

1 **ADVANCED PRACTICE REGISTERED NURSE**

2 **MODIFICATIONS**

3 2004 GENERAL SESSION

4 STATE OF UTAH

5 **Sponsor: Peter C. Knudson**

7 **LONG TITLE**

8 **General Description:**

9 This bill enacts the Advanced Practice Registered Nurse Compact and makes
10 modifications to related provisions dealing with advanced practice registered nurses.

11 **Highlighted Provisions:**

12 This bill:

13 ▶ enacts a compact that ensures and encourages the cooperation of party states in the
14 areas of APRN licensure/authority to practice and regulation, including promotion
15 of uniform licensure requirements;

16 ▶ provides, under the compact, for the recognition, limitation, and revoking of
17 multistate advanced practice privileges;

18 ▶ provides an application process, under the compact, for APRN licensure/authority to
19 practice in a party state;

20 ▶ provides, under the compact, for adverse action affecting the multistate advanced
21 practice privilege;

22 ▶ grants authority to the Division of Occupational and Professional Licensing, under
23 the compact, to recover costs resulting from adverse actions taken against an APRN
24 and issue cease and desist orders;

25 ▶ provides, under the compact, for participation in a cooperative effort to create a
26 coordinated licensure information system of all APRNs; and

27 ▶ repeals licensure by endorsement as an advanced practice registered nurse.



28 **Monies Appropriated in this Bill:**

29 None

30 **Other Special Clauses:**

31 This bill takes effect on July 1, 2004.

32 **Utah Code Sections Affected:**

33 AMENDS:

34 **58-31b-302**, as last amended by Chapter 290, Laws of Utah 2002

35 ENACTS:

36 **58-31d-101**, Utah Code Annotated 1953

37 **58-31d-102**, Utah Code Annotated 1953

38 **58-31d-103**, Utah Code Annotated 1953

39 REPEALS:

40 **58-31b-307**, as enacted by Chapter 288, Laws of Utah 1998



42 *Be it enacted by the Legislature of the state of Utah:*

43 Section 1. Section **58-31b-302** is amended to read:

44 **58-31b-302. Qualifications for licensure or registration -- Criminal background**
45 **checks.**

46 (1) An applicant for licensure as a licensed practical nurse shall:

47 (a) submit to the division an application in a form prescribed by the division;

48 (b) pay to the division a fee determined under Section 63-38-3.2;

49 (c) have a high school diploma or its equivalent;

50 (d) be in a condition of physical and mental health that will permit the applicant to
51 practice safely as a licensed practical nurse;

52 (e) have completed an approved practical nursing education program or an equivalent
53 as determined by the board;

54 (f) have passed the examinations as required by division rule made in collaboration
55 with the board; and

56 (g) meet with the board, if requested, to determine the applicant's qualifications for
57 licensure.

58 (2) An applicant for licensure as a registered nurse shall:

- 59 (a) submit to the division an application form prescribed by the division;
- 60 (b) pay to the division a fee determined under Section 63-38-3.2;
- 61 (c) have a high school diploma or its equivalent;
- 62 (d) be in a condition of physical and mental health that will allow the applicant to
- 63 practice safely as a registered nurse;
- 64 (e) have completed an approved registered nursing education program;
- 65 (f) have passed the examinations as required by division rule made in collaboration
- 66 with the board; and
- 67 (g) meet with the board, if requested, to determine the applicant's qualifications for
- 68 licensure.
- 69 (3) Applicants for licensure as an advanced practice registered nurse shall:
- 70 (a) submit to the division an application on a form prescribed by the division;
- 71 (b) pay to the division a fee determined under Section 63-38-3.2;
- 72 (c) be in a condition of physical and mental health which will allow the applicant to
- 73 practice safely as an advanced practice registered nurse;
- 74 (d) hold a current registered nurse license in good standing issued by the state or be
- 75 qualified at the time for licensure as a registered nurse;
- 76 (e) have earned a graduate degree in an advanced practice registered nurse nursing
- 77 education program or a related area of specialized knowledge as determined appropriate by the
- 78 division in collaboration with the board;
- 79 (f) have completed course work in patient assessment, diagnosis and treatment, and
- 80 pharmacotherapeutics from an education program approved by the division in collaboration
- 81 with the board;
- 82 (g) have successfully completed clinical practice in psychiatric and mental health
- 83 nursing, including psychotherapy as defined by division rule, after completion of the masters
- 84 degree required for licensure, to practice within the psychiatric and mental health nursing
- 85 specialty;
- 86 (h) have passed the examinations as required by division rule made in collaboration
- 87 with the board;
- 88 (i) be currently certified by a program approved by the division in collaboration with
- 89 the board and submit evidence satisfactory to the division of the certification; and

