

# HOUSE RESEARCH

## Bill Summary

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### Section

- 1 Oversight of allied health professions.** Amends Minnesota Statutes 2013 Supplement, § 147.012. Paragraph (a) adds advanced practice registered nurses to the list of professions over which the Board of Medical Practice has oversight responsibilities.  
  
Paragraph (b) instructs the Board of Medical Practice to appoint physicians who work with APRNs to a joint subcommittee to investigate complaints against APRNs. Requires the subcommittee to make recommendations for discipline to the Board of Nursing.
- 2 Practice of medicine defined.** Amends § 147.081, subd. 3. Paragraph (a) provides that unless exempt under section 147.09, a person who performs specified procedures is practicing medicine.
- 3 Advanced practice registered nurse.** Amends § 148.171. Makes a technical change.
- 4 Board of Medical Practice.** Amends § 148.171, by adding subd. 4a. Defines the Board of Medical Practice.
- 5 Joint subcommittee.** Amends § 148.171, by adding subd. 4b. Defines the subcommittee as composed of an equal number of APRNs appointed by the Board of Nursing and physicians who work with APRNs appointed by the Board of Medical Practice. The purpose of the subcommittee is to review investigations involving APRNs and recommendations for disciplinary action to the Board of Nursing.
- 6 Clinical nurse specialist practice.** Amends § 148.171, subd. 5. Strikes the term “collaborative management.” Adds the clinical nurse specialist practice includes providing limited pharmacological treatment according to section 148.235, and includes collaborating

## Section

with, consulting with, and referring to physicians and other health care providers.

- 7 Collaboration.** Amends § 148.171, subd. 6. Strikes the term “collaborative management” and its definition and substitutes the word “collaboration.” Defines collaboration as a process in which health professionals jointly contribute to a patient’s care through a mutually agreed upon process.
- 8 Integrated clinical setting.** Amends § 148.171, by adding subd. 7c. Defines an integrated clinical setting as a place where an APRN works with physicians and other practitioners in the same location.
- 9 Nurse-midwife practice.** Amends § 148.171, subd. 10. Adds that nurse-midwife practice includes partner care management relating to sexual health, providing limited pharmacologic treatment, and collaborating with, consulting with, and referring to physicians and other health care providers. Strikes “collaborative management.”
- 10 Nurse practitioner practice.** Amends § 148.171, subd. 11. Defines nurse practitioner practice as providing patient care in a particular specialty or subspecialty of APRN practice. Adds that patient care includes health assessment and screening activities, health promotion and education, providing limited pharmacologic and nonpharmacologic treatment, and collaborating with physicians and other health care providers.
- 11 Practice of advanced practice registered nursing.** Amends § 148.171, subd. 13. Strikes “collaborative management” and substitutes “collaboration. Adds that an APRN who practices outside of a hospital or a clinic where one or more physicians are practicing on site must make certain information available to patients including the designation of physicians, clinics, or other health care groups with whom the APRN has a preestablished relationship or arrangements to accept transfer of care.
- 12 Prescribing.** Amends § 148.171, subd. 16. Provides that prescribing does not include recommending or administering a drug or therapeutic device for surgical or obstetrical anesthesia or for postoperative pain control by a certified registered nurse anesthetist.
- 13 Register nurse anesthetist practice.** Amends § 148.171, subd. 21. Strikes the term “collaborative management.” Adds that procedures constituting the practice of interventional or invasive pain management are prohibited.
- 14 Initial advanced practice registered nurse licensure.** Amends § 148.211, by adding subd. 1a. Paragraph (a) requires an applicant as an APRN must apply to the Board of Nursing and register with the Board of Medical Practice.
- Paragraph (b) lists the license eligibility requirements.
- Paragraph (c) requires that after December 31, 2015, all new graduates applying for APRN licensure must meet the requirements of this chapter.
- 15 Advanced practice registered nurse grandfather provision.** Amends § 148.211, by adding subd. 1b. Allows an APRN with a valid Minnesota license on December 31, 2015, to

## Section

apply for licensure with the board and registration with the Board of Medical Practice.

- 16 Certified nurse practitioners.** Amends § 148.235, subd. 2. Paragraph (a) allows certified nurse practitioners who meet specified education and practice requirements to prescribe and administer drugs and therapeutic devices, excluding schedule II controlled substances. Strikes language requiring the nurse to have a written delegation agreement with a physician.

Paragraph (b) requires certified nurse practitioners who do not meet the practice requirements or who wish to prescribe schedule II controlled substances to have a written delegation agreement with a physician.

- 17 Certified registered nurse anesthetists.** Amends § 148.235, subd. 2a. Prohibits procedures constituting the practice of interventional or invasive pain management.

- 18 Certified clinical nurse specialists in psychiatric and mental health nursing.** Amends § 148.235, subd. 4. Allows nurse specialists who meet specified education and practice requirements to prescribe and administer drugs to treat psychiatric and behavior disorders, excluding schedule II controlled substances. For those who do not meet practice requirements or wish to prescribe schedule II controlled substances, they must have a written delegation agreement with a physician.

- 19 Other certified clinical nurse specialists.** Amends § 148.235, subd. 4a. Allows certified clinical nurse specialists who meet specified education and practice requirements to prescribe and administer drugs and therapeutic devices, excluding schedule II controlled substances. Strikes language requiring the nurse to have a written delegation agreement with a physician. Practitioners who do not meet the practice requirements or who wish to prescribe schedule II controlled substances to have a written delegation agreement with a physician.

- 20 Dispensing authority.** Amends § 148.235, subd. 4b. Strikes language related to required written agreements between APRNs and physicians in order for an APRN to dispense drugs.

- 21 Standards for written agreements; review and filing.** Amends § 148.235, subd. 6. Clarifies that when a written agreement is required, the parties must review it annually.

- 22 Actions against an APRN.** Amends § 148.261, by adding subd. 6. Requires a joint subcommittee comprised of an equal number of APRNs and physicians who work with APRNs to review complaints against APRNs that are in violation of the medical or nurse practice act and recommend disciplinary action to the board of nursing.

- 23 Standard of care.** Amends § 148.261, by adding subd. 7. Provides that an APRN who is diagnosing, treating or prescribing under the nurse practice act shall be held to the same standard of care as a physician.