PROVIDERS

- A. Board approved evaluators shall meet the following standards:
  - 1. Be a physician, psychiatrist, psychologist, or mental health certified Advanced Practice Registered Nurse who is engaged in the treatment of substance use disorder, including alcohol;
  - 2. Demonstrate the ability to perform an examination to include a detailed history with the appropriate testing i.e. drug screens and other psychological testing as indicated;

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3. Cooperate and communicate with the ATD program director; and
4. Submit evaluation reports according to Board approved criteria.
- B. Board approved treatment providers shall meet the following standards:
  1. Provide outpatient and/or inpatient treatment;
  2. Cooperate and communicate with the ATD program director;
  3. Submit individualized written plan of care to include, but not limited to, assessment, diagnosis, treatment goals, discharge criteria, and recommendations for continuing recovery; and
  4. Meet all regulatory requirements in their respective state.

### SECTION V DISCHARGE FROM PROGRAM

- A. A participant shall be discharged from the ATD program upon:
  1. Successful completion of all terms and conditions of the ATD program contract; or
  2. Demonstration of noncompliance with the terms and conditions of the contract.
- B. If discharged from the ATD program for noncompliance, the licensee shall immediately surrender their licensure, accept a consent agreement, or be scheduled for a Board hearing.
- C. Participation in the ATD program does not preclude the Board from commencing any disciplinary action against a participant who is discharged from the ATD program or receives additional complaint(s).
- D. A participant may transfer to another state's alternative program if it is substantively similar and approved by the Arkansas ATD program director.
- E. If the participant voluntarily withdraws from the program, he/she shall immediately surrender his/her nursing licensure.

### SECTION VI REPORTING TO THE BOARD

The ATD program director shall make the following information available to the board:

- A. Names and results of any contact or investigation regarding an impaired nurse who is believed to be a danger to the public;
- B. Names of participants who:
  1. Fail to comply with the terms and conditions of the contract;
  2. Refuse to cooperate with the ATD program director; or
  3. Voluntarily withdraw or involuntarily discharge from the program;
- C. An annual evaluation of the program; and
- D. Other information and data as requested by the Board.

HISTORY: Adopted ? 2017

State of Arkansas  
91st General Assembly  
Regular Session, 2017

# A Bill

HOUSE BILL 1024

By: Representative Boyd  
By: Senator Irvin

## For An Act To Be Entitled

AN ACT TO MODIFY THE DEFINITION OF "CHRONIC  
NONMALIGNANT PAIN" IN THE COMBATING PRESCRIPTION DRUG  
ABUSE ACT; AND FOR OTHER PURPOSES.

## Subtitle

TO MODIFY THE DEFINITION OF "CHRONIC  
NONMALIGNANT PAIN" IN THE COMBATING  
PRESCRIPTION DRUG ABUSE ACT.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

SECTION 1. Arkansas Code § 20-7-702(2), concerning the definition of  
"chronic nonmalignant pain" within the Combating Prescription Drug Abuse Act,  
is amended to read as follows:

(2) "Chronic nonmalignant pain" means pain requiring more than  
three (3) consecutive months of prescriptions for:

(A) An opioid that is written for more than the equivalent  
of ninety (90) tablets, each containing five milligrams (5 mg) of  
hydrocodone;

(B) A morphine equivalent dose of more than fifteen  
milligrams (15 mg) per day; or

(C) In the specific case of tramadol, ~~a dose of fifty~~  
~~milligrams (50 mg) or one hundred twenty (120) tablets~~ an average dose  
equivalent of two hundred milligrams (200 mg) or greater per day;

APPROVED: 01/30/2017



State of Arkansas *As Engrossed: S2/2/17 S2/6/17 S2/9/17*

91st General Assembly

## A Bill

Regular Session, 2017

SENATE BILL 146

By: Senator Bledsoe

By: Representative D. Ferguson

### For An Act To Be Entitled

AN ACT TO AMEND THE LAWS CONCERNING TELEMEDICINE; TO  
CREATE THE TELEMEDICINE ACT; TO AMEND THE DEFINITION  
OF TELEMEDICINE AND ORIGINATING SITE; TO ADDRESS  
REQUIREMENTS OF A PROFESSIONAL RELATIONSHIP WHEN  
USING TELEMEDICINE; TO ADD STANDARDS FOR THE  
APPROPRIATE USE OF TELEMEDICINE; TO AMEND THE  
ARKANSAS INTERNET PRESCRIPTION CONSUMER PROTECTION  
ACT TO CONFORM WITH THE TELEMEDICINE ACT; TO ADDRESS  
INSURANCE COVERAGE OF TELEMEDICINE; AND FOR OTHER  
PURPOSES.

### Subtitle

TO AMEND THE LAWS CONCERNING  
TELEMEDICINE; AND TO CREATE THE  
TELEMEDICINE ACT.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

SECTION 1. Arkansas Code § 17-80-118 is repealed.

~~17-80-118. Telemedicine.~~

~~(a) As used in this section:~~

~~(1) "Distant site" means the location of the healthcare  
professional delivering services through telemedicine at the time the  
services are provided;~~

~~(2) "Healthcare professional" means a person who is licensed,  
certified, or otherwise authorized by the laws of this state to administer~~



1 ~~health care in the ordinary course of the practice of his or her profession;~~

2 ~~(3) "Originating site" means:~~

3 ~~(A) The offices of a healthcare professional or a licensed~~  
4 ~~healthcare entity where the patient is located at the time services are~~  
5 ~~provided by a healthcare professional through telemedicine; and~~

6 ~~(B) The home of a patient in connection with treatment for~~  
7 ~~end-stage renal disease;~~

8 ~~(4) "Professional relationship" means at minimum a relationship~~  
9 ~~established between a healthcare professional and a patient when:~~

10 ~~(A) The healthcare professional has previously conducted~~  
11 ~~an in-person examination and is available to provide appropriate follow-up~~  
12 ~~care, when necessary, at medically necessary intervals;~~

13 ~~(B) The healthcare professional personally knows the~~  
14 ~~patient and the patient's relevant health status through an ongoing personal~~  
15 ~~or professional relationship and is available to provide appropriate follow-~~  
16 ~~up care, when necessary, at medically necessary intervals;~~

17 ~~(C) The treatment is provided by a healthcare professional~~  
18 ~~in consultation with, or upon referral by, another healthcare professional~~  
19 ~~who has an ongoing relationship with the patient and who has agreed to~~  
20 ~~supervise the patient's treatment, including follow-up care;~~

21 ~~(D) An on-call or cross-coverage arrangement exists with~~  
22 ~~the patient's regular treating healthcare professional;~~

23 ~~(E) A relationship exists in other circumstances as~~  
24 ~~defined by rule of the Arkansas State Medical Board for healthcare~~  
25 ~~professionals under its jurisdiction and their patients; or~~

26 ~~(F) A relationship exists in other circumstances as~~  
27 ~~defined by rule of a licensing or certification board for other healthcare~~  
28 ~~professionals under the jurisdiction of the appropriate board and their~~  
29 ~~patients if the rules are no less restrictive than the rules of the Arkansas~~  
30 ~~State Medical Board;~~