90 (j) meet with the board, if requested, to determine the applicant's qualifications for
91 licensure.

92 (4) An applicant for licensure as a certified registered nurse anesthetist shall:

93 (a) submit to the division an application on a form prescribed by the division;

94 (b) pay to the division a fee determined under Section 63-38-3.2;

95 (c) be in a condition of physical and mental health which will allow the applicant to
96 practice safely as a certified registered nurse anesthetist;

97 (d) hold a current registered nurse license in good standing issued by the state or be
98 qualified at the time for licensure as a registered nurse;

99 (e) complete a nurse anesthesia program which is approved by the Council on
100 Accreditation of Nurse Anesthesia Educational Programs;

101 (f) be currently certified by a program approved by the division in collaboration with
102 the board and submit evidence satisfactory to the division of the certification; and

103 (g) meet with the board, if requested, to determine the applicant's qualifications for
104 licensure.

105 (5) An applicant for registration as a health care assistant shall:

106 (a) submit an application in a form prescribed by the division;

107 (b) pay a fee determined by the department under Section 63-38-3.2;

108 (c) certify in writing that he is free from any physical, mental, or emotional condition
109 that will or may reasonably be expected to prevent the applicant from practicing as a health
110 care assistant in compliance with this chapter; and

111 (d) may not, within five years immediately prior to application, have any substantiated
112 allegations of abuse, neglect, or misappropriation of client property listed against him on the
113 certified nurse assistant registry maintained by the State Office of Education or on a similar
114 registry maintained in another state in compliance with 42 CFR 483.156.

115 (6) An applicant for licensure or registration under this chapter:

116 (a) (i) shall submit fingerprint cards in a form acceptable to the division at the time the
117 license application is filed and shall consent to a fingerprint background check by the Utah
118 Bureau of Criminal Identification and the Federal Bureau of Investigation regarding the
119 application; and

120 (ii) the division shall request the Department of Public Safety to complete a Federal

121 Bureau of Investigation criminal background check for each applicant through the national
122 criminal history system (NCIC) or any successor system; and

123 (b) if convicted of one or more felonies, must receive an absolute discharge from the
124 sentences for all felony convictions five or more years prior to the date of filing an application
125 for licensure or registration under this chapter.

126 (7) For purposes of conducting the criminal background checks required in Subsection
127 (6), the division shall have direct access to criminal background information maintained
128 pursuant to Title 53, Chapter 10, Part 2, Bureau of Criminal Identification.

129 (8) (a) (i) Any new nurse license or health care assistant registration issued under this
130 section shall be conditional, pending completion of the criminal background check.

131 (ii) If the criminal background check discloses the applicant has failed to accurately
132 disclose a criminal history, the license or registration shall be immediately and automatically
133 revoked.

134 (b) (i) Any person whose conditional license or registration has been revoked under
135 Subsection (8)(a) shall be entitled to a postrevocation hearing to challenge the revocation.

136 (ii) The hearing shall be conducted in accordance with Title 63, Chapter 46b,
137 Administrative Procedures Act.

