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NOTICE OF PROPOSED RULEMAKING
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 851
BOARD OF NURSING

FILED
09/22/2025 8:28 AM
ARCHIVES DIVISION
SECRETARY OF STATE

FILING CAPTION: Div 45, Div 49, Div 55 - Alignment with HB3044 2025; align with existing statutory provisions.

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 10/21/2025 5:00 PM

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

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Filed By:
Brandy Ritter
Rules Coordinator

HEARING(S)

Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.

DATE: 10/21/2025
TIME: 11:00 AM
OFFICER: Brandy Ritter

REMOTE HEARING DETAILS
MEETING URL: Click here to join the meeting
PHONE NUMBER: 669-444-9171
CONFERENCE ID: 85728764325
SPECIAL INSTRUCTIONS:
Meeting URL: https://us06web.zoom.us/j/85728764325

Meeting ID: 857 2876 4325

One tap mobile +16694449171,,85728764325#

Presenters: Only those registered to provide testimony will be called to present comments. To register to testify for this hearing, please contact: brandy.ritter@osbn.oregon.gov at least 24 hours prior to the start of the hearing and provide name, address, and affiliation (This is required per OAR 137-001-0030).

Presenters may also register at the beginning of the hearing but are encouraged to pre-register to reserve time during the hearing for the presentation of testimony.

Each presenter will have 3 minutes to testify. Be prepared to summarize your comments to fit within the allotted time.

The hearing will close no later than 12:00 PM and may close earlier if all individuals that have registered to testify have had the opportunity to enter their comments into the record.

Submit Written Comments Via email: brandy.ritter@osbn.oregon.gov.
All written comments and materials must be received by the close of the comment period on October 21, 2025, at 5:00PM. Late comments will not be reviewed or considered.

For accommodations or questions, please contact the OSBN Rule Coordinator at least 72 hours prior to the hearing.

NEED FOR THE RULE(S)

To improve clarity, consistency, and alignment with current Board statutes (enrolled HB 3044) and Division 55 rules by correcting terminology, ensuring parallel structure, and removing outdated or unnecessary language. These changes also align rule text with existing statutory provisions in ORS 678.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

Enrolled bill HB 3044 of 83rd Oregon Legislative Assembly 2025 Regular Session
https://olis.oregonlegislature.gov/liz/2025I1

STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE

Adoption of these amendments will not affect racial equity in the state of Oregon.
The changes for Div 55 are purely editorial and structural, without impact on access to services, scope of practice, or regulatory framework governing APRN practice.

FISCAL AND ECONOMIC IMPACT:

None. The amendments do not create new regulatory requirements, do not impose additional costs, and do not change existing nursing practice authority.

COST OF COMPLIANCE:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

None. There are no costs to state agencies, units of local government, small businesses, or members of the public. The changes do not require reporting, record keeping, administrative activities, professional services, equipment, supplies, labor, or increased administration.

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

No impact. The amendments do not create new compliance requirements for small business, nor do they impose new operational or financial obligations.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? NO IF NOT, WHY NOT?

No. A Rules Advisory Committee was not convened because the changes are limited to non-substantive edits and clarifications, do not alter current practice authority, and maintain consistency with existing statutes.

RULES PROPOSED:
851-045-0050, 851-045-0060, 851-045-0062, 851-045-0063, 851-045-0065, 851-045-0070, 851-049-0000, 851-

049-0005, 851-049-0015, 851-049-0020, 851-055-0000, 851-055-0010, 851-055-0020, 851-055-0030, 851-055-0040, 851-055-0050, 851-055-0070, 851-055-0072, 851-055-0076, 851-055-0080, 851-055-0090

AMEND: 851-045-0050

RULE SUMMARY: Removes 'licensed independent practitioner' and replaces with health care provider'. Amends standards language to accommodate use of the new term health care provider.

CHANGES TO RULE:

851-045-0050
~~Scope of Practice Standards for Licensed~~tandards Related to LPN Scope in the Practic~~al~~e of Nurse~~s~~ ¶
ing
(1) The LPN's practice of practical nursing must occur~~s~~ at the clinical direction of a~~n RN's~~ plan of care ~~or a licensed independent practitioner's (LIP) treatment plan~~developed by an RN, or at the clinical direction of a treatment plan developed by a health care provider.¶
(2) The LPN's clinically directed practice of practical nursing may occur in a variety of roles that can include: ¶
(a) Provision of direct care;¶
(b) Participation in the development and implementation of health care policy;¶
(c) Participation in nursing research; and¶
(d) Participation in teaching health care pro~~vider~~fessionals and prospective health care pro~~vider~~fessionals. ¶
(3) The LPN's engagement in the practice of practical nursing must occur through the following actions ~~that are directed by the RN's plan of care or the LIP's treatment plan for a client~~:¶
(a) Perform a focused assessment of the client that recognizes the client's priority condition at the time of the interaction;¶
(b) Develop a focused plan of care that identifies prioritized interventions from the ~~RN's plan of care~~plan providing clinical direction o~~r~~f the L~~I~~PN's ~~treatment plan to be carried out with the client~~practice;¶
(c) Implement prioritized focused plan of care interventions;¶
(d) Evaluate client's:¶
(A) Response(s) to focused plan of care interventions; and¶
(B) Progress toward expected outcomes as identified in the ~~RN's plan of care~~plan providing clinical direction o~~r~~f the L~~I~~PN's ~~treatment plan for the client;¶~~
~~(e) Communicate client's status, and any concerns or issues regarding the RN's plan of care or the LIP's treatment plan, with the RN or LIP providing clinical direction per the context of care.~~ practice;¶
(e) Communicate with the RN or healthcare provider whose plan is providing clinical direction;¶
(A) The client's response to focused interventions and progress toward expected outcomes; and¶
(B) Data pertinent to the client which falls outside of the plan of care or treatment plan.¶
(4) Limitations on scope in the practice of nursing for the LPN. ¶
(a) The LPN cannot conduct a focused assessment or generate a focused plan of care outside of the p~~arameters of an RN's plan of care or LIP's treatment plan for a client~~lan providing clinical direction.¶
(b) For a situation ~~that~~ presents~~ing~~ outside of the parameters of ~~an RN's plan of care or LIP's treatment plan for a client, the LPN may~~plan providing clinical direction, the LPN is responsible to collect client data ~~and must~~, communicate data ~~collected~~ to, and seek direction from~~,~~ the RN or ~~LIP~~healthcare provider whose plan is prividing clinical direction. ¶
(5) The LPN may assign ~~to an LPN, certified nursing assistant (CNA), certified medication aide (CMA) or unregulated as~~focused plan of care interventions to a practice team member per the context of care.¶
(a) The LPN may assign;¶
(A) To an LPN, work the LPN is authorized by license and organizational position description to perform in the setting.¶
(B) To a UAP, work the UAP is authorized by organization posist~~ive person (UAP) focused plan of care interventions the recipient is authorized by license or certification and~~on description to perform in the setting.¶
(C) To a CNA:¶
(i) OAR 851-063-0030 authorized duties the CNA is authorized by organizational position description to perform in the setting.¶
(ii) An OAR 851-063-0035 additional authorized duty when the CNA has been validated by an RN representing the employment site as competent in the performance of the additional duty.¶
(D) To a CMA, OAR 851-063-0070 authorized duties the CMA is authorized by organizational position description to perform in the setting.¶
(~~a~~b) Prior to assigning interventions, the LPN must know the duties, activities or interventions the recipient is

authorized to perform in the ~~practice~~ setting.¶
(~~b~~c) The LPN who assigns must:¶
(A) Assign based on their focused plan of care;¶
(B) Provide supervision of the assign~~ment recipient~~ed work in a manner consistent with the context of care; and¶
(C) Revise the distribution of focused plan of care interventions as indicated by:¶
(i) Client safety; and¶
(ii) Discussion with the RN or ~~LIP~~health care provider whose plan if providing clinical direction.
Statutory/Other Authority: ORS 678.150
Statutes/Other Implemented: ORS 678.150, ORS 678.010

AMEND: 851-045-0060

RULE SUMMARY: Corrects language related to the newly defined term health care provider. Clarifies RN assignment to a certified nursing assistant and to a certified medication aid.