31 ~~(5) "Store and forward technology" means the transmission of a~~  
32 ~~patient's medical information from an originating site to the provider at the~~  
33 ~~distant site without the patient being present; and~~

34 ~~(6) "Telemedicine" means the medium of delivering clinical~~  
35 ~~healthcare services by means of real-time two-way electronic audio-visual~~  
36 ~~communications, including without limitation the application of secure video~~

1 ~~conferencing, to provide or support healthcare delivery that facilitates the~~  
2 ~~assessment, diagnosis, consultation, or treatment of a patient's health care~~  
3 ~~while the patient is at an originating site and the healthcare professional~~  
4 ~~is at a distant site.~~

5 ~~(b)(1) The standards of appropriate practice in traditional healthcare~~  
6 ~~professional-patient settings shall govern the licensed healthcare~~  
7 ~~professional's treatment recommendations made via electronic means, including~~  
8 ~~issuing a prescription via telemedicine.~~

9 ~~(2) This section does not alter existing state law or rules~~  
10 ~~governing a healthcare professional's scope of practice.~~

11 ~~(3) This section does not authorize drug-induced, chemical, or~~  
12 ~~surgical abortions performed through telemedicine.~~

13 ~~(4)(A) Store and forward technology shall not be considered~~  
14 ~~telemedicine.~~

15 ~~(B) This subchapter does not restrict the use of store and~~  
16 ~~forward technology.~~

17 ~~(c) A healthcare professional shall follow applicable state and~~  
18 ~~federal law, rules, and regulations for:~~

19 ~~(1) Informed consent;~~

20 ~~(2) Privacy of individually identifiable health information;~~

21 ~~(3) Medical recordkeeping and confidentiality; and~~

22 ~~(4) Fraud and abuse.~~

23 ~~(d)(1) A healthcare professional who is treating patients in Arkansas~~  
24 ~~through telemedicine shall be fully licensed or certified to practice in~~  
25 ~~Arkansas and is subject to the rules of the appropriate state licensing or~~  
26 ~~certification board.~~

27 ~~(2) The requirement in subdivision (d)(1) of this section does~~  
28 ~~not apply to the acts of a healthcare professional located in another~~  
29 ~~jurisdiction who provides only episodic consultation services.~~

30 ~~(e)(1) A healthcare professional at a distant site shall not utilize~~  
31 ~~telemedicine with respect to a patient located in Arkansas unless a~~  
32 ~~professional relationship exists between the healthcare professional and the~~  
33 ~~patient or the healthcare professional otherwise meets the requirements of~~  
34 ~~professional relationship as defined in § 17-80-118(a)(4).~~

35 ~~(2) The existence of a professional relationship is not required~~  
36 ~~in the following circumstances:~~

~~(A) Emergency situations where the life or health of the patient is in danger or imminent danger; or~~

~~(B) Simply providing information of a generic nature, not meant to be specific to an individual patient.~~

~~(f) State licensing and certification boards for a healthcare professional shall amend their rules where necessary to comply with this section.~~

SECTION 2. Arkansas Code Title 17, Chapter 80, is amended to add an additional subchapter to read as follows:

Subchapter 4 – Telemedicine Act

17-80-401. Title.

This subchapter shall be known and may be cited as the "Telemedicine Act".

17-80-402. Definitions.

As used in this subchapter:

(1) "Distant site" means the location of the healthcare professional delivering services through telemedicine at the time the services are provided;

(2) "Healthcare professional" means a person who is licensed, certified, or otherwise authorized by the laws of this state to administer health care in the ordinary course of the practice of his or her profession;

(3) "Originating site" means a site at which a patient is located at the time healthcare services are provided to him or her by means of telemedicine;

(4)(A) "Professional relationship" means at minimum a relationship established between a healthcare professional and a patient when:

(i) The healthcare professional has previously conducted an in-person examination and is available to provide appropriate follow-up care, when necessary, at medically necessary intervals;

(ii) The healthcare professional personally knows the patient and the patient's relevant health status through an ongoing personal or professional relationship and is available to provide appropriate

1 follow-up care, when necessary, at medically necessary intervals;

2 (iii) The treatment is provided by a healthcare  
3 professional in consultation with, or upon referral by, another healthcare  
4 professional who has an ongoing relationship with the patient and who has  
5 agreed to supervise the patient's treatment, including follow-up care;

6 (iv) An on-call or cross-coverage arrangement exists  
7 with the patient's regular treating healthcare professional or another  
8 healthcare professional who has established a professional relationship with  
9 the patient;

10 (v) A relationship exists in other circumstances as  
11 defined by rule of the Arkansas State Medical Board for healthcare  
12 professionals under its jurisdiction and their patients; or

13 (vi) A relationship exists in other circumstances as  
14 defined by rule of a licensing or certification board for other healthcare  
15 professionals under the jurisdiction of the appropriate board and their  
16 patients if the rules are no less restrictive than the rules of the Arkansas  
17 State Medical Board;

18 (5) "Remote patient monitoring" means the use of synchronous or  
19 asynchronous electronic information and communication technology to collect  
20 personal health information and medical data from a patient at an originating  
21 site that is transmitted to a healthcare professional at a distant site for  
22 use in the treatment and management of medical conditions that require  
23 frequent monitoring;

24 (6) "Store-and-forward technology" means the asynchronous  
25 transmission of a patient's medical information from a healthcare  
26 professional at an originating site to a healthcare professional at a distant  
27 site; and

28 (7)(A) "Telemedicine" means the use of electronic information  
29 and communication technology to deliver healthcare services, including  
30 without limitation the assessment, diagnosis, consultation, treatment,  
31 education, care management, and self-management of a patient.

32 (B) "Telemedicine" includes store-and-forward technology  
33 and remote patient monitoring.

34  
35 17-80-403. Establishment of professional relationship.

36 (a)(1) A healthcare professional at a distant site shall not utilize

1 telemedicine with respect to a patient located in Arkansas unless a  
2 professional relationship exists between the healthcare professional and the  
3 patient or the healthcare professional otherwise meets the requirements of a  
4 professional relationship as defined in § 17-80-402.

5 (2) The existence of a professional relationship is not required  
6 in the following circumstances:

7 (A) Emergency situations where the life or health of the  
8 patient is in danger or imminent danger; or

9 (B) Simply providing information of a generic nature, not  
10 meant to be specific to an individual patient.

11 (b) If the establishment of the professional relationship is permitted  
12 via telemedicine under § 17-80-402(4)(A)(v) or § 17-80-402(4)(A)(vi),  
13 telemedicine may be used to establish the professional relationship only for  
14 situations in which the standard of care does not require an in-person  
15 encounter.

16 (c) "Professional relationship" does not include a relationship  
17 between a healthcare professional and a patient established only by the  
18 following:

19 (1) An internet questionnaire;

20 (2) An email message;

21 (3) Patient-generated medical history;

22 (4) Audio-only communication, including without limitation  
23 interactive audio;

24 (5) Text messaging;

25 (6) A facsimile machine; or

26 (7) Any combination thereof;

27  
28 17-80-404. Appropriate use of telemedicine.

29 (a)(1) A professional relationship shall be established in compliance  
30 with § 17-80-403 to provide healthcare services through telemedicine.

