EXHIBIT F

ARKANSAS STATE BOARD OF NURSING

SUBJECT: Revisions to Nursing Rules: Chapters: 1, 2, 3, 4, 7 and 9

DESCRIPTION: In compliance with Arkansas statutes and following the passage of Acts 529, 824, 833, 1156 and 1208 of the 2015 Legislative Session, mark-up copies of the proposed changes to the Board of Nursing Rules – Chapter 1- General Provisions; Chapter 2- Licensure: RN, LPN, and LPTN; Chapter 3- Registered Nurse Practitioner; Chapter 4- Advanced Practice Registered Nurse, Chapter 7- Rules of Procedure, and Chapter 9- Glucagon Administration, have been provided.

Our public comment period concerning this matter ends on February 12, 2016. A public hearing at our office is scheduled to take place on January 19, 2016 at 10:00 a.m.

Following is a summary of the proposed changes:

Chapter 1- General Provisions –In Section IV, the title of the Advanced Practice Registered Nurse is being updated from Advanced Practice Nurse and the title of Certified Nurse Practitioner is being changed from Advanced Nurse Practitioner for consistency of current titles of these nursing titles.

In Section IV, the definition of unencumbered license is being updated to reflect the more accurate explanation which is "free of disciplinary limitations" and deleting "or pending actions" which is inaccurate.

In Section V, F (3), the current acceptable methods of payment of fees include credit card but excludes cash.

Chapter 2 - Licensure- The changes to Section II, F.1. and F.2., are being made in order to specify that only "official" transcripts are acceptable and that examination results are no longer mailed to applicants but are made available to them and their nursing programs.

In Section VI, A, then word "exam" is extended to examination to be more specific.

In Section XI, the method involved for a licensee whose name has changed has been updated to reflect current processing which adds the requirement to submit a name change form and removing the requirement for the submission of the paper or plastic license cards (since those are no longer proof of nursing licensure and proof of licensure is now found on-line).

Chapter 3- Registered Nurse Practitioner- The proposed changes to Chapter 3 Section IV are being made in order to align with current ASBN procedures which adds the requirement to submit a name change form and removing the requirement for the submission of the old paper or plastic license cards (since those are no longer proof of nursing licensure and proof of licensure is now found on-line).

Chapter 4 - Advanced Practice Registered Nurse- The proposed changes to Section I are made for purposes of compliance with Act 1156. This act altered the numbering for reference back to statute, A.C.A. § 17-87-102

The changes in Section III, F (7) are made as a result of the continuing education requirements for prescribers which are found in A.C.A. § 20-7-704. Removing "Effective January 1, 2010" at the beginning of the paragraph then inserting "Effective January 1, 2017, two (2) of the five (5) hours must contact information related to maintaining professional boundaries and the prescribing rules, regulations and laws that apply to APRNs in the State of Arkansas."

The changes in Section III, I and J are made in order to clarify the requirements of a retired APRN license.

The change in Section III, J (6) is a technical correction, changing the "E." where an "F." should be at the appropriate paragraph.

In Section V, the method involved for a licensee whose name has changed has been updated to reflect current processing which adds the requirement to submit a name change form and removing the requirement for the submission of the paper or plastic license cards (since those are no longer proof of nursing licensure and proof of licensure is now found on-line).

The changes in Section VIII, A (5), are made with the purpose to comply with A.C.A. § 17-87-310 (a) (2), clarifying that a collaborative practice agreement must be with a practicing physician who has training within the scope, specialty or expertise of the advanced practice registered nurse.

The changes in Section VIII, A (5) e., are made with the purpose to comply with A.C.A. § 17-87-310 (b) (2), giving the advanced practice registered nurse authorization to prescribe hydrocodone combination products.

The addition of Section VIII, A (7), is made with the purpose to comply with A.C.A. § 20-7-704, clarifying that 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 six (6) months of issuance of the prescriptive authority certificate.

The changes in Section VIII D (2), Section VIII D (3) a., and Section VIII D (4) c., are made with the purpose to comply with A.C.A. § 17-87-310 (b) (2), clarifying the prescriptive authority for controlled substances by APRNs to extend to drugs listed in Schedules III through V and only hydrocodone combination products from Schedule II of the Controlled Substances Act.

