

# Proposed Rulemaking

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Title

Promulgated by:  
Arkansas State Board of Nursing

## **Title 17. Professions, Occupations, and Businesses**

### **Chapter XXII. Arkansas State Board of Nursing, Department of Health**

#### **Subchapter A. Generally**

#### **Part 123. Advanced Practice Registered Nurse**

#### **Subpart 1. Scope of Practice**

##### **17 CAR § 123-101. Scope of practice.**

(a) The advanced practice registered nurse shall practice in a manner consistent with the definition of the practice of advanced practice registered nursing set forth in Arkansas Code § 17-87-102(4) – (8) and in accordance with the scope of practice defined by the appropriate national certifying body and the standards set forth in this part.

(b) The advanced practice registered nurse (APRN) may provide health care for which:

- (1) The APRN is educationally prepared; and
- (2) Competence has been attained and maintained.

#### **Subpart 2. Licensure**

##### **17 CAR § 123-201. Qualifications for licensure.**

(a) Advanced practice registered nurse (APRN) licensure shall be designated in one (1) of the four (4) roles below and at least one (1) population focus:

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- (1) Family/individual across the lifespan;
- (2) Adult-gerontology;
- (3) Neonatal;
- (4) Pediatrics;
- (5) Women's health/gender-related; or
- (6) Psychiatric/mental health.

(b) A current, unencumbered registered nurse license to practice in Arkansas is required for all categories of advanced practice licensure.

(c) Effective January 1, 2003, all applicants for advanced practice licensure by examination shall have completed a graduate or post-graduate level advanced practice registered nursing education program.

(d) Applicants for advanced practice licensure by endorsement shall have met the educational and certification requirements set forth in Arkansas State Board of Nursing rules at the time of their initial licensure as an advanced practice registered nurse in another jurisdiction.

(e) APRN roles and their respective qualifications are:

(1) Certified nurse practitioner:

(A) Successful completion of a nationally accredited graduate or post-graduate APRN education program that prepares nurses for the advanced practice role of nurse practitioner; and

(B) Hold current certification by a national certifying body recognized by the board in the APRN role and population foci appropriate for educational preparation;

(2) Certified registered nurse anesthetist:

(A) Successful completion of a nationally accredited graduate or postgraduate APRN education program that prepares nurses to perform as nurse anesthetists; and

(B) Hold current certification by a national certifying body recognized by the board in the APRN role and population foci appropriate for educational preparation;

(3) Certified nurse midwife:

(A) Successful completion of a nationally accredited graduate or postgraduate APRN education program that prepares nurses for the advanced practice role of nurse midwife; and

(B) Hold current certification by a national certifying body recognized by the board in the APRN role and population foci appropriate for educational preparation; and

(4) Clinical nurse specialist:

(A) Successful completion of a nationally accredited graduate or postgraduate APRN education program that prepares nurses for the advanced practice role of clinical nurse specialist, which shall include supervised clinical practice and classroom instruction in a nursing clinical practice specialty; and

(B) Hold current certification by a national certifying body recognized by the board in the APRN role and population foci appropriate for educational preparation.

**17 CAR § 123-202. Eligibility.**

The applicant shall meet the licensure requirements of the Arkansas State Board of Nursing, including a valid United States Social Security number or has been issued a federal Form I-766 United States Citizenship and Immigration Services-issued Employment Authorization Document.

**17 CAR § 123-203. Application for licensure by examination.**

In addition to a current registered nurse license to practice in Arkansas, the information submitted to the Arkansas State Board of Nursing shall include:

(1) A completed board application form;

(2) Verification of active practice of nursing as a registered nurse for a minimum of two thousand (2,000) hours, effective July 1, 2019;

(3)(A) An official transcript or document from a nursing education program accredited by a nursing accrediting body that:

(i) Is recognized by the United States Secretary of Education and/or Council for Higher Education Accreditation, as acceptable by the board; and

(ii) Meets the qualifications of 17 CAR § 123-201 in the category of advanced practice nursing for which the applicant is seeking licensure.

(B) The transcript or document shall verify:

(i) The date of graduation;

(ii) The degree or certificate conferred;

(iii) Clinical hours completed; and

(iv) The role and population focus of the education program;

(4) Evidence of state and federal criminal background checks conducted by the Division of Arkansas State Police and the Federal Bureau of Investigation completed no earlier than twelve (12) months prior to the application for advanced practice licensure;

(5) Verification of certification directly from the board-approved national certifying body evidencing current certification in good standing; and

(6) Payment of the nonrefundable fee.

**17 CAR § 123-204. Application for licensure by endorsement.**

(a) The Arkansas State Board of Nursing may issue a license by endorsement to an APRN licensed under the laws of another state if, in the opinion of the board, the applicant meets the qualifications for licensure in this state.

(b) In addition to the requirements set forth in 17 CAR §§ 123-201 – 123-203, the information submitted to the board shall include documentation of current unencumbered advanced practice licensure/authority to practice in another jurisdiction.

(c) An individual applying for licensure by endorsement who has been out of practice for more than two (2) years shall provide evidence of passing an APRN nursing refresher course approved by the board or an extensive orientation, which shall include a minimum of two hundred (200) hours, in the appropriate advanced practice role and population focus that includes a supervised clinical component by a qualified preceptor who meets the following requirements:

(1) Holds an active unencumbered APRN or physician license;

(2) Is in current practice in the advanced role and population focus; and

(3) Functions as a supervisor and teacher and evaluates the individual's performance in the clinical setting.

**17 CAR § 123-205. Application for an internationally educated APRN (educated outside the United States).**

An internationally educated applicant for licensure in this state as an APRN shall:

(1) Graduate from a graduate-level APRN program equivalent to an APRN educational program in the United States accepted by the Arkansas State Board of Nursing;

(2) Submit an official transcript directly from the international nursing education program and verified through a qualified credentials evaluation process for the license being sought; and

(3) Meet all other licensure criteria required of applicants educated in the United States, including English proficiency.

**17 CAR § 123-206. Temporary permits.**

(a) Upon application and payment of the required fee, the Arkansas State Board of Nursing shall issue a nonrenewable temporary permit to practice in an advanced practice nursing category to a qualified applicant who has no violations as listed in Arkansas Code § 17-3-102 on the Division of Arkansas State Police criminal background check and:

(1) Meets the educational requirements set forth in 17 CAR § 123-201 and has been accepted by the appropriate certification body to sit for the national certification exam he or she is eligible to take; or

(2) Has a current advanced practice registered nurse license or the equivalent from another jurisdiction and has current board-approved certification in the appropriate advanced practice nursing education category.

(b) The temporary permit shall immediately become invalid upon:

(1) Receipt of information obtained from the federal criminal background check indicating any offense listed in Arkansas Code § 17-3-102; or

(2) Notification to the applicant or board of failure of the certification examination.

(c) The temporary permit is not renewable and does not apply to prescriptive authority.

(d) In no event shall the permit be valid in excess of six (6) months.

**17 CAR § 123-207. Renewals.**

(a) The date for renewal of licensure to practice as an advanced practice registered nurse shall coincide with renewal of the applicant's registered nurse license.

(b) An applicant for renewal of an advanced practice registered nurse license shall submit to the Arkansas State Board of Nursing:

(1) A completed board renewal application form;

(2) Documentation of current national certification in the appropriate APRN specialty through a maintenance program of a board-approved certifying body;

(3) Documentation of current compact state RN licensure if primary state of residence has enacted the Interstate Nurse Licensure Compact; and

(4) Payment of the nonrefundable renewal fee.

(c) Advanced practice registered nurses with prescriptive authority who do not have full practice authority shall submit evidence of a current collaborative practice agreement as a prerequisite to license renewal.

(d) A certified nurse practitioner or clinical nurse specialist who has been granted full independent practice authority shall apply for renewal of the full independent practice authority certificate every three (3) years.

(e) If disciplinary proceedings have been initiated against an individual with a lapsed, inactive, or retired license, the license shall not be renewed until the proceedings have been completed.

(f) Continuing education submitted to the certifying body to meet the qualifications for recertification shall be accepted as meeting the statutory requirement for continuing education.

(g) Upon request, an APRN shall submit documentation to the board of continuing education.

(h)(1) APRNs with prescriptive authority shall complete five (5) contact hours of pharmacotherapeutics continuing education in the APRN's area of certification each biennium prior to license renewal.