31 (2) Once a professional relationship is established, a  
32 healthcare professional may provide healthcare services through telemedicine,  
33 including interactive audio, if the healthcare services are within the scope  
34 of practice for which the healthcare professional is licensed or certified  
35 and the healthcare services otherwise meet the requirements of this  
36 subchapter.

1           (3) A licensing or certification board shall not permit the use  
2 of telemedicine in a manner that is less restrictive than the use of  
3 telemedicine authorized by the Arkansas State Medical Board.

4           (b)(1) Regardless of whether the healthcare professional is  
5 compensated for the healthcare services, if a healthcare professional seeks  
6 to provide healthcare services to a minor through telemedicine in a school  
7 setting and the minor is enrolled in the Arkansas Medicaid Program, the  
8 healthcare professional shall:

9                   (A) Be the designated primary care provider of the minor;

10                   (B) Have a cross-coverage arrangement with the designated  
11 primary care provider of the minor; or

12                   (C) Have authorization from the designated primary care  
13 provider of the minor.

14           (2) If the minor does not have a designated primary care  
15 provider, subdivision (b)(1) of this section does not apply.

16           (3) If a minor is enrolled in a health benefit plan as defined  
17 in § 23-79-1601 that is not part of the Arkansas Medicaid Program, the terms  
18 and conditions of the health benefit plan shall control.

19           (4) The designation of a primary care provider for a minor  
20 remains the right of a parent or legal guardian in accordance with § 20-9-601  
21 et seq.

22           (c) Healthcare services provided by telemedicine, including without  
23 limitation a prescription through telemedicine, shall be held to the same  
24 standard of care as healthcare services provided in person.

25           (d)(1) A healthcare professional who is treating patients in Arkansas  
26 through telemedicine shall be fully licensed or certified to practice in  
27 Arkansas and is subject to the rules of the appropriate state licensing or  
28 certification board.

29           (2) The requirement in subdivision (d)(1) of this section does  
30 not apply to the acts of a healthcare professional located in another  
31 jurisdiction who provides only episodic consultation services.

32           (e) A healthcare professional shall follow applicable state and  
33 federal law, rules, and regulations for:

34                   (1) Informed consent;

35                   (2) Privacy of individually identifiable health information;

36                   (3) Medical recordkeeping and confidentiality; and

1 (4) Fraud and abuse.

2  
3 17-80-405. Liability – Noncompliance.

4 (a) If a decision is made to provide healthcare services through  
5 telemedicine, the healthcare professional accepts responsibility and  
6 liability for the care of the patient.

7 (b) Noncompliance with this subchapter is a violation of the practice  
8 act of the healthcare professional.

9  
10 17-80-406. Rules.

11 State licensing and certification boards for a healthcare professional  
12 shall amend their rules where necessary to comply with this subchapter.

13  
14 17-80-407. Construction.

15 This subchapter does not:

16 (1) Alter existing state law or rules governing a healthcare  
17 professional's scope of practice; or

18 (2) Authorize drug-induced, chemical, or surgical abortions  
19 performed through telemedicine.

20  
21 SECTION 3. Arkansas Code § 17-92-1003(15), concerning the definition  
22 of "proper practitioner-patient relationship" within the Arkansas Internet  
23 Prescription Consumer Protection Act, is amended to read as follows:

24 (15) "Proper practitioner-patient relationship" means that  
25 before the issuance of a prescription, a practitioner, physician, or other  
26 prescribing health professional performs a history and in-person physical  
27 examination of the patient adequate to establish a diagnosis and to identify  
28 underlying conditions or contraindications to the treatment recommended or  
29 provided unless:

30 (A) The prescribing practitioner is consulting at the  
31 specific request of another practitioner who:

32 (i) Maintains an ongoing relationship with the  
33 patient;

34 (ii) Has performed an in-person physical examination  
35 of the patient; and

36 (iii) Has agreed to supervise the patient's ongoing

1 care and use of prescribed medications; ~~or~~

2 (B) The prescribing practitioner interacts with the  
3 patient through an on-call or cross-coverage situation; or

4 (C) The relationship is established through telemedicine  
5 pursuant to the Telemedicine Act, § 17-80-401 et seq.

6

7 SECTION 4. Effective January 1, 2018, Arkansas Code §§ 23-79-1601 and  
8 23-79-1602 are amended to read as follows:

9 23-79-1601. Definitions.

10 As used in this subchapter:

11 (1) "Distant site" means the location of the healthcare  
12 professional delivering healthcare services through telemedicine at the time  
13 the services are provided;

14 (2)(A) "Health benefit plan" means:

15 (i) An individual, blanket, or group plan, policy,  
16 or contract for healthcare services issued or delivered by an insurer, health  
17 maintenance organization, hospital medical service corporation, or self-  
18 insured governmental or church plan in this state; and

19 (ii) Any health benefit program receiving state or  
20 federal appropriations from the State of Arkansas, including the Arkansas  
21 Medicaid Program, ~~and~~ the Health Care Independence Program, commonly referred  
22 to as the "Private Option", and the Arkansas Works Program, or any successor  
23 program.

24 (B) "Health benefit plan" includes:

25 (i) Indemnity and managed care plans; and

26 (ii) Nonfederal governmental plans as defined in 29  
27 U.S.C. § 1002(32), as it existed on January 1, 2015.

28 (C) "Health benefit plan" does not include:

29 (i) Disability income plans;

30 (ii) Credit insurance plans;

31 (iii) Insurance coverage issued as a supplement to  
32 liability insurance;

33 (iv) Medical payments under automobile or homeowners  
34 insurance plans;

35 (v) Health benefit plans provided under Arkansas  
36 Constitution, Article 5, § 32, the Workers' Compensation Law, § 11-9-101 et

1 seq., or the Public Employee Workers' Compensation Act, § 21-5-601 et seq.;

2 (vi) Plans that provide only indemnity for hospital  
3 confinement;

4 (vii) Accident only plans;

5 (viii) Specified disease plans; or

6 (ix) Long-term care only plans;

7 (3) "Healthcare professional" means a person who is licensed,  
8 certified, or otherwise authorized by the laws of this state to administer  
9 health care in the ordinary course of the practice of his or her profession;

10 ~~(4) "Originating site" means:~~

11 ~~(A) The offices of a healthcare professional or a licensed~~  
12 ~~healthcare entity where the patient is located at the time services are~~  
13 ~~provided by a healthcare professional through telemedicine; and~~

14 ~~(B) The home of a patient in connection with treatment for~~  
15 ~~end-stage renal disease; and~~

16 ~~(5) "Telemedicine" means the medium of delivering clinical~~  
17 ~~healthcare services by means of real-time two-way electronic audio-visual~~  
18 ~~communications, including without limitation the application of secure video~~  
19 ~~conferencing, to provide or support healthcare delivery that facilitates the~~  
20 ~~assessment, diagnosis, consultation, or treatment of a patient's health care~~  
21 ~~while the patient is at an originating site and the healthcare professional~~  
22 ~~is at a distant site.~~

23 (4) "Originating site" means a site at which a patient is  
24 located at the time healthcare services are provided to him or her by means  
25 of telemedicine;

26 (5) "Remote patient monitoring" means the use of synchronous or  
27 asynchronous electronic information and communication technology to collect  
28 personal health information and medical data from a patient at an originating  
29 site that is transmitted to a healthcare professional at a distant site for  
30 use in the treatment and management of medical conditions that require  
31 frequent monitoring;

32 (6) "Store-and-forward technology" means the asynchronous  
33 transmission of a patient's medical information from a healthcare  
34 professional at an originating site to a healthcare professional at the  
35 distant site; and

36 (7)(A) "Telemedicine" means the use of electronic information

1 and communication technology to deliver healthcare services, including  
2 without limitation the assessment, diagnosis, consultation, treatment,  
3 education, care management, and self-management of a patient.