The changes in Section VIII D (6-8) are made for purposes of compliance with A.C.A. § 20-7-705, which states "A licensing board that licenses individuals with prescriptive

authority shall adopt rules that are at least as stringent as the rules of the Arkansas State Medical Board concerning use of narcotics for the treatment of pain not associated with malignant or terminal illness." The three additional requirements are reflective of Regulation 2 of the Arkansas Medical Board.

The changes in Section VIII F (1), are made with the purpose to comply with A.C.A. § 17-87-310 (b) (2), clarifying that APRNs who have an active prescriptive authority certificate may also 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 from Schedule II of the Controlled Substance Act, which have been prepared, packaged, or fabricated by a pharmaceutical manufacturer in accordance with the Arkansas pharmacy laws and rules.

The language contained in Section VIII I (6) regarding an APRNs contact hours is moved to J – Reactivation of Prescriptive Authority.

Section VIII J was added for the purpose of being compliant with A.C.A. § 20-7-704. This section sets out the terms for reactivation of prescriptive authority for an APRN which is consistent with renewal of prescriptive authority.

In compliance with A.C.A. § 20-7-604 (h)(2) and A.C.A. § 20-7-615, Section VIII K lists criteria of the Prescription Drug Monitoring Program for APRNs.

Section XII, Prescribing for Chronic Nonmalignant Pain, was added to Chapter 4 in order to comply with A.C.A. § 20-7-702 and A.C.A. § 20-7-707. This section defines chronic nonmalignant pain, discusses patient treatment and evaluation and the exceptions to these requirements.

Chapter 7- Rules of Procedure- The proposed changes to Section IV, Disciplinary Proceedings A (6) (n), corrects the terminology concerning the Standard Precautions for preventing contact with blood or other potentially infectious material.

Chapter 9- Insulin and Glucagon Administration – The proposed changes to Section I. Purpose and Authority are added to align with the terminology found in A.C.A. § 17-87-103.

The change in Section II A is a clarification of the definition of an emergency situation.

The change in Section II C is the addition of a definition of insulin.

The change in Section II F is a clarification of the type of diabetes that children in public schools may experience.

The change in Section II G is added to align with the terminology found in A.C.A. § 17-87-103.

In compliance with A.C.A. § 6-18-711, Section III A-D was added to the rules. This section identifies the parameters in which a trained volunteer may administer insulin. This section also identifies minimum staffing levels for the school.

Section II E-G was modified in order to comply with A.C.A. § 17-87-103.

Section II H and I were added to ensure the safety of the children receiving insulin or glucagon.

Section II J and Section IV Protection from Liability is added to align with the terminology found in A.C.A. § 17-87-103.

Section V Training of Volunteers, A-C updates the training required of the volunteer in order to administer insulin.

Section VI Records is updated to reflect the changes found in A.C.A. § 17-87-103.

There is no expected opposition to the proposed changes to the ASBN Rules. No financial impact is anticipated. Copies of the Financial Impact forms and questionnaire have also been provided. The public comment period begins on January 11, 2016 and ends February 12, 2016. Provided no changes are needed, the Rules changes in Chapters 1, 2, 3, 4, 7, and 9 are set to be effective on July 1, 2016. If you have any questions concerning this submission, please contact me at 686-2704 or Sue Tedford, Executive Director, at 686-2703.

PUBLIC COMMENT: A public hearing was held on January 19, 2016. The public comment period expired on February 12, 2016. Public comments were as follows:

CHAPTER 4 COMMENTS

Arkansas Medical Board

COMMENT: Add "which were reclassified from Schedule III to Schedule II as of October 6, 2014" to all references to hydrocodone combination products. **RESPONSE:** The changes will be made.

COMMENT: Change Section VII, A(7) from "two" hours of prescribing education to "three" hours and add the content "maintaining professional boundaries." **RESPONSE:** The changes will be made.

COMMENT: Section XII, A. Reword the definition of Tramadol for clarity and add "a morphine equivalent dose of more than fifteen mg (15 mg) per day." **RESPONSE:** The changes will be made.

