

HB2068 FACT SHEET

CLINICAL NURSE SPECIALIST (CNS) PRESCRIBING AND DISPENSING PRIVILEGES IN LICENSED HEALTHCARE FACILITIES

The Arizona Nurses Association is supporting limited prescribing and dispensing privileges for Clinical Nurse Specialists (CNS). CNS is one of four nationally recognized Advanced Practice Registered Nurse (APRN) roles– the others are Registered Nurse Practitioner, Certified Nurse Midwife and Certified Registered Nurse Anesthetist. There are approximately 170+ licensed CNSs in Arizona.

The state and national standards require a CNS to be a registered nurse and have specified graduate education with a minimum of a master's degree in nursing or doctor of nursing practice and be certified by a national certification entity. A CNS works as part of a multidisciplinary team and can diagnose and treat acute or chronic illness. CNSs often serve as coordinators of specialized care, and implementers of evidence-based care within/between organizations to facilitate quality improvement, patient safety, and lower healthcare costs.

More than 20 states, including Arizona, provide “full practice authority” for nurse practitioners (NPs), and more than 20 states provide independent authority and/or prescribing privileges for CNSs as well, including neighboring states Nevada, Utah, Colorado and New Mexico. CNSs currently have no prescribing privileges in Arizona except for durable medical equipment.

CNSs generally specialize in a clinical area, typically in hospitals, which may be identified in terms of:

- a. Population (e.g. pediatrics, geriatrics, women's health)
- b. Setting (e.g. critical care, emergency room)
- c. Disease or Medical Subspecialty (e.g. diabetes, oncology)
- d. Type of Care (e.g. psychiatric, rehabilitation)
- e. Type of Problem (e.g. pain, wounds, stress)

The most common CNS specialties include psychiatric, women's health, medical/surgical chronic disease management (e.g., diabetes, oncology), and acute care.

By allowing CNSs to practice to the full extent of their education and training including prescribing authority, Arizona would benefit from enhanced competition, including potentially lower costs and greater access to care. Currently, there are very few CNSs in Arizona due in part to the limited scope of practice. The CNSs could provide more timely and responsive, safe and effective services for patient management as demonstrated by their past record.

HB2068 allows a CNS to have limited prescribing and dispensing privileges in specific settings if they have met equivalent general education and training requirements as those for NPs, including advanced pathophysiology, advanced pharmacology and advanced physical assessment. The attached education crosswalk provides an overview of the curriculum requirements, etc. Those CNSs who have been in practice for over 10 years and did not have the same education will need to take additional training to meet the NP requirements. This affects six current Arizona CNSs.

HB2068 would limit CNS prescribing authority to only licensed hospitals, nursing homes, recovery care centers, hospice, behavioral health inpatient facilities, residential behavioral health treatment centers and outpatient treatment centers that provide behavioral health or are federally qualified community health centers and that utilize the services of a CNS. Prescribing would be limited to the protocols specific to a CNS of the health care institution.

The bill would allow CNSs to prescribe opioids in inpatient settings only pursuant to the institution protocols or standing orders and may not prescribe in outpatient treatment centers except for Medication Assisted Treatment (MAT) by qualified CNSs. They also would not be permitted to dispense opioids except for Medication Assisted Treatment by CNSs who have met federal qualifications.

As part of the CNS role collaborative health care delivery, communication between health care professionals is paramount. This is demonstrated by the bill's provisions that a CNS must notify a medical director or health care professional who is managing a patient's care within one business day after writing a new prescription or changing an existing dosage unless they are acting pursuant to written institution protocols that provide for the types and amounts of medications to be prescribed.

EDUCATION CROSSWALK FOR CLINICAL NURSE SPECIALIST AND NURSE PRACTITIONER

Clinical Nurse Specialist		Nurse Practitioner
Master's of Science in Nursing within a Clinical Nurse Specialist Track	Required Degree	Master's of Science in Nursing within a Nurse Practitioner Track
500 hours	Clinical Hours	500 hours
Advanced Pathophysiology Advanced Pharmacology Advanced Physical Assessment	Core Content Graduate-level	Advanced Pathophysiology Advanced Pharmacology Advanced Physical Assessment
Theoretical Foundations Advanced Principles of Evidenced Based Practice Age/Population Based Nursing Theory and Sphere's of Influence for the CNS Health Policy / Advocacy Advanced Roles Transition Healthcare Systems: Technology, Quality and Economics Nursing Leadership	APRN Specific Educational Content Minimum 30 hours Generalist Content	Theoretical Foundations Advanced Principles of Evidenced Based Practice Age/Population Based Nursing Theory and Practice ie Family Nursing Theory Health Policy / Advocacy Advanced Roles Transition Healthcare Systems: Technology, Quality and Economics Nursing Leadership
CNS Advance Care Population/Age Specific I CNS Practicum CNS Advance Care Population/Age Specific II CNS Practicum CNS Advance Care Population/Age Specific III CNS Practicum	Role Specific Education Min 18 hours	Nurse Practitioner Health Care I Nurse Practitioner Health Care I Practicum Nurse Practitioner Health Care II Nurse Practitioner Health Care I Practicum Nurse Practitioner Health Care III Nurse Practitioner Health Care III Practicum
American Nurses Credentialing Center (ANCC) Adult-Gerontology Clinical Nurse Specialist Psychiatric Mental Health Clinical Nurse Specialist <i>Public/Community Health Clinical Nurse Specialist (retired 2010)</i> <i>Home Health Clinical Nurse Specialist (retired 2010)</i> Oncology Nurse Credentialing Center <i>Advanced Oncology Clinical Nurse Specialist (retired 2018)</i> American Association of Critical-Care Nurses Adult Gerontology Clinical Nurse Specialist Pediatric Clinical Nurse Specialist Neonatal Clinical Nurse Specialist Adult-Gerontology Acute Care Clinical Nurse Specialist Acute Critical Care Clinical Nurse Specialist Acute/Critical Care Pediatric Clinical Nurse Specialist <i>Adult Psychiatric-mental Health Clinical Nurse Specialist (retired 2012)</i> <i>Adult and Child/Adolescent Psychiatric Clinical Nurse Specialist (retired 2012)</i>	Certification Body	American Nurses Credentialing Center (ANCC) Adult-Gerontology Acute care Nurse Practitioner Adult-Gerontology Primary Care Nurse Practitioner Family Nurse Practitioner Pediatric Primary Care Nurse Practitioner Psychiatric-Mental Health Nurse Practitioner Oncology Nurse Credentialing Center Advanced Oncology Nurse Practitioner American Association of Critical-Care Nurses Acute Care Nurse Practitioner Adult-Gerontology Acute Care Nurse Practitioner The American Academy of Nurse Practitioners Certification Board (AANPCB) Adult – Gerontology Primary Care Nurse Practitioner Emergency Nurse Practitioner (new 2016) Family Nurse Practitioner <i>Adult Nurse Practitioner (retired 2012)</i> <i>Gerontology Nurse Practitioner (retired 2012)</i>