4 (B) "Telemedicine" includes store-and-forward technology  
5 and remote patient monitoring.

6 (C) For the purposes of this subchapter, "telemedicine"  
7 does not include the use of:

8 (i) Audio-only communication, including without  
9 limitation interactive audio;

10 (ii) A facsimile machine;

11 (iii) Text messaging; or

12 (iv) Electronic mail systems.

13

14 23-79-1602. Coverage for telemedicine.

15 (a)(1) This subchapter ~~shall apply~~ applies to all health benefit plans  
16 delivered, issued for delivery, reissued, or extended in Arkansas on or after  
17 January 1, 2016, or at any time when any term of the health benefit plan is  
18 changed or any premium adjustment is made thereafter.

19 (2) Notwithstanding subdivision (a)(1) of this section, this  
20 subchapter ~~shall apply~~ applies to the Arkansas Medicaid Program on and after  
21 January 1, 2016.

22 (b) A healthcare professional providing a healthcare service provided  
23 through telemedicine shall comply with the requirements of the Telemedicine  
24 Act, § 17-80-117 17-80-401 et seq.

25 (c)(1) A health benefit plan shall ~~cover the services of a physician~~  
26 ~~who is licensed by the Arkansas State Medical Board for healthcare services~~  
27 ~~through telemedicine on the same basis as the health benefit plan provides~~  
28 ~~coverage for the same healthcare services provided by the physician in person~~  
29 provide coverage and reimbursement for healthcare services provided through  
30 telemedicine on the same basis as the health benefit plan provides coverage  
31 and reimbursement for health services provided in person, unless this  
32 subchapter specifically provides otherwise.

33 (2) ~~Subject to subdivision (d)(1) of this section, a health~~  
34 ~~benefit plan shall reimburse a physician licensed by the board for healthcare~~  
35 ~~services provided through telemedicine on the same basis as the health~~  
36 ~~benefit plan reimburses a physician for the same healthcare services provided~~

1 ~~in person.~~ A health benefit plan is not required to reimburse for a  
2 healthcare service provided through telemedicine that is not comparable to  
3 the same service provided in person.

4 (3) A health benefit plan may voluntarily reimburse for  
5 healthcare services provided through means described in § 23-79-1601(7)(C).

6 (d)(1) A health benefit plan shall provide a reasonable facility fee  
7 to an originating site operated by a healthcare professional or a licensed  
8 healthcare entity if the healthcare professional or licensed healthcare  
9 entity is authorized to bill the health benefit plan directly for healthcare  
10 services.

11 (2) The combined amount of reimbursement that a health benefit  
12 plan allows for the compensation to the distant site physician and the  
13 originating site shall not be less than the total amount allowed for  
14 healthcare services provided in person.

15 (2)(3) Payment for healthcare services provided through  
16 telemedicine shall be provided to the distant site physician and the  
17 originating site upon submission of the appropriate procedure codes.

18 (3)(4) This section does not:

19 (A) Prohibit:

20 (i) A health benefit plan from reimbursing other  
21 healthcare professionals; or

22 (ii) A health benefit plan from paying a facility  
23 fee to a provider at the distant site in addition to a fee paid to the  
24 healthcare professional; or

25 (B) Require an insurer a health benefit plan to pay more  
26 for a healthcare service provided through telemedicine than would have been  
27 paid if the healthcare service was delivered in person.

28 (e) A health benefit plan shall not impose on coverage for healthcare  
29 services provided through telemedicine:

30 (1) An annual or lifetime dollar maximum on coverage for  
31 services provided through telemedicine other than an annual or lifetime  
32 dollar maximum that applies to the aggregate of all items and services  
33 covered;

34 (2) A deductible, copayment, coinsurance, benefit limitation, or  
35 maximum benefit that is not equally imposed upon all healthcare services  
36 covered under the health benefit plan; or

1 (3) A prior authorization requirement for services provided  
2 through telemedicine that exceeds the prior authorization requirement for in-  
3 person healthcare services under the health benefit plan.

4 (f) This subchapter does not prohibit a health benefit plan from:

5 (1) Limiting coverage of healthcare services provided through  
6 telemedicine to medically necessary services, subject to the same terms and  
7 conditions of the covered person's health benefit plan that apply to services  
8 provided in person; or

9 (2)(A) Undertaking utilization review, including prior  
10 authorization, to determine the appropriateness of healthcare services  
11 provided through telemedicine, provided that:

12 (i) The determination of appropriateness is made in  
13 the same manner as determinations are made for the treatment of any illness,  
14 condition, or disorder covered by the health benefit plan whether the service  
15 was provided in-person or through telemedicine; and

16 (ii) All adverse determinations for healthcare  
17 services, medications, or equipment prescribed by a physician are made by a  
18 physician who possesses a current and valid unrestricted license to practice  
19 medicine in Arkansas.

20 (B) Utilization review shall not require prior  
21 authorization of emergent telemedicine services.

22 (g)(1) A health benefit plan may adopt policies to ensure that  
23 healthcare services provided through telemedicine submitted for payment  
24 comply with the same coding, documentation, and other requirements necessary  
25 for payment as an in-person service other than the in-person requirement.

26 (2) If deemed necessary, the State Insurance Department may  
27 promulgate rules containing additional standards and procedures for the  
28 utilization of telemedicine to provide healthcare ~~service~~ services through  
29 health benefit plans if the additional standards and procedures do not  
30 conflict with this subchapter or § 17-80-117 and are applied uniformly by all  
31 health benefit plans.

32 (h) A health benefit plan shall not prohibit a healthcare professional  
33 from charging a patient enrolled in a health benefit plan for healthcare  
34 services provided by audio-only communication that are not reimbursed under  
35 the health benefit plan.

36

1 SECTION 5. Arkansas Code § 23-86-123 is amended to read as follows:

2 23-86-123. Prior authorization by physician — Definitions.

3 (a) As used in this section:

4 (1) "Prior authorization" means the process by which a health  
5 carrier determines the medical necessity or eligibility for coverage of a  
6 healthcare service before a covered person receives the healthcare service in  
7 order to provide coverage and reimbursement for the healthcare service; and

8 (2) "Telemedicine" means ~~the medium of delivering clinical~~  
9 ~~healthcare services by means of real-time two-way electronic audiovisual~~  
10 ~~communications, including without limitation the application of secure video~~  
11 ~~conferencing, to provide or support healthcare delivery that facilitates the~~  
12 ~~assessment, diagnosis, consultation, treatment, education, care management,~~  
13 ~~or self-management of a patient's health care while the patient is at an~~  
14 ~~originating site and the healthcare professional is at a distant site the~~  
15 same as defined in § 23-79-1601.

