# Advanced Practice Registered Nurse (APRN) Scope-of-Practice FAQs

1. **Can a health system require supervision and oversight for a licensed independent practitioner (LIP)?**
   According to Oregon's Nurse Practice Act (NPA), APRNs do not require supervision. However, an APRN may work in a particular setting or health system that imposes restrictions or specifications that are more stringent than the NPA.
   - The NPA delineates independent practice and full prescriptive authority for nurse practitioners and clinical nurse specialists.
   - Oregon certified registered nurse anesthetists have independent practice and prescriptive authority for 10 days for established patients.

2. **What are the steps required to terminate a patient relationship or to close an APRN practice?**
   Standard procedure is written notification within 30-60 days (prior to closure) for your patients, drug enforcement administrative (DEA), insurance plans, and the Board of Nursing.
   - Secure storage and release of records for up to seven years must be arranged.
   - Information must be provided to patients regarding:
     - How they can access their records.
     - Referral services for continuing care.
     - Procedure for current prescriptions and when refills will expire.
   - Sentinel article related to termination of a relationship with a patient: www.oregon.gov/osbn/pdfs/TerminationofPatientRelationship9-2012.pdf.

3. **Does the BON have a telehealth policy?**
   The BON does not have a current policy regarding telemedicine. This means that any current practice, regardless of modality, would be held to the same standards as face-to-face practice. The jurisdiction over the care of the residents of each state rests with each state.
   - In Oregon, nurses are required to hold Oregon licenses to practice here. This follows in most states. A nurse licensed in Oregon who is providing telehealth to a client in another state would be expected by that state to hold a license there.
   - Within the state, the use of telehealth methods to address client needs would be under the judgment of the practitioner.
   - The APRN would be required to use their clinical reasoning to determine if a telehealth connection allows for the appropriate level of assessment and ability to determine the differential diagnosis and set up the treatment plan.

4. **What are the practice hour requirements for the different types of APRNs in Oregon?**
   Generally speaking, if your position requires that you are licensed at the level of an advanced practice RN, then the hours in that role should count towards your practice requirement. The practice hour requirement states:
   - Nurse Practitioners (Including nurse practitioner nurse midwives)
     - 192 hours of practice within 2 years of completion of NP program.
     - 960 hours of practice within 5 years. This equates to 16hours per month or 4 hours per week.
   - CNS
     - 192 hours of practice within 2 years of completion of CNS program.
     - 960 hours of practice within 5 years. This equates to 16 hours per month or 4 hours per week.

**5. Can an APRN delegate their scope of practice to another health care professional?**

No. APRNs are responsible for their knowledge and expertise of their specialty area of practice. These abilities are not translated to delegation.

- Delegation is RN-level decision making.
- APRNs are able to "order" RNs, LPNs, and CNAs to complete "nursing tasks" for which these licensees have received education and training to perform.

**6. Can a Women's Health Care NPs treat male patients?**

No. Division 50 currently states, "(l) Women's Health Care Nurse Practitioner (WHCNP): The women's health care nurse practitioner independently provides health care to adolescent and adult females. The scope of practice includes treating the male partners of their female clients for sexually transmitted diseases and reproductive health. Counseling related to sexuality, relationship, and reproductive health is included in this scope."

Please note: This section of the NPA is currently under consideration for change related to WHCNPs being educationally trained and clinically competent to diagnose and treat males for reproductive issues. The current language limits care to male partners for certain reasons and does not describe male reproductive health. Please stay tuned for likely future potential changes in the NPA. (Updated March 2015).

**7. Can APRNs order hospice/home health services?**

There are certain aspects of hospice/home health care that APRNs are not able to complete (certify, re-certify) related to federal regulation. However, there are several areas where APRNs are able to order and be reimbursed for hospice/home health services.

House Bill 2267— the Home Health Care Planning Improvement Act of 2011— was introduced by U.S. Representative Greg Walden in June 2011, in an attempt to allow APRNs to independently certify, but this bill remains referred to the Subcommittee on Health. (Updated January 2015). Please see the following links:

- http://arcweb.sos.state.or.us/pages/rules/oars_400/oar_410/410_142.html
- http://arcweb.sos.state.or.us/pages/rules/oars_300/oar_333/333_027.html
- https://www.congress.gov/bill/112th-congress/house-bill/2267

**8. Do all APRNs need to have their Doctorate of Nursing Practice (DNP)?**

There is nothing in the Oregon Nurse Practice Act that requires a DNP at this time. Several national professional nursing organizations have recommended that states adopt the DNP as the standard for education and background for advanced practice nursing.

- Current OSBN regulations accept a masters, post masters, or DNP for licensure as an APRN. Many schools are transitioning to the DNP curriculum and have stopped offering the Masters as entry into practice. It is our expectation that this transition will occur over many years.
- If the DNP were to ever become mandatory for licensure and certification, APRNs in practice who were educated with different requirements would likely be "grandfathered" into this process and would not be required to pursue further formal education.

Please see the following links: www.aacn.nche.edu/publications/position/DNPEssentials.pdf

**9. Is the direct entry midwife considered an APRN in Oregon?**

The Board for Direct Entry midwifery can be accessed here: http://www.oregon.gov/ohla/dem/pages/index.aspx.
The scope of practice for a registered nurse or licensed practical nurse does not include direct entry midwifery. The Oregon State Board of Nursing only recognizes the nurse practitioner category of nurse midwife nurse practitioner as stated in OAR 851-050-0002 and OAR 851-050-0005 (9) (c).

If a licensee (RN, LPN, or APRN) chooses to work as a "direct entry midwife," the licensee shall not use his/her nursing credentials when identifying herself /himself as a "direct entry midwife." If the licensee exceeds the scope of nursing practice for which he/she is licensed the licensee may be subject to disciplinary action as stated in 678. At no such time during practice as a "direct entry midwife" shall those hours count towards meeting the nursing practice hour requirement for license renewal.

**10. May an APRN order involuntary commitment?**

Psychiatric/mental health nurse practitioners and clinical nurse specialists are certified by the Board of Nursing as registered nurses who practice in an expanded specialty nursing role in the field of psychiatric care, diagnosis, and treatment. These nurse practitioners and clinical nurse specialists are educationally prepared at a master's degree or doctoral level in mental health. They provide a broad range of mental health services to clients including psychotherapy; medication management; prescribing drugs; ordering tests, treatment modalities, interventions, and medications that are carried out by other health care providers; consultation and referral to other treatment providers; and admitting their clients for inpatient treatment. These services are provided independently, without the supervision or oversight of another mental health professional.

It would be within the scope of practice for psychiatric/mental health nurse practitioners and clinical nurse specialists to facilitate psychiatric treatment for their clients by signing involuntary commitment holds in conjunction with other authorized health professionals. Further, it also within the psychiatric/mental health nurse practitioner and clinical nurse specialist scope of practice to serve as involuntary commitment court examiners under the criteria of ORS 426.110.

For more information:
Oregon Revised Statutes (2007). *ORS 426.110 Appointment of examiners; qualifications.* Retrieved 10/21/2008 from http://www.leg.state.or.us/ors/.

Oregon Revised Statutes (2007). *ORS 426.232 Physician emergency admission; notice, limit of hold.* Retrieved 10/21/2008 from http://www.leg.state.or.us/ors/.

Oregon Revised Statutes (2007). *ORS 426.234 Duties of professionals at facility where person is admitted; notification; duties of court.* Retrieved 10/21/2008 from http://www.leg.state.or.us/ors.