CHANGES TO RULE:

851-045-0060
Standards Related to RN Scope in the Practice of Nursing ¶

(1) The RN's practice of registered nursing is independent and can occur in a variety of roles. Such roles commonly include but are not limited to:¶
(a) Nursing administration;¶
(b) Nursing education;¶
(c) Health care policy development, implementation and evaluation;¶
(d) Consultation in the practice of nursing;¶
(e) Provision of direct care;¶
(f) Clinical direction and clinical supervision of others;¶
(g) Health promotion and wellness;¶
(h) Case management;¶
(i) Nursing research;¶
(j) Teaching health care pro~~vider~~fessionals and prospective ~~health care provid~~practice team members;¶
(k) Nursing Informatics; and¶
(l) With additional education, professional certification, and licensure, engagement in an advanced practice registered nurse practice role.¶
(2) The RN's engagement in the practice of registered nursing occurs through the following actions:¶
(a) Assessment of client to identify their overall response to their current state of health that brought them into contact with the RN;¶
(b) Identification of reasoned conclusions based on validation, analysis and synthesis of assessment data.¶
(c) Identification of expected outcomes for reasoned conclusions.¶
(d) Development of a plan of care to:¶
(A) Prioritize reasoned conclusions;¶
(B) Identify interventions to attain expected outcomes;¶
(C) Identify implementation responsibilities, timelines and documentation requirements; and¶
(D) Utilization of language appropriate to the context of care.¶
(e) Implementation of plan of care. RN may include utilization of practice team members to carry out planned interventions per the context of care.¶
(f) Evaluation of client progress toward expected outcomes through:¶
(A) Ongoing collection and analysis of assessment data; and¶
(B) Revision of reasoned conclusions, expected outcomes, planned interventions, implementation responsibilities and timelines as indicated by clinical judgment.¶
(3) The RN may assign plan of care interventions to a practice team member ~~work~~per the ~~team member is authorized by license or certification and organizational position description to perform in the practice setting.¶~~
~~(a) This includes assigning to:¶~~
~~(A) Another RN;¶~~
~~(B) LPN;¶~~
~~(C) CNA or CMA; and¶~~
~~(D) UAP~~context of care.¶
(a) The RN may assign:¶
(A) To an RN, work the RN is authorized by license and organizational position description to perform in the setting. ¶
(B) To an LPN, work the LPN is authorized by license and organizational position description to perform in the setting.¶
(C) To a UAP, work the UAP is authorized by organizational position description to perform in the setting.¶
(D) To a CNA:¶
(i) OAR 851-063-0030 authorized duties the CNA is authorized by organizational position description to perform in the setting. ¶
(ii) An additional authorized duty per OAR 851-063-0035, when the CNA has been validated by an RN representing the employment site as competent in their performance of the additional duty.¶
(E) To a CMA, OAR 851-063-0070 authorized duties the CMA is authorized by organizational position description

to perform in the setting.¶
(b) Prior to assigning work, the RN must know the duties, functions, activities or interventions the recipient is authorized to perform.¶
(c) The RN who assigns work must:¶
(A) Assign according to the health, safety and welfare of their client;¶
(B) Provide supervision and evaluation of assigned work in a manner consistent with:¶
(i) The context of care; and¶
(ii) The RN's nursing practice relationship with the team member who accepts the assignment.¶
(C) Revise how work is distributed as indicated by client outcome data, availability of qualified practice team members and other appropriate resources.¶
(d) The RN who agrees to act as a nurse intern (NI) supervisor must:¶
(A) Assign to the nurse intern only those functions authorized for performance by a NI per OAR Chapter 851, Division 41;¶
(B) Maintain a physical presence in the NI's practice setting; and¶
(C) Be readily available to the NI either in person or by other means.¶
(4) The RN must employ strategies that promote health and safety.¶
(a) Such strategies may include providing opportunity for the client to identify needed health promotion, disease prevention and self-management topics. ¶
(b) The RN who engages in teaching to promote health and safety must apply evidence-based teaching and learning principles in the development, implementation and evaluation of teaching plans and the evaluation of learner outcomes.¶
(c) Based on the RN's context of care, teaching content may include but is not limited to:¶
(A) Teaching a client's family member how to execute a medical order;¶
(B) Teaching a designated caregiver how to execute a medical order per OAR Chapter 851, Division 48;¶
(C) Teaching a UAP how to perform a client's nursing procedure per OAR Chapter 851, Division 47;¶
(D) Teaching a practice team member how to administer a regularly scheduled or pro re nata (PRN) noninjectable medication to a client;¶
(E) Teaching a practice team member how to administer PRN injectable or noninjectable lifesaving medication to a specific client;¶
(F) Teaching a group of people how to administer noninjectable medications to other persons; and¶
(G) Teaching a group of people how to administer a lifesaving medication to another person per ORS 433.800 to 433.830, ORS 689.681, or ORS 339.869.¶
(d) The RN may teach and validate a CNA to perform one or more additional authorized duties as listed in OAR 851-063-0035(2).¶
(A) The RN must represent or be employed by the CNA's employment site.¶
(B) Once the RN validates the CNA is competent to perform the additional duty, the duty may then be assigned to the CNA by nurses in the employing organization.
Statutory/Other Authority: ORS 678.150, HB 4003 2022
Statutes/Other Implemented: ORS 678.150, ORS 678.010, ORS 339.869

AMEND: 851-045-0062

RULE SUMMARY: Replaces 'physician' with 'health care provider' as the out of state licensed entity from whom a registered nurse employed by a public or private school, or by an education service district or a local public health authority, may accept an order related to the care or treatment of a student who has been enrolled at the school for not more than 90 days.

CHANGES TO RULE:

851-045-0062
~~Standard related to the~~ RN who is employed by a public or private school, or by an education service district or a local public health authority.
Per ORS 678.038, a registered nurse who is employed by a public or private school, or by an education service district or a local public health authority as defined in ORS 431.003 to provide nursing services at a public or private school, may accept an order from a ~~physician~~health care provider licensed to practice ~~medicine~~ in another state or territory of the United States if the order is related to the care or treatment of a student who has been enrolled at the school for not more than 90 days.
Statutory/Other Authority: ORS 678.150
Statutes/Other Implemented: ORS 678.150, ORS 678.010, ORS 678.038

AMEND: 851-045-0063

RULE SUMMARY: Replaces 'physician' with 'health care provider' as the out of state licensed entity from whom a registered nurse employed by or contracted with a long-term care facility or an in-home care agency, may accept an order related to the care or treatment of an individual who has been a client, patient or resident of the long-term care facility or in-home care agency for not more than 90 days.

CHANGES TO RULE:

851-045-0063
Standards related to the RN who is employed by or contracted with a long-term care ~~F~~facility or in-home care agency~~.~~
Per ORS 678.039, a registered nurse who is employed by or contracted with a long-term care facility or an in-home care agency, as defined in ORS 443.305, may execute a medical order from a ~~physician~~health care provider licensed to practice ~~medicine~~ in another state or territory of the United States if:¶
(1) The order is related to the care or treatment of an individual who is a client, patient or resident of the long-term care facility or in-home care agency that employs or contracts the registered nurse; and¶
(2) The individual described in section number (1) of this rule number has been a client, patient or resident of the long-term care facility or in-home care agency for not more than 90 days.
Statutory/Other Authority: ORS 678.150
Statutes/Other Implemented: ORS 678.010 ~~to~~ 678.410~~, Senate Bill 226 (2023)~~

AMEND: 851-045-0065

RULE SUMMARY: Corrects statutory citation, integrates use of new term health care provider, corrects titling error for doctor of chiropractic.

CHANGES TO RULE:

851-045-0065
Standards of Practice for the LPN and the RN
(1) Standards related to the licensee's responsibility for self-regulation in the practice of nursing. The licensee must:¶
(a) Practice:¶
(A) Within the laws and rules governing the practice of nursing applicable to one's license type;¶
(B) In adherence with accepted and prevailing professional nursing practice standards; ¶
(C) Consistent with current and evolving nursing science, other sciences, the humanities; and ¶
(D) Within one's context of care. ¶
(b) Establish, communicate, and maintain professional boundaries; ¶
(c) Demonstrate honesty, integrity and professionalism in the practice of nursing; ¶
(d) Accept accountability for one's decisions and actions;¶
(e) Maintain documented evidence of current competence relevant to:¶
(A) One's nursing practice role; and, ¶
(B) Activities and interventions performed in one's practice role.¶
(f) Integrate ethics in all aspects of the practice of nursing;¶
(g) Promote and advocate for a practice setting that is conducive to health and safety; ¶
(h) Identify safety and environmental concerns, take action to address concerns identified; and report as needed;¶
(i) Accept responsibility for notifying one's employer of an ethical objection to the provision of a specific nursing activity, intervention, or role;¶
(j) Remove oneself from practice when unable to practice with professional skill and safety; ¶
(k) Ensure unsafe nursing practice is addressed immediately;¶
(l) Report one's knowledge of a licensee whose practice of nursing is believed to not meet the standards set in these rules to the person in the practice setting who has authority to undertake corrective action; and¶
(m) Ensure unsafe nursing practice and practice conditions are reported to the appropriate regulatory agency.¶
(2) Standards related to individual scope of practice. The licensee:¶
(a) Must only accept an assignment that the licensee knows is within their individual scope of practice; and ¶
(b) May not perform an activity, intervention or role until the licensee has determined that the activity, intervention or role is within their individual scope of practice. An activity, intervention or role is within the licensee's individual scope of practice only if all the following criteria are met:¶
(A) The activity, intervention or role is not prohibited by Oregon's Nurse Practice Act (NPA) or any other applicable law, rule, regulation or accreditation standard;¶
(B) Performing the activity, intervention or role, is consistent with professional nursing standards, evidence-based nursing, and other health care literature;¶
(C) The practice setting has policies and procedures in place to support the licensee's performance of the activity, intervention or role;¶
(D) The licensee has completed the education necessary to safely perform the activity, intervention or role;¶
(E) The licensee has documented evidence of their current competence to safely perform the activity, intervention or role;¶
(F) The licensee has the appropriate resources to perform the activity, intervention or role in the practice setting;¶
(G) A reasonable and prudent nurse would perform the activity, intervention or role in this setting; and¶
(H) The licensee is prepared to accept accountability for the activity, intervention, or role, and any related outcomes. ¶
(3) Standards related to the licensee's responsibility for disclosure of nursing license type and practice role. The licensee shall disclose their license type and practice role to the client unless the disclosure creates a safety or health risk for either the nurse or the client.¶
(4) Standards related to the licensee's responsibility regarding the use of informatics and technologies in the practice of nursing. The licensee must:¶
(a) Establish and maintain the competency necessary to properly use informatics and technologies of the practice setting; ¶
(b) Advocate for the use of informatics and technologies that are compatible with the safety, dignity, and rights of the client; and,¶