138 Section 2. Section **58-31d-101** is enacted to read:

139 **CHAPTER 31d. ADVANCED PRACTICE REGISTERED NURSE COMPACT**
140 **58-31d-101. Title.**

141 This chapter is known as the "Advanced Practice Registered Nurse Compact."

142 Section 3. Section **58-31d-102** is enacted to read:

143 **58-31d-102. Advanced Practice Registered Nurse Compact.**

144 The Advanced Practice Registered Nurse Compact is hereby enacted and entered into
145 with all other jurisdictions that legally join in the compact, which is, in form, substantially as
146 follows:

147 Advanced Practice Registered Nurse Compact

148 ARTICLE I

149 Findings and Declaration of Purpose

150 (1) The party states find that:

151 (a) the health and safety of the public are affected by the degree of compliance with

152 APRN licensure/authority to practice requirements and the effectiveness of enforcement
153 activities related to state APRN licensure/authority to practice laws;

154 (b) violations of APRN licensure/authority to practice and other laws regulating the
155 practice of nursing may result in injury or harm to the public;

156 (c) the expanded mobility of APRNs and the use of advanced communication
157 technologies as part of our nation's health care delivery system require greater coordination and
158 cooperation among states in the areas of APRN licensure/authority to practice and regulation;

159 (d) new practice modalities and technology make compliance with individual state
160 APRN licensure/authority to practice laws difficult and complex;

161 (e) the current system of duplicative APRN licensure/authority to practice for APRNs
162 practicing in multiple states is cumbersome and redundant to both APRNs and states;

163 (f) uniformity of APRN requirements throughout the states promotes public safety and
164 public health benefits; and

165 (g) access to APRN services increases the public's access to health care, particularly in
166 rural and underserved areas.

167 (2) The general purposes of this compact are to:

168 (a) facilitate the states' responsibilities to protect the public's health and safety;

169 (b) ensure and encourage the cooperation of party states in the areas of APRN
170 licensure/authority to practice and regulation, including promotion of uniform licensure
171 requirements;

172 (c) facilitate the exchange of information between party states in the areas of APRN
173 regulation, investigation, and adverse actions;

174 (d) promote compliance with the laws governing APRN practice in each jurisdiction;
175 and

176 (e) invest all party states with the authority to hold an APRN accountable for meeting
177 all state practice laws in the state in which the patient is located at the time care is rendered
178 through the mutual recognition of party state licenses.

179 ARTICLE II

180 Definitions

181 As used in this compact:

182 (1) "Advanced practice registered nurse" or "APRN" means a nurse anesthetist; nurse

183 practitioner; nurse midwife; or clinical nurse specialist to the extent a party state licenses or
184 grants authority to practice in that APRN role and title.

185 (2) "Adverse action" means a home or remote state disciplinary action.

186 (3) "Alternative program" means a voluntary, nondisciplinary monitoring program
187 approved by a licensing board.

188 (4) "APRN Licensure/Authority to Practice" means the regulatory mechanism used by
189 a party state to grant legal authority to practice as an APRN.

190 (5) "APRN Uniform Licensure/Authority to Practice Requirements" means those
191 minimum uniform licensure, education, and examination requirements as agreed to by the
192 compact administrators and adopted by licensing boards for the recognized APRN role and
193 title.

194 (6) "Coordinated licensure information system" means an integrated process for
195 collecting, storing, and sharing information on APRN licensure/authority to practice and
196 enforcement activities related to APRN licensure/authority to practice laws, which is
197 administered by a nonprofit organization composed of and controlled by state licensing boards.

198 (7) "Current significant investigative information" means:

199 (a) investigative information that a licensing board, after a preliminary inquiry that
200 includes notification and an opportunity for the APRN to respond if required by state law, has
201 reason to believe is not groundless and, if proved true, would indicate more than a minor
202 infraction; or

203 (b) investigative information that indicates that the APRN represents an immediate
204 threat to public health and safety regardless of whether the APRN has been notified and had an
205 opportunity to respond.

206 (8) "Home state" means the party state that is the APRN's primary state of residence.

207 (9) "Home state action" means any administrative, civil, equitable, or criminal action
208 permitted by the home state's laws which are imposed on an APRN by the home state's
209 licensing board or other authority including actions against an individual's license/authority to
210 practice such as: revocation, suspension, probation, or any other action which affects an
211 APRN's authorization to practice.

212 (10) "Licensing board" means a party state's regulatory body responsible for issuing
213 APRN licensure/authority to practice.