(2) Two (2) of the five (5) hours must contain information related to:

(A) Maintaining professional boundaries; and

(B) The prescribing rules and laws that apply to APRNs in the State of Arkansas.

(i) Pursuant to Acts 2017, No. 204, upon notification of active duty status and submission of appropriate documentation, the license renewal fee will be waived for members of the military.

**17 CAR § 123-208. Lapsed APRN license.**

(a) The license is lapsed if not renewed or placed on inactive status by the expiration date.

(b) The license is lapsed if the RN license or privilege to practice in Arkansas is not current.

(c) The license is lapsed when the national certification upon which licensure was granted expires.

(d) Failure to receive the renewal notice at the last address of record in the Arkansas State Board of Nursing office shall not relieve the licensee of the responsibility for renewing the license by the expiration date.

(e) Any licensee whose license has lapsed shall submit to the board:

(1) A completed board renewal application form;

(2) Documentation of current national certification; and

(3) The renewal fee and the reinstatement fee/late penalty.

(f) Fees submitted to the board are nonrefundable.

(g) Any person engaged in advanced practice nursing during the time his or her license has lapsed shall be:

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- (1) Considered an illegal practitioner; and
- (2) Subject to the penalties provided for violation of the Nurse Practice Act.

**17 CAR § 123-209. Reinstatement of APRN license.**

(a) An individual who applies for licensure reinstatement who has been out of practice for more than two (2) years shall provide evidence of passing an APRN refresher course approved by the Arkansas State Board of Nursing or an extensive orientation, which shall include a minimum of two hundred (200) hours, in the appropriate advanced practice role and population focus that includes a supervised clinical component by a qualified preceptor who meets the following requirements:

- (1) Holds an active unencumbered APRN or physician license;
- (2) Is in current practice in the advanced role and population focus; and
- (3) Functions as a supervisor and teacher and evaluates the individual's performance in the clinical setting.

(b) For those licensees applying for licensure reinstatement following disciplinary action, compliance with all board licensure requirements as well as any specified requirements set forth in the board's discipline order is required.

**17 CAR § 123-210. Inactive status.**

(a) Any licensee who desires to temporarily inactivate their advanced practice registered nurse license in this state shall submit a request to the Arkansas State Board of Nursing.

(b) The APRN license may immediately be placed on inactive status when the registered nurse license is placed on inactive status.

(c) While the license is inactive, the licensee shall not:

- (1) Engage in advanced practice nursing; or
- (2) Be subject to the payment of renewal fees.

(d) If the APRN desires to resume practice in this state, he or she shall:

- (1) Submit a reinstatement application; and
- (2) Meet the continuing education requirements.

**17 CAR § 123-211. Retired advanced practice registered nurse.**

(a) Any advanced practice registered nurse in good standing who desires to retire for any length of time from the practice of nursing in this state shall submit a request, and their APRN license shall be placed on retired status.

(b)(1) While retired, the APRN shall not practice advanced practice nursing.

(2) However, an APRN with a retired license may use the title "advanced practice registered nurse" or the abbreviation "APRN".

(3) Retired APRNs that maintain an active RN or RNP license may practice in the role of a registered nurse or registered nurse practitioner.

(c)(1) When the licensee desires to resume practice, he or she shall submit a reinstatement application with a reinstatement fee and the active renewal fee.

(2) The licensee must also meet those requirements outlined in 17 CAR § 123-207.

(d) When disciplinary proceedings have been initiated against a retired licensee, the license shall not be reinstated until the proceedings have been completed.

**17 CAR § 123-212. Additional certifications.**

(a) An APRN who has completed post-master's education for an additional nursing specialty shall:

(1) Submit a request for permission to practice in the new certification area;

(2) Submit evidence of eligibility to sit for the new certification exam from the Arkansas State Board of Nursing-approved certifying body;

(3) Immediately cease practicing in the specialty upon notification of failure of the exam;

(4) Submit results of the certification in the additional specialty directly from the certifying body; and

(5) Submit an official transcript or document from a nursing education program that meets the qualifications in 17 CAR § 123-201 verifying the date and degree or certificate conferred.

(b) An APRN who has prescriptive authority shall:

(1) Prescribe only for patients covered by the original specialty while awaiting additional specialty results; and

(2) Submit a collaborative practice agreement that includes the additional certification.

### **Subpart 3. Criminal Background Check — Name or Address Change**

#### **17 CAR § 123-301. Criminal background check.**

(a) No application for issuance of an initial license will be considered without state and federal criminal background checks by the Division of Arkansas State Police and the Federal Bureau of Investigation.

(b) Federal background checks originating within the State of Arkansas shall be submitted electronically.

(c) Each applicant shall:

(1) Sign a release of information on the criminal background check application and licensure applications; and

(2) Be solely responsible for the payment of any fees associated with the state and federal criminal background checks.

(d) Upon completion of the state and federal criminal background checks, the Identification Bureau of the Division of Arkansas State Police shall forward all information obtained concerning the applicant in the commission of any offense listed in Arkansas Code § 17-3-102.

(e) The state and federal criminal background checks conducted by the division and the Federal Bureau of Investigation shall have been completed:

(1) No earlier than twelve (12) months prior to the application for an initial license issued by the Arkansas State Board of Nursing; and

(2) At any other time thereafter that the board deems necessary.

(f) The board shall not issue a permanent license until the state and federal criminal background checks conducted by the division and the Federal Bureau of Investigation have been completed.

(g)(1) Pursuant to Acts 2019, No. 990, an individual may petition for a prelicensure determination of whether:

(A) The individual's criminal record will disqualify the individual from licensure; and

(B) A waiver may be obtained.

(2) A request for a waiver shall:

(A) Be in writing; and

(B) Accompany the completed application and fees.

(3) All decisions of the board in response to the petition will be determined by the information provided by the individual.

(4) The board's response shall state the reason or reasons for the decision.

(5) Any decision made by the board in response to a prelicensure criminal background waiver petition is not subject to appeal.

(h) A waiver of the denial of licensure pursuant to the provisions of Arkansas Code § 17-3-102 is not required for an individual who:

(1) Held a valid license on July 24, 2019;

(2) Held a valid license on or before July 24, 2019, but failed to renew his or her license for any reason; or

(3) Was a student on or before July 24, 2019, in a nursing school or program.

(i) A request to seek waiver of the denial of licensure pursuant to the provisions of Arkansas Code § 17-87-312 may be made to the board by the:

(1) Affected applicant for licensure; or

(2) Person holding a license subject to revocation.

(j)(1) The request for a waiver shall be made in writing to the Director of the Arkansas State Board of Nursing or his or her designee within thirty (30) calendar days after notification of denial of a license.

(2) The request for waiver shall include, but not be limited to the following:

- (A) Certified copy of court records indicating grounds for conviction; and
- (B) Any other pertinent documentation to indicate surrounding

circumstances.

(k) If an individual notifies the board in writing that he or she desires a hearing regarding their request for a waiver, the board will schedule the individual for a hearing pursuant to the Arkansas Administrative Procedure Act, Arkansas Code § 25-15-201 et seq.

(l) In compliance with Arkansas Code § 17-87-312, whenever a criminal background check is performed on a person under the provisions of the criminal background check requirement contained in the Arkansas Code for licensure, the person may be disqualified for licensure if it is determined that the person committed a violation of any sexual offense formerly proscribed under Arkansas Code §§ 5-14-101 – 5-14-127 that is:

- (1) Substantially equivalent to any sexual offense presently listed in Arkansas Code §§ 5-14-101 – 5-14-127; and
- (2) An offense screened for in a criminal background check.

**17 CAR § 123-302. Name or address change.**

(a) A licensee whose name is legally changed shall submit:

- (1) A name change request;
- (2) A copy of marriage license or court action; and
- (3) The required fee.

(b) A licensee whose mailing, residential, or email address or telephone number changes from the address or number on file with the Arkansas State Board of Nursing shall immediately notify the board in writing of the change.

**Subpart 4. Standards of Nursing Practice**

**17 CAR § 123-401. Purpose.**

(a) To establish standards essential for safe practice by the advanced practice registered nurse.

(b) To serve as a guide for evaluation of advanced nursing practice.

**17 CAR § 123-402. Standards for all categories of advanced practice registered nursing.**

(a) The advanced practice registered nurse shall:

- (1) Assess clients at an advanced level;
- (2) Identify health status, including abnormal conditions;
- (3) Establish a diagnosis;
- (4) Develop and implement treatment plans; and
- (5) Evaluate client outcomes.