(c) Adhere to accepted and prevailing standards and guidelines on the use of telecommunications technologies in the practice of nursing.¶
(5) Standards related to the licensee's responsibility for documentation of the practice of nursing. The licensee must document their practice of nursing:¶
(a) In a timely, accurate, thorough, and clear manner; ¶
(b) Consistent with the context of care; and¶
(c) Using one's name of record.¶
(6) Standards related to the licensee's responsibility for client advocacy. The licensee must:¶
(a) Recognize and respect the cultural values, beliefs, and social practices of the client.¶
(b) Advocate for the client's right to receive nursing services and other services that are respectful of the client's needs, choices and dignity. This includes:¶
(A) Communicating client choices, concerns and needs to other members of the practice team; and¶
(B) Promoting safe client hand offs and care transitions.¶
(c) Intervene on behalf of the client to identify changes in health status, to protect, promote and optimize health.¶
(d) Advocate for the client's right to receive appropriate and accurate information.¶
(e) Protect the client's right to make informed decisions. This includes the client's right:¶
(A) To decline or to consent to an intervention, medication or treatment; and,¶
(B) To decline or to consent to participation in research.¶
(f) Respect client decisions without bias.¶
(g) Protect confidential client information. This includes the protection of client information that is:¶
(A) Communicated by any method;¶
(B) Transmitted through use of telecommunications technology; and ¶
(C) Stored in an electronic or hard copy format.¶
(7) Standards related to the licensee's responsibility for collaboration with the practice team. The licensee must:¶
(a) Function as a member of the practice team.¶
(b) Demonstrate a knowledge of practice team members' roles.¶
(c) Communicate with practice team members regarding the plan of care.¶
(d) Demonstrate cultural responsiveness in the practice of nursing. ¶
(e) As appropriate to the context of care, collaborate in the development, implementation and evaluation of combined plans of care.¶
(8) Standards related to the licensee's responsibility for leadership and quality of practice. The licensee must: ¶
(a) Demonstrate respect in interactions with practice team members. ¶
(b) Interpret and evaluate policies, protocols, and guidelines that are pertinent to the practice of nursing, nursing services, and to health services delivery:¶
(A) Ensure policies, procedures, and guidelines pertinent to the practice of nursing are consistent with the laws and rules of Oregon's NPA. ¶
(B) Take action to address any policy, protocol, or guideline that is not consistent with the laws and rules of Oregon's NPA; and, ¶
(C) Take action to address any policy, protocol or guideline that jeopardizes client health and safety.¶
(c) Participate in quality improvement initiatives and activities within the practice setting.¶
(d) Participate in the mentoring and precepting of nursing and nursing assistant students, new licensees, nursing colleagues, and other members of the practice team.¶
(9) Standards related to the licensee's responsibility in the acceptance and execution of medical orders.¶
(a) Per ORS 678.010(~~7~~)(A9), the practice of nursing includes the authority to execute medical orders. ¶
(b) The licensee may accept and implement orders from any of the ~~following people~~health care providers licensed and authorized by Oregon statute to independently diagnose and treat: ¶
(A) Clinical nurse specialist (CNS) licensed under ORS Chapter 678; ¶
(B) Certified registered nurse anesthetist (CRNA) licensed under ORS Chapter 678; ¶
(C) Nurse practitioner (NP) licensed under ORS Chapter 678; ¶
(D) Medical doctor (MD) licensed under ORS Chapter 677; ¶
(E) Doctor of osteopathic medicine (DO) licensed under ORS Chapter 677; ¶
(F) Doctor of podiatric medicine licensed under ORS Chapter 677; ¶
(G) Dentist licensed under Chapter ORS 679; ¶
(H) Naturopathic physician licensed under ORS Chapter 685; ¶
(I) Optometrist licensed under ORS Chapter 683; ¶
(J) ~~Chiropractor physician~~Doctor of chiropractic licensed under ORS Chapter 684; ¶
(K) MD volunteer emeritus license licensed under ORS Chapter 677;¶
(L) DO volunteer emeritus license licensed under ORS Chapter 677; and ¶
(M) Physician ~~A~~associate licensed under ORS Chapter 677.¶

(c) Prior to the execution of a medical order, the licensee must determine that the medical order is: ¶
(A) Within the prescriber's scope of practice;¶
(B) Clear and complete;¶
(C) Safe for the client; and ¶
(D) Consistent with the prescriber's plan for the client's care. ¶
(d) The licensee who determines that subsection (c)(A) through (D) is not met, must:¶
(A) Decline to execute the medical order; and ¶
(B) Contact the prescriber or the prescriber's designee to discuss the situation and arrive at a mutual decision on how to move forward. ¶
(10) Standards related to the licensee's responsibility in the acceptance and implementation of recommendations for client care from a health care professional authorized to practice in Oregon:¶
(a) The licensee may accept and implement recommendations for care from the following health care professionals licensed in Oregon: ¶
(A) Acupuncturist licensed under ORS Chapter 677; ¶
(B) Dietitian licensed under ORS Chapter 691; ¶
(C) Occupational therapist licensed under ORS Chapter 675; ¶
(D) Physical therapist licensed under ORS Chapter 688; ¶
(E) Pharmacist licensed under ORS Chapter 689; ¶
(F) Psychologist licensed under ORS Chapter 675; ¶
(G) Registered nurse licensed under ORS Chapter 678; ¶
(H) Respiratory therapist licensed under ORS Chapter 688; ¶
(I) Social worker licensed under ORS Chapter 675; and ¶
(J) Speech therapist licensed under ORS Chapter 681.¶
(b) Prior to implementation of a recommendation, the licensee must: ¶
(A) Have knowledge that the recommendation is within the health care professional's scope of practice;¶
(B) Determine the recommendation to be:¶
(i) Clear and complete;¶
(ii) Safe for the client; and¶
(iii) Consistent with the plan of care for the client; ¶
(c) The licensee who determines that subsection (b)(A) or (B) are not met, must decline implementation of the recommendation and, as appropriate to the context of care, discuss with practice team members.
Statutory/Other Authority: ORS 678.150
Statutes/Other Implemented: ORS 678.150, ORS 678.010, ORS 678.135~~, HB 4010 (2024)~~

AMEND: 851-045-0070

RULE SUMMARY: Replaces 'licensed independent practitioner' with 'health care provider'. Amends language related to the use of the term health care provider in these rules.

CHANGES TO RULE:

851-045-0070
Conduct Derogatory to the Standards of Nursing Defined ¶

Conduct derogatory to the practice of nursing is conduct that adversely affects the health, safety, and welfare of the public; that fails to conform to OAR 851-045 scope and standards of practice; or that fails to conform to accepted standards of the nursing profession. Such conduct includes, but is not limited to:¶
(1) Conduct related to general fitness in the practice of nursing:¶
(a) Demonstrated incidents of violent, abusive, intimidating, neglectful or reckless behavior; or¶
(b) Demonstrated incidents of dishonesty, misrepresentation, or fraud.¶
(2) Conduct related to achieving and maintaining clinical competency:¶
(a) Failing to recognize standards of acceptable and prevailing nursing practice. Actual injury need not be established;¶
(b) Exceeding scope in the practice of nursing for license type;¶
(c) Performing activities, interventions, or roles within the practice of nursing that are not within one's individual scope of practice;¶
(d) Accepting an assignment when individual competency necessary to safely perform the assignment has not been established or maintained; or¶
(e) Failure to remove oneself from practice when unable to practice with professional skill and safety.¶
(3) Conduct related to the client's safety and integrity:¶
(a) Developing, modifying, or implementing policies that jeopardize client safety;¶
(b) Failing to take action to preserve or promote a client's safety based on nursing assessment and clinical judgment;¶
(c) Failing to develop, implement or modify the plan of care;¶
(d) Failing to develop, implement or modify the focused plan of care;¶
(e) Assigning work that:¶
(A) Exceeds scope in the practice of nursing for the recipient's license type;¶
(B) Exceeds the recipient's individual scope of practice;¶
(C) Exceeds authorized duties for one's nursing assistant certification; or¶
(D) Is not authorized to be performed in the context of care.¶
(f) Failing to adhere to OAR chapter 851, Division 47 when delegating the performance of a client's nursing procedure to a UAP;¶
(g) Failing to provide supervision per the context of care for:¶
(A) Work that has been assigned to practice team members; or¶
(B) The performance of a nursing procedure that has been delegated to a UAP practice team member. ¶
(h) Assuming duties and responsibilities within the practice of nursing when competency in the performance of those duties and responsibilities has not been established or maintained;¶
(i) Accepting an assignment and then leaving or failing to complete the assignment, including a supervisory assignment, without notifying the appropriate personnel and confirming that assignment responsibilities will be met;¶
(j) Failing to make a report per ORS 676.150 of facts known regarding prohibited or unprofessional conduct of ~~a any health care provider;~~ Board licensee or licensee of another Board; ¶
(k) Failing to respect the dignity and rights of the client, inclusive of the client's social or economic status, age, race, religion, gender, gender identity, sexual orientation, national origin, nature of health needs, physical attributes, disability, or personal choice;¶
(l) Failing to honor the client's right to decline an intervention or medication;¶
(m) Failing to honor the client's right to decline to participate in research;¶
(n) Failing to report actual or suspected incidents of abuse, neglect or mistreatment;¶
(o) Engaging in or attempting to engage in sexual contact with a client in any setting;¶
(p) Engaging in sexual misconduct;¶
(q) Failing to establish or maintain professional boundaries with a client;¶
(r) Using social media to communicate, post, or otherwise distribute protected client information or data including client image or other client identifiers; or¶
(s) Failing to report to the person in the workplace who holds the authority to institute corrective action, one's