16 (b) When conducting prior authorization, whether for healthcare  
17 services provided through telemedicine or provided in person, a physician who  
18 possesses a current and unrestricted license to practice medicine in the  
19 State of Arkansas shall make all adverse determinations for healthcare  
20 services, medications, or equipment prescribed by a physician.

21  
22 /s/Bledsoe

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25 **APPROVED: 02/17/2017**  
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1 State of Arkansas  
2 91st General Assembly  
3 Regular Session, 2017  
4

As Engrossed: S1/26/17

## A Bill

SENATE BILL 95

5 By: Senator Irvin  
6 By: Representative D. Ferguson  
7

### For An Act To Be Entitled

9 AN ACT TO WAIVE THE LICENSURE RENEWAL FEE CHARGED BY  
10 THE ARKANSAS STATE BOARD OF DENTAL EXAMINERS, THE  
11 STATE BOARD OF OPTOMETRY, AND THE ARKANSAS STATE  
12 MEDICAL BOARD FOR CERTAIN ACTIVE-DUTY MILITARY  
13 HEALTHCARE PROFESSIONS; AND FOR OTHER PURPOSES.  
14  
15

### Subtitle

16  
17 TO WAIVE THE LICENSURE RENEWAL FEE  
18 CHARGED BY THE ARKANSAS STATE BOARD OF  
19 DENTAL EXAMINERS, THE STATE BOARD OF  
20 OPTOMETRY, AND THE ARKANSAS STATE MEDICAL  
21 BOARD FOR CERTAIN ACTIVE-DUTY MILITARY  
22 HEALTHCARE PROFESSIONS.  
23  
24

25 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:  
26

27 SECTION 1. Arkansas Code § 17-82-310(a)(2), concerning the annual  
28 renewal fee charged by the Arkansas State Board of Dental Examiners; is  
29 amended to read as follows:

30 (2)(A) Except as provided in subdivision (a)(2)(B) of this  
31 section, a A renewal fee in an amount to be determined by the board as being  
32 necessary to provide funds for the operation of the board and for other  
33 expenses in administering this chapter ~~must~~ shall be paid to the board upon  
34 the filing of the form, duly executed, with the board.

35 (B) The board shall waive the annual renewal fee for all  
36 licenses to practice dentistry or dental hygiene if the licensee:



1 (i) Holds a license to practice dentistry or dental  
2 hygiene in the State of Arkansas; and

3 (ii) Is an active-duty member of the military.  
4

5 SECTION 2. Arkansas Code § 17-90-304(a), concerning the annual renewal  
6 fee charged by the State Board of Optometry, is amended to read as follows:

7 (a) (1) Except as provided in subdivision (a)(2) of this section, a  
8 registered optometrist ~~All registered optometrists~~ shall annually pay  
9 annually a reasonable sum, to be fixed by the State Board of Optometry, to  
10 the Secretary-treasurer of the State Board of Optometry as a license renewal  
11 fee on or before February 1 each year.

12 (2) The board shall waive the annual renewal fee for all  
13 registered optometrists if the registered optometrist:

14 (A) Holds a license to practice optometry in the State of  
15 Arkansas; and

16 (B) Is an active-duty member of the military.  
17

18 SECTION 3. Arkansas Code § 17-95-411(4), concerning annual license or  
19 reregistration fees charged by the Arkansas State Medical Board, is amended  
20 to read as follows:

21 (4)(A) (i) For annual license or reregistration fee, seventy  
22 dollars (\$70.00).

23 (ii) This Except as provided in subdivision (4)(C)  
24 of this section, an annual license or reregistration fee is to be imposed  
25 upon each physician who holds a license to practice medicine in the State of  
26 Arkansas.

27 (B) The annual license or reregistration fee may be  
28 changed by the board, provided that the amount shall be fixed by the board  
29 not less than sixty (60) days in advance of January 1 of each year.

30 (C) The board shall waive the annual license or  
31 reregistration fee of a physician who:

32 (i) Holds a license to practice medicine in the  
33 State of Arkansas; and

34 (ii) Is an active-duty member of the military.  
35

36 SECTION 4. Arkansas Code § 17-87-308, concerning the renewal of

1 licenses under the Arkansas State Board of Nursing, is amended to add an  
2 additional subsection to read as follows:

3 (h) The board shall waive the renewal fee of a nurse who:

4 (1) Holds a license to practice nursing in the State of  
5 Arkansas; and

6 (2) Is an active-duty member of the military.

7  
8 /s/Irvin

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11 **APPROVED: 02/17/2017**  
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State of Arkansas  
91st General Assembly  
Regular Session, 2017

## A Bill

HOUSE BILL 1184

By: Representative D. Meeks  
By: Senator E. Williams

### For An Act To Be Entitled

AN ACT TO REQUIRE STATE BOARDS AND COMMISSIONS TO  
PROMULGATE RULES FOR TEMPORARY LICENSURE,  
CERTIFICATION, OR PERMITTING OF SPOUSES OF ACTIVE  
DUTY SERVICE MEMBERS; AND FOR OTHER PURPOSES.

### Subtitle

TO REQUIRE STATE BOARDS AND COMMISSIONS  
TO PROMULGATE RULES FOR TEMPORARY  
LICENSURE, CERTIFICATION, OR PERMITTING  
OF SPOUSES OF ACTIVE DUTY SERVICE  
MEMBERS.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

SECTION 1. Arkansas Code § 17-1-106(g), concerning the temporary  
licensure, certification, or permitting of spouses of active duty service  
members, is amended to read as follows:

(g) All state boards and commissions ~~may~~ shall promulgate rules  
necessary to carry out the provisions of this section.

APPROVED: 02/21/2017



1 State of Arkansas  
2 91st General Assembly  
3 Regular Session, 2017  
4

# A Bill

HOUSE BILL 1413

5 By: Representatives Boyd, Pilkington  
6 By: Senator Files  
7

## For An Act To Be Entitled

8  
9 AN ACT TO CREATE THE ALTERNATIVE TO DISCIPLINE ACT;  
10 TO PROVIDE FOR TREATMENT OF NURSES LICENSED IN  
11 ARKANSAS WHO SUFFER FROM IMPAIRMENT; AND FOR OTHER  
12 PURPOSES.  
13  
14

## Subtitle

15  
16 TO CREATE THE ALTERNATIVE TO DISCIPLINE  
17 ACT; AND TO PROVIDE FOR TREATMENT OF  
18 NURSES LICENSED IN ARKANSAS WHO SUFFER  
19 FROM IMPAIRMENT.  
20  
21

22 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:  
23

24 SECTION 1. Arkansas Code Title 17, Chapter 87, is amended to add an  
25 additional subchapter to read as follows:

26 Subchapter 8 – Alternative to Discipline Act  
27

28 17-87-801. Title.

29 This subchapter shall be known and may be cited as the "Alternative to  
30 Discipline Act".  
31

32 17-87-802. Purpose.

