

## Other Nurse Practitioner-Related Statutes & Rules

### **ORS 441.064 Use of facilities by licensed nurse practitioners; rules regarding admissions and privileges.**

- (1) The rules of any hospital in this state may grant admitting privileges to nurse practitioners licensed and certified under ORS 678.375 for purposes of patient care, subject to hospital and medical staff bylaws, rules and regulations governing admissions and staff privileges.
- (2) Rules shall be in writing and may include, but need not be limited to:
  - a) Limitations on the scope of privileges;
  - b) Monitoring and supervision of nurse practitioners in the hospital by physicians who are members of the medical staff;
  - c) A requirement that a nurse practitioner co-admit patients with a physician who is a member of the medical staff; and
  - d) Qualifications of nurse practitioners to be eligible for privileges including but not limited to requirements of prior clinical and hospital experience.
- (3) The rules may also regulate the admissions and the conduct of nurse practitioners while using the facilities of the hospital and may prescribe procedures whereby a nurse practitioner's privileges may be suspended or terminated. The hospital may refuse such privileges to nurse practitioners only upon the same basis that privileges are refused to other medical providers.
- (4) For purposes of this section, "physician" has the meaning given the term in ORS 677.010. [1993 c.34 s.1; 1995 c.763 s.2]

**Note:** 441.064 was enacted into law by the Legislative Assembly but was not added to or made a part of ORS chapter 441 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

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### **ORS 743.712 Reimbursement for services of nurse practitioner.**

- (1) Whenever any policy of health insurance provides for reimbursement for any service which is within the lawful scope of practice of a duly licensed and certified nurse practitioner, including prescribing or dispensing drugs, the insured under the policy is entitled to reimbursement for such service whether it is performed by a physician licensed by the Board of Medical Examiners for the State of Oregon or by a duly licensed nurse practitioner.
  - (2) This section does not apply to group practice health maintenance organizations that are federally qualified pursuant to Title XIII of the Health Maintenance Organization Act. [Formerly 743.128]
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### **OAR 333-027-0090 Plan of Treatment**

The primary agency is responsible for the patient's plan of treatment signed by the physician, including home health services provided to the patient through contractual arrangements with other organizations or individuals.

- (1) The agency shall ensure that the plan of treatment is developed in consultation with the agency personnel and established at the time of, or prior to, acceptance of the patient; and
- (2) The agency shall ensure that the plan of treatment is transmitted to the patient's physician for signature within 10 calendar days of admission to service.
- (3) The plan of treatment shall cover the following:
  - a) All pertinent diagnoses, mental status, types of services and equipment required;
  - b) Frequency of visits;
  - c) Prognosis;
  - d) Rehabilitation potential;
  - e) Functional limitations;
  - f) Activities permitted;
  - g) Nutritional requirements;
  - h) Medications and treatments;
  - i) Safety measures to protect against injury;
  - j) Instructions for timely discharge or referral; and
  - k) Any other appropriate items.
- (4) If a patient is accepted under a plan of treatment that cannot be completed until after an evaluation visit, the physician shall be consulted to approve revisions to the original plan.
- (5) Orders for therapy services shall include the specific procedures and modalities to be used and, as appropriate, the amount, frequency, and duration.
- (6) The therapist and other agency personnel shall participate in developing the plan of treatment.
- (7) The plan of treatment shall be signed by the physician and included in the patient's clinical record within the time period specified in the agency's policy but no longer than 30 calendar days after admission.
- (8) The agency shall submit all plans of treatment to the primary physician and shall send copies to other physicians involved in the patient's care.

Stat. Auth.: [ORS 443](#)

Stats. Implemented: [ORS 443](#)

*Hist.: HD 151, f. & ef. 12-30-77; HD 20-1993, f. & cert. ef. 10-28-93; OHD 13-1998, f. & cert. ef. 11-6-98*