knowledge of a licensee whose practice of nursing:¶
(A) Exceeds scope in the practice of nursing for their license type; or¶
(B) Fails to meet established standards of safe nursing practice.¶
(4) Conduct related to communication:¶
(a) Failure to document the practice of nursing in a timely, accurate, thorough, and clear manner;¶
(b) Failure to document the practice of nursing using one's name of record;¶
(c) Failure to document data and information pertinent to a client's status;¶
(d) Failing to document a late entry within a reasonable time period;¶
(e) Entering inaccurate, incomplete, falsified, fabricated or altered documentation into a health record or employer record. This includes but is not limited to:¶
(A) Documenting the practice of nursing that did not occur;¶
(B) Documenting the occurrence of events that did not occur;¶
(C) Documenting using another person's name of record or identification; ¶
(D) Falsifying data;¶
(E) Altering words or characters within another person's established document or record entry;¶
(F) Altering words or characters within another person's established document or record entry to mislead the reader; or¶
(G) Entering late entry documentation into a non-electronic health record that does not identify the date and time of the event being recorded, the date and time the late entry is placed into the record, or one's name of record¶
(f) Destroying a client or employer record:¶
(A) To conceal a record of nursing or other services provided; or¶
(B) To conceal the omission of nursing or other services;¶
(g) Directing another person to falsify, alter or destroy a client or agency record or any document to conceal a record of services provided or to conceal the omission of services;¶
(h) Directing another individual to enter false information into an agency record, a client's health record, or both;¶
(i) Failing to communicate information regarding the client's status to members of the practice team in an ongoing and timely manner as appropriate to the context of care; or¶
(j) Failing to communicate information regarding the client's status to other individuals who are authorized to receive information and have a need to know.¶
(5) Conduct related to the client's family:¶
(a) Failing to be respectful to the client's family and the client's relationship with their family;¶
(b) Using one's title or position as a nurse to exploit the client's family for any reason;¶
(c) Stealing money, property, services or supplies from the client's family;¶
(d) Soliciting or borrowing money, materials or property from the client's family; or¶
(e) Engaging in unacceptable behavior towards, or in the presence of, the client's family. Such behavior includes, but is not limited to, using derogatory names, derogatory or threatening gestures, verbal threats or profane language.¶
(6) Conduct related to practice team members, co-workers and students:¶
(a) Engaging in violent, abusive or threatening behavior towards a practice team member, co-worker or student; or¶
(b) Engaging in violent, abusive, or threatening behavior towards a practice team member, a coworker, or a student that impacts the delivery of safe nursing services or other services provided in the context of care.¶
(7) Conduct related to impaired function:¶
(a) Practicing nursing when unable or unfit due to:¶
(A) Physical impairment as evidenced by documented deterioration of functioning in the practice setting or by the assessment of ~~an LIP~~ health care provider qualified to diagnose physical condition or status; or¶
(B) Psychological or mental impairment as evidenced by documented deterioration of functioning in the practice setting or by the assessment of ~~an LIP~~ health care provider qualified to diagnose mental conditions or status.¶
(b) Practicing nursing when physical or mental ability to practice is impaired by stress, illness, the use of any drug, prescription or non-prescription medication, alcohol, or a mind-altering substance; or¶
(c) The use of any drug, prescription or non-prescription medication, alcohol, or a mind-altering substance, to an extent or in a manner that:¶
(A) Is dangerous or injurious to the licensee or others; or¶
(B) Impairs the ability to conduct safely the practice of nursing.¶
(8) Other conduct derogatory to the practice of nursing:¶
(a) Violating any law, rule, or regulation intended to guide the conduct of nurses;¶
(b) Aiding, abetting, or assisting an individual to violate or circumvent any law, rule or regulation intended to guide the conduct of nurses or other health care providers and health care professionals;¶
(c) Violating the rights of privacy, confidentiality of information, or disclosing knowledge concerning the client,

unless required by law to disclose such information;¶
(d) Discriminating against a client based on age, race, religion, gender, gender identity, sexual preference, national origin, disability, health care beliefs or health care decisions;¶
(e) Abusing a client;¶
(f) Neglecting a client;¶
(g) Failing to report suspected or observed incidents of abuse to the appropriate state agency or agencies;¶
(h) Failing to report suspected or observed incidents of abuse or neglect through the proper channels in the workplace;¶
(i) Engaging in other unacceptable behavior towards or in the presence of a client. Such conduct includes but is not limited to using derogatory names, derogatory gestures, profane language or threats;¶
(j) Soliciting, borrowing, or stealing money, materials, services, supplies or property from a client;¶
(k) Except as authorized through a medical order written by a person authorized to prescribe the medication:¶
(A) Possessing, obtaining, or attempting to obtain a prescription medication or controlled medication; or¶
(B) Furnishing or administering a prescription medication or controlled medication to any person, including oneself;¶
(l) Unauthorized removal, attempted removal, or stealing of medications, supplies, property, or money from any person in the practice setting or one's employer;¶
(m) Unauthorized removal of client records, client information, facility property, policies or written standards from the practice setting;¶
(n) Using one's role as a nurse for personal gain or to defraud a person of their personal property or possessions;¶
(o) Violating a person's rights of privacy and confidentiality by accessing their information without proper authorization or without a demonstrated need to know;¶
(p) Engaging in unsecured transmission of protected client data;¶
(q) Engaging in unauthorized transmission of protected client data;¶
(r) Failing to administer medications in a manner consistent with state and federal law;¶
(s) Failing to dispense medications in a manner consistent with state and federal law;¶
(t) Failure to release a client's health record within 30 days from receipt of written notice for release of records. This includes requests for records after closure of practice;¶
(u) Improper billing practices including the submission of false claims;¶
(v) Failing to properly maintain records after closure of practice or practice setting;¶
(w) Failure to notify client of closure of practice and of the location of their health records;¶
(x) Failure to report to the Board the licensee's arrest for a felony crime within 10 days of the arrest; ¶
(y) Failure to report to the Board the licensee's conviction of a misdemeanor or a felony crime within 10 days of the conviction; or¶
(z) Failure to report to the Board any suspected violation of ORS 678.010 to 678.410 or any rule adopted by the Board.¶
(9) Conduct related to licensure violations:¶
(a) Resorting to fraud, misrepresentation or deceit at any time during the licensing process;¶
(b) Practicing nursing without a current Oregon license;¶
(c) Practicing as an NP, CRNA, or CNS without a current Oregon license in the specific advanced practice registered nurse specialty;¶
(d) Allowing another person to use one's nursing license for any purpose;¶
(e) Using another person's nursing license for any purpose;¶
(f) Impersonating an applicant or acting as a proxy for the applicant in any nurse licensure examination; or¶
(g) Disclosing the contents of a nurse licensure examination, soliciting, accepting or compiling information regarding the contents of the examination before, during or after its administration.¶
(10) Conduct related to the licensee's relationship with the Board:¶
(a) Failing to fully cooperate with the Board during the course of an investigation;¶
(b) Failing to answer truthfully and completely any question asked by the Board. This includes:¶
(A) During the licensing process;¶
(B) During the course of an investigation;¶
(C) During the course of a nursing education or nursing assistant program survey; or¶
(D) While under monitoring by the Board via Board order.¶
(c) Failing to provide the Board with any documents requested by the Board;¶
(d) Violating the terms and conditions of a Board order; or¶
(e) Failing to comply with the terms and conditions of a Board order or stipulated agreement.¶
(11) Conduct related to advanced practice nursing:¶
(a) Ordering laboratory or other diagnostic tests or treatments or therapies for oneself;¶
(b) Prescribing for or dispensing medications to oneself;¶

(c) Providing advanced practice registered nursing services to one's family member in the absence of adherence to OAR Chapter 851, Division 55 including prescribing, dispensing or providing medications;¶
(d) Using self-assessment and diagnosis as the basis for the provision of care which would otherwise be provided by a client's professional caregiver; or¶
(e) Ordering unnecessary laboratory or other diagnostic test or treatments for the purpose of personal gain.
Statutory/Other Authority: ORS 678.150
Statutes/Other Implemented: ORS 678.150, ORS 678.111, ORS 678.390

AMEND: 851-049-0000

RULE SUMMARY: Corrects Oregon Administrative Rule citation.

