Oregon State Board of Nursing

APRN Practice Guide and Frequently Asked Questions

Oregon State Board of Nursing

- **Oregon State Board of Nursing**: The OSBN protects the public by regulating nursing education, licensure, and practice. The OSBN ensures public safety by licensing only those candidates who have met OSBN standards and qualifications. The OSBN is a public regulatory agency, not a professional advocacy organization. The OSBN has no jurisdiction over employer/employee issues.

- **Independent Practitioner**: As an NP, CNS, or CRNA, you are a licensed independent practitioner (LIP) in Oregon. This means that collaborative agreements or supervised practice with a physician is not needed, e.g., no physician co-signing of charts, orders, or prescriptions. However, an employer or health system may require you to be supervised by a physician (even though this is not a requirement of the OSBN). You are accountable for your decisions, actions, and clinical outcomes. An independent practitioner performing interventions "under the supervision of a physician" does not negate accountability as an individual licensee to ensure patient safety. The practitioner's required competency must be documented.

- **The Nurse Practice Act (NPA)**: To be licensed as an NP, CNS, or CRNA in Oregon, you must have an active Oregon RN license. It is the RN license that supplies the foundation for the OSBN to grant you licensure as an advanced practice registered nurse. Therefore, you are accountable, not only for the advanced practice divisions of the Nurse Practice Act, but also Division 45 Standards and Scope of Practice for Registered Nurses.
  - → The Nurse Practice Act has multiple divisions addressing advanced practice registered nursing education, scope of practice and licensing. For more information and to access the Nurse Practice Act, visit the OSBN website at www.oregon.gov/OSBN and select Nurse Practice Act at the top of the home page.
  - → In July of 2021, the Board retired divisions 50 (FNP), 52 (CRNA), 54 (CNS), and 56 (Prescriptive Authority). The new APRN divisions are formatted to be in alignment with the other divisions, the new 51 APRN Education (like 21 LPN/RN Education), 53 APRN Licensing (like 43 LPN/RN, licensing) and 55 APRN scope of practice (like 45, LPN/RN scope of practice).
  - → OSBN Practice Box Question: If you have a specific question about the NPA, you can send a written question to Board staff anytime.
  - → Presentation Request: If your organization is wanting a specific topic of the NPA to be addressed, you can request an in person/virtual presentation.

- **National Certifications:** The Board maintains a list of currently recognized APRN certifying bodies and it is available on the OSBN website, APRN National Certifying Bodies (oregon.gov). All current national certification(s) held by APRNs will be visible to the public on the OSBN license verification page at our Home Page (oregon.gov).
  - → APRNs require current national certification in the population congruent with their degree to be initially licensed or renewed in Oregon with the following exceptions:
    - NPs who licensed in Oregon prior to January 1, 2011, when national certification was not a requirement for licensure, must complete 45 hours of continuing CE in their population foci for each license renewal.
    - CNSs who do not have a national certification available in their population foci, must complete 45 hours of continuing CE in their population foci for each license renewal.

- → **Registered Nurse First Assistants (RNFA)s:** The practice of a RNFA is RN level practice nationally. To identify with this role, sign medical records as a RNFA, to bill independently as a RNFA, the RN must register with the Board. RNFAs, who are licensed as APRNs will stay within the scope and standards of RN practice while implementing the RNFA role. Reference ORS 678.366 and 851-045-060 (12)
  - **APRN in the Role of Registered Nurse First Assists (RNFA)**
  - **AORN Position Statement on APRN in Perioperative Environment**
  - The midwife who serves as first assistant in surgery, functions as a perinatal and birth professional in the perioperative setting. This unique role **does not require RNFA registration with the Board**, however those functioning in this role should have the knowledge, skills, and abilities to perform these functions and are credentialed to do so by their health system as appropriate.

- **Titles**: In Oregon, which is different from other states, the term APRN is not a license type and used collectively refer to NPs, CNSs and CRNAs.
  - → **When introducing yourself:** A doctorate is an academic degree and is separate from the licensure title (e.g., PMHNP). The nurse who has either a PhD or a DNP degree may introduce themselves as a doctor, because they have academically earned that right. However, Oregon law requires that individuals in healthcare professions also name their license type. An introduction to a client might be: "Hello, I am Dr. Jones, a Family Nurse Practitioner." Published materials where the title 'doctor', such as business cards or website information, need to include the license type as well as the degree.
  - → **If you have significant education in another specialty foci,** an FNP, for example, who has behavioral/mental health continuing education is not authorized to use the title of PMHNP unless the FNP holds a post-master's certificate in that population and holds national certification as a PMHNP.

- **Unregulated Staff**: APRNs may work with a variety of personnel who are either licensed (under regulatory authority) or unregulated. As an independent practitioner, it is incumbent on you to know which staff have regulatory oversite and which do not.
  - → **Licensed staff** are issued a license or certification by a regulatory Board and must follow a specific set of rules (practice act) on scope and standards of practice. These licensed professionals are accountable for accepting only those assignments that are within their scope of practice and do not work under the license of any other provider. This includes RNs, LPNs, Social Workers, X-Ray Technologists, Physical and Occupational Therapists.