214 (11) (a) "Multistate advanced practice privilege" means current authority from a remote
215 state permitting an APRN to practice in that state in the same role and title as the APRN is
216 licensed/authorized to practice in the home state to the extent that the remote state laws
217 recognize such APRN role and title.

218 (b) A remote state has the authority, in accordance with existing state due process laws,
219 to take actions against the APRN's privilege, including revocation, suspension, probation, or
220 any other action that affects an APRN's multistate privilege to practice.

221 (12) "Party state" means any state that has adopted this compact.

222 (13) "Prescriptive authority" means the legal authority to prescribe medications and
223 devices as defined by party state laws.

224 (14) "Remote state" means a party state, other than the home state:

225 (a) where the patient is located at the time APRN care is provided; or

226 (b) in the case of APRN practice not involving a patient, in the party state where the
227 recipient of APRN practice is located.

228 (15) "Remote state action" means:

229 (a) any administrative, civil, equitable, or criminal action permitted by a remote state's
230 laws which are imposed on an APRN by the remote state's licensing board or other authority,
231 including actions against an individual's multistate advanced practice privilege in the remote
232 state; and

233 (b) cease and desist and other injunctive or equitable orders issued by remote states or
234 the licensing boards of those states.

235 (16) "State" means a state, territory, or possession of the United States.

236 (17) (a) "State practice laws" means a party state's laws and regulations that govern
237 APRN practice, define the scope of advanced nursing practice including prescriptive authority,
238 and create the methods and grounds for imposing discipline.

239 (b) State practice laws do not include the requirements necessary to obtain and retain
240 APRN licensure/authority to practice as an APRN, except for qualifications or requirements of
241 the home state.

242 (18) "Unencumbered" means that a state has no current disciplinary action against an
243 APRN's license/authority to practice.

244 ARTICLE III

245 General Provisions and Jurisdiction

246 (1) All party states shall participate in the Nurse Licensure Compact for registered
247 nurses and licensed practical/vocational nurses in order to enter into the APRN Compact.

248 (2) No state shall enter the APRN Compact until the state adopts, at a minimum, the
249 APRN Uniform Licensure/Authority to Practice Requirements for each APRN role and title
250 recognized by the state seeking to enter the APRN Compact.

251 (3) (a) APRN Licensure/Authority to practice issued by a home state to a resident in
252 that state will be recognized by each party state as authorizing a multistate advanced practice
253 privilege to the extent that the role and title are recognized by each party state.

254 (b) To obtain or retain APRN licensure/authority to practice as an APRN, an applicant
255 must meet the home state's qualifications for authority or renewal of authority as well as all
256 other applicable state laws.

257 (4) (a) The APRN multistate advanced practice privilege does not include prescriptive
258 authority, and does not affect any requirements imposed by states to grant to an APRN initial
259 and continuing prescriptive authority according to state practice laws.

260 (b) A party state may grant prescriptive authority to an individual on the basis of a
261 multistate advanced practice privilege to the extent permitted by state practice laws.

262 (5) (a) A party state may, in accordance with state due process laws, limit or revoke the
263 multistate advanced practice privilege in the party state and may take any other necessary
264 actions under the party state's applicable laws to protect the health and safety of the party state's
265 citizens.

266 (b) If a party state takes action, the party state shall promptly notify the administrator of
267 the coordinated licensure information system.

268 (c) The administrator of the coordinated licensure information system shall promptly
269 notify the home state of any such actions by remote states.

270 (6) (a) An APRN practicing in a party state must comply with the state practice laws of
271 the state in which the patient is located at the time care is provided.

272 (b) The APRN practice includes patient care and all advanced nursing practice defined
273 by the party state's practice laws.

274 (c) The APRN practice will subject an APRN to the jurisdiction of the licensing board,
275 the courts, and the laws of the party state.

276 (7) (a) Individuals not residing in a party state may apply for APRN licensure/authority
277 to practice as an APRN under the laws of a party state.

278 (b) The authority to practice granted to these individuals will not be recognized as
279 granting the privilege to practice as an APRN in any other party state unless explicitly agreed to
280 by that party state.

