Nurse Midwife Nurse Practitioner Scope of Practice: Primary Care

**Purpose:** Utilizing the Scope of Practice Decision Making model to determine if Nurse Midwife Nurse Practitioners (NMNPs) can serve as Primary Care Providers (PCP) across the lifespan of patients.

**Scope of Practice Decision Model:** This model has been adopted by the Oregon State Board of Nursing to determine if a licensee of the Board is working within their scope of practice. This model consists of various questions, each of which must be answered in order for a role/intervention/activity to be considered within the scope of practice of an LPN/RN/APRN. The model stops further progression of the inquiry if an incorrect answer is obtained which would then indicate that, in Oregon, the role/intervention/activity is not within the scope of the licensee. The Model and instructions for using the model on found on the OSBN website. [http://www.oregon.gov/OSBN/pages/position_papers.aspx](http://www.oregon.gov/OSBN/pages/position_papers.aspx)

The first task is to identify, describe or clarify the role, intervention or activity under consideration: *Can a NMNP provide primary care for general patient care across the patient’s lifespan?*

The first question of the model is: *Is the role, intervention, or activity prohibited by the Nurse Practice Act and Rules/ Regulations or any other applicable laws, rules/regulations or accreditation standards?* If the answer to this question is “yes” then the decision model stops because violation of state law/regulation or other entities as described in question one of the model supersedes the subsequent questions in the model. You cannot continue the model and the role/intervention/activity is not within scope of the licensee.

When considering the topic of this interpretive statement, the answer to the first question is “yes” because of the following:

- ORS 678.380 states that the OSBN may adopt rules applicable to nurse practitioners: (1) Which establishes their education, training, and qualifications necessary for certification. (2) Which limit or restrict practice. (3) Which establish categories of nurse practitioners practice and define the scope of such practice.

The Nurse Practice Act has defined the categories of NMNPs in OAR 851-050-0005 (e)
- For NMNP the scope of practice is defined as: *The Nurse Midwife Nurse Practitioner independently provides healthcare to women, focusing on pregnancy, childbirth, the postpartum period, care of the newborn, and the family planning and gynecological needs of women. The scope of practice includes treating the male partners of their female clients for sexually transmitted diseases, and reproductive health. Counseling of sexuality, relationship, and reproductive issues are included in this scope.*

Therefore, the answer to the first question on the model is “Yes”, based upon ORS 678.380 and OAR 851-050-0005 (e) which the OSBN has interpreted to establish the scope of practice for NMNP as described to be specific limited to the focus on the obstetric and gynecological needs of women. This scope is based upon the population focus established by the educational preparation and national certification of the NMNP. Providing primary care across the lifespan of the patient outside those listed in OAR 851-050-0050 (e) is not within the scope of an NMNP.
Frequently asked questions:

As a NMNP I can get reimbursed for providing primary care, so why is this out of scope? The Oregon Nurse Practice Act has defined scopes of practice, based upon population focus, whereas other states have not written those into their practice act. The reimbursement of care is a financial decision, but the defining Oregon scope of practice is the responsibility of the State Board of Nursing. In Oregon, it is not within the scope of practice for an NP to work outside of the population focus defined in their state certification as an APRN. In order to work with a different patient population, the NP must meet the criteria to apply for an additional state certification that will allow for the expansion of their original scope.

I am an NMNP who lives in a rural area where access to primary care is a problem. I have taken patients who are elderly and diagnosed with chronic illnesses into my practice because they have no other option. I have taken courses that have helped me to help my patients and have had no problems. Surely the Board would make an exception in the interest of access to care. The Board’s primary mission public protection. The Board is charged by statute (ORS 678.150 (5)) to establish the qualifications of applicants for a license to practice nursing in this state and establish educational and professional standards for such applicants subject to the laws of this state. In addition, OAR 851-050-0005 (8) states that the nurse practitioner will only provide health care services within the nurse practitioner’s scope of practice for which he/she is educationally prepared and for which competency has been established. Educational preparation includes academic coursework, workshops or seminars, provided both theory and clinical experience are included.

While you may not have had any issues, you have not demonstrated to the Board the qualifications necessary to handle patients who have health and injury issues outside of that which is defined for your population focus as an NMNP. You could continue to work with this population provided you obtain the appropriate education, clinical experience, and national certification to qualify you for a secondary state certification (such as a Family Nurse Practitioner or Gerontology Primary Nurse Practitioner) that would expand your scope of practice beyond that which is described for the NMNP.

If I have concerns about my patient’s health status and this appears to be outside of my scope as defined by the practice act what should I do? You must refer your patients to a provider who has the knowledge, skills, abilities, and competencies to care for the patient’s issues. OAR 851-050-0005 (7) states that the nurse practitioner is responsible for recognizing the limits of knowledge and experience, and for resolving situations beyond his/her nurse practitioner expertise by consulting with or referring client to other health care providers.

Authority for Approval: ORS 678
History of Document: Adopted September 14, 2017