

MAINE STATE LEGISLATURE

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DATE: June 15, 1995 (Filing No. S- 280)

BUSINESS AND ECONOMIC DEVELOPMENT

Reported by: The Minority of the Committee.

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**STATE OF MAINE
SENATE
117TH LEGISLATURE
FIRST REGULAR SESSION**

COMMITTEE AMENDMENT " B " to S.P. 343, L.D. 948, Bill, "An Act to Provide Greater Access to Health Care"

Amend the bill by striking out everything after the enacting clause and before the statement of fact and inserting in its place the following:

Sec. 1. 3 MRSA §927, sub-§4, ¶B, as amended by PL 1993, c. 92, §2, is further amended to read:

B. Independent agency:

(6) State Planning Office; and

(8) Joint Practice Council on Advanced Practice Registered Nursing.

Sec. 2. 5 MRSA §12004-I, sub-§72-C is enacted to read:

<u>72-C.</u>	<u>Joint</u>	<u>Discretion</u>	<u>32 MRSA</u>
<u>Occupations:</u>	<u>Practice</u>	<u>of Appoint-</u>	<u>§2265</u>
<u>Advanced</u>	<u>Council on</u>	<u>ing Agency</u>	
<u>Practice</u>	<u>Advanced</u>		
<u>Registered</u>	<u>Practice</u>		
<u>Nursing</u>	<u>Registered</u>		
	<u>Nursing</u>		

Sec. 3. 32 MRSA §2102, sub-§2, ¶B, as amended by PL 1993, c. 600, Pt. A, §110, is further amended to read:

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2 B. Medical diagnosis or prescription of therapeutic or
corrective measures when those services are ~~delegated~~-by
4 performed in collaboration with a licensed physician ~~to~~-a by
an advanced practice registered nurse who has completed the
6 necessary additional educational program required for the
proper performance of those services and whose credentials
8 ~~must~~-be have been approved by the board.

10 The board may adopt, pursuant to Title 5, chapter 375,
subchapter II, rules defining the appropriate scope of
12 practice for nurses practicing under this paragraph. The
rules must also define the appropriate relationship with the
14 physician. In adopting the rules, the board shall invite
comment from the Board of Licensure in Medicine;

16 Sec. 4. 32 MRSA §2102, sub-§2-A is enacted to read:

18 2-A. Advanced practice registered nurse. "Advanced
practice registered nurse" means a registered professional nurse
20 who, on the basis of advanced, specialized education and
certification credentials, is prepared to provide the health care
22 services specified in section 2102, subsection 2, paragraph B.
24 The practice of an advanced practice registered nurse builds on
previous knowledge and skill and utilizes in-depth knowledge of
26 physical assessment and management of illnesses or conditions
within the advanced practice registered nurse's area of
28 practice. "Advanced practice registered nurse" includes of a
certified nurse practitioner, a certified nurse midwife, a
30 certified clinical nurse specialist and a certified nurse
anesthetist who are approved by the board.

32 Advanced practice registered nurses work in collaboration with a
physician or physicians and may work with other health care
34 professionals to deliver health care within the scope of those
various professionals' expertise and lawful practice.
36 Documentation of collaboration must be available for examination
38 by the board. Certified clinical nurse specialists are exempt
from the collaboration requirement.

40 The board shall adopt rules defining the appropriate standards of
practice and requirements for authorization to practice under
42 this subsection.

44 A certified nurse practitioner and a certified nurse midwife
approved by the board may prescribe drugs and devices or both.
46 The board shall adopt rules governing the prescription of drugs
or devices, or both, by a certified nurse practitioner and a
48 certified nurse midwife approved by the board. In adopting the
rules, the board shall invite comment from the Joint Practice
50 Council on Advanced Practice Registered Nursing.

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2 **Sec. 5. 32 MRSA §2102, sub-§10** is enacted to read:

4 **10. Collaboration.** "Collaboration" means a process and
6 relationship in which an advanced practice registered nurse works
8 with a physician or physicians, and may work with other health
10 professionals, to deliver health care within the scope of the
12 various professionals' expertise and lawful practice and with
14 medical direction as mutually developed and agreed to between the
16 advanced practice registered nurse and the physician or
18 physicians.