    Certified Nursing Assistants (CNA): while the CNA does not have a scope of practice, they do have a list of authorized duties. When working with CNAs, it is important for you to review Division 63 of the practice act to decide what is within the CNA's authorized duties and what is not.
  - → **Unregulated and Unlicensed staff** are those who have no oversite from a regulatory Board. Unregulated staff may include the Medical Assistant (MA), Certified Medical Assistant ("certification" is a voluntary national exam and not indicative of regulatory oversite), Registered Medical Assistants (RMA) Emergency Room Technicians, and Operating Room Technicians.

Before an activity, role or intervention is assigned to unregulated staff, you must know the staff member has the knowledge, skills, competencies, and abilities to safely conduct the task. If the task is assigned *without* this knowledge, you--as the independent practitioner--remain accountable for the outcome of the task.

- **Scope of Practice:**
  - → **APRN Scope of Practice Decision Algorithm:** When APRNs are looking at a specific task and are trying to determine if it is within their individual scope of practice, the OSBN recommends utilizing the APRN Scope of Practice Decision Algorithm available on the website, Resource_APRN_ScopeAlgorithm.pdf (oregon.gov)
    - All nurses in Oregon are expected to care for patient populations that they have the knowledge, skills, abilities, and certification(s) to provide.
    - All APRNs need to seek consultation, refer, or co-manage clients when the needs of the patient are outside their own ability regardless of practice setting (urban, rural, inpatient, and outpatient) or nursing/medical staff shortages.
    - The linked article is a helpful review of scope-of-practice concepts for APRNs: Sentinel Article – What to Consider When Expanding Scope of Practice (May 2019).
  - → **Setting/Specialty Practices:** The NPA does not dictate practice settings for APRNs. The decision for a health system to hire an APRN regardless of their licensure type and national certification is their own. **It is the obligation of all licensees to understand their scope of practice,** what is needed to expand their scope as knowledge and experience grows and above all, provide care that is safe, grounded in science and literature, and within the regulatory requirements for their level of licensure in the state of Oregon.
    - Ideally, licensees who work in both inpatient (acute) and outpatient (primary care) roles should keep dual certification within their population foci. However, there has been an evolution of educational programs previously not available and because of this there has been a precedent for "grandfathering" APRN clinicians.
    - The Nurse Practice Act describes the practice standard for APRN clinicians who perform procedures to be proctored, credentialed and maintain competency that is evaluated/re-evaluated on a regular basis by their employer and health system.
    - Should any question of competency arise, the APRN would need to supply evidence of all completed education and competency validation pertinent to the provision of care at the advanced practice level. The APRN is an independent licensed practitioner; therefore, "working under the supervision of a physician" does not replace education and competency validation in the management of patients**. A physician who works alongside an APRN does not supervise the practice of nursing at the advanced level.**
  - → **Age Ranges:** The NPA does not say exact age ranges for those considered to be adolescents or adults. The Consensus Model for APRN Regulation and certifying bodies also refrain from saying exact age ranges. The APRN whose scope of practice includes specific age groups may use current literature to support their decision-making on proper clients to include/exclude from their practice. An analysis of one's own competency to supply care for a particular

client may also inform this analysis. Those APRNs who care for pediatric clients will want to develop processes for transitioning care to an adult-level provider.

- **Ordering and interpreting tests:** APRNs in Oregon have had the ability to order and independently interpret testing for patients since 1979.

  The NPA does not specifically say or stipulate what tests and procedures that APRNs can order and perform because it would be an exhaustive list.

- **CNMs as Primary Care Providers (PCPs):** The Centers for Medicare & Medicaid Services (CMS) recognizes CNMs as primary care providers (PCPs) in the context of "routine" primary care and integration of traditional women's health services; health maintenance, disease prevention, diagnosis, and treatment. **Chronic care and disease management require a referral to specialty providers.**

  The American College of Nurse Midwives (ACNM) "Core competencies for Basic Midwifery Practice" state that CNMs are able to provide primary care to women from menarche across the lifespan and to well newborns to 28 days **using consultation, collaboration, and referrals to other providers.** This scope of practice also includes reproductive health care for men, transgender, and non-gender binary clients.

- **Admitting Privileges:** The Board of Nursing does not define the organizational processes for credentialing and privileging. Since the APRN is a licensed, independent practitioner in Oregon, the NPA does not prohibit APRNs from making decisions about the need for a client to be admitted for a particular type of care.

  In some cases, state or federal laws limit areas of care to physicians, such as certifying/recertifying a client for Hospice care. Specific organizations may set limitations on scope of practice but may not expand scope of practice beyond that named by the Board and applicable state and federal laws. Oregon Revised Statute 441.064 supplies more information.

- **Medical Director:** The NPA does not use the term "medical director" related to the scope of practice for NPs. As a licensed, independent practitioner (LIP), the APRN may function in a position of authority over the provision of care. Specific laws and/or facility organizational structure may dictate the level of education, certification, or licensure for those in a "medical director" role or other title with ultimate responsibility for oversight of client care.