281 ARTICLE IV

282 Applications for APRN Licensure/Authority to Practice in a Party State

283 (1) (a) Once an application for APRN licensure/authority to practice is submitted, a
284 party state shall ascertain, through the Coordinated Licensure Information System, whether:

285 (i) the applicant has held or is the holder of a nursing license/authority to practice
286 issued by another state;

287 (ii) the applicant has had a history of previous disciplinary action by any state;

288 (iii) an encumbrance exists on any license/authority to practice; and

289 (iv) any other adverse action by any other state has been taken against a
290 license/authority to practice.

291 (b) This information may be used in approving or denying an application for APRN
292 licensure/authority to practice.

293 (2) An APRN in a party state shall hold APRN licensure/authority to practice in only
294 one party state at a time, issued by the home state.

295 (3) (a) An APRN who intends to change primary state of residence may apply for
296 APRN licensure/authority to practice in the new home state in advance of the change.

297 (b) New licensure/authority to practice will not be issued by a party state until after an
298 APRN provides evidence of change in primary state of residence satisfactory to the new home
299 state's licensing board.

300 (4) When an APRN changes primary state of residence by:

301 (a) moving between two party states, and obtains APRN licensure/authority to practice
302 from the new home state, the APRN licensure/authority to practice from the former home state
303 is no longer valid;

304 (b) moving from a nonparty state to a party state, and obtains APRN licensure/authority
305 to practice from the new home state, the individual state license issued by the nonparty state is
306 not affected and will remain in full force if so provided by the laws of the nonparty state;

307 (c) moving from a party state to a nonparty state, the APRN licensure/authority to
308 practice issued by the prior home state converts to an individual state license, valid only in the
309 former home state, without the multistate licensure privilege to practice in other party states.

310 ARTICLE V

311 Adverse Actions

312 In addition to the general provisions described in Article III, the following provisions
313 apply:

314 (1) (a) The licensing board of a remote state shall promptly report to the administrator
315 of the coordinated licensure information system any remote state actions including the factual
316 and legal basis for the action, if known.

317 (b) The licensing board of a remote state shall also promptly report any significant,
318 current investigative information yet to result in a remote state action.

319 (c) The administrator of the coordinated licensure information system shall promptly
320 notify the home state of any such reports.

321 (2) (a) The licensing board of a party state shall have the authority to complete any
322 pending investigations for an APRN who changes primary state of residence during the course
323 of those investigations.

324 (b) It shall also have the authority to take appropriate action, and shall promptly report
325 the conclusions of the investigations to the administrator of the coordinated licensure
326 information system.

327 (c) The administrator of the coordinated licensure information system shall promptly
328 notify the new home state of the actions.

329 (3) (a) A remote state may take adverse action affecting the multistate advanced
330 practice privilege to practice within that party state.

331 (b) Only the home state shall have the power to impose adverse action against the
332 APRN licensure/authority to practice issued by the home state.

333 (4) (a) For purposes of imposing adverse action, the licensing board of the home state
334 shall give the same priority and effect to reported conduct received from a remote state as it
335 would if that conduct had occurred within the home state.

336 (b) In so doing, it shall apply its own state laws to determine appropriate action.

337 (5) The home state may take adverse action based on the factual findings of the remote

338 state, so long as each state follows its own procedures for imposing the adverse action.

339 (6) (a) Nothing in this compact shall override a party state's decision that participation
340 in an alternative program may be used in lieu of adverse action and that the participation shall
341 remain nonpublic if required by the party state's laws.

342 (b) Party states must require APRNs who enter any alternative programs to agree not to
343 practice in any other party state during the term of the alternative program without prior
344 authorization from the other party state.

345 (7) (a) All home state licensing board disciplinary orders, agreed or otherwise, which
346 limit the scope of the APRN's practice or require monitoring of the APRN as a condition of the
347 order, shall include the requirements that the APRN will limit the APRN's practice to the home
348 state during the pendency of the order.

349 (b) This requirement may allow the APRN to practice in other party states with prior
350 written authorization from both the home state and party state licensing boards.

