

SUMMARY OF BILL DRAFT ON PRESCRIBING AUTHORITY OF NURSE PRACTITIONERS January 2020

The proposed legislation would allow a Certified Nurse Practitioner (CNP) who has completed at least one year of practice with prescriptive authority under the supervision of a physician or Supervising CNP, to apply to the State Board of Nursing for authority to prescribe without supervision. Prescriptive authority for other advanced practice registered nurses, including clinical nurse specialists, certified nurse-midwives and certified registered nurse anesthetists, would remain under the supervision of a physician, as in current law. Prescriptive authority for CNPs who have not obtained authority to prescribe without supervision would be under the supervision of a physician or Supervising CNP. The Pharmacy Act and the Nursing Practice Act are amended to conform with these changes. A section-by-section summary follows.

Section 1(A): Allows a CNP who has completed at least one year of practice with prescriptive authority supervised by a physician or supervising CNP to apply for authority to prescribe without supervision. The application must include proof that the CNP has satisfied all educational requirements, holds a valid CNP license and is in good standing with the Board, and has completed the year of supervised authority. The prescriptive authority would be valid until expiration of the CNP license and then would be renewed for the same licensing period.

**Talking
Points:**

Currently 44 states (+DC) have FPA, two state have only hydrocodone limits, which leaves four states that do not have FPA. No studies show a benefit of TTP verses FPA. No studies show safety has been at risk with CNPs practicing within the borders of their licensure.

Section 1(B): Allows a CNP who has been granted unsupervised prescriptive authority to act as a supervising CNP.

**Talking
Points:**

States with TTP that have unsupervised CNPs supervising CNPs maintain the same level of safety with generally closer supervision than with physician supervision only. This will improve access to care for thousands of Oklahomans and help retain Oklahoma's student graduates.

Section 1(C): Requires the Board to review and approve or reject applications within 14 calendar days of receipt. If rejected, the applicant may reapply.

Section 1(D): Allows the Board to revoke prescriptive authority for good cause at any time.

Section 1(E): Allows the Board to establish a fee for the review of initial and renewal applications.

Section 8: Amends Title 63 to provide that a CNP who has obtained prescriptive authority may prescribe and administer controlled dangerous substances in Schedules II-V. Other advanced practice registered nurses may prescribe and administer controlled dangerous substances in Schedules III-V under supervision.

Talking Points: 38 states allow O II-V and there is no data to show CNP use unsafe prescribing practices. In Oklahoma there is a significant lack of mental health and behavioral health medications that CNPs are trained to prescribe just as in the other 38 states. In Oklahoma there are no safe medications that CNPs have for acute care in children and many adults. CNPs are widely employed in clinics and urgent care centers across the state and need access to prescribing medication when appropriate for short term usage.

Section 9:
Effective date: November 1, 2020.