- **APRN Entrepreneur/Opening a Business:** Oregon's NPA does not regulate business ownership and there is nothing in the Act that expressly prohibits a person holding a nursing licensure from owning a business. However, all the requirements of the practice act, including writing policies and procedures for practice (even if you are an employee of one) are required documentation standards, and any licensed nurses you may employ must also abide by the standards of the practice act, etc. The responsibility rests with you to decide if any other applicable laws, rules/regulations place restrictions on such an action.
  - Please contact your professional advocacy organization (NPO, ORANA, ACNM, AANP, ANCC, NCC, NAPNAP) for additional resources.
  - Oregon Business Registry
  - The linked article is a helpful review of opening a business: Sentinel Article: The APRN Entrepreneur Who Owns Their Own Business (May 2022).

→ **COVID-19:** Per the Nurse Practice Act, in an established client/nurse relationship, the nurse provides information and advice to patients grounded in peer-reviewed scientific literature and in alignment with the laws in Oregon.

- Regardless of a client's vaccination status, nurses must respect client rights and dignity according to the NPA, irrespective of their personal healthcare choices.
- APRNs must follow the prevailing standards of care, including OHA and CDC guidance, when treating and prescribing for patients. This includes performing a complete and thorough assessment and documentation of clinical decision making.
- Individual APRNs must recognize that the healthcare advice and treatment regimens prescribed to their clients have long-lasting and downstream consequences to their patients and their entire health care community.
- Link to CDC Covid 19 resources
- Link to OHA Covid 19 resources
- EFFECTIVE 3/25/2020: Oregon Board of Pharmacy adopts temporary emergency rule (OAR 855-007-0085) prohibiting the dispensing of chloroquine and hydroxychloroquine for presumptive treatment or prevention of COVID-19 infection to preserve supplies for treatment of malaria, inflammatory conditions, and documented COVID-19 infection in hospitalized patients.
- Covid specific Emergency Use Authorizations (EAU):
  - Vaccines
  - Drugs and Non-Vaccine Biological Products
  - COVID-19 EUAs for Medical Devices, including:
    - Blood Purification Devices EUAs
    - Continuous Renal Replacement Therapy and Hemodialysis Devices EUAs
    - In Vitro Diagnostics EUAs
    - Decontamination Systems for Personal Protective Equipment EUAs
    - Infusion Pump EUAs
    - Personal Protective Equipment EUAs
    - Remote or Wearable Patient Monitoring Devices EUAs
    - Respiratory Assist Devices EUAs
    - Ventilators and Ventilator Accessories EUAs
    - Other Medical Device EUAs
  - Information About COVID-19 EUAs for Medical Devices

→ **Caring for Complex Mental Health clients: The Psychiatric Mental Health Nurse Practitioner (PMHNP)** has the education and national certification to appropriately treat and supply guidance for complex mental health and behavioral health issues. NPs will at times supply stabilization medications to complex mental health clients as they transition to a mental health provider. Co-management for ongoing medical/prescriptive care for this patient population is appropriate.

- **Involuntary Hold for Emergency Care:** Oregon law includes nurse practitioners in the definition of those who may start admission of an individual for emergency mental health care. See Oregon Revised Statute (ORS) 426.232 and related definitions. The NP must follow laws that define the processes associated with commitment proceedings/involuntary holds.
- **Informed Consent: Prior to a procedure** the licensed independent practitioner (physician or NP) is accountable to inform the patient of the risks and benefits of the procedure; and to answer all the patient's questions about the diagnosis and the procedure. For further information, please review 851-055-0090 (5) Informed Consent and Informed Refusal of Medical Treatment.
- **Office Based Procedures:** APRNs who perform office-based procedures where anesthesia agents will be administered to their clients must provide a PARQ process, obtain client consent, follow the American Society of Anesthesiology (ASA) physical status classifications when making the determination of the appropriateness of the procedure and the anesthesia requirements to ensure client safety needs are met prior to any office based procedure**.** **Please review 851-055-0080**
- **Oregon State restrictions for all NPs not authorized to perform**:
  - Prescribe Death with Dignity lethal medications
  - Sign a Disabled Veteran hunting permit
- **Federal restrictions for all NPs not authorized to perform**:
  - Order cardiac and pulmonary rehabilitation for Medicare patients
  - Certify diabetic patients need for therapeutic shoes
  - Certify disabilities and oversee treatment for injured federal employees under FECA
  - Certify eligibility for hospice orders for Medicare patients
  - Perform admitting examinations for Skilled Nursing Facilities (SNFs)and needed monthly/bi-monthly assessments
- **Fluoroscopy:** The NPA does not authorize Fluoroscopy to be under the direction of the Board of Nursing. For an Oregon licensed APRN to perform a procedure while a technician operates the fluoroscopy machine the APRN must meet the following Oregon Board of Medical Imaging (OBMI) requirements:
  - (1) Have the required didactic experience
  - (2) Have the required clinical experience
  - (3) Apply for and pass the ARRT fluoroscopy examination
  - (4) Apply for and obtain the limited fluoroscopy permit-restricted to supervision only from the OBMI
  - How do I obtain the required didactic experience? The requirements for the didactic experience are "FOUND HERE". This is referred to as the "Fluoroscopy Framework".
    - To register for the American Academy of Physician Assistants (AAPA) Fluoroscopy Examination Preparation Course - "GO HERE".
    - You can obtain this didactic experience through the American Academy of Physician Assistants (AAPA) fluoroscopy examination preparation course, which you take through the AAPA. When you apply for the ARRT fluoroscopy examination, you will show proof of your successful completion of this course by sending a copy of your passing score of the AAPA/ASRT Fluoroscopy Educational Framework post-test.

