CANP Student Nurse Practitioner Leadership Workshop:
Understanding Board Regulation, Implications and Issues for Practice, and Professional Roles in Health Care Delivery

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CANP CALIFORNIA ASSOCIATION FOR NURSE PRACTITIONERS

Power in Practice

Objectives

1. Define what a nurse practitioner is and their future role within the health care delivery system.
2. Describe California's BRN regulatory model of practice for nurse practitioners and standardized procedure requirements.
3. Identify various national certification examinations offered in nurse practitioner practice and populations described in the APRN Consensus Model.
4. Describe the process for applying for a DEA license and NPI number as nurse practitioners and requirements for practice.
5. Discuss and understand the importance of securing professional liability insurance and its implications for NP practice.
6. Discuss contract negotiations strategies for self-employment, independent contracted employment, or employee hire.

Disclosures

- Speakers have no financial disclosures to claim.

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Future NP Role in Health Care Delivery

"A Nurse Practitioner is a nurse who is qualified to treat certain medical conditions without the direct supervision of a doctor" (Webster Dictionary).

American Association of Nurse Practitioners (AANP) defines nurse practitioner as "NPs assess patients, order and interpret diagnostic tests, make diagnoses and initiate and manage treatment plans—including prescribing medications".

Future NP Role in Health Care Delivery

History of Healthcare

- ✓ FDR (1935) – Social Security Act
- ✓ Loretta Ford (1965) – first NP program
- ✓ LBJ (1966) – Medicare
- ✓ Barak Obama (2010) – Affordable Care Act
- ✓ Institute of Medicine (2011) – Full Practice
- ✓ Veteran's Administration (2016) – Proposed Rule
- ✓ Federal Trade Commission (2018) – Letter to Potus

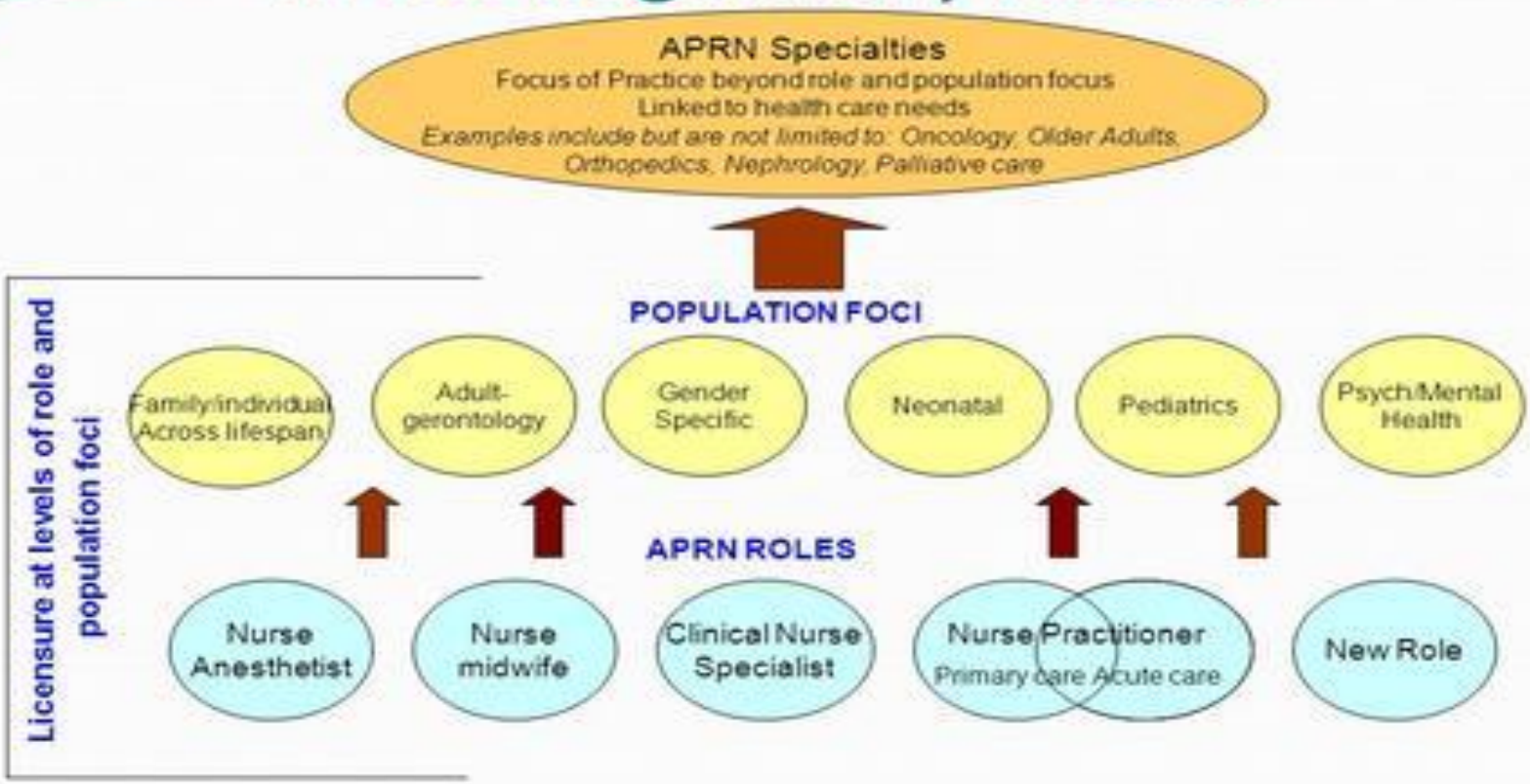
Regulatory Model and Standardized Procedures-CA