351 ARTICLE VI

352 Additional Authorities Invested in Party State Licensing Boards

353 Notwithstanding any other powers, party state licensing boards shall have the authority
354 to:

355 (1) if otherwise permitted by state law, recover from the affected APRN the costs of
356 investigations and disposition of cases resulting from any adverse action taken against that
357 APRN;

358 (2) (a) issue subpoenas for both hearings and investigations, which require the
359 attendance and testimony of witnesses, and the production of evidence;

360 (b) subpoenas issued by a licensing board in a party state for the attendance and
361 testimony of witnesses, and/or the production of evidence from another party state shall be
362 enforced in the latter state by any court of competent jurisdiction, according to the practice and
363 procedure of that court applicable to subpoenas issued in proceedings pending before it;

364 (c) the issuing authority shall pay any witness fees, travel expenses, mileage, and other
365 fees required by the service statutes of the state where the witnesses or evidence or both are
366 located;

367 (3) issue cease and desist orders to limit or revoke an APRN's privilege or
368 licensure/authority to practice in their state; and

369 (4) promulgate uniform rules and regulations as provided for in Article VIII (3).

370 ARTICLE VII

371 Coordinated Licensure Information System

372 (1) (a) All party states shall participate in a cooperative effort to create a coordinated
373 database of all APRNs.

374 (b) This system will include information on the APRN licensure/authority to practice
375 and disciplinary history of each APRN, as contributed by party states, to assist in the
376 coordination of APRN licensure/authority to practice and enforcement efforts.

377 (2) Notwithstanding any other provision of law, all party states' licensing boards shall
378 promptly report adverse actions, actions against multistate advanced practice privileges, any
379 current significant investigative information yet to result in adverse action, denials of
380 applications, and the reasons for those denials to the coordinated licensure information system.

381 (3) Current significant investigative information shall be transmitted through the
382 coordinated licensure information system only to party state licensing boards.

383 (4) Notwithstanding any other provision of law, all party states' licensing boards
384 contributing information to the coordinated licensure information system may designate
385 information that may not be shared with nonparty states or disclosed to other entities or
386 individuals without the express permission of the contributing state.

387 (5) Any personally identifiable information obtained by a party state's licensing board
388 from the coordinated licensure information system may not be shared with nonparty states or
389 disclosed to other entities or individuals except to the extent permitted by the laws of the party
390 state contributing the information.

391 (6) Any information contributed to the coordinated licensure information system that is
392 subsequently required to be expunged by the laws of the party state contributing that
393 information shall also be expunged from the coordinated licensure information system.

394 (7) The compact administrators, acting jointly with each other and in consultation with
395 the administrator of the coordinated licensure information system, shall formulate necessary
396 and proper procedures for the identification, collection, and exchange of information under this
397 compact.

398 ARTICLE VIII

399 Compact Administration and Interchange of Information

400 (1) The head of the licensing board, or his or her designee, of each party state shall be
401 the administrator of this compact for his or her state.

402 (2) The compact administrator of each party state shall furnish to the compact
403 administrator of each other party state any information and documents including, but not
404 limited to, a uniform data set of investigations, identifying information, licensure data, and
405 disclosable alternative program participation information to facilitate the administration of this
406 compact.

407 (3) (a) Compact administrators shall have the authority to develop uniform rules to
408 facilitate and coordinate implementation of this compact.

409 (b) These uniform rules shall be adopted by party states, under the authority invested
410 under Article VI (4).

411 ARTICLE IX

412 Immunity

413 (1) No party state or the officers or employees or agents of a party state's licensing
414 board who acts in accordance with the provisions of this compact shall be liable on account of
415 any act or omission in good faith while engaged in the performance of their duties under this
416 compact.

417 (2) Good faith in this article shall not include willful misconduct, gross negligence, or
418 recklessness.

419 ARTICLE X

420 Entry into Force, Withdrawal, and Amendment

421 (1) (a) This compact shall enter into force and become effective as to any state when it
422 has been enacted into the laws of that state.

423 (b) Any party state may withdraw from this compact by enacting a statute repealing the
424 compact, but no withdrawal shall take effect until six months after the withdrawing state has
425 given notice of the withdrawal to the executive heads of all other party states.