- Alternatively, there is a waiver process for the AAPA education. If you already have met some or all the required didactic experience requirements in the past, you can apply to the OBMI for approval of your experience to replace some or all the AAPA education. You will have to prove to the OBMI that your experience is equivalent to the AAPA educational component and meets the didactic requirements in the fluoroscopy framework to receive your waiver. Whatever didactic experience is not approved by the OBMI must be obtained through the American Academy of Physician Assistants (AAPA) fluoroscopy examination preparation course as described above.

- How do I obtain the required clinical experience? The requirements for the clinical experience are found in the fluoroscopy framework "FOUND HERE". To register for the American Academy of Physician Assistants (AAPA) Fluoroscopy Examination Preparation Course - "GO HERE".
  - You obtain your clinical experience under the supervision of an Oregon licensed physician or an Oregon licensed APRN with a limited fluoroscopy permit-restricted to supervision only from the OBMI. You must complete each of the clinical requirements in the fluoroscopy framework and have your supervisor sign off on each clinical part of the framework as you complete the component.
  - Alternatively, there is a waiver process. If you already have met some or all the required clinical experience requirements in the past, you can apply to the OBMI for approval of your experience to replace some or all the required clinical components in the framework. Whatever experience is not approved by the OBMI must be obtained through supervised clinical experience as described above.
  - You will need to document your clinical experience for submission as a waiver using the procedure log link found at the end of this page.
- All applicants must send a Device Orientation Checklist for each device they will be operating. The Form is in a link at the bottom of this page.
- How do I apply for a waiver for my didactic and clinical experience?
  - If you already have met some or all the required didactic or clinical experience requirements in the past, you can apply to OBMI for approval of your experience to replace some or all the required didactic and clinical components in the framework. Whatever experience is not approved by the OBMI must be obtained through successfully passing the didactic requirements and the supervised clinical experience as described in the “fluoroscopy framework". To apply for the waiver, you must provide the Board with documentation that your experience meets or exceeds the quality and quantity of the required experience in the “fluoroscopy framework". Documents must be sent to the OBMI office 2 weeks prior to the scheduled Quarterly Board meetings. Original documents will be needed to be used for the waiver approval process. Dates for Quarterly Board meetings are found on our website www.oregon.gov/OBMI. Please note

that waivers are not expedited and could delay your application to sit for the ARRT Fluoroscopy exam.

- How do I apply for and take the ARRT fluoroscopy examination?
  - You have one year to take and pass the ARRT fluoroscopy examination from the date you pass the AAPA/ASRT Fluoroscopy Educational Framework post-test or being issued an OBMI approved waiver of the didactic and clinical requirements.
  - Within that year, you send an Examination Application form and an APRN device orientation checklist, and any other documentation related to your didactic and clinical experience to the OBMI showing proof that you have obtained the required didactic and clinical experience. You will need to pay the OBMI a non-refundable $20 fee and the American Registry of Radiologic Technologists (ARRT) current examination fee. The total fees are found on the Application for Fluoroscopy Exam link on our website www.oregon.gov/OBMI. Fees are payable by check or money order, payable to O.B.M.I. Once approved by the OBMI, ARRT will assign you a 90-day examination window. The ARRT will also provide you with an examination handbook, explanation of the examination scheduling process, and the examination content specifications.
  - You must take the ARRT exam within the 90-day examination window or you will have to start the examination application process over.
- What if I fail the ARRT fluoroscopy examination?
  - You can fail the ARRT Fluoroscopy Examination two times within the one-year window. You may retake the exam should you fail by sending a new Fluoroscopy Examination Application and by paying the non-refundable $20 processing fee and the current ARRT examination fee each time you take the exam. The total fees are found on the Application for Fluoroscopy Exam link on our website www.oregon.gov/OBMI. Fees are payable by check or money order, payable to O.B.M.I.
  - If you fail the ARRT fluoroscopy examination three times in the one-year window or the one-year window has elapsed and you do not have a passing score on the examination, you will have to retake and complete the didactic and clinical experience requirements again. If you previously applied to have your prior didactic or clinical experience approved as a waiver in lieu of the AAPA course or supervised experience requirements, you will need to apply again for that approval. You may be asked to supply added evidence to prove your didactic and supervised clinical experience is equivalent to the AAPA fluoroscopy framework. You must also submit to the Board a new Fluoroscopy Exam Application form, along with the required, non-refundable $20 processing and current ARRT examination fee found on the Application for Fluoroscopy Exam link on our website www.oregon.gov/OBMI . Fees are payable by check or money order, payable to O.B.M.I.