- ✓ Licensed by BRN – NP
- ✓ Licensed by BRN – Furnishing Number
- ✓ Required work under Standardized Procedures (CCR § 1485)
- ✓ NPs work under collaboration with a physician
- ✓ Supervision by phone

National Certification Exams/APRN Consensus Model

- ✓ American Nurses Credentialing Center (ANCC)
- ✓ American Association of Nurse Practitioners (AANP)
- ✓ National Council State Boards of Nursing (NCSBN)
- ✓ APRN Regulation includes the essential elements: licensure, accreditation, certification and education (LACE).

APRN Regulatory Model



Regulation Changes Approved by OAL

https://www.rn.ca.gov/pdfs/regulations/order_1480-1486.pdf

- **Specialty certifications** offered nationally by AANP (i.e., ENP)

CA Furnishing Number

- Prescriptive Authority in State Statutes & Regulation
- B&P Code Section 2836.1
- BRN-issued “Furnishing Number” and Application

  https://www.rn.ca.gov/pdfs/regulations/npr-i-16pdf
- Consistent with Standardized Procedure & Formulary Requirements
- B&P Section 2836.1 (c) (1)

  https://www.rn.ca.gov/pdfs/regulations/bp4018.pdf

NPI Number

- All Individuals and Organizations who meet the definition of health care provider as described at 45 CFR 160.103 are eligible to obtain a National Provider Identifier, or **NPI**.

- If you are a HIPAA covered provider or if you are a health care provider/supplier who bills Medicare for your services, you **need an NPI**.

https://nppes.cms.hhs.gov/#/

National Plan & Provider and Enumeration System

https://npiregistry.cms.hhs.gov/

NPPES NPI Resigtry

NPI Numbers

- The National Provider Identifier (NPI) is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard.

- The NPI is a unique identification number for covered health care providers. Covered health care providers and all health plans and health care clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA.

- The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions.

- As outlined in the Federal Regulation, The Health Insurance Portability and Accountability Act of 1996 (HIPAA), covered providers must also share their NPI with other providers, health plans, clearinghouses, and any entity that may need it for billing purposes.

https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand/

https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/CMS10114.pdf

DEA License & Number

- Requirements for Practice (New Applications Form 224)
- Schedule of Drugs & Classes
- CA: 2, 2N, 3, 3N, 4, 5 Prescribe, Dispense, Administer **NOTE:** 2 **Requires Continuing Education**

https://www.deadiversion.usdoj.gov/drugreg/practioners/index.html

Scheduled Classes

- **Schedule I substances (1):** The substances in this schedule are those that have no accepted medical use in the United States and have a high abuse potential. Some examples are heroin, marihuana, LSD, MDMA, peyote.

- **Schedule II/IIN substances (2/2N):** The substances in this schedule have a high abuse potential with severe psychic or physical dependence liability. Schedule II controlled substances consist of certain narcotic, stimulant and depressant drugs.