33 The purpose of this subchapter is to:

34 (1) Provide for the identification and treatment of nurses  
35 licensed by the Arkansas State Board of Nursing who suffer from impairments;

36 (2) Promote public health and safety; and



1           (3) Ensure the continued availability of the skills of highly  
2 trained nursing professionals for the benefit of the public.

3  
4           17-87-803. Definitions.

5           As used in this subchapter:

6           (1) "Alternative to discipline program" means a plan approved by  
7 the Arkansas State Board of Nursing for intervention, treatment, and  
8 rehabilitation of an impaired nurse;

9           (2) "Impairment" means the inability or significant potential  
10 for inability to practice with reasonable safety and skill as a result of a  
11 diagnosed substance use disorder or any diagnosed mental or physical health  
12 condition;

13           (3) "Participant" means an applicant or licensee who:

14                   (A) Self reports an impairment to the board;

15                   (B) Is referred to the alternative to discipline program  
16 by the board; or

17                   (C) Signs an initial agreement with the program  
18 coordinator to oversee the impaired nurse; and

19           (4) "Rehabilitation" means the process whereby an impaired nurse  
20 advances in an alternative to discipline program to an optimal level of  
21 competence to practice nursing without endangering the public.

22  
23           17-87-804. Alternative to Discipline Program – Program coordinator  
24 duties – Board review.

25           (a) The Arkansas State Board of Nursing shall create an alternative to  
26 discipline program which shall:

27                   (1) Serve as a diversion program to which the board may refer  
28 licensees when appropriate in lieu of or in addition to other disciplinary  
29 action; and

30                   (2) Be a source of referral for nurses who, on a strictly  
31 voluntary basis, desire to avail themselves of its services.

32           (b) The board may perform the following duties and powers while  
33 operating the alternative to discipline program:

34                   (1) Approve addiction evaluators and treatment programs  
35 available through the alternative to discipline program;

36                   (2) Contract with providers of treatment programs;

1           (3) Receive and evaluate reports of suspected impairment,  
 2 regardless of the source of the report;

3           (4) Intervene in cases of verified impairment;

4           (5) Refer impaired nurses to the program coordinator of the  
 5 alternative to discipline program or another treatment program, or both;

6           (6) Monitor the treatment and rehabilitation of impaired nurses  
 7 and the post-treatment of impaired nurses who are rehabilitated; and

8           (7) Perform other activities deemed necessary to accomplish the  
 9 purposes of this subchapter.

10          (c)(1) The board shall employ a program coordinator to organize and  
 11 administer the alternative to discipline program.

12          (2) The program coordinator shall:

13           (A) Review and evaluate nurses who request participation  
 14 in or are recommended for the alternative to discipline program;

15           (B) Review and designate treatment facilities and services  
 16 to which nurses in the program may be referred;

17           (C) Receipt and review of information relating to the  
 18 participation of nurses in the program;

19           (D) Preparation of reports for the board; and

20           (E) Other duties as deemed necessary by the board.

21          (3)(A) The board shall review the activities of the program  
 22 coordinator.

23           (B) As part of this evaluation, the board may review files  
 24 of all participants in the alternative to discipline program.

25           (C) The board shall also resolve complaints voiced  
 26 regarding the alternative to discipline program.

27  
 28          17-87-805. Reporting procedure.

29          The Arkansas State Board of Nursing shall develop rules and procedures  
 30 for:

31           (1) Reporting to the board:

32           (A) The names and results of any contact or investigation  
 33 regarding an impaired nurse who is believed to be an imminent danger to the  
 34 public or to himself or herself;

35           (B) An impaired nurse who:

36           (i) Fails or refuses to:

- 1                   (a) Cooperate with the program coordinator; or  
2                   (b) Submit to treatment;  
3                   (ii) Exhibits professional incompetence; or  
4                   (iii) Does not have alleviation through treatment  
5 for his or her impairment; and  
6                   (C) A participant of the alternative to discipline program  
7 resuming the practice of nursing;  
8                   (2) Informing each participant of the alternative to discipline  
9 program regarding the program requirements, program procedures,  
10 responsibilities of the participant, and consequences of noncompliance; and  
11                   (3) Performing other activities as necessary to implement this  
12 subchapter.  
13  
14                   17-87-806. Program requirements.  
15                   (a)(1) Eligibility to participate in the alternative to discipline  
16 program is at the sole discretion of the Arkansas State Board of Nursing.  
17                   (2) A person is not entitled to participate in the alternative  
18 to discipline program.  
19                   (b) To establish eligibility, a nurse shall:  
20                   (1) Have a license issued or an application for licensure in the  
21 State of Arkansas;  
22                   (2) Acknowledge that the nurse has a drug or alcohol abuse  
23 problem or addiction; and  
24                   (3) Meet any other requirements determined by the board.  
25                   (c) A participant in the alternative to discipline program shall:  
26                   (1) Agree to:  
27                   (A) Complete an evaluation conducted by a board-approved  
28 evaluator in order to outline the treatment required;  
29                   (B) Place his or her nursing license on inactive status  
30 until a treatment provider determines that the participant can safely  
31 practice nursing;  
32                   (C) Comply with:  
33                   (i) The written terms of the agreement to  
34 participate in the alternative to discipline program; and  
35                   (ii) The terms and conditions of any contract  
36 between the board and participant;

- 1                   (D) Pay all costs for treatment and monitoring;  
2                   (E) Select from board-approved evaluators, treatment  
3 facilities, counselors, and laboratory facilities before utilization of  
4 services;  
5                   (F) Admit in an affidavit to violations of § 17-87-101 et  
6 seq.; and

7                   (2) Perform other activities as determined necessary by the  
8 board.

9  
10           17-87-807. Failure to comply.

11           (a) Participation in the alternative to discipline program under this  
12 subchapter is not a defense to any disciplinary action that may be taken by  
13 the Arkansas State Board of Nursing.

14           (b) This subchapter does not preclude the board from commencing  
15 disciplinary action against a nurse who is terminated from or fails to comply  
16 with the alternative to discipline program.

17  
18           17-87-808. Liability.

19           (a) A person acting on behalf of the Arkansas State Board of Nursing  
20 in the alternative to discipline program under this section is considered an  
21 officer or employee of the State of Arkansas for purposes of:

22                   (1) Immunity from civil liability under § 19-10-301 et seq.; and

23                   (2) Payment of actual damages on behalf of state officers or  
24 employees under § 21-9-201 et seq.

25           (b)(1) Except as provided in subdivision (b)(3) of this section, all  
26 participant records shall be confidential and shall not be subject to public  
27 inspection except under an order of a court of competent jurisdiction.

28                   (2) However, the records may be introduced as evidence in any  
29 relevant proceedings before the board and shall be produced upon board  
30 request.

31                   (3) The records regarding an impaired nurse or a participant of  
32 the alternative to discipline program shall be available to:

33                           (A) The board;

34                           (B) The staff of the board;

35                           (C) An employer;

36                           (D) A treating healthcare provider;

(E) Nursing education programs; and  
(F) Other states' nursing boards.

**APPROVED: 03/02/2017**

State of Arkansas  
91st General Assembly  
Regular Session, 2017

As Engrossed: H2/10/17

## A Bill

HOUSE BILL 1180

By: Representative Bentley

### For An Act To Be Entitled

AN ACT TO AUTHORIZE ADVANCED PRACTICE REGISTERED  
NURSES AND PHYSICIAN ASSISTANTS TO HAVE SIGNATURE  
AUTHORITY; AND FOR OTHER PURPOSES.