- Once I pass the ARRT fluoroscopy examination, how do I apply for the APRN limited fluoroscopy permit-restricted to supervision only?
  - Once you have passed the ARRT fluoroscopy examination, you will give an application form to the OBMI for the permit itself. The Permit Application will include proof that you have passed the ARRT examination, a copy of your current APRN license issued by the Oregon State Board of Nursing and the OBMI non-refundable permit fees as calculated on our online fee calculator. Fees are payable by check or money order, payable to O.B.M.I. The Oregon Board of Medical Imaging will perform a criminal background check, but you do NOT have to send fingerprints for the background check.
- I received my limited fluoroscopy permit-restricted to supervision only, now what?
  - With an active permit, an advanced practice registered nurse may supervise the practice of fluoroscopy by OBMI licensees but may not themselves run fluoroscopic devices.
  - Your Certification will now be visible on the OBMI Fluoroscopy Certification OSBN License Verification Page
- What are the Continuing Education requirements for renewal of my Limited Fluoroscopy Permit?
  - The continuing education requirements for renewal must include 4 hours of CE per year or 8 hours for a 2-year renewal. Two of the annually needed 4 hours must be related to radiation use and safety, and two hours must be related to the clinical use of fluoroscopy.
- Helpful Links:
  Take Me To The Self-Service Licensing Portal.
  Take Me To The Waiver Application For Didactic Requirements For APRN Limited Permit - Supervision In Fluoroscopy
  Take Me to The Waiver Application for Clinical Requirements (Procedure Log) For APRN Limited Permit - Supervision in Fluoroscopy
  Take Me to The Device Orientation Checklist for APRN Limited Permit - Supervision in Fluoroscopy
  Print The Instructions for An APRN Permit
  Click Here to Review The 2021 Fluoroscopy Examination Handbook

→ **Acupuncture:** Oregon Regulatory Statues only allow licensed acupuncturists to perform acupuncture (to include “seeding”, “micro needling”, “battlefield acupuncture”, and “auricular acupuncture”). The Board of Nursing cannot supersede the statutes applicable to other health care licensing Boards.

- In Oregon, it is not legal for a nurse to perform any type of intervention prohibited by the Board licensing acupuncturists (Oregon Medical Board).
- All of that said, **federal law supersedes state law**. Therefore, a nurse may perform these interventions when they do so in a facility named as federal property and their state licensing board allows for this specific intervention at the APRN level. If the nurse has achieved the competency to perform these interventions on federal property and then tries to supply the same service while not on federal property,

this would be in violation of the practice act. Please review ORS 678.031 for further information on federal agencies.

- → **Death Certificates:** The NPA specifically says that the NP may complete and sign reports of death. The NP is expected to comply with all provisions in this area as defined in state law (Oregon Revised Statute 432.133).
- → **Death with Dignity:** NPs must not order the medications utilized for an individual who seeks to activate death with dignity protocols per Oregon Revised Statute. A physician or doctor of osteopathy must be involved in the care of a client asking to pursue this choice.
- → **Telehealth:** The authority over practice is decided by the state where the patient is located. Telehealth and Telemedicine fall under the same licensure rules in every authority, meaning that you must be licensed in the state where the patient is located.
    - Your Oregon-issued APRN license allows you to engage in telehealth nursing practice with persons physically located in the state of Oregon regardless of your location. The legal reason is that licensing and Boards of Nursing exist to protect the public and state government only has authority over the "public" located within their borders. Since nursing decisions influence the patient where they are located, not where the nurse is located, it is the location of the receiver of care that falls under the jurisdiction of the Board.
    - When it comes to telehealth, APRNs should establish a therapeutic client relationship and meet all the standards expected to complete a face-to-face visit/appointment in a telehealth visit. For instance, the APRN would need to review the patient's medical history, obtain blood work or medical testing if indicated, prescribe/not prescribe/monitor proper medications as needed and would look to other modalities such as counseling in addition to medication when caring for patients.
    - So, regardless of your physical location, if you are licensed as an Oregon APRN, you are subject to the Oregon Nurse Practice Act and its Scope of Practice when you are caring for patient's living in Oregon.
    - If a Non-Oregon licensed nurse supplies services to a patient in Oregon, and the OSBN gets a complaint, we would cite the nurse for practicing in this state without a license. States can levy civil penalties (in Oregon it is up to $5000) for practicing on the citizens of their state without a license awarded by the state to do so.

- ➢ **Prescriptive Authority:**
    - → **APRN Prescriptive and Dispensing Authority Video**
    - → **Pharmacological Management: Consists of the active process of** 150 hours of any of the following activities:
        - Medication reconciliation to include discussion of pharmacological options, whether the patient is given an actual prescription.
        - Participation in a pharmacy and therapeutic committee or state and federal committees that discuss drug selection recommendations or issues involving drug therapies
        - Serving as an investigator on a drug study

- Conducting or publishing research with a focus on management through either drug or alternate therapies
- Teaching APRN level pharmacology

→ **Expedited Partner Therapy:** There is substantial evidence that rates of re-infection with certain sexually transmitted diseases can be reduced by treating all sexual partners for the disease, even when the treating clinician has not examined those partners. This practice, known as **Expedited Partner Therapy (EPT),** codified in 2009 by the Oregon legislature because of the important health implications.