CHANGES TO RULE:

851-049-0000
Rule Summary, Statement of Purpose and Intent
(1) ORS 678.150 establishes the Board's authority to supervise the practice of nursing and to determine the scope of nursing practice. Pursuant ORS 678.010(8)(b)(A), the practice of nursing includes executing medical orders prescribed by a physician, dentist, clinical nurse specialist, nurse practitioner, certified registered nurse anesthetist or other health care provider licensed or certified by this state and authorized by the board by rule to issue orders for medical treatment.¶
(2) When engaging in registered nursing practice, the RN may encounter a medical order for a treatment or a medication that contains inclusion or exclusion criteria that has been pre-identified by the prescriber. ~~As defined by chapter 851 division 006~~For the purposes of these rules, a medical order for a treatment or a medication that contains inclusion or exclusion criteria pre-identified by the prescriber is a protocol.¶
(3) These rules identify acceptable levels of safe nursing practice for:¶
(a) The RN who practices in an environment where a protocol is used in the execution of a medical order for a client;¶
(b) The LPN who accepts an assignment to execute a medical order contained within a protocol;¶
(c) The RN and the LPN who communicate a prescriber's reauthorization of a client's prescription to a pharmacy; and¶
(d) The RN who dispenses medication in a setting certified by the Board of Pharmacy as a Community Health Clinic.
Statutory/Other Authority: ORS 678.150
Statutes/Other Implemented: ORS 678.150, ORS 678.010

AMEND: 851-049-0005

RULE SUMMARY: Corrects Oregon Administrative Rule citation.

CHANGES TO RULE:

851-049-0005
Scope of Practice Standards for RN Participation in Protocol Development
(1) The RN who holds a nurse administrator practice position within an organization shall participate in the development of any protocol that describes the decision-making and actions of the RN. The RN shall ensure that the protocol:¶
(a) Is developed considering input from nurses practicing within the organization;¶
(b) Is based on nationally recognized evidence-based guidelines and recommendations;¶
(c) Includes client inclusion or exclusion criteria in the protocol;¶
(d) Identifies alternative actions or exceptions that allow for individual client circumstances as assessed and interpreted by the RN; and¶
(e) Identifies a pathway for the RN to notify the prescriber when the RN's assessment and interpretation of evidence and data leads to the clinical decision that the client does not meet protocol inclusion; and¶
(f) Does not impede the individual nurse from fulfilling nursing practice responsibilities identified in the Nurse Practice Act.¶
(2) The RN who practices in a setting or organization where there is no nurse administrator practice position assumes the responsibility for fulfilling the requirements pursuant to OAR 851-049-0005 (1) (a) through (f).
Statutory/Other Authority: ORS 678.150
Statutes/Other Implemented: ORS 678.150, ORS 678.010

AMEND: 851-049-0015

RULE SUMMARY: Adds physician associate to the list of health care providers whose treatment plan can provide clinical direction of LPN practice.

CHANGES TO RULE:

851-049-0015
Scope of Practice Standards for LPN Protocol Utilization
(1) An LPN ~~practicing under the clinical direction of an RN or LIP~~ may execute a medical order contained within a protocol if:¶
(a) The ~~LPN has been assigned ex~~protocol is identified in:¶
(A) The RN plan of care providing clinical dir~~ec~~ution of the ~~medical order within a protocol by an RN~~LPN's practice of nursing; or ¶
(B) The health care provider treatment plan providing clinical direction o~~r~~f L~~IP;~~PN practice.¶
(b) The LPN verifies ~~that~~ the RN or ~~LIP making the assignment~~health care provider has determined that the client meets the protocol inclusion criteria; and¶
(c) The LPN adheres to the scope and standards of practice identified in ~~c~~OAR Chapter 851~~, d~~ Division 45~~, including, but not limited to, OAR 851-045-0040(5)(c) and (f).¶~~
~~(2) An LPN may only execute a medical order contained within a protocol if execution has been assigned to the LPN by an RN or LIP.¶~~
(2) The independent nursing judgment regarding a client's appropriateness for protocol inclusion exceeds the dependent and directed scope of practice of the LPN.¶
(3) The LPN shall document all actions and decisions required by these rules as identified in OAR Chapter 851 Division 45.
Statutory/Other Authority: ORS 678.150
Statutes/Other Implemented: ORS 678.150, ORS 678.010

AMEND: 851-049-0020

RULE SUMMARY: Corrects Oregon Administrative Rule citation.

CHANGES TO RULE:

851-049-0020
Scope of Practice Standards Related to Communicating a Re-authorization of a Client's Prescription
(1) As identified in Oregon Board of Pharmacy in OAR 855-041, after one year from date of issue, a prescription for a non-controlled substance becomes invalid and must be re-authorized by the prescriber.¶
(2) Prior to an RN or an LPN communicating a prescriber's re-authorization of a client's prescription, the nurse must confirm that:¶
(a) The prescriber has authorized the continuing of the medication for the client through a new prescription order; or¶
(b) The prescriber's plan of care or treatment plan for the client:¶
(A) Identifies the client's ongoing medication needs;¶
(B) Authorizes ongoing renewal of the prescription for the client; and¶
(C) Identifies exceptions to prescription reauthorization for the client.¶
(3) An RN or an LPN may only communicate a prescriber's re-authorization of a client's prescription if:¶
(a) The RN or LPN has complied with subsection (2) of this rule; and¶
(b) Communicating the re-authorization would be consistent with OAR 851-045-00~~40(5~~65(9).
Statutory/Other Authority: ORS 678.150
Statutes/Other Implemented: ORS 678.150, ORS 678.010

AMEND: 851-055-0000

RULE SUMMARY: Clarifies the purpose of Division 55 and aligns terminology with enrolled HB 3044 and ORS 678.

CHANGES TO RULE:

851-055-0000
Purpose of Scope and Standards of Practice
~~P~~The purpose of these rules is to define the scope of practice for the group of advanced practice registered nurses collectively known as APRNs. ~~The Board does not have legislative authority to issue licenses as an APRN, therefore the title of APRN cannot be used by licensees in lieu of their license as listed in subsection (1) of this rule.~~ Licensees in Oregon must identify themselves to their clients and in all other aspects of their practice by their Oregon awarded license type.¶
(1) The Board recognizes and licenses the APRN in one of the following roles:¶
(a) Nurse Practitioner (NP), inclusive of NPs specializing in Certified Nurse-Midwifery.¶
(b) Certified Registered Nurse Anesthetist (CRNA).¶
(c) Clinical Nurse Specialist (CNS).¶
(2) The Board may grant prescriptive ~~privileges (PP)~~authority consistent with the individual's scope of practice, competency, and applicable state laws.
Statutory/Other Authority: ORS 678.150, ORS 678.255, ORS 678.265, ORS 678.275, ORS 678.278, ORS 678.282, ORS 678.285, ORS 678.370, ORS 678.372, ORS 678.375, ORS 678.380, ORS 678.390
Statutes/Other Implemented: ORS 678.150, ORS 678.255, ORS 678.265, ORS 678.275, ORS 678.278, ORS 678.282, ORS 678.285, ORS 678.370, ORS 678.372, ORS 678.375, ORS 678.380, ORS 678.390

AMEND: 851-055-0010

RULE SUMMARY: Revises scope of standards of practice to ensure consistent terminology, including changing "Diagnosing" to "Diagnosis" and standardize formatting.

CHANGES TO RULE:

851-055-0010
Scope and Standards of Practice for All Licensed Advanced Practice Registered Nurses
(1) The APRN independently provides healthcare services within the scope of practice for which the APRN is educationally prepared and clinically trained with competency maintained in accordance with any other applicable rules, regulations, and prevailing standards. All standards and scope of practice found in OAR 851-045 related to the practice of Registered Nursing are applicable to APRNs.¶
(2) The APRN scope of practice must be congruent with their population foci~~i~~us of educational preparation and content of the corresponding Board recognized national certification examination.¶
(3) Within the context of the APRN role, the APRN is responsible for utilizing the nursing process which includes:¶
(a) Assessment;¶
(b) Reasoned Conclusion;¶
(c) Development of an appropriate treatment plan;¶
(d) Intervention; and¶
(e) Evaluation.¶
(4) The APRN is independently responsible and accountable for the continuous and comprehensive management of health care, which may include:¶
(a) Assessment of clients, synthesis and analysis of data, and application of nursing principles and therapeutic modalities;¶
(b) ~~For NPs and CNSs with prescriptive authority, formulat~~Diagnosing ~~a~~ health or illness ~~diagnosis~~;¶
(c) Promotion and maintenance of health;¶
(d) Prevention of illness and disability;¶
(e) Management of health care during acute and chronic phases of illness to include palliative and end of life care;¶
(f) Counseling;¶
(g) Consultation and collaboration with other healthcare providers and community resources;¶
(h) Referral to other healthcare providers and community resources;¶
(i) Management and coordination of care; and¶
(j) Prescribing, dispensing, and administration of medications, therapeutic devices and measures.¶
(5) The APRN must document services provided according to professional standards and assure that documentation requirements for client care are in accordance with OAR 851-045-0060.¶
(6) The APRN scope of practice includes teaching, research, coaching, mentoring, and providing leadership using the professional standards of APRN practice.¶
(7) The APRN may practice with nurses and other members of the interprofessional healthcare team to advance the practice of nursing and improve client care. This practice includes, but is not limited to:¶
(a) Consulting and collaborating to identify and manage healthcare issues;¶
(b) Providing leadership in evidence-based practice and research;¶
(c) Promoting professional practice;¶
(d) Identifying the learning needs of the healthcare team; and¶
(e) Developing, providing and evaluating educational and other programs that enhance the practice of nursing personnel and other members of the healthcare team.¶
(8) The APRN may practice with organizations to provide clinical expertise and guidance. This practice includes, but is not limited to:¶
(a) Using system-wide change strategies;¶
(b) Facilitating interprofessional practice; and¶
(c) Creating, advising, and influencing system-level policy that affects programs of care.¶
(9) The APRN has the professional responsibility for initiating consultation, collaboration, referral or a transfer of client care when deemed prudent.¶
(10) The APRN is responsible for recognizing limits of knowledge and experience, and for resolving situations beyond their APRN expertise by consulting with or referring clients to other healthcare providers.¶
(11) Utilization of imaging modalities to guide interventions must be in accordance with the statute and rules of the Oregon Board of Medical Imaging or other state authorized entity.
Statutory/Other Authority: ORS 678.150, ORS 678.255, ORS 678.265, ORS 678.275, ORS 678.278, ORS 678.282, ORS 678.285, ORS 678.370, ORS 678.372, ORS 678.375, ORS 678.380, ORS 678.390
Statutes/Other Implemented: ORS 678.150, ORS 678.255, ORS 678.265, ORS 678.275, ORS 678.278, ORS

678.282, ORS 678.285, ORS 678.370, ORS 678.372, ORS 678.375, ORS 678.380, ORS 678.390

AMEND: 851-055-0020

RULE SUMMARY: Updates Nurse Practitioner scope language for a parallel structure and clarity, without changing practice authority.

