LB 916

LEGISLATURE OF NEBRASKA ONE HUNDRED THIRD LEGISLATURE

SECOND SESSION

LEGISLATIVE BILL 916

Final Reading

Introduced by Crawford, 45; Campbell, 25; Gloor, 35; Watermeier, 1; Hansen, 42; Krist, 10; Cook, 13. Read first time January 15, 2014 Committee: Health and Human Services

A BILL

1	FOR AN ACT	relating to nurses; to amend sections 38-206, 38-2302,
2		38-2310, 38-2322, and 38-2323, Reissue Revised Statutes
3		of Nebraska, section 38-2301, Revised Statutes Cumulative
4		Supplement, 2012, and section 38-2315, Revised Statutes
5		Supplement, 2013; to eliminate requirements for
6		integrated practice agreements for nurse practitioners;
7		to provide for transition-to-practice agreements; to
8		change provisions relating to credentialing and
9		regulation; to harmonize provisions; and to repeal the

11 Be it enacted by the people of the State of Nebraska,

-1-

1 Section 1. Section 38-206, Reissue Revised Statutes of 2 Nebraska, is amended to read: 3 38-206 The board shall: 4 (1)Establish standards for integrated practice 5 agreements between collaborating physicians and certified nurse 6 midwives; , and nurse practitioners; 7 (2) Monitor the scope of practice by certified nurse 8 midwives, certified registered nurse anesthetists, clinical nurse 9 specialists, and nurse practitioners; (3) Recommend disciplinary action relating to licenses of 10 advanced practice registered nurses, certified nurse midwives, 11 12 certified registered nurse anesthetists, clinical nurse specialists, 13 and nurse practitioners; 14 (4) Engage in other activities not inconsistent with the 15 Advanced Practice Registered Nurse Practice Act, the Certified Nurse Midwifery Practice Act, the Certified Registered Nurse Anesthetist 16 17 Practice Act, the Clinical Nurse Specialist Practice Act, and the Nurse Practitioner Practice Act; and 18 19 (5) Adopt rules and regulations to implement the Advanced 20 Practice Registered Nurse Practice Act, the Certified Nurse Midwifery 21 Practice Act, the Certified Registered Nurse Anesthetist Practice Act, the Clinical Nurse Specialist Practice Act, and the Nurse 22 23 Practitioner Practice Act, for promulgation by the department as provided in section 38-126. Such rules and regulations shall also 24 include: (a) Approved certification organizations and approved 25

-2-

certification programs; and (b) professional liability insurance. 1 2 Sec. 2. Section 38-2301, Revised Statutes Cumulative 3 Supplement, 2012, is amended to read: 38-2301 Sections 38-2301 to 38-2324 and section 4 of this 4 5 act shall be known and may be cited as the Nurse Practitioner Practice Act. б 7 Sec. 3. Section 38-2302, Reissue Revised Statutes of 8 Nebraska, is amended to read: 38-2302 For purposes of the Nurse Practitioner Practice 9 Act and elsewhere in the Uniform Credentialing Act, unless the 10 context otherwise requires, the definitions found in sections 38-2303 11 12 to 38-2314 and section 4 of this act apply. 13 Sec. 4. Section 38-2310, Reissue Revised Statutes of Nebraska, is amended to read: 14 15 38-2310 (1) Integrated practice agreement means a written 16 agreement between a nurse practitioner and a collaborating physician in which the nurse practitioner and the collaborating physician 17 18 provide for the delivery of health care through an integrated 19 practice. The integrated practice agreement shall provide that the 20 nurse practitioner and the collaborating physician will practice 21 collaboratively within the framework of their respective scopes of 22 practice. Each provider shall be responsible for his or her 23 individual decisions in managing the health care of patients. 24 Integrated practice includes consultation, collaboration, and

25 referral.

-3-

	(2) The nurse practitioner and the collaborating
2	physician shall have joint responsibility for patient care, based
3	upon the scope of practice of each practitioner. The collaborating
4	physician shall be responsible for supervision of the nurse
5	practitioner to ensure the quality of health care provided to
б	patients.
7	(3) For purposes of this section:
8	(a) Collaborating physician means a physician or
9	osteopathic physician licensed in Nebraska and practicing in the same
10	geographic area and practice specialty, related specialty, or field
11	of practice as the nurse practitioner; and
12	(b) Supervision means the ready availability of the
13	collaborating physician for consultation and direction of the
14	activities of the nurse practitioner within the nurse practitioner's
15	defined scope of practice.
16	Transition-to-practice agreement means a collaborative
17	agreement between a nurse practitioner and a supervising provider
18	which provides for the delivery of health care through a
19	collaborative practice and which meets the requirements of section
20	<u>38-2322.</u>
21	Sec. 5. Section 38-2315, Revised Statutes Supplement,
22	2013, is amended to read:
23	38-2315 (1) A nurse practitioner may provide health care
24	services within specialty areas. A nurse practitioner shall function
25	by establishing collaborative, consultative, and referral networks as

LB 916

-4-

LB 916

appropriate with other health care professionals. Patients who
 require care beyond the scope of practice of a nurse practitioner
 shall be referred to an appropriate health care provider.