- **Examples of Schedule II narcotic controlled substances are:** opium, morphine, codeine, hydromorphone (Dilaudid), methadone, pantopon, meperidine (Demerol), and hydrocodone (Vicodin®). Examples of Schedule IIN non-narcotic would be Amphetamine, Methamphetamine, Nabilone.

Scheduled Classes

- **Schedule III/IIIN substances (3/3N):** The substances listed in this schedule have an abuse potential less than those in Schedules I and II, and include compounds containing limited quantities of certain narcotic drugs (Schedule 3) and non-narcotic drugs (Schedule 3N) such as: codeine (Tylenol with Codeine), derivatives of babituric acid except those listed in another schedule, nalorphine, benzphetamine, chlorphentermine, clortemine, phendimetrazine, paregoric and any compound, mixture, preparation or suppository dosage form containing amobarbital, secobarbital or pentobarbital.

- **Examples of Schedule III narcotics include:** products containing not more than 90 milligrams of codeine per dosage unit (Tylenol with Codeine®), and buprenorphine (Suboxone®). Examples of Schedule IIIN non-narcotics include: benzphetamine (Didrex®), phendimetrazine, ketamine, and anabolic steroids such as Depo®-Testosterone.

Scheduled Classes

- **Schedule IV substances (4):** The substances in this schedule have an abuse potential less than those listed in Schedule III and include such drugs as: barbital, phenobarbital, chloral hydtrate, clorazepate (Tranxene), alprazolam (Xanax), Quazepam (Dormalin).

- **Schedule V substances (5):** The substances in this schedule have an abuse potential less than those listed in Schedule IV and consist primarily of preparations containing limited quantities of certain narcotic and stimulant drugs generally for antitussive, antidiarrheal and analgesic purposes. Some examples are buprenorphine and propylhexedrine.

DEA Links and Forms

- **Registration:** New Applications *Form 224*

https://apps.deadiversion.usdoj.gov/webforms/jsp/regapps/common/newAppLogin.jsp

- **Practitioner's Manual:**

https://www.deadiversion.usdoj.gov/pubs/manuals/pract/index.html

- **MLP Authorization by State:**

https://www.deadiversion.usdoj.gov/drugreg/practioners/index.html

- **Fees: $731 every 3 Years**

- **Fee-Exempt Registrants:** (*7%* or 96K individual/institutional registrants): A hospital or other institution that is operated by an agency of the United States, of any State, or any political subdivision or an agency thereof or an individual who is required to obtain a registration in order to carry out his/her duties as an official of a federal or State agency is also exempt from registration fees.

New Controlled Substance Prescription Form

- **Serial Number Requirement**

- Effective January 1, 2019 Assembly Bill 1753 (Low, 2018) will require an additional improvement to controlled substance security prescription forms: the addition of a unique serialized number to each form in a format approved by the Department of Justice (DOJ).

https://www.rn.ca.gov/

https://oag.ca.gov/security-printers

CURES 2.0

CARA Legislation for Addiction Management

- Comprehensive Addiction and Recovery Act (CARA) signed in to law in 2016

- CARA authorizes qualified nurse practitioners (NPs) and physician assistants (PAs) to become waivered to prescribe buprenorphine in office-based settings for patients with opioid use disorder (OUD) for a five-year period expiring in October 2021.

https://www.aanp.org/advocacy/recent-legislative-changes/comprehensive-addiction-and-recovery-act-cara

CARA Requirements to Qualify NPs/PAs in OUD Tx

- Be aware of any state law regarding the treatment of addiction or OUD
- Be licensed under state law to prescribe schedule III, IV or V medications for pain
- Complete **no less than 24 hours** of appropriate education through a qualified provider (18 hours of pharmacology credit)
- Through other training or experience, demonstrate the ability to treat and manage OUD
- If required by state law, be supervised or work in collaboration with a **qualified** physician to prescribe medications for the treatment of OUD
- Waiver credit form application: https://www.samhsa.gov/medication-assisted-treatment/training-materials-resources/qualify-np-pa-waivers

Chaptered bill AB 2760 : Naloxone for Prescribers

- AB 2760 **(Chapter 324).** Wood. Prescription drugs: prescribers: naloxone hydrochloride and other FDA-approved drugs. **Effective January 1, 2019**

https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201720180AB2760

- Prescribers must provide a prescription for naloxone hydrochloride or another drug approved by the United States Food and Drug Administration for the complete or partial reversal of opioid depression to a patient as follows:

- If a patient use of 90 or more morphine milligram equivalents of an opioid medication per day

- An opioid medication is prescribed concurrently with a prescription for benzodiazepine

- A patient presents with an increased risk for overdose, including a patient with a history of overdose, a patient with a history of substance use disorder, or a patient at risk for returning to a high dose of opioid medication to which the patient is no longer tolerant.