(b) The advanced practice registered nurse shall use advanced knowledge and skills in teaching and guiding clients and other health team members.

(c) The advanced practice registered nurse shall use critical thinking and decision making at an advanced level, commensurate with the autonomy, authority, and responsibility of his or her practice category.

(d) The advanced practice registered nurse shall:

- (1) Have knowledge of the statutes and rules governing advanced nursing practice; and
- (2) Function within the legal boundaries of the appropriate advanced practice registered nursing category.

(e) The advanced practice registered nurse is authorized to sign the following official documents:

- (1) Certification of disability for patients to receive disabled parking permits or placards from the Office of Motor Vehicle;
- (2) Sports physicals to authorize student athletes to participate in athletic activities;
- (3) Physicals for bus drivers;
- (4) Forms relating to do-not-resuscitate orders;

(5) Forms excusing a potential jury member due to an illness;

(6) (A) Death certificate;

(B) APRNs who are employed by the attending hospice, may pronounce death and complete and sign death certificates and pronounce death for a patient:

(i) Who is terminally ill;

(ii) Whose death is anticipated;

(iii) Who is receiving hospice services from a hospice program certified under Arkansas Code § 20-7-117; and

(iv) Who dies in a hospice inpatient program or as a hospice patient in a nursing home or hospital.

(C) APRNs may pronounce death and sign death certificates and pronounce death in a hospital setting if:

(i) The APRN has been given authority by the medical staff of the hospital; and

(ii) A physician, other than an emergency department physician, is not immediately available.

(7) Workers' compensation forms;

(8) Forms relating to absenteeism for employment or school purposes; and

(9) Authorizations for durable medical equipment, including, but not limited to:

(A) Orthotics;

(B) Prosthetics, or

(C) Diabetic shoes or inserts.

(f) The advanced practice registered nurse shall recognize the APRN's limits of knowledge and experience, planning for situations beyond expertise and collaborating with or referring clients to other healthcare providers as appropriate.

(g) The advanced practice registered nurse shall retain professional accountability for advanced practice nursing care when delegating interventions.

(h) (1) The advanced practice registered nurse may delegate certain nursing tasks to qualified and trained unlicensed healthcare workers or those otherwise authorized by state law to perform the nursing task.

(2) Training for unlicensed healthcare workers shall include:

- (A) Medication fundamentals;
- (B) Safety;
- (C) Communication and documentation;
- (D) Medication administration;
- (E) Ethical and legal issues; and
- (F) a practicum.

(3) In the administrations of medications, tasks may be delegated to unlicensed healthcare workers which include:

- (A) Those that frequently occur in the routine care of a stable patient;
- (B) Those performed according to an established sequence of steps;
- (C) Those that do not involve modification in the patient's plan of care;
- (D) Those that may be performed with a predictable outcome; and
- (E) Those that do not inherently involve:
  - (i) Ongoing assessment;
  - (ii) Interpretation; or
  - (iii) Decision-making.

(4) Delegation to unlicensed healthcare workers shall include:

- (A) Administration of medications and immunizations that do not require specialized judgement and skill based on knowledge and application of the principles of biological, physical, and social sciences as determined by the board; and
- (B) Phlebotomy.

(5) Unlicensed healthcare workers shall have documented training and ongoing competency assessment prior to delegation by the APRN.

(6) Delegation to unlicensed healthcare workers shall only occur in ambulatory care settings.

(7) Unlicensed healthcare workers shall administer medications under an APRN's delegation in the following drug classes:

- \_\_\_\_\_ (A) Allergy immunotherapy;
- \_\_\_\_\_ (B) Analgesics;
- \_\_\_\_\_ (C) Antibiotics;
- \_\_\_\_\_ (D) Antiemetics
- \_\_\_\_\_ (E) Antihistamines;
- \_\_\_\_\_ (F) Bronchodilators;
- \_\_\_\_\_ (G) Immunizations;
- \_\_\_\_\_ (H) Injectable contraceptives;
- \_\_\_\_\_ (I) Nonsteroidal anti-inflammatory drugs (NSAIDS);
- \_\_\_\_\_ (J) Steroids; or
- \_\_\_\_\_ (K) Vitamins.

(8) Unlicensed healthcare workers shall only administer medications under an APRN's delegation by the following routes:

- \_\_\_\_\_ (A) Oral;
- \_\_\_\_\_ (B) Topical;
- \_\_\_\_\_ (C) Drops for eye, ear, or nose;
- \_\_\_\_\_ (D) Transdermal;
- \_\_\_\_\_ (E) Inhalation;
- \_\_\_\_\_ (F) Rectal;
- \_\_\_\_\_ (G) Subcutaneous; or
- \_\_\_\_\_ (F) Intramuscular.

(9) Unlicensed healthcare workers shall not administer controlled substances or medications needed in an emergency.

(10) The APRN shall remain on the premises and immediately available whenever unlicensed healthcare workers are administering medications or immunizations.

(h.i) The advanced practice registered nurse shall maintain current knowledge and skills in the advanced practice nursing category.

(i) Rules that apply to registered nurses are hereby incorporated by reference.

(j)(1) The APRN shall comply with the standards for registered nurses as specified in General Provisions, 17 CAR pt. 120.

(2) Standards for a specific role and population focus of APRN supersede standards for registered nurses where conflict between the standards, if any, exists.

**17 CAR § 123-403. National certifying body standards.**

(a) In addition to the standards, the advanced practice registered nurse shall practice in accordance with the standards established by the national certifying body from which the APRN holds his or her certification required for licensure.

(b) These standards shall have been reviewed and accepted by the Arkansas State Board of Nursing.

**17 CAR § 123-404. Additional standards for CRNAs.**

(a) The CRNA, acting in the normal course of his or her professional practice, may be authorized by a hospital or institution to act as their agent or employee to order the administration of controlled substances under the Drug Enforcement Administration registration of the hospital or institution.

(b) The CRNA may order nurses to administer drugs preoperatively and/or postoperatively in connection with an anesthetic and/or other operative or invasive procedure that will be or has been provided.

(c) The CRNA may select, obtain, and administer Schedule II drugs only during the perioperative, peri-obstetrical, and medical procedure period.

(d) The CRNA's order shall be directly related to the administration of drugs preoperatively and/or postoperatively in connection with an anesthetic and/or other operative or invasive procedure that will be or has been provided.

(e) A CRNA who has not been granted authority by a Drug Enforcement Administration registrant as described in 21 C.F.R. § 1301.22 or its successor to order the administration of controlled substances shall give all orders as verbal orders from the supervising:

- (1) Physician;
- (2) Dentist;
- (3) Podiatrist; or
- (4) Other person lawfully entitled to order anesthesia.

(f) The CRNA shall be responsible for complying with all applicable state and federal laws and rules related to medications.

(g)(1) The consulting individual shall remain immediately available for consultation during the delivery of anesthesia for diagnosis, consultation, and treatment of medical conditions.

(2) The hospital's administrative staff, medical staff, and governing body shall determine the guidelines on "immediately available for consultation".

(h) CRNAs shall not delegate the administration of anesthesia.

## **Subpart 5. Professional Certification Programs**

### **17 CAR § 123-501. Professional certification programs.**

(a) A national certification program that meets the following criteria shall be recognized by the Arkansas State Board of Nursing to satisfy 17 CAR § 123-201.

(b) The national certification program:

- (1) Is national in the scope of its credentialing;
- (2) Is accredited by a national accreditation body as acceptable by the board;
- (3) Has no requirement for an applicant to be a member of any organization;
- (4) Has an application process and credential review that includes

documentation that the applicant's:

(A) Education is in the advanced practice nursing category being certified;

and

(B) Clinical practice is in the certification category;

(5) Education requirements are consistent with the requirements of the advanced practice role and population foci;

(6) Uses an examination as a basis for certification in the advanced practice nursing category that meets the following criteria:

(A) The examination is based upon job analysis studies conducted using standard methodologies acceptable to the testing community;

(B) The examination represents entry-level practice in the APRN role and population focus;

(C) The examination represents the knowledge, skills, and abilities essential for the delivery of safe and effective advanced nursing care to clients;

(D) The examination content and its distribution are specified in a test plan (blueprint), based on the job analysis study, that is available to examinees;

(E) Examination items are reviewed for content validity and correct scoring using an established mechanism, both before use and periodically;

(F) Examinations are evaluated for psychometric performance;

(G) The passing standard is:

(i) Established using acceptable psychometric methods; and

(ii) Reevaluated at least every five (5) years;

(H) Examination security is maintained through established procedures;

and

(I) A retake policy is in place;

(7) Issues certification based upon passing the examination and meeting all other certification requirements;

(8) Provides for periodic recertification, which includes review of:

(A) Continued education;

(B) Qualifications; and

(C) Continued competence;

(9) Has mechanisms in place for communication to the board for timely verification of an individual's certification status, changes in certification status, and changes in the certification program, including:

(A) Qualifications;

(B) Test plan; and

(C) Scope of practice; and

(10) Has an evaluation process to provide quality assurance in its certification program.

