HANDOUT 1

ARKANSAS STATE BOARD OF NURSING

Summary of Public Comments Concerning

Proposed Changes to ASBN Rules:

Chapter Four: Advanced Practice Registered Nurse

Chapter Five: Delegation

The public comment period was July 12, 2024, through August 19, 2024. A public hearing was held on August 12, 2024, at 10:30 a.m., at the Arkansas State Board of Nursing, 1123 S. University Ave., Ste. 312, Little Rock, AR. Written comments received during the comment period and verbal comments received during the public hearing are below.

<u>Chapter Four – Advanced Practice Registered Nurse:</u>

Leonie DeClerk, APRN spoke on behalf of the ANPA

Comment: The ANPA supports the changes to Chapter 4. She further states that the requirement to check the PDMP will increase patient safety.

Response: Mrs. Tedford stated she appreciates the support.

On August 15, 2024, ASBN received written comments (attached) on the proposed changes to Chapter 4. The comments were as follows:

In relation to Chapter Four, the Arkansas Nurse Practitioner Association supports the following revisions:

- Section VIII, D (p. 4-10). This revision increases public safety by providing increased access to opioid antagonists when needed.
- Section VIII, K (p. 4-12). This revision increases public safety and optimizes use of the Arkansas
 - Prescription Drug Monitoring Program {PDMP}. Stimulants from Schedule II, prescribed for conditions such as attention deficit disorder and narcolepsy, are the only class of medication tracked by the PDMP that had an increase in prescriptions filled in 2022 compared to 2021. Although these prescriptions and any dose changes must be initiated by a physician, and a physician must evaluate the patient every 6 months, advanced practice registered nurses {APRNs} can refill those prescriptions. We believe that this rule change, which requires the APRN to review the patient's PDMP report every 6 months, has the potential to improve public safety by detecting persons using multiple prescribers or prescription stimulants.
- Section IX (p. 4-12 & 13). This revision accurately reflects Act 872 of 2023.

Response: Mrs. Tedford stated she appreciates the support.

Chapter Five - Delegation:

Leonie DeClerk, APRN spoke on behalf of the ANPA

Comment: The Associations appreciates the work the Board has done toward allowing delegation to Medical Assistants (MA), as they are well trained.

Delegation to Medical Assistants does not decrease patient safety but will increase access to care.

Response: Response: Mrs. Tedford stated she appreciates the support, and the Board will continue to study the feasibility of modifying APRN delegation.

Melinda Rhynes spoke on behalf of the Arkansas Society of Medical Assistants

Comment: Ms. Rhynes read a letter (attached) signed by Donald Balasa, JD, CEO and Legal Counsel for the American Association of Medical Assistants, Misty Ross, CPPM, MCA, President of the Arkansas Society of Medical Assistants, and herself in support of the proposed changes allowing delegation by APRNs to Medical Assistants. Included with the letter was additional letters of support from APRNs and MAs.

Response: Mrs. Tedford stated she appreciates the support, and the Board will continue to study the feasibility of modifying APRN delegation.

On August 15, 2024, ASBN received written comments (attached) on the proposed changes to Chapter 5. The comments were as follows:

In relation to Chapter Five, the Arkansas Nurse Practitioner Association supports the revisions.

In the future, we encourage the Arkansas State Board of Nursing to allow licensed nurses to delegate the performance of nursing practices to a qualified and properly trained person (commonly known as medical assistants) who is not licensed or otherwise specifically authorized by the Arkansas Code to perform the practice or task, similar to ACA 17-95-208 and Arkansas State Medical Board Rule 31, which authorize physicians to delegate medical practices. Specifically, we would like the Arkansas State Board of Nursing to consider allowing APRNs to delegate nursing tasks to medical assistants.

Currently, APRNs cannot delegate many of the tasks in which medical assistants are trained to them. This decreases access to primary care in areas where there are few LPNs and RNs because the APRN must complete tasks such as immunizations. The current delegation rule effectively limits the number of patient visits, or one nurse must complete these tasks for multiple providers. In some cases, the scarcity of licensed nurses to fill office positions may make it infeasible to maintain an office in a rural or underserved community. Arkansas has numerous medical assistant programs offered through community colleges and other institutions, providing a well- trained, readily available healthcare workforce. Allowing APRNs to delegate to medical assistants would increase access to healthcare without compromising safety. Healthcare is best performed in teams; therefore, allowing each team member to practice to the top of their education will provide better healthcare access and outcomes for Arkansans.

Response: Mrs. Tedford stated she appreciates the support, and the Board will continue to study the feasibility of modifying APRN delegation.