CHANGES TO RULE:

851-055-0020
Scope of Practice for Licensed Nurse Practitioners (NP)
(1) Purpose of Scope of Practice: ¶
(a) To establish acceptable levels of safe practice for the nurse practitioner. ¶
(b) To serve as a guide for the Board to evaluate nurse practitioner practice. ¶
(c) To distinguish the scope of practice of the nurse practitioner from that of the registered nurse. ¶
(2) The role of ~~the~~ nurse practitioner will continue to expand in response to societal demand and new knowledge gained through research, education, and experience. ¶
(3) The nurse practitioner provides holistic health care to individuals, families, and groups across the life span in a variety of settings, including hospitals, long-term care facilities and community-based settings. ¶
(4) Within his or her specialty, the nurse practitioner is responsible for managing health problems encountered by the client and is accountable for health outcomes. This process includes: ¶
(a) Assessment; ¶
(b) Diagnosis; ¶
(c) Development of a plan; ¶
(d) Intervention; and ¶
(e) Evaluation. ¶
(5) The nurse practitioner is independently responsible and accountable for the continuous and comprehensive management of a broad range of health care, which may include: ¶
(a) Promotion and maintenance of health; ¶
(b) Prevention of illness and disability; ¶
(c) Assessment of clients, synthesis and analysis of data and application of nursing principles and therapeutic modalities; ¶
(d) Management of health care during acute and chronic phases of illness; ¶
(e) Admission of ~~his/her~~ clients to hospitals ~~and/~~or health services including but not limited to home health, hospice, long term care and drug and alcohol treatment; ¶
(f) Counseling; ¶
(g) Consultation ~~and/~~or collaboration with other health care providers and community resources; ¶
(h) Referral to other health care providers and community resources; ¶
(i) Management and coordination of care; ¶
(j) Use of research skills; ¶
(k) Diagnosis of health~~/~~ or illness status; and ¶
(l) Prescribing, dispensing, and administration of therapeutic devices and measures, including ~~legend drug~~controlled substances and non-controlled ~~substance~~prescription medications as provided in the Nurse Practice Act, consistent with the definition of the practitioner's specialty category and scope of practice. ¶
(6) The nurse practitioner scope of practice includes teaching the theory and practice of advanced practice nursing. ¶
(7) The nurse practitioner is responsible for recognizing limits of knowledge and experience, and for resolving situations beyond ~~his/~~their nurse practitioner expertise by consulting with or referring clients to other health care providers. ¶
(8) 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 and maintained. Educational preparation includes academic coursework, workshops, or seminars, provided both theory and clinical experience are included.
Statutory/Other Authority: ORS 678.255, ORS 678.265, ORS 678.150, ORS 678.275, ORS 678.278, ORS 678.282, ORS 678.285, ORS 678.370, ORS 678.372, ORS 678.375, ORS 678.380, ORS 678.390
Statutes/Other Implemented: ORS 678.255, ORS 678.265, ORS 678.150, ORS 678.275, ORS 678.278, ORS 678.282, ORS 678.285, ORS 678.370, ORS 678.372, ORS 678.375, ORS 678.380, ORS 678.390

AMEND: 851-055-0030

RULE SUMMARY: Updates language. No substantive changes.

CHANGES TO RULE:

851-055-0030
Scope and Standards of Practice for Licensed Certified Registered Nurse Anesthetists
(1) Scope of practice for the licensed certified registered nurse anesthetist (CRNA) includes advanced assessment related to the relative risks associated with an anesthesia plan and administration of anesthesia care and other medical services, including, but not limited to:¶
(a) Determining the readiness, preparation and evaluation for a client undergoing a procedure;¶
(b) Formulating an anesthesia plan for the client;¶
(c) Establishing a client record;¶
(d) Implementing and adjusting the client's anesthesia plan based on physiologic status;¶
(e) Using advanced monitoring or other diagnostic technology to support physiologic status;¶
(f) Providing necessary or routine post-anesthesia care to facilitate emergence, recovery and discharge from anesthesia care area or facility; and¶
(g) Performing analgesia, sedative or anesthetic management for a client requiring relief of acute or chronic pain.¶
(2) The CRNA must comply with all applicable state and federal rules and regulations relating to the office-based practice where anesthesia care is being performed and has the responsibility to:¶
(a) Establish or verify each client's American Society of Anesthesiologists Physical Status Classification (ASA) score who will undergo a procedure requiring moderate sedation, deep sedation, or anesthesia. Documentation must reflect the assessment and conclusion supporting the ASA classification;¶
(b) The CRNA is prohibited from providing moderate sedation, deep sedation or general anesthesia in an office setting for clients with an ASA classification of 4 or above¶
(c) Verify anesthesia-related monitors and equipment are maintained to current health care standards, including providing a backup electrical source. For procedures requiring moderate sedation, deep sedation or general anesthesia or regional blocks or which require support of bodily functions such as airway, breathing or circulation the CRNA will assure that, at a minimum, equipment is available to monitor physiological functions of heart rate, blood pressure, respirations, and pulse oximetry;¶
(d) Ensure there are adequate numbers of personnel to support the planned procedure;¶
(e) Adhere to professional standards of care for monitoring client during procedure;¶
(f) Appropriately plan for treatment of possible complications, including:¶
(A) Emergency supplies to be immediately available including emergency drugs, airway management supplies, and cardio-pulmonary resuscitation equipment; ¶
(B) Appropriate policies and procedures;¶
(C) Agreements for transportation of client to a higher level of care in the case of an emergency; and¶
(g) Coordinate recovery and discharge of clients from office and provide instructions for follow-up care if necessary.¶
(3) The CRNA will only provide health care services within their CRNA scope for which ~~s~~the~~/he is~~y are educationally prepared and for which competency has been established and maintained. Education preparation includes academic coursework, workshops, or seminars, provided both theory and clinical experience are included.
Statutory/Other Authority: ORS 678.150, ORS 678.255, ORS 678.265, ORS 678.275, ORS 678.278, ORS 678.282, ORS 678.285, ORS 678,370, ORS 678.372, ORS 678.375, ORS 678.380, ORS 678.390
Statutes/Other Implemented: ORS 678.150, ORS 678.255, ORS 678.265, ORS 678.275, ORS 678.278, ORS 678.282, ORS 678.285, ORS 678,370, ORS 678.372, ORS 678.375, ORS 678.380, ORS 678.390

AMEND: 851-055-0040

RULE SUMMARY: Updates language and aligns terminology with enrolled HB 3044 and ORS 678.

CHANGES TO RULE:

851-055-0040
Scope and Standards of Practice for Licensed Clinical Nurse Specialist
(1) CNS practice is consistently directed toward achieving quality, cost-effective, client focused outcomes across three spheres of impact: direct care, nurses and nursing practice, and organization and system.¶
(2) The CNS uses clinical expertise to:¶
(a) Enhance nursing practice to impact outcomes for entire client populations and individual clients; or¶
(b) Assist the interprofessional team to attain identified outcomes; or¶
(c) Influence health care organizations to improve identified outcomes; or¶
(d) Work as a system level change agent to impact clinical practice and outcomes through evidenced based intervention; or¶
(e) Provide direct care as a ~~licensed independent~~healthcare provider; or¶
(f) Impact direct care through nursing or system interventions.¶
(3) The CNS will only provide health care services within their CNS scope for which ~~s~~the~~/he is~~y are educationally prepared and for which competency has been established and maintained. Education preparation includes academic coursework, workshops, or seminars, provided both theory and clinical experience are included.
Statutory/Other Authority: ORS 678.150, ORS 678.255, ORS 678.265, ORS 678.275, ORS 678.278, ORS 678.282, ORS 678.285, ORS 678.370, ORS 678.372, ORS 678.375, ORS 678.380, ORS 678.390
Statutes/Other Implemented: ORS 678.150, ORS 678.255, ORS 678.265, ORS 678.275, ORS 678.278, ORS 678.282, ORS 678.285, ORS 678.370, ORS 678.372, ORS 678.375, ORS 678.380, ORS 678.390

AMEND: 851-055-0050

RULE SUMMARY: Clarifies language on expanding APRN scope of practice; no substantive changes to requirements.