### Subtitle

TO AUTHORIZE ADVANCED PRACTICE REGISTERED  
NURSES AND PHYSICIAN ASSISTANTS TO HAVE  
SIGNATURE AUTHORITY.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

SECTION 1. Arkansas Code Title 17, Chapter 80, Subchapter 1, is  
amended to add an additional section to read as follows:

17-80-120. Signature authority for advanced practice registered nurses  
and physician assistants.

(a) When a provision of law or rule requires a signature,  
certification, stamp, verification, affidavit, or endorsement by a physician,  
the requirement may be fulfilled by an advanced practice registered nurse or  
a physician assistant in any of the following circumstances:

(1) Certification of disability for patients to receive disabled  
parking permits or placards from the Office of Motor Vehicle; or

(2) Signature for:

(A) Sports physicals to authorize student athletes to  
participate in athletic activities;

(B) Physicals for bus drivers;

(C) Forms relating to do-not-resuscitate orders;

(D) Forms excusing a potential jury member due to an



1 illness;

2 (E) Death certificates;

3 (F) Workers' compensation forms;

4 (G) Forms relating to absenteeism for employment or school

5 purposes; or

6 (H) Authorizations for durable medical equipment.

7 (b) This section does not expand the scope of practice of an advanced  
8 practice registered nurse or physician assistant.

9  
10 /s/Bentley

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13 **APPROVED: 03/06/2017**  
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State of Arkansas *As Engrossed: S2/20/17 S3/9/17 S3/13/17 S3/14/17 S3/15/17*  
*H3/17/17*

91st General Assembly  
Regular Session, 2017

## A Bill

SENATE BILL 339

By: Senator J. Hutchinson  
By: Representative Hammer

### For An Act To Be Entitled

AN ACT TO AMEND THE PRESCRIPTION DRUG MONITORING  
PROGRAM TO MANDATE PRESCRIBERS CHECK THE PRESCRIPTION  
DRUG MONITORING PROGRAM WHEN PRESCRIBING CERTAIN  
MEDICATIONS; AND FOR OTHER PURPOSES.

### Subtitle

TO AMEND THE PRESCRIPTION DRUG MONITORING  
PROGRAM TO MANDATE PRESCRIBERS CHECK THE  
PRESCRIPTION DRUG MONITORING PROGRAM WHEN  
PRESCRIBING CERTAIN MEDICATIONS.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

SECTION 1. Arkansas Code § 20-7-604(d), concerning the requirements  
for the Prescription Drug Monitoring Program, is amended to read as follows:

(d)(1) Praetitioners Except as required in subdivision (d)(2) of this  
section, practitioners are encouraged to access or check the information in  
the controlled substance database created under this subchapter before  
prescribing, dispensing, or administering medications.

(2)(A) A prescriber shall check the information in the  
Prescription Drug Monitoring Program when prescribing:

(i) An opioid from Schedule II or Schedule III for  
every time prescribing the medication to a patient; and

(ii) A benzodiazepine medication for the first time  
prescribing the medication to a patient.



1 (B) A licensing board that licenses practitioners who have  
2 the authority to prescribe shall adopt rules requiring the practitioners to  
3 check the information in the Prescription Drug Monitoring Program as  
4 described in subdivision (d)(2) of this section.

5 (C) This subdivision (d)(2) does not apply to:

6 (i) A practitioner administering a controlled  
7 substance:

8 (a) Immediately before or during surgery;

9 (b) During recovery from a surgery while in a  
10 healthcare facility;

11 (c) In a healthcare facility; or

12 (d) Necessary to treat a patient in an  
13 emergency situation at the scene of an emergency, in a licensed ground  
14 ambulance or air ambulance, or in the intensive care unit of a licensed  
15 hospital;

16 (ii) A practitioner prescribing or administering a  
17 controlled substance to:

18 (a) A palliative care or hospice patient; or

19 (b) A resident in a licensed nursing home  
20 facility; or

21 (iii) Situations in which the Prescription Drug  
22 Monitoring Program is not accessible due to technological or electrical  
23 failure.

24 (D) The State Board of Health may amend, by rule, the  
25 exemptions listed in subdivision (d)(2)(C) of this section upon a  
26 recommendation from the Director of the Department of Health and a showing  
27 that the exemption or lack of exemption is unnecessarily burdensome or has  
28 created a hardship.

29 (3) A licensed oncologist shall check the Prescription Drug  
30 Monitoring Program when prescribing to a patient on an initial malignant  
31 episodic diagnosis and every three (3) months following the diagnosis while  
32 continuing treatment.

33  
34 SECTION 2. Arkansas Code § 20-7-607(a)(1), concerning providing  
35 prescription monitoring information to the Prescription Drug Monitoring  
36 Program, is amended to read as follows:

1           (a)(1)(A)(i) The Department of Health ~~may~~ shall review the  
2 Prescription Drug Monitoring Program information, including without  
3 limitation a review to identify information that appears to indicate whether  
4 a person ~~may be~~ is obtaining prescriptions in a manner that may represent  
5 misuse or abuse of controlled substances based on prescribing criteria  
6 determined by the Director of the Department of Health upon consultation with  
7 the Prescription Drug Monitoring Program Advisory Committee.

8                           (ii) The prescribing criteria shall be posted on the  
9 website of the department and be available in print upon request.

10           (B) If the information appears to indicate misuse or abuse  
11 may have occurred, the department shall notify the practitioners and  
12 dispensers who have prescribed or dispensed in the following manner:

13                           (i) The department shall provide quarterly reports  
14 to the individual practitioners and dispensers; and

15                           (ii) If after twelve (12) months of providing  
16 quarterly reports to the practitioners and dispensers, the information  
17 appears to indicate misuse or abuse may be continuing, the department shall  
18 send a report to the licensing boards of the practitioner or dispenser who  
19 prescribed or dispensed the prescription.

20           (C) If information of misuse or abuse is identified, the  
21 department shall notify the practitioners and dispensers who prescribed or  
22 dispensed the prescriptions and the Office of Diversion Control of the United  
23 States Drug Enforcement Administration.

24           (D) On or before January 1, 2019, the department shall  
25 contract with a vendor to make the Prescription Drug Monitoring Program  
26 interactive and to provide same-day reporting in real-time, if funding and  
27 technology are available.

28  
29           SECTION 3. Arkansas Code § 20-7-611, concerning unlawful acts and  
30 penalties regarding the Prescription Drug Monitoring Program, is amended to  
31 add an additional subsection to read as follows:

32                           (i) A practitioner who purposely fails to access the Prescription Drug  
33 Monitoring Program as required by § 20-7-604(d) is subject to disciplinary  
34 action by the licensing board of the practitioner.