- In December 2021, the EPT prescription bottle labeling requirements for client partners, no longer requires the name of the partner and can now simply state "John or Jane Doe's partner #1 or "EPT Partner".
- It is not necessary to supply the client or their partner's name, address, or demographics. However, it is particularly important to counsel clients in writing and ask the patient about any known drug allergies or other drugs taken by each partner.
- The prescription will expire within 30 days and will not be refilled.
- CDC Guidance on the Use of Expedited Partner Therapy in the Treatment of Gonorrhea (updated February 26, 2021)
- Oregon Health Authority: Expedited Partner Therapy: STD Prevention: State of Oregon

→ **Oregon Medical Marijuana Program (OMMP):** APRN attending providers who have primary responsibility for clients (primary care or specialty care), are now able to recommend the **Oregon Medical Marijuana Program (OMMP),** to clients who meet specific criteria, starting January 1, 2022. With the passage of HB 3369 (2021), the definition of attending provider was expanded to include:

- Doctor of Medicine (MD) or Doctor of Osteopathy (DO), licensed under ORS chapter 677.
- Physician Assistant licensed under ORS 677.505 to 677.525.
- Nurse Practitioner licensed under ORS 678.375 to 678.390.
- Clinical Nurse Specialist licensed under ORS 678.370 and 678.372.
- Certified Registered Nurse Anesthetist as defined in ORS 678.245.
- Naturopathic Physician licensed under ORS chapter 685.

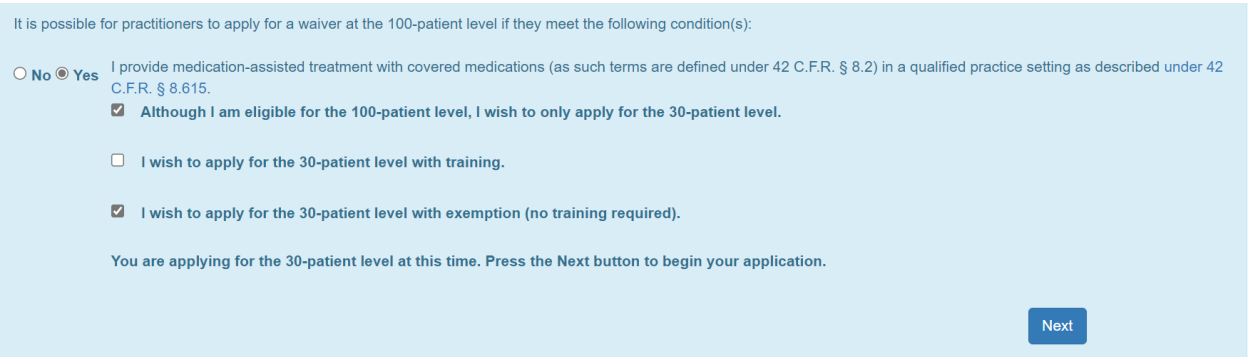
- Providers must review patient's medical records at the client's request and conduct a thorough physical examination of the client; supply or plan follow-up care; and document these activities in the patient's medical record.
- To **recommend (non-prescription medication)** medical marijuana in Oregon, an attending provider must determine that the use of marijuana will decrease the symptoms or effects of the client's debilitating medical condition. Qualifying conditions include:
  - Cancer, glaucoma, a degenerative or pervasive neurological condition, positive status for human immunodeficiency virus or acquired immune deficiency syndrome, or a side effect related to the treatment of those medical conditions.
  - A medical condition or treatment for a medical condition that produces, for a specific patient, one or more of the following:

- Cachexia; Severe pain; Severe nausea; Seizures; or Persistent muscle spasms, spasms caused by multiple sclerosis. Post-traumatic stress disorder.

- An Attending Provider Statement (APS) form is needed, signed by the attending provider attesting that the client has been diagnosed with a debilitating medical condition and that the use of medical marijuana may palliate the symptoms of the individual's debilitating medical condition., is required. The client handles sending the APS, relevant medical records, and other required documentation, to the OMMP. Documents must be given within 90 days of the attending provider's signature on the APS and be dated after January 1, 2022, for all APRN providers.
  - OMMP website
  - OMMP Attending Provider information
  - Attending Provider Statement (APS)
  - Sign up for General OMMP updates

→ **Buprenorphine:** The HHS released new **Buprenorphine (Suboxone)** practice guidelines on April 28, 2021, announcing an exemption for waiver-eligible providers (MDs, APRNs, PAs) applying for the 30-client limit. ***Eligible providers no longer must complete the waiver training course*** (8-hours for MDs and 24-hours for non-physicians) but still need to apply to receive a waiver and attest that they have the capacity to refer patients to counseling, and other ancillary services. If you intend to prescribe beyond the 30-client limit you will need to complete the mandatory 24 hrs. of education.

