



House of Representatives

General Assembly

File No. 458

January Session, 2007

House Bill No. 7161

House of Representatives, April 11, 2007

The Committee on Public Health reported through REP. SAYERS, P. of the 60th Dist., Chairperson of the Committee on the part of the House, that the bill ought to pass.

AN ACT REVISING THE DEFINITION OF ADVANCED NURSING PRACTICE.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Subsection (b) of section 20-87a of the general statutes is
2 repealed and the following is substituted in lieu thereof (*Effective*
3 *October 1, 2007*):

4 (b) Advanced nursing practice is defined as the performance of
5 advanced level nursing practice activities that, by virtue of postbasic
6 specialized education and experience, are appropriate to and may be
7 performed by an advanced practice registered nurse. The advanced
8 practice registered nurse performs acts of diagnosis and treatment of
9 alterations in health status, as described in subsection (a) of this
10 section, and [shall collaborate] works collaboratively with [a physician
11 licensed to practice medicine in this state] other health care providers
12 licensed to practice in this state. In all settings, the advanced practice
13 registered nurse may [, in collaboration with a physician licensed to
14 practice medicine in this state,] prescribe, dispense and administer

15 medical therapeutics and corrective measures and may request, sign
 16 for, receive and dispense drugs in the form of professional samples in
 17 accordance with sections 20-14c to 20-14e, inclusive. [, except that an
 18 advanced practice registered nurse licensed pursuant to section 20-94a
 19 and maintaining current certification from the American Association of
 20 Nurse Anesthetists who is prescribing and administrating medical
 21 therapeutics during surgery may only do so if the physician who is
 22 medically directing the prescriptive activity is physically present in the
 23 institution, clinic or other setting where the surgery is being
 24 performed. For purposes of this subsection, "collaboration" means a
 25 mutually agreed upon relationship between an advanced practice
 26 registered nurse and a physician who is educated, trained or has
 27 relevant experience that is related to the work of such advanced
 28 practice registered nurse. The collaboration shall address a reasonable
 29 and appropriate level of consultation and referral, coverage for the
 30 patient in the absence of the advanced practice registered nurse, a
 31 method to review patient outcomes and a method of disclosure of the
 32 relationship to the patient. Relative to the exercise of prescriptive
 33 authority, the collaboration between an advanced practice registered
 34 nurse and a physician shall be in writing and shall address the level of
 35 schedule II and III controlled substances that the advanced practice
 36 registered nurse may prescribe and provide a method to review
 37 patient outcomes, including, but not limited to, the review of medical
 38 therapeutics, corrective measures, laboratory tests and other diagnostic
 39 procedures that the advanced practice registered nurse may prescribe,
 40 dispense and administer.] An advanced practice registered nurse
 41 licensed under the provisions of this chapter may make the
 42 determination and pronouncement of death of a patient, provided the
 43 advanced practice registered nurse attests to such pronouncement on
 44 the certificate of death and signs the certificate of death no later than
 45 twenty-four hours after the pronouncement.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2007	20-87a(b)

PH *Joint Favorable*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either chamber thereof for any purpose:

OFA Fiscal Note

State Impact: None

Municipal Impact: None

Explanation

Changing the scope of practice of advanced practice registered nurses is not anticipated to result in a fiscal impact.

The Out Years

State Impact: None

Municipal Impact: None

OLR Bill Analysis**HB 7161*****AN ACT REVISING THE DEFINITION OF ADVANCED NURSING PRACTICE.*****SUMMARY:**

This bill amends the scope of practice of advanced practice registered nurses (APRNs) to effectively allow them to practice independently without specific collaboration with physicians. It permits an APRN to prescribe medications without a written collaborative agreement with a physician as currently required by law.

EFFECTIVE DATE: October 1, 2007

COLLABORATION***Definition and Requirements for Collaboration***

Under current law, APRNs must work in collaboration with physicians. Collaboration is defined as a mutually agreed upon relationship between an APRN and a physician whose education, training, and relevant experience are related to the APRN's work. The collaboration between the physician and the APRN must (1) include reasonable and appropriate consultation and referral, (2) patient coverage in the APRN's absence, (3) a method for reviewing patient outcomes, and (4) a method for disclosing the collaborative relationship to patients.

The bill eliminates (1) the requirement that an APRN collaborate with a physician and instead specifies that an APRN works collaboratively with other health care providers, not specifically physicians, and (2) the definition of collaboration.

Prescriptive Authority

The bill eliminates the requirement for specific written collaboration

concerning prescriptive authority and related review activities. Current law allows APRNs to prescribe, dispense, and administer medications in collaboration with a physician. It requires that the collaboration be in writing and address the Schedule II and III controlled substances the APRN can prescribe. (Controlled substances are grouped in Schedule I through V according to their decreasing tendency to promote abuse or dependency.) The written collaboration must also have a method for reviewing patient outcomes, including a review of medical therapeutics, corrective measures, lab tests, and other diagnostic procedures that the APRN can prescribe, dispense and administer.

Under current law, an APRN with current certification from the American Association of Nurse Anesthetists who is prescribing and administering medication during surgery can do so only if the physician medically directing the prescriptive activity is physically present in the facility where the surgery is taking place. The bill eliminates this provision.

BACKGROUND

Related Law

Another law (CGS § 21a-252(e)) allows an APRN, in good faith and in the course of his or her practice only to prescribe, dispense, and administer schedules II through V controlled substances or have them administered by an RN or LPN under the APRN's direction and supervision, as allowed by the federal Controlled Substances Act, federal food and drug laws, and state laws and regulations on APRN.

COMMITTEE ACTION

Public Health Committee

Joint Favorable

Yea 19 Nay 8 (03/26/2007)