Dr. Ann Riggs, Reynolds Department of Geriatrics, UAMS

COMMENT: In reference to Section VIII, K(2), Dr. Riggs stated "I am most concerned on how this will affect the practice of APRNs in the long-term care and post-acute care settings. These patients should basically be viewed as "inpatient status" as they are under the care of one physician or APRN; and moreover, all medications are dispensed from a central pharmacy under contract by the nursing homes. In addition, all medications are reviewed on a monthly basis by the consultant pharmacist. The policy that before prescribing a schedule II drug, a PMP must be performed may hinder patient care especially on the weekend or after hours. This may lead to undertreatment of pain and other symptoms in a very vulnerable population. Perhaps this policy should be applied to the outpatient population only." **RESPONSE:** Section VIII, K(2) will be deleted and replaced with: "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 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."

CHAPTER 9 COMMENTS

Michelle Burk, RN, BSN, District Head Nurse, Arkansas Arts Academy

COMMENT: I am very opposed to licensed or classified personnel administering insulin unless they have completed an accredited nursing program and become an LPN or RN. As the district head nurse, if the proposed insulin rules are voted in as is, I will be **required** to delegate the responsibility of administering insulin to unlicensed persons who will most probably have **NO** previous experience with administering insulin. In other words, an unlicensed, inexperienced person will be administering insulin – a highly complex medication with the possibility of fatality. This is a huge liability both for the school, for myself, and ultimately for the child. When I worked in an acute care hospital setting, it was a requirement that insulin dosages be **DOUBLE-CHECKED BY TWO REGISTERED NURSES**. If it is so critical a medication dosage that it must be double-checked and confirmed by two RN's, I absolutely **CANNOT SUPPORT** putting this responsibility on a lay person's shoulders. **RESPONSE:** This provision was added pursuant to Act 833 of 2015. To modify this provision would require statutory change. Section IV states that a school district, school district employee, or an agent of a school district, including a healthcare professional who trained volunteer school personnel designated as care providers and care providers, shall not be liable for any damages resulting from his or her actions or inactions under these rules or ACA § 17-87-103.

Rebecca Van Winkle, RN, Pangburn School District

COMMENT: I would like to add my input into the proposed nursing rules regarding the administration of insulin and glucagon administration. I have an LPN who works with me in the school district and need to clarify Section 3, D, which states the trained volunteer may administer insulin/glucagon only when the licensed registered nurse is unavailable. Is this meant to state that the LPN may not administer glucagon/insulin

without the registered nurse available as well? Further down into Section 3, states that the school nurse may administer the glucagon/insulin. Does this include the LPN?

I personally am not a fan of trained volunteers administering these medications, trained or not. You can train specific volunteers to assist in an emergency, but I believe these medications should be only administered by the parent or licensed nurses due to the liability to the nurse that trained the staff and the school. I feel that the amount of times that this scenario arises for the non-licensed personnel is minimal and critical steps could be omitted due to some information retention loss between training sessions.

RESPONSE: This provision was added pursuant to Act 833 of 2015. To modify this provision would require statutory change. According to the ASBN School Nursing Roles and Responsibilities Practice Guidelines, it is within the LPN's scope of practice to administer medications via injection. Section IV states that a school district, school district employee, or an agent of a school district, including a healthcare professional who trained volunteer school personnel designated as care providers and care providers, shall not be liable for any damages resulting from his or her actions or inactions under these rules or ACA § 17-87-103.

Veronica De La Garza

COMMENT: Ms. De La Garza suggested the definition of Glucagon, Section II, B be changed from "raises the level of glucose . . ." to "stimulates the release of glucose . . ." **RESPONSE:** The changes will be made.

COMMENT: Ms. De La Garza suggested to change the definition of insulin to: "A hormone that regulates the metabolism of glucose and other nutrients. It is generally given by injection or through a subcutaneous insulin delivery system. It is prescribed by a licensed healthcare practitioner . . ." **RESPONSE:** The changes will be made.

COMMENT: Ms. De La Garza suggested (Section II, E) the addition of Pharmacist and Certified Diabetes Educator to the list of other healthcare professionals. **RESPONSE:** The changes will be made.

COMMENT: Ms. De La Garza suggested (Section V, A) to add "blood glucose monitoring" and "overview of diabetes" to the mandatory components of the training of volunteers. **RESPONSE:** The changes will be made.

Rick Selig, American Diabetes Association

COMMENT: Mr. Selig attended the public comment hearing. Mr. Selig stated that his agency prefers the term "diagnosed with diabetes" over "suffering from diabetes." **RESPONSE:** The changes will be made.