- You will need to complete a Notice of Intent (NOI) for the 30-patient waiver level with the Substance Abuse Mental Health Services Administration (SAMHSA). To complete this online application, please have your Oregon NP license number, your DEA number, your work address, email, phone, and fax number on hand. SAMHSA will verify your eligibility with both the Oregon Board of Pharmacy and the DEA.



- Key Points to remember when completing this application:
  - APRNs in Oregon do not require a supervising physician
  - Confirmation e-mails are sent once after your application is submitted.
  - Approval Letters are e-mailed within 45 days of your complete application submission.
  - *Please check your junk and spam folders if you have not already added InfoBuprenorphine@samhsa.hhs.gov to your contacts.
  - Any questions or inquiries should be directed to InfoBuprenorphine@samhsa.hhs.gov or call 1-866-287- 2728

- If you would like to remove the X waiver from your DEA number, here is the DEA Link to terminate an X number
- Become a Buprenorphine Waivered Practitioner | SAMHSA
- Practice Guidelines for the Administration of Buprenorphine for Treating Opioid Use Disorder
- PCSS: Free resources, trainings for primary care providers who treat OUD
- ASAM Buprenorphine Waiver Courses
- X-Waiver Training - AAAP
- ASAM eLearning: NP/PA 24-Hour Waiver Training - AANP

→ **Ketamine:** APRNs can order and administer ketamine to clients in Oregon. It is up to the individual licensee to decide if they can perform the activity, intervention, or role to acceptable and prevailing standards of safe care and it is appropriate for their individual scope of practice and population foci.

- PMHNPs can diagnose post-traumatic stress disorder (PTSD) and order appropriate treatment medications and modalities.
- In 2019, the Oregon Association of Nurse Anesthetists, the CRNA Oregon based professional organization, came to the Board asking for a legal opinion to be issued on this topic. To summarize the legal opinion of the Oregon Department of Justice: CRNAs may run a Ketamine infusion clinic with limitations related to Oregon Regulatory Statute and Oregon Administrative Rules about business practices.
- Clients/patients will need to have a diagnosis of PTSD or treatment resistant depression (TRD) from a licensed independent mental health provider (Psychiatrist, PMHNP) and a referral for ketamine treatment. The effectiveness of the treatment must be evaluated through an ongoing therapeutic relationship with the referring licensed independent mental health provider. While the CRNA may infuse the drug, the CRNA cannot attest to its effectiveness in treating the underlying diagnosis.
- The administration of ketamine in an office-based setting must follow the Office-Based Procedure Care and Standards (OAR 851-055-0080).
- It is as equally important for the APRN to consider the ethics of prescribing and supplying a medication that is not reimbursed by 3rd party payers (insurers).

→ **DEA License:** Oregon prescriptive authority allows for APRNs to independently prescribe Schedule II-V controlled substances. Your individual Federal DEA license number follows you regardless of your location in the US. If you have a practice change or work in multiple locations, it is your individual responsibility to notify the DEA of these changes or updates.

- For legend drugs (non-scheduled), no DEA is needed.
- New DEA Mid-Level NP, PA, OD Applicants
- DEA Registrant Update

→ **Dispensing:** If you are planning on dispensing any medications from your NP practice location (CRNAs are not able to dispense) you will need to fill out this form.

- Once you are registered as a Dispensing Provider (DP), you will have an additional identifier (for example 2022XXXXXXDP), which will then be visible to the public on our license verification page.

- If you are interested in a retail type dispensing, you will need to contact the Oregon Board of Pharmacy and complete their DPDO application.
- Department of Justice Opinion on Drug Outlet Inspections

→ **Oregon Chronic Opioid Prescribing Guidelines**
→ **Oregon Acute Pain Prescribing Guidelines**
→ **Prescription Drum Monitoring Program (Oregon)**
→ **Pain Management Article (OSBN Sentinel, June 2014)**
→ **Non-Prescription Items:** APRNs may write prescriptions or make recommendations for over-the-counter items for their patient within their specialty scope of practice. This is sometimes needed for reimbursement under specific medical plans.

- "Non-prescriptive" remedies or items include such therapeutics as vitamins, minerals, homeopathic, herbal, and compound medications, as well as over-the-counter drugs which do not require a prescription to administer, prescribe, obtain, dispense, or distribute. The APRN recommending such a remedy will be held to the standards of his or her prescriptive authority, whether the remedy requires an actual written prescription.
- The APRN will be accountable to the patient to assess the patient's current use of medications and therapeutics, potential risks and benefits of the proposed remedy, and possible drug interactions. Female patients must be appraised of any known fetal risks inherent in a non-prescription remedy.