(c) The board will notify the appropriate certifying body when an APRN has disciplinary action taken on their license or privilege to practice that restricts the APRN's ability to practice (e.g., suspension or revocation).

## **Subpart 6. Prescriptive Authority**

### **17 CAR § 123-601. Initial applicant.**

An applicant for an initial certificate of prescriptive authority shall:

(1) Be currently licensed as an advanced practice registered nurse in Arkansas;

(2) Provide evidence from the national certifying body that differential diagnosis and prescribing practices are recognized as being within the scope of practice for the applicant's certification category;

(3)(A) Provide documentation of successful completion of pharmacology coursework, which shall include:

(i) Pharmacokinetics principles and their clinical application; and

(ii) The prescription of pharmacological agents in the:

(a) Prevention and treatment of illness; and

(b) Restoration and maintenance of health.

(B) The coursework shall contain a minimum of:

(i) A three (3) graduate credit hour pharmacology course offered by an accredited college or university within two (2) years immediately prior to the date of application to the Arkansas State Board of Nursing;

(ii) Forty-five (45) contact hours (a contact hour is fifty (50) to sixty (60) minutes) in a pharmacology course that includes a competency component, offered by an accredited college or university, within two (2) years immediately prior to the date of application to the board; or

(iii) A three (3) graduate credit hour pharmacology course, included as part of an advanced practice nursing education program, within five (5) years immediately prior to the date of application to the board;

(4)(A) Provide documentation of a minimum of three hundred (300) clock hours preceptorial experience in the prescription of drugs, medicines, and therapeutic devices with a qualified preceptor, to be:

- (i) Initiated with the pharmacology course; and
- (ii) Completed within one (1) year of the beginning of the course.

(B) Preceptorial experience completed as a part of the formal educational program in which the pharmacology course is taught will meet the three hundred (300) clock hour requirement;

(5)(A) Submit a collaborative practice agreement, unless exempt by 17 CAR § 123-701 et seq., with a practicing physician who is licensed under the Arkansas Medical Practices Act, Arkansas Code § 17-95-201 et seq., § 17-95-301 et seq., and § 17-95-401 et seq., or a podiatrist licensed by the Arkansas Board of Podiatric Medicine under Arkansas Code § 17-96-101 et seq., if employed by the podiatrist, and who has training within the scope, specialty, or expertise of the advanced practice registered nurse.

(B) APRNs who will prescribe controlled substances shall seek a collaborative practice with a physician or podiatrist who has an unrestricted Drug Enforcement Administration registration number.

(C) The collaborative practice agreement shall include, but not be limited to:

(i) Availability of the collaborating physician, physicians, or podiatrist for consultation or referral, or both;

(ii) Methods of management of the collaborative practice, which shall include the use of protocols for prescriptive authority;

(iii) Plans for coverage of the healthcare needs of a client in the emergency absence of the:

(a) Advanced practice registered nurse;

(b) Podiatrist; or

- (c) Physician;
  - (iv) Provision for quality assurance;
  - (v) Authorization for the APRN to prescribe hydrocodone combination products, which were reclassified from Schedule III to Schedule II as of October 6, 2014, if expressly authorized by the collaborating physician;
  - (vi) Authorization for the APRN to prescribe drugs listed in Schedule II subject to the provisions in 17 CAR § 123-604 if expressly authorized by the collaborating physician or podiatrist; and
  - (vii) Signatures of the advanced practice registered nurse and collaborating physician, physicians, or podiatrist, signifying mutual agreement to the terms of the collaborative practice; and
- (6) Submit the nonrefundable processing fee with the application for a certificate of prescriptive authority.

**17 CAR § 123-602. Endorsement applicant.**

- (a) An applicant for endorsement of prescriptive authority shall:
- (1) Provide documentation of a:
    - (A) Three (3) graduate credit hour pharmacology course offered by an accredited college or university; or
    - (B) Forty-five (45) contact hour (a contact hour is fifty (50) to sixty (60) minutes) pharmacology course that includes a competency component offered by an accredited college or university;
  - (2) Provide evidence that prescriptive authority is current and unencumbered in the jurisdiction from which the applicant is moving;
  - (3) Provide evidence of prescribing in a clinical setting for at least five hundred (500) hours in the year prior to application for a certificate of prescriptive authority;
  - (4) Have an unencumbered advanced practice registered nurse license to practice or the equivalent in the jurisdiction from which the applicant is moving;

(5) Provide a copy of current Drug Enforcement Administration registration (if prescriber has a Drug Enforcement Administration number) and history of registration status; and

(6) Meet requirements in 17 CAR § 123-601(1), (2), and (5) – (7).

(b) Endorsement applicants who do not meet all requirements established herein shall be required to submit documentation acceptable to the Arkansas State Board of Nursing according to 17 CAR § 123-601.

**17 CAR § 123-603. Protocols for prescriptive authority.**

(a) Protocols are required for all APRNs practicing under a collaborative practice agreement.

(b) Protocols shall be made available upon request of the Arkansas State Board of Nursing.

(c) Such protocols shall, at a minimum, include:

(1) Indications for and classifications of legend drugs, controlled substances (if prescriber holds a Drug Enforcement Administration registration number), and therapeutic devices that will be prescribed or administered by the APRN; and

(2) Date the protocol was adopted or last reviewed, which shall be at least annually.

**17 CAR § 123-604. Prescribing privileges.**

(a) The APRN, applying for a certificate of prescriptive authority, shall:

(1) Acknowledge in the application that he or she is familiar with all state and federal laws and rules regarding prescribing; and

(2) Agree to comply with these laws and rules.

(b)(1) An advanced practice registered nurse with a certificate of prescriptive authority may receive and prescribe legend drugs, medicines, or therapeutic devices appropriate to the APRN's area of practice.

(2) The prescriptive authority for controlled drugs shall extend to:

(A) Drugs listed in Schedules II – V; and

(B) Hydrocodone combination products, which were reclassified from Schedule III to Schedule II as of October 6, 2014.

(c) Prescribing stipulations are as follows:

(1) Legend drugs, therapeutic devices, controlled substances (Schedules II–V), and hydrocodone combination products, which were reclassified from Schedule III to Schedule II as of October 6, 2014, will be prescribed, administered, or ordered as established in protocols provided that the APRN has an assigned Drug Enforcement Administration registration number that is entered on each written prescription for a controlled substance;

(2) Except as provided below, the APRN shall provide a prescription for an opioid antagonist when prescribing or dispensing an opioid when the patient doesn't have an existing prescription for an opioid antagonist and:

(A) The opioid dosage prescribed is equal to or in excess of fifty morphine milligram equivalents (50 MME) per day;

(B) A benzodiazepine has been prescribed for the patient in the past or will be prescribed at the same time as the opioid; or

(C) The patient has a history of opioid use disorder or drug overdose;

(3) The APRN may directly or by standing order prescribe, dispense, and supply an opioid antagonist to any person authorized in Arkansas Code § 20-13-1804;

(4) The APRN shall provide patient counseling that addresses the use of an opioid antagonist for overdose prevention;

(5) Prescribing an opioid antagonist does not apply to a patient receiving hospice or other end-of-life care;

(6) If a healthcare professional does not believe that it is in the best interest of a patient to coprescribe an opioid antagonist, the APRN shall document in the medical record the reasons for not coprescribing the opioid antagonist;

(7)(A) Except for hydrocodone combination products, the APRN shall not prescribe Schedule II opioids for more than a five-day period.

