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ARCHIVES DIVISION

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NOTICE OF PROPOSED RULEMAKING
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 851
BOARD OF NURSING

FILED

07/06/2023 12:24 PM
ARCHIVES DIVISION
SECRETARY OF STATE

FILING CAPTION: To amend rules regarding prescriptive authority and dispensing medications.

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 08/22/2023 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:
Amanda Meeuwsen
Rules Coordinator

HEARING(S)

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

DATE: 08/22/2023

TIME: 11:00 AM - 12:00 PM

OFFICER: Amanda Meeuwsen

HEARING LOCATION

ADDRESS: Oregon State Board of Nursing, 17938 SW Upper Boones Ferry Rd, Portland, OR 97224

NEED FOR THE RULE(S)

To amend rules related to Advanced Practice Nursing education requirements in Oregon.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

Division 851-055, currently available on the OSBN Website under Nurse Practice Act & Rules
<https://www.oregon.gov/osbn/Pages/laws-rules.aspx>

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

The adoption of this rule revision will not affect racial equity in Oregon.

FISCAL AND ECONOMIC IMPACT:

None

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).

(1): There is no known impact to units of local government or to the public.

(2)(a): There is no known impact to small businesses

(2)(b): There are no additional reporting, record keeping or administrative activities required by these rules for small businesses.

(2)(c): There is no estimated cost to comply with these rules.

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

No small businesses were involved.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? YES

RULES PROPOSED:

851-055-0000, 851-055-0005, 851-055-0010, 851-055-0020, 851-055-0030, 851-055-0040, 851-055-0050, 851-055-0060, 851-055-0070, 851-055-0072, 851-055-0076, 851-055-0078, 851-055-0090

AMEND: 851-055-0000

RULE SUMMARY: Title abbreviated.

CHANGES TO RULE:

851-055-0000

Purpose of Scope and Standards of Practice for the Advanced Practice Registered Nurse.

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 Nurse-Midwifery.¶

(b) Certified Registered Nurse Anesthetist (CRNA).¶

(c) Clinical Nurse Specialist (CNS).¶

(2) The Board may grant ~~the APRN~~ prescriptive authority privileges (PP) 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

ADOPT: 851-055-0005

RULE SUMMARY: Revision to the Division title and moving part of it down into text of the rule number.

CHANGES TO RULE:

851-055-0005

Use of the term APRN

The Oregon State Board of Nursing does not issue a license titled APRN. This term is used for brevity in rule.

Statutory/Other Authority: ORS 678.150, ORS 678.285, ORS 678.372, ORS 678.380

Statutes/Other Implemented: ORS 678.150, ORS 678.285, ORS 678.372, ORS 678.380

RULE SUMMARY: APRN scope of practice

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 population foci 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, formulating 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 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

RULE SUMMARY: Removed licensure requirements, which is more appropriate for Division 53. Returned scope of practice specifications previously listed in Division 50.

CHANGES TO RULE:

851-055-0020

Scope of Practice for Licensed Nurse Practitioners (NP)

- ~~(1) The Board licenses NPs according to degree or post-master's certification. 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.~~
- ~~(23) NPs licensed in Oregon after January 1, 2011, must hold current national certification by an organization recognized by the Board in the population congruent with degree or post-master's certification. 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/illness status; and~~
- ~~(3) NPs licensed in Oregon prior to January 1, 2011, must maintain continuing education requirements as per OAR 851-053-0015(3)(a) and are not required to maintain national certification. Prescribing, dispensing, and administration of therapeutic devices and measures, including legend drugs and controlled substances 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/her 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: Scope for CRNAs.

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 ~~pat~~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; and¶¶

(B) Appropriate policies and procedures; ~~and~~¶¶

(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.

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: Scope of practice for CNS. Update patient to client.

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, ~~pat~~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 ~~pat~~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 provider; or¶

(f) Impact direct care through nursing or system 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: 851-055-0050

RULE SUMMARY: Expanding scope of practice. Made a grammatical change in sentence one.

CHANGES TO RULE:

851-055-0050

Expanding Scope of Practice within OSBN Issued APRN License

- (1) The role of the ~~advanced practice registered nurse (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, an APRN must seek additional education and qualify for licensure in that population foci.¶¶
- (6) The APRN must not advertise themselves to the public as practicing within another population foci unless licensed by the Board in that foci.