20 **Sec. 6. 32 MRSA §2201-A** is enacted to read:

22 **§2201-A. Qualifications for advanced practice registered nurse**

24 An applicant for approval to practice as an advanced
26 practice registered nurse shall submit to the board written
28 evidence by verified oath that the applicant:

30 **1. License.** Holds a current license to practice as a
32 registered professional nurse in this State;

34 **2. Education.** Has successfully completed a formal
36 education program that is acceptable to the board in an advanced
38 nursing specialty area; and

40 **3. Credential.** Holds a current certification credential
42 for advanced nursing from a national certifying body whose
44 certification program is acceptable to the board.

46 A registered professional nurse who is approved to practice,
48 in accordance with section 2102, subsection 2, paragraph B, on
50 the effective date of this section is considered to have met the
requirements of subsections 2 and 3.

A person who qualifies under this section and whose
application for advanced practice registered nurse designation
has been approved by the board is designated an advanced practice
registered nurse. "A.P.R.N." is the abbreviation for the title
of "advanced practice registered nurse." The approved applicant
may use the title "A.P.R.N." and the title or abbreviation
designated by the national certifying body.

Sec. 7. 32 MRSA §2205-B is enacted to read:

§2205-B. Temporary approval; approval termination

1. Temporary approval. Temporary approval to practice as
an advanced practice registered nurse may be granted by the board;

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A. For a period of 90 days to an applicant who is currently approved to practice as an advanced practice registered nurse in another jurisdiction with qualification requirements at least equivalent to those of this State; or

B. To an applicant who meets the requirements of section 2102, subsection 2, paragraph B and who qualifies for and takes the next available certification exam.

2. Termination. Advanced practice registered nurse designation may be terminated by the board when the advanced practice registered nurse no longer holds a current certification credential.

Sec. 8. 32 MRSA c. 31, sub-c. VI is enacted to read:

SUBCHAPTER VI

JOINT PRACTICE COUNCIL ON ADVANCED PRACTICE REGISTERED NURSING

§2265. Council

The Joint Practice Council on Advanced Practice Registered Nursing, referred to in this subchapter as the "council," is established.

1. Membership. The Joint Practice Council on Advanced Practice Registered Nursing consists of 4 members as follows: 2 members from the State Board of Nursing, one member from the Board of Licensure in Medicine and one member from the Board of Osteopathic Licensure. Each appointing board shall appoint its representatives to serve terms at the discretion of the appointing board. In adopting rules, council members must be guided by the best interests of the general public and not the interests of their own professions.

The State Board of Nursing shall designate one of its appointees as the first chair of the council, who shall call the first meeting of the council. The position of chair must be rotated among members at intervals determined by the council.

2. Responsibility. The council shall make recommendations to the State Board of Nursing regarding the prescription of drugs and devices by advanced practice registered nurses. The council may make such other recommendations regarding the practice of advanced practice registered nurses as it considers appropriate.'

Further amend the bill by inserting at the end before the statement of fact the following:

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FISCAL NOTE

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The State Board of Nursing will incur some minor additional costs to adopt rules pertaining to advanced practice registered nurses, to administer certain requirements and to pay for its share of the costs of the Joint Practice Council on Advanced Practice Registered Nursing. These costs can be absorbed within the board's existing budgeted resources.

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In addition, the Board of Licensure in Medicine and the Board of Osteopathic Licensure will incur some minor additional costs to participate on the Joint Practice Council on Advanced Practice Registered Nursing. These costs can be absorbed within the boards' existing budgeted resources.'

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STATEMENT OF FACT

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This is the minority report of the Joint Standing Committee on Business and Economic Development. The majority report is also "ought to pass as amended."

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Currently, registered nurses who have the required training may perform diagnoses and prescribe therapeutic or corrective measures when delegated by a physician.

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This amendment creates the category of advanced practice registered nurse whose scope of practice is to be defined by the State Board of Nursing, but that practice must include collaboration with a physician. Included in the category are nurse practitioners, nurse midwives, clinical nurse specialists and nurse anesthetists. A definition of "collaboration" is provided. Collaboration is not required of clinical nurse specialists. Qualifications for this position include a formal education program in the practitioner's specialty and certification in advanced nursing by the appropriate national body. Certified nurse midwives and nurse practitioners may prescribe and dispense drugs according to board rules.

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A registered nurse who was approved by the board for the performance of certain functions delegated by a licensed physician at the time of the effective date of this bill is considered to have met the guidelines for an advanced practice registered nurse.

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A joint practice council is established to make recommendations to the State Board of Nursing concerning the

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2 prescription of drugs and any other aspect of advanced practice
registered nursing.

4 This amendment also adds a fiscal note to the bill.