426 (2) No withdrawal shall affect the validity or applicability by the licensing boards of
427 states remaining party to the compact of any report of adverse action occurring prior to the
428 withdrawal.

429 (3) Nothing contained in this compact shall be construed to invalidate or prevent any
430 APRN licensure/authority to practice agreement or other cooperative arrangement between a

431 party state and a nonparty state that is made in accordance with the other provisions of this
432 compact.

433 (4) (a) This compact may be amended by the party states.

434 (b) No amendment to this compact shall become effective and binding upon the party
435 states unless and until it is enacted into the laws of all party states.

436 ARTICLE XI

437 Construction and Severability

438 (1) (a) This compact shall be liberally construed so as to effectuate its purposes.

439 (b) The provisions of this compact shall be severable and if any phrase, clause,
440 sentence, or provision of this compact is declared to be contrary to the constitution of any party
441 state or of the United States or its applicability to any government, agency, person, or
442 circumstance is held invalid, the validity of the remainder of this compact and its applicability
443 to any government, agency, person, or circumstance shall not be affected thereby.

444 (c) If this compact shall be held contrary to the constitution of any state party to the
445 compact, the compact shall remain in full force and effect as to the remaining party states and
446 in full force and effect as to the party state affected as to all severable matters.

447 (2) (a) In the event party states find a need for settling disputes arising under this
448 compact, the party states may submit the issues in dispute to an arbitration panel which will be
449 comprised of an individual appointed by the compact administrator in the home state, an
450 individual appointed by the compact administrator in the remote state involved, and an
451 individual mutually agreed upon by the compact administrators of all the party states involved
452 in the dispute.

453 (b) The decision of a majority of the arbitrators shall be final and binding.

454 Section 4. Section **58-31d-103** is enacted to read:

455 **58-31d-103. Rulemaking authority -- Enabling provisions.**

456 (1) The division may adopt rules necessary to implement Section 58-31d-102.

457 (2) As used in Article VIII (1) of the Advanced Practice Registered Nurse Compact,
458 "head of the licensing board" means the executive administrator of the Utah Board of Nursing.

459 (3) For purposes of the Advanced Practice Registered Nurse Compact, "APRN" as
460 defined in Article II (1) of the compact includes an individual who is licensed to practice under
461 Subsection 58-31b-302(2)(d) as an advanced practice registered nurse.

462 (4) An APRN practicing in this state under a multistate licensure privilege may only be
463 granted prescriptive authority if that individual can document completion of graduate level
464 course work in the following areas:

- 465 (a) advanced health assessment;
- 466 (b) pharmacotherapeutics; and
- 467 (c) diagnosis and treatment.

468 (5) (a) An APRN practicing in this state under a multistate privilege who seeks to
469 obtain prescriptive authority must:

- 470 (i) meet all the requirements of Subsection (4) and this Subsection (5); and
- 471 (ii) be placed on a registry with the division.

472 (b) To be placed on a registry under Subsection (5)(a)(ii), an APRN must:

- 473 (i) submit a form prescribed by the division;
- 474 (ii) pay a fee; and
- 475 (iii) if prescribing a controlled substance:

476 (A) obtain a controlled substance license as required under Section 58-37-6; and

477 (B) if prescribing a Schedule II or III controlled substance, have a consultation and
478 referral plan with a physician licensed in Utah as required under Subsection
479 58-31b-102(16)(c)(iii).

480 Section 5. **Repealer.**

481 This bill repeals:

482 Section **58-31b-307, Licensure by endorsement.**

483 Section 6. **Effective date.**

484 This bill takes effect on July 1, 2004.

Legislative Review Note

as of 1-7-04 1:00 PM

A limited legal review of this legislation raises no obvious constitutional or statutory concerns.

Office of Legislative Research and General Counsel

Fiscal Note
Bill Number SB0107

Advanced Practice Registered Nurse Modifications

26-Jan-04

12:09 PM

State Impact

No fiscal impact.

Individual and Business Impact

No fiscal impact.

Office of the Legislative Fiscal Analyst