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

REPEAL: 851-055-0060

RULE SUMMARY: Update per the Policy Analyst with input from the RAC.

CHANGES TO RULE:

851-055-0060

Criteria for Board Recognition of National Certification Examinations

The Board must determine whether a certification examination can be used to fulfill the requirement for licensure, based upon the following requirements:¶¶

- (1) The certification program is national in scope of awarding certification.¶¶
- (2) The certification program must be accredited by the National Commission on Certifying Agencies (NCCA) or the American Board of Nursing Specialties.¶¶
- (3) The certifying program must provide primary source verification of individual practitioner certification through electronic means or other methods approved by the Board.¶¶
- (4) The Board must maintain a current list of all recognized certification programs meeting Board criteria. Additional certification programs must notify the Board of their qualifications and the Board will determine if the program qualifies for list inclusion. A program not on the list is not recognized as a certification program for licensure as an APRN.

Statutory/Other Authority: ORS 678.150, ORS 678.255, ORS 678.265, ORS 678.275, ORS 678.278, ORS 678.282, 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 678.370, ORS 678.375, ORS 678.380, ORS 678.390

AMEND: 851-055-0070

RULE SUMMARY: Standards for Prescriptive –Privilege

(2) Rule changed to make Prescriptive Privilege optional for all APRNs (NP, CNS, CRNA) previously this was mandatory for NPs and only optional for CNS and CRNA

CHANGES TO RULE:

851-055-0070

Standards for Prescriptive -Privilege

- (1) Prescribing, procuring or authorizing use of legend drugs, controlled substances, 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 medication/pharmacological management for clients must have prescriptive privilege.¶
- (3) ~~Prescriptive privileges are optional for Clinical Nurse Specialists and Certified Registered Nurse Anesthetists. Prescriptive privilege is required for all Nurse Practitioners except Nurse Practitioners may petition the Board and be granted an exemption to practice with prescriptive privilege as outlined in OAR 851-051-0005(3).~~¶
- (4) 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 patient 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

RULE SUMMARY: Clarification of term FDA to Food and Drug Administration.

CHANGES TO RULE:

851-055-0072

Conduct Derogatory to the Standards of Nursing of Prescriptive or Dispensing Privilege

- (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 constitutes conduct derogatory to nursing standards and is defined as:¶
- (a) Prescribing, dispensing or distributing drugs which are not ~~FDA~~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 foci;¶
- (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: Drug Delivery and Dispensing

(1) Clarifies the need for dispensing authority if NP or CNS is giving more than a 72-hour supply of prepackaged medications or patient assistance medications

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 in Oregon. Dispensing privilege is separate and in addition to an APRN's prescriptive privilege and is noted as such on their APRN license verification.

(2) An APRN with dispensing privilege 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.

(23) 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 ~~pat~~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 ~~pat~~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 ~~non-APRN staff~~ staff who are not licensed independent practitioners (LIPs), under limited circumstances where the staff performs technical support that does not require prescriptive judgment. The non-LIP staff must dispense only those drugs that are pre-labeled by the dispensing pharmacy with the following information:

(A) Name of the ~~pat~~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 ~~pat~~client's address, date of dispensing, and initials of dispensing personnel and distribute them to the ~~pat~~client.

(d) Drugs must be dispensed in containers complying with the federal Poison Prevention Packaging Act unless the ~~pat~~client requests a non-complying container.

(e) The APRN must provide a means for ~~pat~~clients to receive verbal and written information on drugs dispensed to the ~~pat~~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.

(34) 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.¶

(45) Drug records:¶

(a) A drug dispensing record must be maintained separately from the ~~pat~~client record and kept for a minimum of three years. The dispensing record must show, at a minimum, the following:¶

(A) Name of ~~pat~~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 ~~pat~~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 ~~pat~~client record must be maintained for all ~~pat~~clients to whom the nurse practitioner or clinical nurse specialist dispenses medications.¶

(56) APRNs with dispensing authority must be responsible for safe storage, distribution, and destruction of all drugs under their authority.¶

(67) APRNs granted dispensing authority under this rule must comply with the labeling and record keeping requirements.¶

(78) 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.¶

(89) 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

RULE SUMMARY: Removed licensing references and placed in Division 53. Removed education requirements for x waiver.