- Provide education to patients receiving a prescription under paragraph (1) on overdose prevention and the use of naloxone hydrochloride or another drug approved by the United States Food and Drug Administration for the complete or partial reversal of opioid depression, or to one or more persons designated by the patient, or, for a patient who is a minor, to the minor's parent or guardian.

- Failure to provide the above will result in referral to the appropriate licensing board solely for the imposition of administrative sanctions deemed appropriate by that board.

AB 1753: Unique Serial Number

- With the passage of Assembly Bill (AB) 1753 during the last legislative session, beginning **January 1, 2019**, prescription forms for controlled substances must be printed with a **unique serial number to help standardize the tracking of the prescription pads**.

https://oag.ca.gov/cures

- California law requires prescribers of any Schedule II through V controlled substance to obtain and use tamper-resistant prescription forms ordered **only from state-approved security printers**.

- To order tamper-resistant prescription forms, please refer to the Approved List of Security Prescription Printers for vendors authorized by the DOJ and their contact information.

Professional Liability Insurance

- Why is professional liability insurance important and necessary?
- Should I carry professional liability insurance as a student?
- Should I obtain professional liability insurance when my employer has coverage? Personal versus Employer Coverage? Licensure protection and what you do “on the job”
- Who provides professional liability insurance for nurses, APRNs?

QUESTIONS TO ASK YOURSELF

Do I Need Professional Liability Insurance?

How comfortable do I feel with my level of risk?

How likely am I to be sued by a disgruntled client?

Do I have the ability to pay legal costs without it?

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NSO

- Nurse Practitioner Claim Report: 4th Edition, A Guide to Identifying and Addressing Professional Liability Exposures

https://aonaffinity.blob.core.windows.net/affinitytemplate-dev/media/nso/images/documents/cna_cls_np_101917_cf_prod_sec.pdf

- This Nurse Practitioner Claim Report released by NSO and CNA, reports that the average cost to defend a malpractice lawsuit against a nurse practitioner is $60,034.

- Failure to diagnose is the most frequent malpractice allegation asserted against nurse practitioners [32.8%] of all malpractice claims

- Failure to diagnose cancer and failure to diagnose infections account for [50%] of failure to diagnose allegations.

- Risk Control Self Assessment Checklist for NPs

https://aonaffinity.blob.core.windows.net/affinitytemplate-dev/media/nso/risk-education/x-12916-1017-w.pdf

nso nurses service organization℠

https://www.nso.com/selection?refID=iiWW2PPi

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How *Best* to Contract & Negotiate as a NP

Contract Negotiations & Strategies

AANP: Conversation to agreement (Understand what value do you bring?)

https://www.aanp.org/practice/practice-management/employment-negotiations

- How is your position paid (salary vs. hourly rate): Understand salary averages for the position you are seeking.
- What are the expectations of productivity in the practice (patients seen per day, etc.?)
- Services provided and practice charges (how is this captured in your NP value?) What is your net worth to the practice? This can assist you in how you contract an exempt or non-exempt salary.
- Will you need to “take call” ; round on patients? What’s the % time required?
- What are the benefits and compensation (Base salary, plus?) Health, vacation, sick/bereavement, CE reimbursement, private med-mal, disability, professional association membership, licensures/required certifications/compliance, and so forth.

Contract Negotiations Resources & Articles

Brown, L. A., & Dolan, C. (2016). Employment contract basics for the nurse practitioner. *The Journal for Nurse practitioners, 12*(2), e45–e51. https://doi.org/10.1016/j.nurpra.2015.11.026

Buppert, C. (2018). *Nurse practitioner's business practice and legal guide* (6th ed.). Burlington, MA: Jones & Bartlett Learning.

Dilllon, D., & McLean Hoyson (2014). Beginning employment: A guide for the new nurse practitioner. *The Journal for Nurse Practitioners, 10*(1),55-59.

https://www.npjournal.org/article/S1555-4155(13)00589-8/pdf

Thank YOU

QUESTIONS