(B) If additional Schedule II opioids are needed for management of pain, the patient shall be referred to a physician;

(8) (A) The APRN is authorized to prescribe Schedule II drugs that are classified as stimulants once the following criteria are met:

(A.i) The prescription was originally initiated by a physician;

(B.ii) The physician has evaluated the patient within six (6) months before the APRN issues a prescription; and

(C.iii) The prescription by the APRN is to treat the same condition as the original prescription;

(B) (i) The APRN may substitute a therapeutically equivalent medication of the drug prescribed by the physician.

(ii) If the APRN substitutes a therapeutically equivalent Schedule II stimulant medication, the APRN shall notify the physician who originally prescribed the stimulant of the substitution.

(9) The APRN shall not prescribe Schedule II controlled substances for his or her own use or for the use of his or her immediate family;

(10) The APRN shall file his or her Drug Enforcement Administration registration number with the Arkansas State Board of Nursing upon receipt;

(11) (A) Advanced practice registered nurses ~~shall not~~ may delegate to unlicensed ancillary staff the calling in of prescriptions of legend drugs to the pharmacy; ~~and~~

(B) The APRN shall not delegate the calling in of prescriptions of controlled substances to unlicensed ancillary staff; and

(12)(A) The APRN who does not have full practice authority shall notify the board in writing within seven (7) days following termination of the collaborative practice agreement.

(B) A new collaborative practice agreement is required to be on file prior to reactivating prescriptive authority.

(d)(1) The APRN who does not have full practice authority may prescribe a legend drug, medicine, or therapeutic devices not included in the written protocols only as follows:

(A) Upon a specific written or verbal order obtained from a physician or podiatrist before the prescription or order is issued by the APRN; and

(B) Include documentation of consultation as described above in the client's medical record to be signed by the APRN.

(2) Schedule I controlled substances shall not be prescribed under the APRN's certificate of prescriptive authority.

(e) The APRN shall note prescriptions on the client's medical record and include the following information:

- (1) Medication and strength;
- (2) Dose;
- (3) Amount prescribed;
- (4) Directions for use;
- (5) Number of refills; and
- (6) Initials or signature of APRN.

(f) The APRN will keep accurate records to include:

- (1) The medical history;
- (2) Physical examination;
- (3) Other evaluations and consultations;
- (4) Treatment plan objective;
- (5) Informed consent noted in the patient record;
- (6) Treatment;
- (7) Medications given;
- (8) Agreements with the patient; and
- (9) Periodic reviews.

(g)(1) The APRN will periodically review the course of scheduled drug treatment of the patient and any new information about etiology of the pain.

(2) If the patient has not improved, the APRN may assess the appropriateness of:

(A) Continued prescribing of scheduled medications or dangerous drugs;

or

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(B) Trial of other modalities.

(h) The APRN will:

(1) Obtain written informed consent from those patients he or she is concerned may abuse controlled substances; and

(2) Discuss the risks and benefits of the use of controlled substances with:

(A) The patient; or

(B) His or her guardian or authorized representatives.

(i) Advanced practice registered nurses in the category of certified registered nurse anesthetists shall not be required to have prescriptive authority to provide anesthesia care, including the administration of drugs or medicines necessary for such care.

(j) Advanced practice registered nurses who prescribe prior to obtaining a certificate of prescriptive authority shall be:

(1) Considered illegal practitioners; and

(2) Subject to the penalties provided for violation of the Nurse Practice Act.

(k) (1) The APRN may purchase compounded products from an outsourcing facility for administration in the practice setting.

(2) The APRN shall not pick up or deliver medications to patients per 17 CAR §160-1005 except where otherwise allowed by rule or statute.

### **17 CAR § 123-605. Prescription format.**

(a) All prescriptions issued by the APRN shall:

(1) Contain the name of the client and the APRN's:

(A) Name;

(B) Title;

(C) Address;

(D) Telephone number; and

(E) Signature with the initials "APRN"; and

(2) Include information contained in 17 CAR § 123-604(e).

(b)(1) All prescriptions for controlled substances shall be in accordance with federal rules.

(2) The APRN's assigned Drug Enforcement Administration registration number shall be included on the prescription when a controlled substance is prescribed.

**17 CAR § 123-606. Receiving prepackaged drug samples.**

(a) APRNs who have an active prescriptive authority certificate may receive legend drug samples and therapeutic devices appropriate to their area of practice, including controlled substances contained in Schedules III – V and only hydrocodone combination products, which were reclassified from Schedule III to Schedule II as of October 6, 2014, that have been prepared, packaged, or fabricated by a pharmaceutical manufacturer in accordance with the Arkansas pharmacy laws and rules.

(b) Records must comply with all applicable federal and state laws and rules.

**17 CAR § 123-607. Termination of prescriptive authority.**

(a) Prescriptive authority may be terminated by the Arkansas State Board of Nursing when the prescriber:

(1) Fails to maintain current active licensure as an advanced practice registered nurse;

(2) Violates provisions of this Act and/or rules established by the Department of Health, Arkansas State Board of Nursing, or Arkansas State Board of Pharmacy;

(3) Violates any state or federal law or rules applicable to prescriptions; or

(4) Fails to follow any conditions imposed.

(b) To reinstate prescriptive authority, the APRN must meet requirements of the Arkansas State Board of Nursing at the time of reinstatement.

**17 CAR § 123-608. Lapsed certificate of prescriptive authority.**

(a) The certificate of prescriptive authority is lapsed if:

(1) The licensee's active advanced practice registered nurse license is not renewed by the expiration date;

(2) The national certification upon which licensure is based expires;

(3) The advanced practice license is placed on inactive or retired status; or

(4) There is not a current collaborative practice agreement, if required, on file with the Arkansas State Board of Nursing.

(b) Any person engaged in prescribing during the time his or her certificate of prescriptive authority has lapsed shall be:

- (1) Considered an illegal practitioner; and
- (2) Subject to the penalties provided for violation of the Nurse Practice Act.

**17 CAR § 123-609. Inactive status.**

(a) A certificate of prescriptive authority will automatically be considered lapsed and subject to the requirements of this part when a licensee places his or her advanced practice registered nurse license on inactive status.

(b) While the certificate of prescriptive authority or advanced practice registered nurse license is inactive, the licensee shall not engage in any practice within the scope of the certificate of prescriptive authority.

(c)(1) If the nurse desires to resume practice in this state, he or she shall request a renewal application, which shall be completed and submitted with a renewal fee and the reinstatement fee.

(2) Fees are nonrefundable.

(d) All certification requirements for renewal shall apply.

(e) If disciplinary proceedings on an inactive licensee have been initiated, the license shall not be reinstated until the proceedings have been completed.

**17 CAR § 123-610. Reactivation of prescriptive authority.**

(a) APRNs whose prescriptive authority is inactive shall complete five (5) contact hours of pharmacotherapeutics continuing education in the APRN's area of certification for each twelve (12) months of nonprescribing activity in addition to the five (5) contact hours required for APRN license renewal, as noted in 17 CAR § 123-207(h), prior to reactivation of prescriptive authority.

(b) Two (2) contact hours shall include information on:

- (1) Maintaining professional boundaries; and

(2) The prescribing rules and laws that apply to APRNs in the state of Arkansas.

**17 CAR § 123-611. Prescription Drug Monitoring Program.**

(a) APRNs may delegate access to the Prescription Drug Monitoring Program for running requested reports.

(b) APRNs with prescriptive authority shall review the report from the program prior to prescribing:

(1) An opioid from Schedule II or Schedule III every time prescribing the medication to a patient;

(2) A benzodiazepine medication for the first time and every six (6) months thereafter prescribing for a patient; and

(3) A stimulant from Schedule II for the first time and every six (6) months thereafter prescribing for a patient.

(c) Review of the program report shall be documented in the patient's medical record.

(d) Mandatory checking of the program does not apply when prescribing a controlled substance to a patient:

(1) Immediately before or during surgery;

(2) During recovery from surgery while in a healthcare facility;

(3) In a healthcare facility;

(4) When necessary to treat a patient in an emergency situation:

(A) At the scene of an emergency;

(B) In a licensed ground ambulance or air ambulance; or

(C) In the intensive care unit of a licensed hospital;

(5) In palliative care or hospice;

(6) In a licensed nursing home facility; or

(7) In situations in which the program is not accessible due to technological or electrical failure.