CHANGES TO RULE:

851-055-0050
Expanding Scope of Practice within OSBN Issued APRN License
(1) The role of the APRN expands in response to societal demand and new knowledge gained through research, educational preparation and clinical experience.¶
(2) The APRN must ensure practice is at the same level of safety and competency as required by all other Oregon state licensing boards whose licensees perform similar interventions and procedures.¶
(3) Acceptable educational preparation includes academic coursework, workshops and seminars when theory and clinical experience are applicable.¶
(4) Evidence of the APRN's preparation for expanded scope through educational preparation and clinical experience are subject to review at the request of the Board. The Board has statutory authority to determine competency of licensees.¶
(5) To expand outside of the initial population foci~~i~~us, an APRN must seek additional education and qualify for licensure in that population foci~~i~~us.¶
(6) The APRN must not ~~advertise~~present themselves to the public as practicing within a~~nother~~ different population foci~~i~~us unless they are also licensed by the Board in that population foci~~i~~us.
Statutory/Other Authority: ORS 678.150, ORS 678.255, ORS 678.265, ORS 678.275, ORS 678.278, ORS 678.282, ORS 678.285, ORS 678.370, ORS 678.375, ORS 678.380, ORS 678.390
Statutes/Other Implemented: ORS 678.150, ORS 678.255, ORS 678.265, ORS 678.275, ORS 678.278, ORS 678.282, ORS 678.285, ORS 678.370, ORS 678.375, ORS 678.380, ORS 678.390

AMEND: 851-055-0070

RULE SUMMARY: Updates standards for prescriptive privilege for clarity and consistency with current terminology and structure.

CHANGES TO RULE:

851-055-0070
Standards for Prescriptive ~~Privilege~~Authority
(1) Prescribing, procuring or authorizing use of ~~legend drugs,~~ controlled substances, non-controlled prescription medications, therapeutic devices, ~~and other measures,~~ and dispensing drugs must be consistent with the individual's scope of specialty practice and competency.¶
(2) All APRNs who provide pharmacological management for clients must have prescriptive ~~privilege~~authority. ¶
(3) Prescriptions must be written per the following standards: ¶
(a) A written prescription must include the date, printed name, legal signature, specialty category/title, business address, and telephone number of the prescribing APRN, in addition to the required client and drug information. ¶
(b) An electronically transmitted prescription as defined in OAR 855 of the Pharmacy Act must include the name and immediate contact information of the prescriber and be electronically encrypted or in some manner protected by up-to-date technology from unauthorized access, alteration or use. Controlled substances have additional restrictions as defined by the Drug Enforcement Administration (DEA) which must be followed. ¶
(c) A tamper resistant prescription must meet criteria as defined in OAR 855 of the Pharmacy Act. ¶
(d) Prescriptions may be written for over-the-counter drugs, durable medical equipment (DME) and therapeutic devices. ¶
(e) The APRN must comply with all applicable laws and rules in prescribing, administering, and distributing drugs, including compliance with the labeling requirements of ORS 689. ¶
(f) An APRN must only prescribe controlled substances in conjunction with their own valid and current (DEA) registration number appropriate to the classification level of the controlled substance.
Statutory/Other Authority: ORS 678.150, ORS 678.255, ORS 678.265, ORS 678.275, ORS 678.278, ORS 678.282, ORS 678.285, ORS 678.370, ORS 678.375, ORS 678.372, ORS 678.380, ORS 678.390
Statutes/Other Implemented: ORS 678.150, ORS 678.255, ORS 678.265, ORS 678.275, ORS 678.278, ORS 678.282, ORS 678.285, ORS 678.370, ORS 678.375, ORS 678.372, ORS 678.380, ORS 678.390

AMEND: 851-055-0072

RULE SUMMARY: Updates standards for prescriptive privilege for clarity and consistency with current terminology and structure.

CHANGES TO RULE:

851-055-0072
Conduct Derogatory to the Standards of Nursing of Prescriptive or Dispensing ~~Privilege~~Authority
(1) The Board may deny, suspend or revoke the authority to write prescriptions ~~and/~~or dispense drugs for the causes identified in ORS 678.111(1) or with a preponderance of evidence that the authority has been abused.¶
(2) The abuse of the prescriptive or dispensing ~~privilege~~authority constitutes conduct derogatory to nursing standards and is defined as:¶
(a) Prescribing, dispensing or distributing drugs which are not Food and Drug Administration approved unless done in accordance with the Oregon State Board of Pharmacy policies and regulations on exceptions;¶
(b) Prescribing, dispensing, administering, or distributing drugs for other than therapeutic or prophylactic purposes;¶
(c) Prescribing, dispensing, or distributing drugs to an individual who is not the APRN's client unless written under Expedited Partner Therapy guidelines from the Department of Human Services; or under the Oregon Health Authority Programs to Treat Allergic Response, Hypoglycemia, or Opiate Overdose in ORS 433.800-433.830. An APRN client relationship is established through documentation of the client assessment, treatment plan, and ongoing evaluation plan;¶
(d) Prescribing, dispensing or distributing drugs to an individual not within the scope of practice or population foc~~i~~us;¶
(e) Prescribing, dispensing, or distributing drugs for personal use;¶
(f) Prescribing, dispensing, administering, or distributing drugs while functionally impaired;¶
(g) Prescribing, dispensing, administering, or distributing drugs in an unsafe or unlawful manner or without adequate instructions to the client according to acceptable and prevailing standards or practice;¶
(h) Prescribing, dispensing, or distributing drugs which are specifically restricted under federal law;¶
(i) Failure to properly assess and document client assessment when prescribing, dispensing, administering, or distributing drugs;¶
(j) Selling, purchasing, trading, or offering to sell, purchase or trade any drug sample; and¶
(k) Dispensing medications without dispensing authority granted by the Board or other dispensing authority issued by the State of Oregon.
Statutory/Other Authority: ORS 678.150, ORS 678.255, ORS 678.265, ORS 678.275, ORS 278.278, ORS 678.282, ORS 678.285, ORS 678.370, ORS 678.372, ORS 678.375, ORS 678.380, ORS 678.390
Statutes/Other Implemented: ORS 678.150, ORS 678.255, ORS 678.265, ORS 678.275, ORS 278.278, ORS 678.282, ORS 678.285, ORS 678.370, ORS 678.372, ORS 678.375, ORS 678.380, ORS 678.390

AMEND: 851-055-0076

RULE SUMMARY: Revises drug delivery and dispensing standards to maintain consistency in terminology and statutory references; no substantive changes to requirements.

CHANGES TO RULE:

851-055-0076
Drug Delivery and Dispensing
(1) APRNs who provide greater than a 72-hour supply of prepackaged medications to clients are required to apply for and be issued dispensing ~~privileges~~authority in Oregon. Dispensing ~~privilege~~authority is separate and in addition to an APRN's prescriptive ~~privilege~~authority and is noted as such on their APRN license verification. ¶
(2) An APRN with dispensing ~~privilege~~authority must follow procedures established by federal and state law for: ¶
(a) Drug dispensing, storage, security and accountability; ¶
(b) Maintenance of all drug records; and ¶
(c) Procedures for procurement of drugs. ¶
(3) Dispensing: ¶
(a) Drugs must be prepackaged by a pharmacy or manufacturer registered with the Oregon State Board of Pharmacy, and provide on the label: ¶
(A) The name and strength of the drug. If the drug does not have a brand name, then the generic name of the drug and the drug manufacturer must be on the label; ¶
(B) The quantity of the drug; ¶
(C) Cautionary statements, if any, as required by law; ¶
(D) The name, address, and phone number of the practitioner's practice site; and ¶
(E) The manufacturer's expiration date, or an earlier date if preferable, after which the client should not use the drug. ¶
(b) The APRN must personally dispense drugs that require hand labeling with the following information: ¶
(A) Name of the client; ¶
(B) Directions for use; and ¶
(C) Physical description, including any identification code that may appear on tablets and capsules. ¶
(c) The APRN may delegate ~~the~~ dispensing ~~function to staff who are not licensed independent practitioners (LIPs), under limited circumstances where the staff performs technical support~~authority to staff, under limited circumstances that do~~es~~ not require prescriptive judgment. ~~The non-LIP s~~Staff must dispense only ~~those~~ drugs that are pre-labeled by the dispensing pharmacy with the following information:¶
(A) Name of the client; ¶
(B) Name of the prescriber; ¶
(C) Directions for use; and ¶
(D) A physical description, including any identification code that may appear on tablets and capsules. ¶
(E) Staff are only authorized to complete and label the drug with the client's address, date of dispensing, and initials of dispensing personnel and distribute them to the client. ¶
(d) Drugs must be dispensed in containers complying with the federal Poison Prevention Packaging Act unless the client requests a non-complying container. ¶
(e) The APRN must provide a means for clients to receive verbal and written information on drugs dispensed to the client. The written drug information must include: ¶
(A) Drug name and class; ¶
(B) Proper use and storage; ¶
(C) Common side effects; ¶
(D) Precautions and contraindications; and ¶
(E) Significant drug interactions. ¶
(4) Drug security, storage and disposal: ¶
(a) In the absence of the person authorized to dispense and prescribe, drugs must be kept in a locked cabinet or drug room which is sufficiently secure to deny access to unauthorized persons. ¶
(b) Controlled substances must be maintained in a secure, locked container at all times. ¶
(c) All drugs must be stored in areas which will assure proper sanitation, temperature, light, ventilation, and moisture control. ¶
(d) Drugs which are outdated, damaged, deteriorated, misbranded, or adulterated must be physically separated from other drugs until they are destroyed or returned to their supplier. ¶
(e) Controlled substances, which are expired, deteriorated, or unwanted, must be disposed of in conformance with current State and Federal Regulations, including but not limited to, 21 Code of Federal Regulations (CFR) 1307.21 and OAR 855. ¶