COMMENT: Mr. Selig suggested leaving "unconscious" to describe part of the emergency situation. **RESPONSE:** Ms. Tedford articulated the term "unconscious" as limiting where the term "with an altered mental status" covers those students who are

unconscious as well as those students with their level of consciousness altered to the point that it would be unsafe to administer anything by mouth.

COMMENT: Mr. Selig asked, "Are these the only health care providers who can write prescriptions in Arkansas?" relating to Ch. 9, Section II, B. **RESPONSE:** Ms. Tedford indicate the following changes will be made to this section: Advanced Practice Registered Nurse with prescriptive authority, Registered Nurse Practitioners or Physician Assistants who work under physician-approved protocols.

COMMENT: Mr. Selig suggested changing the title "Diabetic Nurse Educator" to "Diabetes Nurse Educator" to align with current terms. (Section II, D). **RESPONSE:** The changes will be made.

COMMENT: Regarding Ch. 9, Section II, F, the ADA suggested definition of "Diabetes" will be "a group of metabolic disorders characterized by hyperglycemia resulting from defects of insulin secretion, insulin action or both." **RESPONSE:** The changes will be made.

COMMENT: Mr. Selig suggested removing the term "in emergency situations" in Ch. 9, Section III, E. **RESPONSE:** The changes will be made.

COMMENT: Mr. Selig requested that paragraphs "H" and "I" in Ch. 9, Section III, be merged as there is no reason to distinguish between routine and emergency. **RESPONSE:** Ms. Tedford explained the current writing clarifies the student shall be observed according to each student's assigned health plan when administered a scheduled dose of insulin. However, emergency administration of insulin or glucagon are life threatening and the student deserves constant attention until medical personnel arrive.

COMMENT: Mr. Selig requested the word "mastery" be changed to the word "proficiency" in Ch. 9, Section V, C. **RESPONSE:** The changes will be made.

Paula Smith, RN, Arkansas Department of Education

COMMENT: Ms. Smith recommended the addition of definitions for "scheduled" and "non-scheduled" doses of insulin. **RESPONSE:** Ms. Tedford asked Ms. Smith to provide suggested definitions of those terms before the end of the public comment period.

COMMENT: Add the following definitions to Section II, Definition of Terms: "Scheduled dose of insulin – a dose of insulin administered at regular times during the school day." "Non-scheduled insulin administration – an additional or corrective dose of insulin to treat hyperglycemia or to cover a rise in blood glucose levels." **RESPONSE:** The changes will be made.

Margo Bushmiaer, RN, Little Rock School District

COMMENT: Ms. Smith asked if something could be done about students carrying their own medical supplies and equipment and sharing or using those items on fellow students.

RESPONSE: Fred Knight, ASBN General Counsel, stated disciplinary issues regarding student actions are regulated by the schools and Department of Education.

COMMENT: In Section V, D, Ms. Bushmiaer suggested the addition of a delegation statement to be used as a reference for school nurses. **RESPONSE:** Ms. Tedford asked Ms. Bushmiaer to provide a written recommendation for the delegation statement before the end of the public comment period.

COMMENT: Ms. Bushmiaer also suggested specifying that records of volunteer training, authorization signed by guardian, and a list of designated volunteer school personnel be kept with the student's individual health care plan. **RESPONSE:** Ms. Tedford indicated that she would discuss this matter with the Department of Education.

COMMENT: Add the following as #3 to Section V, D: "In accordance with the Arkansas State Board of Nursing School Nurse Practice Guidelines, the School Nurse is responsible for the supervision of healthcare provided to students while in the care of the school. The School Nurse will periodically reassess the volunteer's proficiency in the administration of insulin and/or glucagon. Corrective action will be implemented by the school nurse when deficiencies are identified, including removing the volunteer from the student's IHP when proficiency is not maintained." **RESPONSE:** Will not add to Rules as this statement puts liability back on the nurse and Act 833 of 2015 specifically removes liability from the nurse.

Connie Fetters, Nurse with ADA

COMMENT: Ms. Fetters asked who would be responsible to preparing and keeping records of the health care plans for each student. **RESPONSE:** Ms. Tedford and Mr. Knight indicated that the school nurse and the schools are responsible for keeping such records.