→ **Bulk Ordering:** The NPA is silent on this issue. APRNs who are buying bulk materials or medications for a setting rather than a specific patient, should draft a memo on office letter head with the detailed information of the order that includes their licensure and contact information. Please keep a copy of this document for your records in the event there is ever a question or concern.
→ **Off-label Prescribing:** The practice of writing medications for off label use (FDA approved for treating a different condition) is common and not prohibited by the NPA or the Oregon Board of Pharmacy. It is best practice for the APRN to annotate in the clinical record their rationale for its use, the specific indication for this medication and to inform the client that this medication is an "off label" treatment. Understanding Unapproved Use of Approved Drugs "Off Label" | FDA
→ **Emergency Use Authorizations (EAU) of drugs and medical products:** The FDA at times issues EAUs for the emergency use of unapproved drugs in the interest of public health to supply immediate access to medications, diagnostic testing, or other critical medical products. APRN Prescribers in Oregon need to carefully read package inserts to identify if the medication is within their scope of practice. **Information on terminated and revoked EUAs can be found in archived information.**
→ **Experimental or Research Medications:** APRNs may prescribe medications provided through a United States IRB approved clinical trial if they are registered participants of the trial and following all IRB and FDA requirements.

➢ **Providing treatment to family members**: There is currently no prohibition in the Nurse Practice Act to the APRN accepting a family member as a client. Care provided to all clients must be appropriate

to the population focus of the APRNs state licensure and national certification and must be based on assessment and proper decision-making for management of the client's condition.

- → Maintenance of professional boundaries requires diligent attention when providing care to a family member.
- → Treatment of a family member requires the establishment of a client/practitioner relationship. The family relationship does not negate this responsibility. Appropriate documentation must exist describing the assessment, conclusions, decision-making, and plan for follow-up.
- → In addition, the APRN is expected to analyze the appropriateness of providing care to a family member based on the situation and whether the client's needs would be best met by another practitioner. Convenient access to the NP is not a suitable basis for the decision to accept a family member as a client.
- → Other state and/or federal laws may prohibit the provision of care by the NP to family members in areas such as substance abuse treatment and deciding of the need for emergency mental health care/involuntary hold.

- **Medical records: Review 851-055-0090 Special Provision for specific details**
  - → Length of record retention - seven years is a commonly recommended length of time for record retention. Record retention for NPs involved in births or care of minors need to consider record retention for seven years past the age of majority.
  - → Access to records – establishing a method for archiving records and allowing for access may be set up through a vendor. Storage needs to be secure and allow for retrieval of records. The Board does not keep records for practitioners.
  - → Release medical records to clients within thirty days of receipt of a written request for such release per the Center for Medicare and Medicaid Services.
  - → Charging Fees for copying records is delineated in ORS 192.521[1]:
    - Health care provider and state health plan charges
    - A health care provider or state health plan that receives an authorization to disclose protected health information may charge:
    - (1)(a) No more than $30 for copying 10 or fewer pages of written material, no more than 50 cents per page for pages 11 through 50 and no more than 25 cents for each additional page; and
    - (b) A bonus charge of $5 if the request for records is processed and the records are mailed by first class mail to the requester within seven business days after the date of the request.
    - (2) Postage costs to mail copies of protected health information or an explanation or summary of protected health information, if requested by an individual or a personal representative of the individual; and
    - (3) Actual costs of preparing an explanation or summary of protected health information, if requested by an individual or a personal representative of the individual. [2003 c.86 §4; 2007 c.812 §1]

- **Health Care Interpreters:** The Oregon State Board of Nursing supports health equity, diversity, and inclusion for all Oregonians. With the recent passage of HB 2359, our licensees and applicants need to be educated and informed about the requirements for health care interpreters for our clients

who prefer to communicate in a language other than English. Health care providers in Oregon must use the Oregon Health Care Interpreter Registry and annotate within the client's medical record: (a) The name of the health care interpreter; (b) The health care interpreter's registry number; and (c) The language interpreted.

- → **Home - Health Care Interpreter Registry (state.or.us)**
- → **HB2359 (oregonlegislature.gov)**
- → **Oregon Health Authority: Health Care Interpreter Resources, Events, Policy, and Laws: Office of Equity and Inclusion: State of Oregon**

- **Closing a practice:** The NPA sets the following requirements for the APRN who ends a client relationship, the APRN must:
  - → Notify clients of termination of the client relationship or closure of a practice. Timely notice of termination – sources recommend at least 60 days' notice. Consideration of availability of other practitioners to assume care may mean a longer notice period is necessary.
  - → Review medications and consider maintenance of prescriptions to cover transition time, if proper.
  - → Destroy all prescription pads with provider identification.
  - → Arrange for maintenance of records.
    - The length of record retention - seven years is a commonly recommended length of time for record retention.
    - Record retention for NPs (CNMs) involved in births or care of minors need to consider record retention for seven years past the age of majority.
    - Access to records – setting up a method for archiving records and allowing for access may be set up through a vendor. Storage needs to be secure and allow for retrieval of records. The Board does not keep records for practitioners.
  - → Notify pertinent parties of practice closure – includes the Board, insurance carriers, the Drug Enforcement Agency (if a DEA number exists), insurance panels, and the Center for Medicare/Medicaid Services (National Provider Identifier).
  - → Consider seeking legal counsel related to the closure of a practice as proper.
  - → Additional information is found in a Sentinel Article on this topic (May 2022).

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