



Oregon

Theodore R. Kulongoski, Governor

State Board of Nursing
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To: Oregon CNS, NP, CNM, and CRNA licensees

From: Tracy Klein, RN, MS, FNP
Advanced Practice Consultant

Date: September 22, 2008

Re: Board Meeting Update

Prescriptive Authority for Nurse Practitioners: Rule Under Review

At the September 10-11, 2008 Board meeting a first draft of clarification to Division 56 was reviewed. A copy of the memo prepared for the Board will be distributed through our APRN list serve. The Board has current policies and processes which renew prescriptive authority. However, there have been more inquiries regarding an option to drop prescriptive authority upon renewal of the Nurse Practitioner license. This concept was brought to the Board during the initial drafting of Division 56 and was not supported. The proposed rule clarifies that prescriptive authority is mandatory upon renewal for Nurse Practitioners who currently have it. See Division 56 for prescriptive authority practice and educational requirements. Final rules for adoption will be heard at the November 13, 2008 Board meeting and will be posted on the Board's website. Public comment is open until that time and testimony in support or opposition may be offered at the Board meeting in person.

Please note that the 25 Nurse Practitioners in Oregon who do not currently have prescriptive authority may continue to renew without it and are not required to obtain it. Prescriptive authority is optional for Clinical Nurse Specialists and so far has been granted to 11 Clinical Nurse Specialists. Certified Registered Nurse Anesthetists in Oregon do not have prescriptive authority and a statutory change would be required by the legislature for this to occur.

Notification of Address Changes and Practice Setting Changes

The Board is continuing to have problems with timely notification of address and practice setting changes. Please note that you are required to keep your current legal home address and name on file with the Board at all times (OAR 851-031-0090), as well as your practice setting if you have prescriptive and/or dispensing authority or are a Nurse Practitioner. When a practice closes, the Board must be notified with a copy of the letter sent to patients as well as information regarding where records from the practice will be retained (OAR 851-045-0070). While it is your responsibility to notify patients and refer them appropriately when care is terminated or a practice is closed, the filing of a formal complaint with the Board may be averted if your records are kept updated. Changes in address with the DEA may be completed through them online at www.dea.gov.



NCSBN Model APRN Rules and APRN Consensus Statement

The National Council of State Boards of Nursing (NCSBN) recently adopted model rules for regulation of all four categories of Advanced Practice Nurses: CNM, CRNA, CNS and NP. A link to these model rules can be found at <https://www.ncsbn.org/170.htm>. In conjunction with the model rules, a policy paper regarding APRN licensing, accreditation, certification, and education (LACE) was endorsed by NCSBN, the American Nurses Association, and several professional organizations. The final version of the Consensus paper can be found at https://www.ncsbn.org/7_23_08_Consensus_APRN_Final.pdf.

These documents represent recommendations and considerable long term work between numerous nursing organizations. However, states have the ability to adopt, modify, use portions of, or not use model rules. It is therefore expected that Advanced Practice Nurses practicing in Oregon review and practice under current Board regulations found in Division 45, 50, 52, 54 and 56 of the Oregon Nurse Practice Act.

The Oregon State Board of Nursing, as represented by Tracy Klein, Advanced Practice Consultant, participates as a member of the NCSBN APRN Advisory Committee. The Consensus paper represents input from a number of nursing organizations at the national level but does not itself represent the specific policies of the Oregon State Board of Nursing. Further clarification regarding specific Oregon State Board of Nursing's endorsed policies may be found on the Board's website at www.oregon.gov/OSBN under the link https://private.oregon.gov/OSBN/Position_Papers.shtml. These policies include guidance regarding pain management, cosmetic and dermatologic procedures, patient abandonment, and other areas of specific interest as developed with expert state based consultation.

National Certification: Your responses sought

Oregon is one of very few states not requiring national certification for initial licensure and renewal for Nurse Practitioners (<5). National certification is also not required for Clinical Nurse Specialist certification or renewal. In contrast, all CRNAs in Oregon must be initially nationally certified and recertified to maintain current licensure. Oregon does not have a temporary license provision, which means that requiring initial certification for all initial applicants may create a lag in licensing turn around. Oregon could examine requiring national certification for all or some initial applicants or for all or some applicants upon renewal, at the direction of the Board.

The NCSBN has recommended national certification as the foundation for licensure since approximately 1996. The newly adopted model rules and APRN Consensus paper previously discussed rely significantly upon national certification in conjunction with credentials and practice or CE verification to guide licensing determinations. It is anticipated that the Board will be asked this question in the process of examining the model rules. Your feedback is sought regarding whether the Board should or should not incorporate national certification requirements into its licensing process for Clinical Nurse Specialists and Nurse Practitioners. Please email your comments to me directly at tracy.klein@state.or.us. A survey will be developed based upon your feedback and Board direction to further examine this issue.