Kathey Haynie, RN, Arkansas School Nurses Association

COMMENT: Referencing Section III, A, Ms. Haynie asked for the definition of "school related activities." Ms. Haynie stated the necessity of obtaining and training volunteers will place a financial burden on the schools. Ms. Haynie also pointed out the fact that some parents will refuse to allow volunteers to administer insulin to their student(s). **RESPONSE:** Mr. Knight indicated "school related activities" are defined by the Department of Education. Ms. Tedford agreed that parents have the right to refuse treatment from a volunteer.

Jessica Sutton, an attorney with the Bureau of Legislative Research, asked the following question:

On page 4-7, why is the minimum of 3 hours of prescribing education required to be obtained within 6 months of issuance of the prescriptive authority certificate? Arkansas Code Annotated § 20-7-704 requires the prescribing education to be obtained within the

first 2 years of being granted a license in this state. **RESPONSE:** Language was changed from "6 months" to "2 years."

The proposed effective date is July 1, 2016.

CONTROVERSY: This is not expected to be controversial.

FINANCIAL IMPACT: There is no financial impact.

LEGAL AUTHORIZATION: The Arkansas State Board of Nursing is authorized to promulgate "whatever regulations it deems necessary for the implementation of this chapter [Ark. Code Ann. § 17-87-101 *et seq.*] These rules implement Act 529 of 2015 (which amends the prescriptive authority of advanced practice registered nurses); Act 824 of 2015 (which amends the collaborative practice agreement structure of a physician and an advanced practice registered nurse); Act 833 of 2015 (which authorizes certain public school personnel to be trained in the administration of insulin and glucagon); and Act 1208 of 2015 (which enhanced the Prescription Drug Monitoring Program Act and created the Combating Prescription Drug Abuse Act).

QUESTIONNAIRE FOR FILING PROPOSED RULES AND REGULATIONS WITH THE ARKANSAS LEGISLATIVE COUNCIL AND JOINT INTERIM COMMITTEE

DEPARTMENT/AGENCY Arkansas State Board of Nursing (ASBN)

DIVISION

DIVISION DIRECTOR Sue Tedford

CONTACT PERSON Susan Lester

ADDRESS 1123 South University, Suite 800, Little Rock, AR 72204

PHONE NO. 501-686-2704 **FAX NO.** 501-686-2714 **E-MAIL** slester@arsbn.org

NAME OF PRESENTER AT COMMITTEE MEETING Sue Tedford and Fred Knight

PRESENTER E-MAIL stedford@arsbn.org and fknight@arsbn.org

INSTRUCTIONS

A. Please make copies of this form for future use.
B. Please answer each question completely using layman terms. You may use additional sheets, if necessary.
C. If you have a method of indexing your rules, please give the proposed citation after "Short Title of this Rule" below.
D. Submit two (2) copies of this questionnaire and financial impact statement attached to the front of two (2) copies of the proposed rule and required documents. Mail or deliver to:

Donna K. Davis
Administrative Rules Review Section
Arkansas Legislative Council
Bureau of Legislative Research
One Capitol Mall, 5th Floor
Little Rock, AR 72201

****

1. What is the short title of this rule? Rules – Chapter 1- General Provisions; Chapter 2- Licensure: RN, LPN, and LPTN; Chapter 3- Registered Nurse Practitioner; Chapter 4- Advanced Practice Registered Nurse, Chapter 7- Rules of Procedure, and Chapter 9- Glucagon Administration

2. What is the subject of the proposed rule? Cleanup of ASBN Rules Chapters 1, 2, 3, 4, 7, and 9. Updating Chapter 4 and 9 to comply with statutory changes.

3. Is this rule required to comply with a federal statute, rule, or regulation? Yes ☐ No ☒
   If yes, please provide the federal rule, regulation, and/or statute citation.

4. Was this rule filed under the emergency provisions of the Administrative Procedure Act? Yes ☐ No ☒
   If yes, what is the effective date of the emergency rule? n/a

   When does the emergency rule expire? n/a

Will this emergency rule be promulgated under the permanent provisions of the Administrative Procedure Act? Yes ☐ No ☒

5. Is this a new rule? Yes ☒ No ☐

If yes, please provide a brief summary explaining the regulation. Chapter 4: Act 1208 made changes to the Prescription Monitoring Program. It provides for delegation of running reports, guidelines for prescribing of controlled substances, and continuing education requirement. Act 529 allows APRNs to prescribe HCP from Schedule II. Act 824 clarifies with whom an APRN can enter into a collaberative practice agreement. Chapter 9: Act 833 adds insulin to the drugs a trained volunteer can administer to a child in public schools.