35  
36           SECTION 4. Arkansas Code § 20-7-605(c), concerning the membership of

1 the Prescription Drug Monitoring Program Advisory Committee, is amended to  
2 read as follows:

3 (c) The committee shall consist of:

4 (1) One (1) representative designated by each of the following  
5 organizations:

- 6 (A) The Arkansas Academy of Physician Assistants;  
7 (B) The Arkansas Association of Chiefs of Police;  
8 (C) The Arkansas Drug Director;  
9 (D) The Arkansas Medical Society;  
10 (E) The Arkansas Nurses Association;  
11 (F) The Arkansas Optometric Association;  
12 (G) The Arkansas Osteopathic Medical Association;  
13 (H) The Arkansas Pharmacists Association;  
14 (I) The Arkansas Podiatric Medical Association;  
15 (J) The Arkansas Prosecuting Attorneys Association;  
16 (K) The Arkansas Sheriffs' Association;  
17 (L) The Arkansas State Dental Association;  
18 (M) The Arkansas Veterinary Medical Association;  
19 (N) The State Board of Health; and  
20 (O) The Arkansas Public Defender Commission;

21 (2) One (1) mental health provider or certified drug and alcohol  
22 counselor; and

23 (3) One (1) consumer appointed by the Governor;

24 (4) The chair of the Arkansas State Medical Board or his or her  
25 designee who is also a member of the Arkansas State Medical Board; and

26 (5) The chair of the Arkansas State Board of Dental Examiners or  
27 his or her designee who is also a member of the Arkansas State Board of  
28 Dental Examiners.

29  
30 SECTION 5. Arkansas Code § 17-95-303, concerning the powers and duties  
31 of the Arkansas State Medical Board, is amended to add an additional  
32 subdivision to read as follows:

33 (11) Promulgate rules limiting the amount of Schedule II  
34 narcotics that may be prescribed and dispensed by licensees of the board.

35  
36 SECTION 6. Arkansas Code § 10-3-309(c), concerning the review and

1 approval of proposed state agency rules by the Legislative Council, is  
2 amended to read as follows:

3 (c)(1) A state agency shall file a proposed rule with the Legislative  
4 Council at least thirty (30) days before the expiration of the period for  
5 public comment on the rule under the Arkansas Administrative Procedure Act, §  
6 25-15-201 et seq., or other laws or policies pertaining to the rulemaking  
7 authority of that state agency.

8 (2) The Legislative Council shall assign proposed rules to the  
9 Administrative Rules and Regulations Subcommittee of the Legislative Council.

10 (3)(A)(i) The proposed rule shall be reviewed by the  
11 Administrative Rules and Regulations Subcommittee of the Legislative Council.

12 (ii) When reviewing a rule under subdivision  
13 (c)(3)(A)(i) of this section, the Administrative Rules and Regulations  
14 Subcommittee of the Legislative Council shall allow members of the public a  
15 reasonable opportunity to comment on the proposed rule.

16 (B)(i)(a) Except as set forth in subdivision (c)(3)(B)(ii)  
17 of this subsection, Upon upon conclusion of the review of the proposed rule  
18 by the Administrative Rules and Regulations Subcommittee of the Legislative  
19 Council, the proposed rule shall be considered approved unless a majority of  
20 a quorum present request that the Administrative Rules and Regulations  
21 Subcommittee of the Legislative Council vote on the issue of approving the  
22 proposed rule.

23 ~~(ii)(b)~~ If the Administrative Rules and Regulations  
24 Subcommittee of the Legislative Council votes on the issue of approving the  
25 proposed rule, the proposed rule shall be approved unless a majority of a  
26 quorum present vote for the proposed rule to not be approved.

27 (ii) A proposed rule submitted by the State Board of  
28 Health under Arkansas Code § 20-7-604(d)(2)(D), concerning exemptions from  
29 the requirements of the Prescription Drug Monitoring Program, shall be  
30 considered reviewed and approved by the subcommittee upon an affirmative vote  
31 of three-fourths (3/4) of the members present when a quorum is present.

32 (4)(A)(i) Except as set forth in subdivision (c)(4)(B) of this  
33 subsection, A a proposed rule approved by the Administrative Rules and  
34 Regulations Subcommittee of the Legislative Council shall be considered  
35 approved by the Legislative Council unless a majority of a quorum present  
36 request that the Legislative Council vote on the issue of approving the

1 proposed rule.

2 ~~(B)(ii)~~ If the Legislative Council votes on the issue of  
3 approving the proposed rule, the proposed rule shall be approved unless a  
4 majority of a quorum present vote for the proposed rule to not be approved.

5 (B) A proposed rule submitted by the State Board of Health  
6 under Arkansas Code § 20-7-604(d)(2)(D), concerning exemptions from the  
7 requirements of the Prescription Drug Monitoring Program, shall be considered  
8 reviewed and approved by the Legislative Council upon an affirmative vote of  
9 three-fourths (3/4) of the members present when a quorum is present.

10

11

12 SECTION 7. Arkansas Code § 10-3-309(f), concerning a vote not to  
13 approve a state agency rule, is amended to read as follows:

14 (f)(1) A committee or subcommittee under this section may vote to not  
15 approve a rule under this section only if the rule is inconsistent with:

16 (A) State or federal law; or

17 (B) Legislative intent.

18 (2) A committee or subcommittee under this section voting not to  
19 approve a rule under this section shall state the grounds under subdivision  
20 (f)(1) of this section when not approving a rule.

21 (3) A committee or subcommittee under this section considering a  
22 rule submitted in accordance with Arkansas Code § 20-7-604(d)(2)(D),  
23 concerning exemptions from the Prescription Drug Monitoring Program, is not  
24 required to state the grounds required under subdivision (f)(1) when not  
25 approving a rule.

26

27 SECTION 8. Arkansas Code § 17-82-208, concerning the rules and  
28 regulations of the Arkansas State Board of Dental Examiners, is amended to  
29 add an additional subsection to read as follows:

30 (e) The board shall promulgate rules limiting the amount of Schedule  
31 II narcotics that may be prescribed and dispensed by licensees of the board.

32

33 SECTION 9. Arkansas Code § 17-87-203, concerning the powers and duties  
34 of the Arkansas State Board of Nursing, is amended to add an additional  
35 subdivision to read as follows:

36 (21) Promulgate rules limiting the amount of Schedule II

1 narcotics that may be prescribed and dispensed by licensees of the board.

2  
3 SECTION 10. Arkansas Code § 17-90-204, concerning the powers and  
4 duties of the State Board of Optometry, is amended to add an additional  
5 subdivision to read as follows:

6 (8) Promulgate rules limiting the amount of Schedule II  
7 narcotics that may be prescribed and dispensed by licensees of the board.

8  
9 SECTION 11. Arkansas Code § 17-92-205, concerning the rules and  
10 regulations of the Arkansas State Board of Pharmacy, is amended to add an  
11 additional subsection to read as follows:

12 (d) The board shall promulgate rules limiting the amount of Schedule  
13 II narcotics that may be dispensed by licensees of the board.

14  
15 SECTION 12. Arkansas Code § 17-101-203, concerning the powers and  
16 duties of the Veterinary Medical Examining Board, is amended to add an  
17 additional subdivision to read as follows:

18 (12) Promulgate rules limiting the amount of Schedule II  
19 narcotics that may be prescribed and dispensed by licensees of the board.

20  
21 /s/J. Hutchinson

22  
23  
24 **APPROVED: 04/03/2017**