## Subpart 7. Full Practice Authority

### 17 CAR § 123-701. Certified nurse midwife.

(a)—Full practice authority for certified nurse midwives means the authority to:

(1) Evaluate patients;

(2) Diagnose medical conditions;

(3) Order and interpret diagnostic tests;

(4) Initiate and manage treatment and care plans, including appropriate co-management or transfer of high-risk patients to other healthcare professionals as needed;

(5) Prescribe and administer drugs listed in Schedules III-V without a collaborative practice agreement or supervision of another healthcare professional when performing healthcare services;

(6) Admit and discharge patients from a licensed hospital if granted privileges; and

(7) Complete, sign, and submit forms for certificate of birth or death.

~~(a b)~~ A collaborative practice agreement is not required unless the certified nurse midwife prescribes Schedule II controlled substances.

~~(b c)~~(1) If delivering infants outside an accredited facility, the certified nurse midwife shall have an agreement with a licensed physician or facility, or both, that identifies an arrangement for referral and consultation in the event of a medical complication.

(2) The agreement shall be made available to the Arkansas State Board of Nursing upon request.

~~(e d)~~ A certificate of prescriptive authority shall be issued prior to prescribing any:

(1) Legend drug;

(2) Medicine; or

(3) Therapeutic device.

### 17 CAR § 123-702. Certified nurse practitioner or clinical nurse specialist.

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(a) Qualifications:

- (1) Currently be licensed as a certified nurse practitioner or clinical nurse specialist in Arkansas;
- (2) Have no encumbrance on any nursing license in any jurisdiction;
- (3) Completed a minimum of six thousand two hundred forty (6,240) hours of practice:
  - (A) Under a board-required agreement with a physician; or
  - (B) In another state, territory, or foreign country that authorizes a certified nurse practitioner or a clinical nurse specialist to practice with prescriptive authority if the certified nurse practitioner or clinical nurse specialist provides proof of licensure in good standing; and
- (4) Holds an active prescriptive authority certificate.

(b) Scope of practice:

- (1) Receive and prescribe drugs, medications, or therapeutic devices appropriate for area or areas of approved population foci; and
- (2) Prescribe legend drugs and controlled substances shall follow the provisions in 17 CAR § 123-604.

(c) An applicant for initial full independent practice authority shall submit:

- (1) An application and applicable fees;
- (2) An affidavit of successful completion of six thousand two hundred forty (6,240) hours of practice:
  - (A) Under a board-required agreement with a physician; or
  - (B) Prescribing in a full practice authority state; and
- (3) Any other relevant information requested by the Arkansas State Board of Nursing or Full Independent Practice Credentialing Committee.

(d)(1) Certificates of full independent practice authority shall be renewed every three (3) years.

(2) The applicant shall submit:

- (A) An application and applicable fees; and
- (B) Any other relevant information requested by the board or committee.

**(e) Lapsed full independent practice authority certificate.**

(1) The certificate of full independent practice authority is lapsed if the licensee's:

(A) Certificate of prescriptive authority is lapsed; or

(B) Renewal application for full independent practice authority has not been approved.

(2) The certified nurse practitioner or clinical nurse specialist may practice under a collaborative practice agreement until the full independent practice certificate is renewed.

(f) Complaints against a certified nurse practitioner or clinical nurse specialist with full independent practice authority shall be referred to the committee for review and action on the certificate of full independent practice authority.

(g) In the office of practice, the certified nurse practitioner or clinical nurse specialist shall conspicuously display the current certificate of full independent practice authority with notation the practitioner is not required to have a collaborative practice agreement with a physician.

**Subpart 8. Prescribing Guidelines for Anorexiant Drugs**

**17 CAR § 123-801. Requirements for nurses prescribing controlled substances for short-term treatment of obesity.**

(a) An advanced practice registered nurse (APRN) must maintain prescribing medication practices that are within the APRN's educational preparation and certification.

(b) An APRN will be in violation of the Arkansas Nurse Practice Act if he or she prescribes Schedule III and/or Schedule IV drugs under the Uniform Controlled Substances Act, Arkansas Code § 5-64-101 et seq., for short-term treatment of obesity, except in conformity with the requirements as set below.

**17 CAR § 123-802. Prescribing guidelines.**

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(a)(1) An established APRN–patient relationship shall exist.

(2) The patient shall:

(A) Be age eighteen (18) or older; or

(B) Have written consent from a parent or guardian.

(3) The medication shall only be an adjunct to a comprehensive weight loss program focused on:

(A) Appropriate nutrition education;

(B) A change in lifestyle;

(C) Counseling; and

(D) An individualized exercise program.

(4) The APRN shall determine whether or not the patient has made a substantial good faith effort to lose weight through diet and alteration of lifestyle prior to beginning drug therapy.

(b)(1) The treating APRN shall:

(A) Take a complete history of the patient, including a detailed family history and dietary history; and

(B) Perform a complete physical examination.

(2) The physical examination shall include a minimum of:

(A) Checking the blood pressure and pulse;

(B) Examining the heart and lungs;

(C) Recording height and weight; and

(D) Administering any other appropriate diagnostic tests to evaluate for a metabolic disorder.

(3) The history and examination shall be sufficient to determine if the patient has previously been drug dependent, to determine:

(A) If there is a metabolic cause of the obesity that would make anorexiant drugs inappropriate; and

(B) If there are other contraindications to use of anorexiant drugs exists.

(c)(1) The APRN shall discuss with the patient:

(A) Different approaches to the treatment of obesity; and

(B) The risks and benefits associated with each approach.

(2) Risks shall include potential side effects, such as cardiovascular and pulmonary complications, as well as the potential for lack of success with weight loss.

(3) The APRN shall be aware of potential drug interactions between anorexiant and other centrally acting drugs.

(4) The treating APRN shall:

(A) Prescribe a diet for weight loss and appropriate counseling regarding lifestyle change; and

(B) Record these changes on the patient's medical record.

(5) Consideration on the use of anorexiants shall take into account the degree of overweight and associated medical conditions.

(6) The body mass index (BMI) shall be used as a guide to determine the degree of overweight status.

(7) In general, anorexiants shall only be used if the BMI is more than twenty-seven (27).

(8)(A) In the case of associated obesity-related medical conditions, anorexiants may be considered with a BMI above twenty-five (25).

(B) Obesity-related medical conditions include, but are not limited to:

(i) Diabetes;

(ii) Hypertension;

(iii) Dyslipidemia;

(iv) Cardiovascular disease;

(v) Sleep apnea;

(vi) Psychological conditions;

(vii) Disc disease; and

(viii) Severe arthritis of the lower extremities.

(d) The treating APRN shall prescribe a daily dosage that does not exceed the dosage recommended in the manufacturer's prescribing information for the drug prescribed.

(e)(1) The APRN shall not prescribe more than a thirty-day supply for a patient at each visit, and regular follow-up visits shall not exceed thirty (30) days.

(2) The patient shall be weighed at each visit prior to the prescribing of an additional supply of the drug.

(f)(1) At the time of each return patient visit, the treating APRN shall monitor progress of the patient.

(2) The patient's weight, blood pressure, pulse, heart, and lungs shall be assessed.

(3) In addition to any side effects of the medications, the APRN shall perform appropriate exams and tests to monitor the safety of any weight loss.

(4) This may include:

- (A) A detailed dietary questionnaire;
- (B) Serum electrolytes;
- (C) Blood glucose; and
- (D) Other tests deemed appropriate.

(5) The APRN shall discontinue the anorexiant medications when the patient reaches weight loss goals.

(6) These goals may be defined as:

- (A) A body weight that is no longer considered "obese" (e.g., BMI of less than or equal to twenty-seven (27)); or
- (B) An improvement in medical conditions (e.g., normalization of blood glucose).

(7) After the goal is reached, the APRN may continue to prescribe anorexiant drugs for up to an additional sixty (60) days.

(g)(1) Except as otherwise provided by this part, Schedule III and/or Schedule IV anorexiant drugs are only recommended for short-term use (e.g., ninety (90) days).

(2) In addition, anorexiant drugs shall not be prescribed to a patient with a BMI of less than twenty-seven (27), unless prescribing for obesity-related conditions with a BMI of above twenty-five (25).

(3) The treating APRN may extend therapy beyond ninety (90) days under the following conditions:

(A) When the anorexiants are indicated for treatment of diseases other than obesity; and

(B) When, in the APRN's professional judgment, the treating APRN is assessing and recording significant progress or benefit from the drugs and no adverse effects occur that are related to the treatment.