Does this repeal an existing rule? Yes ☐ No ☒

If yes, a copy of the repealed rule is to be included with your completed questionnaire. If it is being replaced with a new rule, please provide a summary of the rule giving an explanation of what the rule does. _____

Is this an amendment to an existing rule? Yes ☒ No ☐

If yes, please attach a mark-up showing the changes in the existing rule and a summary of the substantive changes. **Note: The summary should explain what the amendment does, and the mark-up copy should be clearly labeled "mark-up."**

6. Cite the state law that grants the authority for this proposed rule? If codified, please give the Arkansas Code citation. Please see attached.

7. What is the purpose of this proposed rule? Why is it necessary? Chapters 1, 2, 3, 7, and 9- cleanup. Chapter 4- compliance with Act 529, 824, and Act 1208. Chapter 9- Act 833.

8. Please provide the address where this rule is publicly accessible in electronic form via the Internet as required by Arkansas Code § 25-19-108(b). www.arsbn.org

9. Will a public hearing be held on this proposed rule? Yes ☒ No ☐

If yes, please complete the following:

Date: To be determined, pending approval from the Governor's Office

Time: 10:00 a.m.

Place: Arkansas State Board of Nursing Boardroom, Ste. 312

10. When does the public comment period expire for permanent promulgation? (Must provide a date.)

January 29, 2016

11. What is the proposed effective date of this proposed rule? (Must provide a date.)

July 1, 2016

12. Do you expect this rule to be controversial? Yes ☐ No ☒

If yes, please explain. _____

13. Please give the names of persons, groups, or organizations that you expect to comment on these rules? Please provide their position (for or against) if known.

Arkansas Medical Board, Arkansas Medical Society, Arkansas Nurse's Association, licensed APRNs, school nurses, diabetic educators, American Diabetes Association- all should support.

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT Arkansas State Board of Nursing
DIVISION
PERSON COMPLETING THIS STATEMENT Sue Tedford, ASBN Executive Director
TELEPHONE NO. 501-686-2703 **FAX NO.** 501-686-2714 **EMAIL:** stedford@arsbn.org

To comply with Ark. Code Ann. § 25-15-204(e), please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules.

SHORT TITLE OF THIS RULE Chapter 1- General Provisions; Chapter 2- Licensure: RN, LPN, and LPTN; Chapter 3- Registered Nurse Practitioner; Chapter 4- Advanced Practice Registered Nurse, Chapter 7- Rules of Procedure, and Chapter 9- Glucagon Administration

1. Does this proposed, amended, or repealed rule have a financial impact? Yes ☐ No ☒

2. Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule? Yes ☒ No ☐

3. In consideration of the alternatives to this rule, was this rule determined by the agency to be the least costly rule considered? Yes ☒ No ☐

   If an agency is proposing a more costly rule, please state the following:

   (a) How the additional benefits of the more costly rule justify its additional cost;
   n/a

   (b) The reason for adoption of the more costly rule;
   n/a

   (c) Whether the more costly rule is based on the interests of public health, safety, or welfare, and if so, please explain; and;
   n/a

   (d) Whether the reason is within the scope of the agency's statutory authority; and if so, please explain.
   n/a

4. If the purpose of this rule is to implement a federal rule or regulation, please state the following:

   (a) What is the cost to implement the federal rule or regulation?

Current Fiscal Year	
General Revenue	0
Federal Funds	0
Cash Funds	0
Special Revenue	0
Other (Identify)	0

Next Fiscal Year	
General Revenue	0
Federal Funds	0
Cash Funds	0
Special Revenue	0
Other (Identify)	0

Total	0	Total	0

(b) What is the additional cost of the state rule?

Current Fiscal Year		**Next Fiscal Year**	
General Revenue	0	General Revenue	0
Federal Funds	0	Federal Funds	0
Cash Funds	0	Cash Funds	0
Special Revenue	0	Special Revenue	0
Other (Identify)	0	Other (Identify)	0
Total	0	Total	0

5. What is the total estimated cost by fiscal year to any private individual, entity and business subject to the proposed, amended, or repealed rule? Identify the entity(ies) subject to the proposed rule and explain how they are affected.

