

Advanced practice registered nurses to have a greater role in national response to opioid epidemic

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As we enter a new year and a new decade, many states have enacted legislation affecting the roles of advanced practice registered nurses (APRNs) in terms of practice authority, reimbursement, and prescriptive authority, according to the 32nd Annual Legislative Update in the January issue of *The Nurse Practitioner*.

"This year, states have again placed an emphasis on enacting policy focused on the national [opioid](#) crisis," writes Susanne J. Phillips, DNP, APRN, FNP-BC, FAANP, of the University of California, Irvine, in her annual report on legislative developments in APRN practice. "APRNs in greater numbers participate in state prescription drug monitoring programs and opioid prescribing programs to improve access to safe and effective care for patients with [chronic pain](#)."

Expanded Roles for APRNs in Opioid Prescribing, Practice Authority and More

As the nation grapples with the challenges of effectively responding to the opioid epidemic, APRNs continue to play an expanded role. Three states—Arkansas, Florida, and South Carolina—advanced APRNs' prescriptive authority for prescribing opioids and schedule II controlled substances under certain circumstances. Wyoming introduced new limits on opioid prescribing for acute pain, affecting all prescribers including APRNs.

In Iowa and Wyoming, new regulations were passed related to APRNs' participation in state prescription drug monitoring programs (PDMPs). Two states enacted new laws related to continuing education requirements for prescriptive authority renewal: Delaware removed some redundant hours of pharmacology CE, while Oklahoma added two hours of education in pain management, opioid use, or addiction.

New legislation related to APRN practice authority was enacted in 12 states, including laws improving or clarifying APRN scope of practice. In Connecticut, APRNs were added to statutes regarding several areas of practice—behavioral health, healthcare facility admissions, and others—that previously mentioned only physicians or other healthcare providers.

Other states enacted specific scope of practice improvements or clarifications, in some cases including signature authority, including Montana, Nevada, North Dakota, Oklahoma, South Carolina, and Texas. New laws related APRNs' medical staff membership, credentialing, and privileging were passed in Nevada, New Mexico, and Washington. In Kentucky, the legislature authorized the Board of Nursing to regulate the practice of certified professional midwifery.

Several states adopted new policies regarding APRN involvement in telehealth, including full Medicaid reimbursement for telehealth services provided by APRNs in Kentucky. Additional APRN reimbursement policies were introduced in Colorado and Virginia. Other changes include tax incentives for APRN preceptors in South Carolina, new transition-to-practice statutes in South Dakota, and a delay to implementation of rules limiting APRNs practice authority in providing home health services in Washington.

The Nurse Practitioner's Annual Legislative Update provides a milestone marking nationwide efforts to take full advantage of the care provided

by APRNs in their efforts to improve access to high-quality, safe, and effective healthcare. Through an "exceedingly active" 2018-19 legislative session, APRNs now have full, autonomous practice and prescriptive authority in 14 states, and full practice authority following a transition to practice period in another 10 states.

More information: Susanne J. Phillips, 32nd Annual APRN Legislative Update, *The Nurse Practitioner* (2019). [DOI: 10.1097/01.NPR.0000615560.11798.5f](https://doi.org/10.1097/01.NPR.0000615560.11798.5f)

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