## **Subpart 9. Prescriptive Authority Advisory Committee**

### **17 CAR § 123-901. Purpose.**

The purpose of the Prescriptive Authority Advisory Committee shall include functioning in an advisory capacity to assist the Arkansas State Board of Nursing with oversight and implementation of the provisions regarding prescriptive authority.

### **17 CAR § 123-902. Composition.**

(a) The Prescriptive Authority Advisory Committee shall be composed of six (6) members appointed by the Arkansas State Board of Nursing and approved by the Governor.

(b)(1) Four (4) members shall be advanced practice registered nurses with at least three (3) of whom hold certificates of prescriptive authority and an active Drug Enforcement Administration number.

(2) One (1) committee member shall be a licensed physician who has been involved in a collaborative practice with an advanced practice registered nurse for at least five (5) years.

(3) One member shall be a licensed pharmacist who has been licensed for at least five (5) years.

### **17 CAR § 123-903. Terms of office.**

(a) Members shall serve three-year terms and may be reappointed.

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(b) The Arkansas State Board of Nursing may remove any Prescriptive Authority Advisory Committee member, after notice and hearing, for:

- (1) Incapacity;
- (2) Incompetence;
- (3) Neglect of duty; or
- (4) Malfeasance in office.

**17 CAR § 123-904. Compensation.**

Prescriptive Authority Advisory Committee members shall serve without compensation but may be reimbursed to the extent special moneys are appropriated therefore for actual and necessary expenses incurred in the performance of their official Arkansas State Board of Nursing duties.

**Subpart 10. Nursing Education Programs**

**17 CAR § 123-1001. New APRN program leading to licensure — Prerequisite approval.**

(a)(1) An institution seeking to establish a new APRN nursing education program leading to licensure shall submit a letter of intent to the Arkansas State Board of Nursing.

(2) An applicant for an advanced practice registered nursing (APRN) program shall comply with the Criteria and Procedures for Preparing Proposals for New Programs established by the Division of Higher Education.

(3) Appropriate professional accreditation (nursing accrediting organizations recognized by the United States Department of Education and/or the Council for Higher Education Accreditation) of the new APRN program is considered to be deemed status as approved by the board.

(b) The institution shall submit:

(1) A copy of the curricula plan and course descriptions for board review within thirty (30) days of sending the information to the accrediting body;

- (2) Other accreditation materials as requested by the board; and
- (3) Documentation of accreditation within thirty (30) days of receipt of the report from the accrediting body.

**17 CAR § 123-1002. Established program that prepares graduates for licensure — Continued full approval.**

(a) An established graduate program in advanced practice registered nursing shall submit to the Arkansas State Board of Nursing documentation of the program's continued national nursing accreditation status within thirty (30) days of receipt from the accrediting body.

(b) Receipt of the documentation shall serve as deemed status for approval by the board.

**17 CAR § 123-1003. Education program.**

(a) The education program for advanced practice nursing shall meet the nursing accrediting body standards for advanced practice registered nursing.

(b) The curriculum plan for advanced practice registered nursing shall include:

(1) Preparation in one (1) of the four (4) identified APRN roles (CRNA, certified nurse midwife, CNS, and CNP);

(2) Preparation in at least one (1) of the approved population foci:

(A) Family/individual across the lifespan;

(B) Adult-gerontology;

(C) Neonatal;

(D) Pediatrics;

(E) Women's health/gender-related; and

(F) Psychiatric/mental health; and

(3) Three (3) separate graduate-level courses (the APRN Core):

(A) Advanced physiology and pathophysiology;

(B) Advanced health assessment; and

(C) Advanced pharmacology.

**(c) Clinical experiences.**

(1) All graduate or post-graduate programs leading to advanced practice licensure shall have a minimum of five hundred (500) supervised clinical hours in direct clinical practice during the program.

(2) APRN programs preparing for two (2) population foci shall have a minimum of five hundred (500) supervised clinical hours for each population focus.

(3) Clinical supervision must be congruent with current national professional organizations and nursing accrediting body standards applicable to the APRN role and population focus.

(4) Student clinical experiences shall be congruent with the population focus of the role.

**Subpart 11. Prescribing for Chronic Nonmalignant Pain**

**17 CAR § 123-1101. Chronic nonmalignant pain defined.**

Chronic nonmalignant pain is defined as pain requiring more than three (3) consecutive months of prescriptions for:

(1) An opioid that is written for more than the equivalent of ninety (90) tablets, each containing five milligrams (5 mg) of hydrocodone;

(2) A morphine equivalent dose of more than fifteen milligrams (15 mg) per day; or

(3) Tramadol, an average dose of two hundred milligrams (200 mg) or greater per day.

**17 CAR § 123-1102. Dosage.**

(a) When opioids are started, the lowest effective dosage should be prescribed.

(b) APRNs should use caution when prescribing opioids at any dosage and carefully reassess evidence of individual benefits and risks when considering increasing dosage to greater than fifty (50) morphine milligram equivalents (MME) per day.

(c) APRNs should avoid increasing dosage to greater than ninety (90) MME per day or carefully justify a decision to titrate dosage to greater than ninety (90) MME per day.

(d) If opioids are prescribed at a level defined by the Centers for Disease Control and Prevention as excessive (greater than fifty (50) MME per day) the following shall be documented in the patient's medical record:

- (1) Objective findings, which include, but are not limited to:
  - (A) Imaging studies;
  - (B) Lab testing and results;
  - (C) Nerve conduction testing;
  - (D) Biopsy; and
  - (E) Any other test that would establish pain generating pathology;
- (2) Specific reasons for the need to prescribe greater than fifty (50) MME per day;
- (3) Documented alternative treatment plans as well as alternative therapies tried and failed prior to considering chronic opioid therapy;
- (4) Documented risk factor assessment detailing that the patient was informed of the risk and addictive nature of the prescribed drug;
- (5) Documented assessment of the potential for abuse and/or diversion of the prescribed drug;
- (6) Documented review of the Prescription Drug Monitoring Program report prior to issuing the prescription; and
- (7) A detailed clinical rationale for the prescribing.

**17 CAR § 123-1103. Patient treatment and evaluation.**

- (a) The patient shall be evaluated through an in-person examination at least:
  - (1) Every three (3) months by the APRN; and
  - (2) One (1) time every six (6) months by a physician who is licensed by the Arkansas State Medical Board.
- (b)(1) A current Prescription Drug Monitoring Program report shall be reviewed at least every six (6) months.

(2) The review shall be documented in the patient's medical record.

(c) A current pain contract with the patient shall be maintained and include, at a minimum, requirements for:

- (1) Random urine drug screens; and
- (2) Random pill counts.

**17 CAR § 123-1104. Exceptions.**

The requirements of this subpart shall not apply to a patient:

- (1) Whose pain medications are being prescribed for a malignant condition;
- (2) With a terminal condition;
- (3) Who is a resident of a licensed healthcare facility;
- (4) Who is enrolled in a hospice program; or
- (5) Who is in an inpatient or outpatient palliative care program.

**Subpart 12. Miscellaneous Provisions**

**17 CAR § 123-1201. Minimum standards for establishing a patient relationship.**

(a) The APRN shall establish a proper APRN-patient relationship prior to providing any patient care.

(b) A proper APRN-patient relationship at a minimum requires that:

(1) The APRN perform a history and an "in person" physical examination of the patient adequate to establish a diagnosis and identify underlying conditions and/or contraindications to the treatment recommended/provided; or

(2) The APRN perform a face-to-face examination using real-time audio or visual telemedicine technology that provides information at least equal to such information as would have been obtained by an in-person examination; and

(3) Appropriate follow-up be provided or arranged, when necessary, at medically necessary intervals.

(c) A proper APRN–patient relationship is also deemed to exist in the following situations:

(1) When treatment is provided in consultation with, or upon referral by, another healthcare provider who has:

(A) An ongoing relationship with the patient; and

(B) Agreed to supervise the patient’s treatment, including follow-up care and the use of any prescribed medications;

(2) On-call or cross-coverage situations arranged by the patient’s healthcare provider; and

(3) Has access to a patient’s personal health record maintained by a healthcare professional and uses any technology deemed appropriate by the healthcare professional, including the telephone, with a patient located in Arkansas to diagnose, treat, and, if clinically appropriate, prescribe a noncontrolled drug to the patient.