Current Fiscal Year
$ 0 - 100/ 2 yrs

Next Fiscal Year
$ 0

The only financial impact will affect APRNs, who will be mandated to complete the continuing education which contains information on maintaining professional boundaries and the prescribing rules, regulations and laws that apply to APRNs in the State of Arkansas.

6. What is the total estimated cost by fiscal year to state, county, and municipal government to implement this rule? Is this the cost of the program or grant? Please explain how the government is affected.

Current Fiscal Year
$ 0

Next Fiscal Year
$ 0

7. With respect to the agency's answers to Questions #5 and #6 above, is there a new or increased cost or obligation of at least one hundred thousand dollars ($100,000) per year to a private individual, private entity, private business, state government, county government, municipal government, or to two (2) or more of those entities combined?

Yes ☐ No ☒

If YES, the agency is required by Ark. Code Ann. § 25-15-204(e)(4) to file written findings at the time of filing the financial impact statement. The written findings shall be filed simultaneously with the financial impact statement and shall include, without limitation, the following:

(1) a statement of the rule's basis and purpose;

(2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;

(3) a description of the factual evidence that:

(a) justifies the agency's need for the proposed rule; and
(b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs;

(4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;

(5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;

(6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and

(7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:
(a) the rule is achieving the statutory objectives;
(b) the benefits of the rule continue to justify its costs; and
(c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.

ARKANSAS STATE BOARD OF NURSING

1123 S. University Avenue, Suite 800 • Little Rock, Arkansas 72204
Phone: (501) 686-2700 • Fax: (501) 686-2714 • Web: www.arsbn.org

Sue A. Tedford, MNSc, RN
Executive Director

W. Fred Knight
General Counsel

MEMORANDUM

DATE: January 5, 2016

TO: Donna Davis
Senior Legislative Research Analyst, Bureau of Legislative Research, and
Phil Price
Senior Legislative Analyst, Bureau of Legislative Research

FROM: Susan Lester
Executive Assistant to the Director

RE: Proposed Changes to the ASBN Rules: Chapter One, Chapter Two, Chapter Three, Chapter Four, Chapter Seven, and Chapter Nine

In compliance with Arkansas statutes and following the passage of Acts 529, 824, 833, 1156 and 1208 of the 2015 Legislative Session, mark-up copies of the proposed changes to the Board of Nursing *Rules – Chapter 1- General Provisions; Chapter 2- Licensure: RN, LPN, and LPTN; Chapter 3- Registered Nurse Practitioner; Chapter 4- Advanced Practice Registered Nurse, Chapter 7- Rules of Procedure, and Chapter 9- Glucagon Administration*, have been provided.

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Chapter 2 - Licensure- The changes to Section II, F.1. and F.2., are being made in order to specify that only "official" transcripts are acceptable and that examination results are no longer mailed to applicants but are made available to them and their nursing programs.

In Section VI, A, then word "exam" is extended to examination to be more specific.

In Section XI, the method involved for a licensee whose name has changed has been updated to reflect current processing which adds the requirement to submit a name change form and removing the requirement for the submission of the paper or plastic license cards (since those are no longer proof of nursing licensure and proof of licensure is now found on-line).

Chapter 3- Registered Nurse Practitioner- The proposed changes to Chapter 3 Section IV are being made in order to align with current ASBN procedures which adds the requirement to submit a name change form and removing the requirement for the submission of the old paper or plastic license cards (since those are no longer proof of nursing licensure and proof of licensure is now found on-line).

Chapter 4 - Advanced Practice Registered Nurse- The proposed changes to Section I are made for purposes of compliance with Act 1156. This act altered the numbering for reference back to statute, A.C.A. § 17-87-102

The changes in Section III, F (7) are made as a result of the continuing education requirements for prescribers which are found in A.C.A. § 20-7-704. Removing "Effective January 1, 2010" at the beginning of the paragraph then inserting "Effective January 1, 2017, two (2) of the five (5) hours must contact information related to maintaining professional boundaries and the prescribing rules, regulations and laws that apply to APRNs in the State of Arkansas."

The changes in Section III, I and J are made in order to clarify the requirements of a retired APRN license.

The change in Section III, J (6) is a technical correction, changing the "E." where an "F." should be at the appropriate paragraph.

In Section V, the method involved for a licensee whose name has changed has been updated to reflect current processing which adds the requirement to submit a name change form and removing the requirement for the submission of the paper or plastic license cards (since those are no longer proof of nursing licensure and proof of licensure is now found on-line).