CHANGES TO RULE:

851-055-0078

Rules Relating to Controlled Substances

- (1) In the administration, distribution, storage, prescribing, and dispensing of controlled substances, APRNs must comply with all applicable requirements in the CFR, Title 21, and state law, including but not limited to, ORS 430 and 475 and OAR 415 and 855.¶¶
- (2) APRNs must not dispense a controlled substance without current dispensing authority.¶¶
- (3) ~~APRNs who have authority from the DEA to prescribe controlled substances must verify evidence of such with their prescriptive privilege renewal application.¶¶~~
- (4) All APRNs with a DEA number must register with the Oregon Prescription Drug Monitoring Program (PDMP).¶¶
- (54) Storage and inventory of controlled substances:¶¶
 - (a) Samples or quantities of controlled substances must be stored in a securely locked cabinet on the premises of the APRNs practice location.¶¶
 - (b) APRNs who receive samples or quantities of controlled substances must be responsible for the security, inventory, and disposal of these drugs.¶¶
 - (c) APRNs must maintain inventory records of controlled substances that they receive or distribute for a period of three years. The records must include:¶¶
 - (A) Drug name, amount received, date received, drug expiration date;¶¶
 - (B) Drug name, amount distributed, date distributed, to whom distributed; and¶¶
 - (C) Drug name and the date and place where it was returned for destruction.¶¶
 - (d) Controlled substances that are expired, deteriorated, or unwanted must be returned to a DEA registered disposal site or disposal system or law enforcement authorities. This does not include controlled substances which are properly wasted where they were to be administered. In this context, "properly wasted" means that on-site destruction of a controlled substance in conformance with applicable state and federal law. APRNs must not personally destroy controlled substances.¶¶
 - (e) Controlled substances must be transported in a secured, locked container.¶¶
 - (f) Client records must state the distribution of controlled substance samples.¶¶
 - (g) Theft of controlled substances must be immediately reported upon discovery to the DEA and to any other required authorities.¶¶
 - (h) APRNs who receive controlled substances must cooperate with the Oregon State Board of Pharmacy in their inspection of records and physical inventory of controlled substances. Inventory of all controlled substances must be taken by the prescriber responsible for their receipt and storage every year on the same date as the biennial inventory required by 21 CFR 1304.13.¶¶
 - (i) If requested by the Oregon State Board of Pharmacy, any APRN who receives controlled substances must submit a copy of inventory records from the preceding two years for review.¶¶
- (65) Prescribing controlled substances:¶¶
 - (a) APRNs must only prescribe the controlled substances from Schedules II-V, at the level provided for on their DEA certificate.¶¶
 - (b) ~~APRNs who treat opioid addiction must demonstrate that they meet federal requirements and obtain a waiver from the Substance Abuse and Mental Health Services Administration (SAMHSA). To qualify for such a waiver, APRNs must:¶¶~~
 - (A) ~~Hold a current DEA registration with an identification number that specifically authorizes the APRN to engage in medication assisted treatment of opioid addiction;¶¶~~
 - (B) ~~Hold current APRN licensure with prescriptive privileges in Oregon;¶¶~~
 - (C) ~~Complete all SAMHSA required training related to the treatment and management of opioid addiction;¶¶~~
 - (D) ~~Comply with all federal and state regulations applicable to controlled substances.¶¶~~
 - (c) ~~Inpatients already on Medication Assisted Therapy (MAT) may be maintained by the APRN without an X-waiver in consultation with the provider practice who initiated the MAT and is authorized to utilize MAT.¶¶~~
 - (7) Prior to prescribing the initial prescription for controlled substances and at intervals as determined by the prescriber based upon the client's response to the medication, APRNs must have a complete discussion with the ~~pat~~client or person authorized to make health care decisions for the ~~pat~~client regarding the diagnosis, as well as the risk, benefits, alternatives, side effects, and potential for addiction and withdrawal of the controlled substance, along with any other applicable precautions. These discussions must be documented in the ~~pat~~client record.

Documentation must include a plan for periodic review of the client's response to treatment and follow-up.

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: Patient changed to client and grammatical changes.

CHANGES TO RULE:

851-055-0090

Special Provisions

(1) Medical records must be completed within one month (30 days) following each client encounter per Center for Medicaid and Medicare Services 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 ~~pat~~ 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 national board certification program when APRN have encumbrances placed on their license, prescriptive or dispensing ~~authority~~ privileges.¶

(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

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