4 (2) Nurse practitioner practice means health promotion, 5 health supervision, illness prevention and diagnosis, treatment, and 6 management of common health problems and acute and chronic 7 conditions, including:

8 (a) Assessing patients, ordering diagnostic tests and 9 therapeutic treatments, synthesizing and analyzing data, and applying 10 advanced nursing principles;

(b) Dispensing, incident to practice only, sample medications which are provided by the manufacturer and are provided at no charge to the patient; and

(c) Prescribing therapeutic measures and medications relating to health conditions within the scope of practice. Any limitation on the prescribing authority of the nurse practitioner for controlled substances listed in Schedule II of section 28-405 shall be recorded in the integrated practice agreement established pursuant to section 38-2310.

(3) A nurse practitioner who has proof of a current certification from an approved certification program in a psychiatric or mental health specialty may manage the care of patients committed under the Nebraska Mental Health Commitment Act. Patients who require care beyond the scope of practice of a nurse practitioner who has proof of a current certification from an approved certification

-5-

program in a psychiatric or mental health specialty shall be referred
 to an appropriate health care provider.

3 (4) A nurse practitioner may pronounce death and may 4 complete and sign death certificates and any other forms if such acts 5 are within the scope of practice of the nurse practitioner and are 6 not otherwise prohibited by law.

Sec. 6. Section 38-2322, Reissue Revised Statutes of
8 Nebraska, is amended to read:

9 38-2322 (1) Prior to commencing practice In order to be 10 <u>licensed</u> as a nurse practitioner, an individual (a) who has a master's degree or doctorate degree in nursing and has completed an 11 12 approved nurse practitioner program, (b) and who can demonstrate 13 separate course work in pharmacotherapeutics, advanced health 14 assessment, and pathophysiology or psychopathology, and (c) who has 15 completed a minimum of two thousand hours of practice under the 16 supervision of a physician, shall submit to the department an 17 integrated practice agreement with a collaborating physician and shall furnish proof of professional liability insurance required 18 19 under section 38-2320.

20 (2) A nurse practitioner who needs to obtain the two
21 thousand hours of supervised practice required under subdivision (1)
22 (c) of this section shall (a) submit to the department one or more
23 integrated practice agreements with a collaborating physician, (b)
24 furnish proof of jointly approved protocols with a collaborating
25 physician which shall guide the nurse practitioner's practice, and

(c) furnish proof of professional liability insurance required under
 section 38-2320.

3 (3) If, after a diligent effort to obtain an integrated 4 practice agreement, a nurse practitioner is unable to obtain an 5 integrated practice agreement with one physician, the board may waive 6 the requirement of an integrated practice agreement upon a showing 7 that the applicant (a) meets the requirements of subsection (1) of 8 this section, (b) has made a diligent effort to obtain an integrated 9 practice agreement, and (c) will practice in a geographic area where 10 there is a shortage of health care services.

11 (2) In order to practice as a nurse practitioner in this 12 state, an individual who holds or has held a license as a nurse 13 practitioner in this state or in another state shall submit to the 14 department a transition-to-practice agreement or evidence of 15 completion of two thousand hours of practice as a nurse practitioner 16 which have been completed under a transition-to-practice agreement, 17 under a collaborative agreement, under an integrated practice 18 agreement, through independent practice, or under any combination of 19 such agreements and practice, as allowed in this state or another 20 state.

21 <u>(3)(a) A transition-to-practice agreement shall be a</u> 22 formal written agreement that provides that the nurse practitioner 23 and the supervising provider practice collaboratively within the 24 framework of their respective scopes of practice.

25 (b) The nurse practitioner and the supervising provider

-7-

shall each be responsible for his or her individual decisions in 1 2 managing the health care of patients through consultation, collaboration, and referral. The nurse practitioner and the 3 4 supervising provider shall have joint responsibility for the delivery 5 of health care to a patient based upon the scope of practice of the 6 nurse practitioner and the supervising provider. 7 (c) The supervising provider shall be responsible for 8 supervision of the nurse practitioner to ensure the quality of health 9 care provided to patients. 10 (d) In order for a nurse practitioner to be a supervising 11 provider for purposes of a transition-to-practice agreement, the 12 nurse practitioner shall submit to the department evidence of 13 completion of ten thousand hours of practice as a nurse practitioner which have been completed under a transition-to-practice agreement, 14 15 under a collaborative agreement, under an integrated practice 16 agreement, through independent practice, or under any combination of such agreements or practice, as allowed in this state or another 17 18 <u>state.</u> (4) For purposes of this section: 19 20 (a) Supervising provider means a physician, osteopathic 21 physician, or nurse practitioner licensed and practicing in Nebraska 22 and practicing in the same practice specialty, related specialty, or field of practice as the nurse practitioner being supervised; and 23 (b) Supervision means the ready availability of the 24 supervising provider for consultation and direction of the activities 25

-8-

1	of the nurse practitioner being supervised within such nurse
2	practitioner's defined scope of practice.
3	Sec. 7. Section 38-2323, Reissue Revised Statutes of
4	Nebraska, is amended to read:
5	38-2323 Nothing in the Nurse Practitioner Practice Act
6	shall prohibit a nurse practitioner from consulting or collaborating
7	with and referring patients to health care providers not included in
8	the nurse practitioner's integrated practice transition-to-practice
9	agreement.
10	Sec. 8. Original sections 38-206, 38-2302, 38-2310,
11	38-2322, and 38-2323, Reissue Revised Statutes of Nebraska, section
12	38-2301, Revised Statutes Cumulative Supplement, 2012, and section
13	38-2315, Revised Statutes Supplement, 2013, are repealed.