(5) Drug records: ¶
(a) A drug dispensing record must be maintained separately from the client record and kept for a minimum of three years. The dispensing record must show, at a minimum, the following: ¶
(A) Name of client; ¶
(B) Brand name of drug, or generic name and manufacturer or distributor; ¶
(C) Date of dispensing; and ¶
(D) Initials of nurse practitioner or clinical nurse specialist. ¶
(b) A physical copy of the prescription for each medication dispensed must be retained in the client chart and must be produced upon request. ¶
(c) All records required by these rules or by federal or state law must be readily retrievable and available for inspection by the Board and the Oregon State Board of Pharmacy. ¶
(d) A client record must be maintained for all clients to whom the nurse practitioner or clinical nurse specialist dispenses medications. ¶
(6) APRNs with dispensing authority must be responsible for safe storage, distribution, and destruction of all drugs under their authority. ¶
(7) APRNs granted dispensing authority under this rule must comply with the labeling and record keeping requirements. ¶
(8) A person granted dispensing authority under this rule must have available at the dispensing site a hard copy or electronic version of prescription drug reference works commonly used by professionals authorized to dispense prescription medications. ¶
(9) A person granted dispensing authority under this rule must permit representatives of the Oregon State Board of Pharmacy, upon receipt of a complaint about that person's dispensing practices and notice to the Board of Nursing, to inspect a dispensing site.
Statutory/Other Authority: ORS 678.150, ORS 678.255, ORS 678.265, ORS 678.275, ORS 678.278, ORS 678.282, ORS 678.285, ORS 678.370, ORS 678.380, ORS 678.390, ORS 678.372, ORS 678.375
Statutes/Other Implemented: ORS 678.150, ORS 678.255, ORS 678.265, ORS 678.275, ORS 678.278, ORS 678.282, ORS 678.285, ORS 678.370, ORS 678.380, ORS 678.390, ORS 678.372, ORS 678.375

AMEND: 851-055-0080

RULE SUMMARY: Clarifies office-based procedures care standards for APRNs; ensures terminology and formal consistency.

CHANGES TO RULE:

851-055-0080
Office-~~-~~Based Procedure Care Standards ~~for Nurse Practitioners and Clinical Nurse Specialists~~
These rules are applicable when:¶
(1) Any procedure is performed in an office-based setting where the utilization of analgesic or anesthetic agents is used to mitigate client discomfort ~~and/~~or pain associated with the procedure.¶
(2) Any procedure requiring deep sedation or analgesia, general anesthesia or regional blocks will require an Oregon ~~licensed independent~~healthcare provider of anesthesia services (CRNA or Anesthesiologist) to administer anesthesia medications, and provide maintenance of the airway, breathing and circulation for the client.¶
(3) Informed consent utilizing the Procedures, Alternatives, Risks and Questions (PARQ) process must be obtained for any procedure where there is a risk to the client and should be separate from a general consent to treat. Consent must be obtained by the provider performing the procedure. A standardized form must be presented to the client for the following:¶
(a) To explain in general terms, the procedure or treatment to be undertaken;¶
(b) To inform the client of the possibility of alternative procedures; and¶
(c) To identify any potential risk of the procedure.¶
(4) Substantial details of the procedure or treatment must be disclosed to the client who requests more explanation, including the viable alternatives and the material risks unless to do so would be materially detrimental. To determine that further explanation would be materially detrimental, due consideration to the standards of practice of reasonable practitioners in the same or similar community under the same or similar circumstances must be identified.¶
(5) The procedure must be performed in compliance with these rules and must be within the APRN scope of practice for which educational preparation and competency have been established and maintained.¶
(6) The standard of care established by a professional organization for a procedure must be met. If a national nursing standard has not been established for a procedure, existing standards for healthcare providers performing the same procedure must be met.¶
(7) The American Society of Anesthesiologists (ASA) Physical Status Classification system will be performed and documented for each client undergoing a procedure requiring moderate sedation. The APRN performing the procedure must be responsible for the establishment of the client's ASA classification. Documentation must reflect the assessment and conclusion supporting the ASA classification.¶
(8) A client classified as ASA 4 are prohibited from receiving moderate sedation.¶
(9) Requirements for the complexity of the procedure:¶
(a) Level 1: Minor procedure performed without anesthesia or under topical, local or minor conduction block anesthesia not involving drug induced alteration of consciousness, other than minimal sedation utilizing oral anxiolytics. Active Basic Life Support (BLS) certification must be maintained.¶
(b) Level 2: Minor procedure performed under moderate sedation utilizing oral, parenteral, or intravenous sedation or other analgesic or dissociative drugs. The performance of these procedures requires the APRN to maintain the following:¶
(A) Advanced life support certification in population foc~~i~~us.¶
(B) Continuing education hours to assure the knowledge, skills, abilities, and judgements relevant to the procedure. These hours must be specific to the procedure and not included in specialty certification continuing education, unless these continuing education hours are accepted ~~for~~ by the professional certification body. In addition, continuing education include~~s~~ the use of medications used to induce moderate sedation, emergency interventions related to the client's unintended response to moderate sedation. The Board may request documentation of these hours for auditing purposes or any other Board authorized function.¶
(C) Constant attendance during the procedure and other competent office staff monitoring the following:¶
(i) Visualization of the client throughout the procedure.¶
(ii) Continuous physiological monitoring as deemed appropriate by the level of sedation and recording, at a minimum, heart rate, blood pressure, respiration, and oxygen saturation.¶
(iii) No other tasks other than those associated with the procedure.¶
(D) An emergency response plan must be established for a client undergoing a procedure defined by this rule to assure the client will receive appropriate care by personnel qualified to provide life sustaining interventions.
Statutory/Other Authority: ORS 678.150, ORS 678.255, ORS 678.265, ORS 678.275, ORS 678.278, ORS 678.282, ORS 678.285, ORS 678.370, ORS 678.372, ORS 678.375, ORS 678.380, ORS 678.390

Statutes/Other Implemented: ORS 678.150, ORS 678.255, ORS 678.265, ORS 678.275, ORS 678.278, ORS 678.282, ORS 678.285, ORS 678.370, ORS 678.372, ORS 678.375, ORS 678.380, ORS 678.390

AMEND: 851-055-0090

RULE SUMMARY: Updates standards for prescriptive privilege for clarity and consistency with current terminology and structure.

CHANGES TO RULE:

851-055-0090
Special Provisions
(1) Medical records must be completed within one month (30 days) following each client encounter per the Center for Medicaid and Medicare Services (CMMS) and prevailing standards of practice.¶
(2) Client Access to Medical Records:¶
(a) Medical records must be:¶
(A) Available upon request by the client or legal client representative and provided within 30 days;¶
(B) Kept for a period of at least seven years;¶
(C) Retained on paper, microfilm, electronic or other media; and¶
(D) Protected against unauthorized access, fire, water and theft.¶
(b) Custodian of records must be maintained in the event of an APRN's death. The identified custodian will be required to keep the medical records for a contiguous seven years.¶
(3) Opening, Closing or Transferring an APRN Practice:¶
(a) Any APRN active in practice, whether with direct or indirect client care, must report to the Board their current practice address or addresses. Each change in practice setting and mailing address must be submitted to the Board no later than 30 days after the change.¶
(b) Any APRN who closes their practice is required to notify clients by letter that the practice will end with the effective date. The letter must include:¶
(A) The location of records and process to request them;¶
(B) Advice to seek the services of another health care provider; and¶
(C) Notification to the client regarding how long the APRN will continue to refill prescriptions while the client obtains a new provider.¶
(c) If a practice changes ownership, all medical records must be the responsibility of the new owner to protect and maintain.¶
(4) Conduct Related to Licensees Relationship to the Board:¶
(a) APRNs must produce client medical records or other materials as requested by the Board.¶
(b) The Board must notify the appropriate national board certification ~~program~~agency when an APRN ha~~ve encumbrance~~s discipline placed on their license, prescriptive or dispensing ~~privileges~~authority.¶
(5) Informed Consent and Informed Refusal of Medical Treatment:¶
(a) APRNs must provide sufficient information for the client to reach an informed decision. Prevailing standards of practice require either:¶
(A) The client's signed informed consent form; or¶
(B) Chart note reflecting the content of the informed consent discussion indicating refusal of the treatment or procedure.¶
(b) In an emergency, APRNs are authorized to supply necessary medical treatment without the client's prior informed consent.
Statutory/Other Authority: ORS 678.150, ORS 678.255, ORS 678.265, ORS 678.275, ORS 678.278, ORS 678.282, ORS 678.285, ORS 678.370, ORS 678.372, ORS 678.375, ORS 678.380, ORS 678.390
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