The changes in Section VIII, A (5), are made with the purpose to comply with A.C.A. § 17-87-310 (a) (2), clarifying that a collaborative practice agreement must be with a practicing physician who has training within the scope, specialty or expertise of the advanced practice registered nurse.

The changes in Section VIII, A (5) e., are made with the purpose to comply with A.C.A. § 17-87-310 (b) (2), giving the advanced practice registered nurse authorization to prescribe hydrocodone combination products.

The addition of Section VIII, A (7), is made with the purpose to comply with A.C.A. § 20-7-704, clarifying that 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 six (6) months of issuance of the prescriptive authority certificate.

The changes in Section VIII D (2), Section VIII D (3) a., and Section VIII D (4) c., are made with the purpose to comply with A.C.A. § 17-87-310 (b) (2), clarifying the prescriptive authority for controlled substances by APRNs to extend to drugs listed in Schedules III through V and only hydrocodone combination products from Schedule II of the Controlled Substances Act.

The changes in Section VIII D (6-8) are made for purposes of compliance with A.C.A. § 20-7-705, which states "A licensing board that licenses individuals with prescriptive authority shall adopt rules that are at least as stringent as the rules of the Arkansas State Medical Board concerning use of narcotics for the treatment of pain not associated with malignant or terminal illness." The three additional requirements are reflective of Regulation 2 of the Arkansas Medical Board.

The changes in Section VIII F (1), are made with the purpose to comply with A.C.A. § 17-87-310 (b) (2), clarifying that APRNs who have an active prescriptive authority certificate may also 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 from Schedule II of the Controlled Substance Act, which have been prepared, packaged, or fabricated by a pharmaceutical manufacturer in accordance with the Arkansas pharmacy laws and rules.

The language contained in Section VIII I (6) regarding an APRNs contact hours is moved to J – Reactivation of Prescriptive Authority.

Section VIII J was added for the purpose of being compliant with A.C.A. § 20-7-704. This section sets out the terms for reactivation of prescriptive authority for an APRN which is consistent with renewal of prescriptive authority.

In compliance with A.C.A. § 20-7-604 (h)(2) and A.C.A. § 20-7-615, Section VIII K lists criteria of the Prescription Drug Monitoring Program for APRNs.

Section XII, Prescribing for Chronic Nonmalignant Pain, was added to Chapter 4 in order to comply with A.C.A. § 20-7-702 and A.C.A. § 20-7-707. This section defines chronic nonmalignant pain, discusses patient treatment and evaluation and the exceptions to these requirements.

Chapter 7- Rules of Procedure- The proposed changes to Section IV, Disciplinary Proceedings A (6) (n), corrects the terminology concerning the Standard Precautions for preventing contact with blood or other potentially infectious material.

Chapter 9- Insulin and Glucagon Administration – The proposed changes to Section I, Purpose and Authority are added to align with the terminology found in A.C.A. § 17-87-103.

The change in Section II A is a clarification of the definition of an emergency situation.

The change in Section II C is the addition of a definition of insulin.

The change in Section II F is a clarification of the type of diabetes that children in public schools may experience.

The change in Section II G is added to align with the terminology found in A.C.A. § 17-87-103.

In compliance with A.C.A. § 6-18-711, Section III A-D was added to the rules. This section identifies the parameters in which a trained volunteer may administer insulin. This section also identifies minimum staffing levels for the school.

Section II E-G was modified in order to comply with A.C.A. § 17-87-103.

Section II H and I were added to ensure the safety of the children receiving insulin or glucagon.

Section II J and Section IV Protection from Liability is added to align with the terminology found in A.C.A. § 17-87-103.

Section V Training of Volunteers, A-C updates the training required of the volunteer in order to administer insulin.

Section VI Records is updated to reflect the changes found in A.C.A. § 17-87-103.

There is no expected opposition to the proposed changes to the ASBN *Rules.* No financial impact is anticipated. Copies of the Financial Impact forms and questionnaire have also been provided. The public comment period begins on January 11, 2016 and ends February 12, 2016. Provided no

changes are needed, the *Rules* changes in Chapters 1, 2, 3, 4, 7, and 9 are set to be effective on July 1, 2016. If you have any questions concerning this submission, please contact me at 686-2704 or Sue Tedford, Executive Director, at 686-2703.

sgl