(d) Recognizing a provider’s duty to adhere to the applicable standard of care, the following situations are hereby excluded from the requirement of this section:

(1) Emergency situations where the life or health of the patient is in danger or imminent danger;

(2) Providing information of a generic nature not meant to be specific to an individual;

(3) Providing prescriptions written or medications issued for use in expedited heterosexual partner therapy for the sexually transmitted diseases of gonorrhea and/or chlamydia; and

(4) Administration of vaccines containing tetanus toxoid (e.g., DTaP, DTP, DT, Tdap, TD, or TT) or inactive influenza vaccines.

**17 CAR § 123-1202. Telemedicine — Requirement for all services provided by APRNs providing care via telemedicine.**

(a)(1) An APRN–patient relationship shall be established in accordance with 17 CAR § 123-1201 before the delivery of services via telemedicine.

(2) A patient completing a medical history online and forwarding it to an APRN is not sufficient to establish the relationship, nor does it qualify as store-and-forward technology.

(b) The following requirements apply to all services provided by APRNs using telemedicine:

(1) The practice of nursing via telemedicine shall be held to the same standards of care as traditional in-person encounters;

(2) The APRN shall obtain a detailed explanation of the patient's complaint from the:

(A) Patient; or

(B) Patient's healthcare provider;

(3) If a decision is made to provide treatment, the APRN shall agree to accept responsibility for the care of the patient;

(4) If follow-up care is indicated, the APRN shall agree to provide or arrange for such follow-up care;

(5) An APRN using telemedicine may not issue a prescription for any controlled substances defined as any scheduled medication under Schedules III – V and only hydrocodone combination products, which were reclassified from Schedule III to Schedule II as of October 6, 2014, unless:

(A) The APRN has seen the patient for an in-person exam;

(B) A relationship exists through consultation or referral; or

(C) In on-call or cross-coverage situations;

(6) The APRN shall keep a documented medical record, including medical history;

(7)(A) At the patient's request, the APRN shall make available to the patient an electronic or hardcopy version of the patient's medical record documenting the encounter.

(B) Additionally, unless the patient declines to consent, the APRN shall forward a copy of the record of the encounter to the patient's regular treating

healthcare provider if that healthcare provider is not the same one delivering the service via telemedicine;

(8) Services shall be delivered in a transparent manner, including providing access to information identifying the APRN in advance of the encounter, with licensure and board certifications, as well as patient financial responsibilities;

(9)(A) If the patient, at the recommendation of the APRN, needs to be seen in person for the current medical issue, the APRN shall arrange to see the patient in person or direct the patient to their regular treating healthcare provider.

(B) Such recommendation shall be documented in the patient's medical record;

(10) APRNs who deliver services through telemedicine shall establish protocols for referrals for emergency services;

(11) APRNs providing care via telemedicine to a patient located within the State of Arkansas shall be licensed to practice nursing in the State of Arkansas; and

(12) Telemedicine may be utilized for group therapy for adults (over the age of eighteen (18)) who are participants in a program or plan authorized and funded under 42 U.S.C. § 1396a, if permitted by the Centers for Medicare and Medicaid Services.

**17 CAR § 123-1203. Licensure for uniformed service members, veterans, and spouses.**

**(a) Automatic licensure.**

(1) Temporary permits for individuals listed in subdivision (a)(2) of this section shall be issued within twenty-four (24) hours of receipt of all required documents.

(2) The Arkansas State Board of Nursing will give preference in the order of processing to applications for full licensure filed by the following individuals:

(A) A uniformed service member stationed in the State of Arkansas;

(B) A uniformed service veteran who resides in or establishes residency in the State of Arkansas; or

(C) The spouse of a:

(i) Person under subdivisions (a)(2)(A) or (B) of this section;

(ii) Uniformed service member who is assigned a tour of duty that excludes the uniformed service member's spouse from accompanying the uniformed service member and the spouse relocates to Arkansas; or

(iii) Uniformed service member who is killed or succumbs to his or her injuries or illness in the line of duty if the spouse establishes residency in Arkansas.

**(b) Extension of licensure expiration date.**

(1) Upon written request and submission of appropriate documentation, a deployed uniformed service member or spouse shall be allowed an extension of the expiration date without penalty or assessment of a late fee for renewing the nursing license.

(2) The extension shall be effective for one hundred eighty (180) days after the service member or spouse returns from active deployment.

**(c) Consideration of military training and experience.** When considering an application for licensure the board shall:

(1) Consider whether or not the applicant's military education, training, national certification, service-issued credential, and experience in the practice of nursing is substantially similar to the experience or education required for licensure; and

(2) Accept the applicant's military education, training, national certification, service-issued credential, and experience in the practice of nursing in lieu of experience or education required for licensure, if the board determines that the military training and experience is a satisfactory substitute for the experience or education required for licensure.

**(d) Waiver of continuing education.**

(1) Upon written request and submission of appropriate documentation the continuing education requirements for license renewal shall be waived for:

(A) A uniformed service member deployed; or

(B) The spouse of a deployed uniformed service member.

(2) This waiver shall be extended until one hundred eighty (180) days following the date of the uniformed service member's return from deployment.

1 State of Arkansas  
2 95th General Assembly  
3 Regular Session, 2025  
4

As Engrossed: H1/29/25

## A Bill

HOUSE BILL 1181

5 By: Representative Bentley  
6 By: Senator C. Penzo  
7

### For An Act To Be Entitled

9 AN ACT TO AMEND THE FULL PRACTICE AUTHORITY OF A  
10 CERTIFIED NURSE MIDWIFE TO ALLOW ADMITTING  
11 PRIVILEGES; AND FOR OTHER PURPOSES.  
12  
13

### Subtitle

15 TO AMEND THE FULL PRACTICE AUTHORITY OF  
16 A CERTIFIED NURSE MIDWIFE TO ALLOW  
17 ADMITTING PRIVILEGES.  
18

19 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:  
20

21 SECTION 1. Arkansas Code § 17-87-315(b), concerning the definition of  
22 "full practice authority" relating to certified nurse midwives, is amended to  
23 read as follows:

24 (b) As used in this section, "full practice authority" means the  
25 authority of a healthcare professional to:

26 (1) Evaluate patients;  
27 (2) Diagnose medical conditions;  
28 (3) Order and interpret diagnostic tests;  
29 (4) Initiate and manage treatment and care plans, including  
30 appropriate comanagement or transfer of high-risk patients to other  
31 healthcare professionals as needed; ~~and~~

32 (5) Prescribe and administer drugs listed in Schedules III – V  
33 without a collaborative practice agreement or supervision of another  
34 healthcare professional when performing healthcare services;

35 (6) Admit and discharge patients from a licensed hospital if  
36 granted privileges; and



1           (7) Complete, sign, and submit forms for a certificate of birth  
2 or death certificate.

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4           SECTION 2. Arkansas Code § 20-18-401(b) and (c), concerning birth  
5 registration generally, are amended to read as follows:

6           (b)(1) When a birth occurs in an institution or en route thereto, the  
7 person in charge of the institution or his or her authorized designee shall  
8 obtain the personal data, prepare the certificate, certify that the child was  
9 born alive at the place, time, and date stated on the certificate either by  
10 signature or in an approved electronic process, and file the certificate as  
11 directed in subsection (a) of this section.

12           (2) The physician, certified nurse midwife, or other person in  
13 attendance shall provide the medical information required by the certificate  
14 within seventy-two (72) hours after the birth.

15           (c) When a birth occurs outside an institution:

16           (1) The certificate shall be prepared and filed by one (1) of  
17 the following in the indicated order of priority:

18           (A) The physician or certified nurse midwife in attendance  
19 at or immediately after the birth, or in the absence of such a person;

20           (B) Any other person in attendance at or immediately after  
21 the birth, or in the absence of such a person; or

22           (C) The father, the mother, or in the absence of the  
23 father and the inability of the mother, the person in charge of the premises  
24 where the birth occurred; and

25           (2) The division shall determine what evidence may be required  
26 to establish the fact of birth.

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28           SECTION 3. Arkansas Code § 20-18-601(c)(1)(A)(i), concerning medical  
29 certification for a death certificate, is amended to read as follows:

30           (c)(1)(A)(i) The medical certification shall be completed, signed, and  
31 returned to the funeral director within three (3) business days after receipt  
32 of the death certificate by the physician or certified nurse midwife in  
33 charge of the patient's care for the illness or condition that resulted in  
34 death, except when inquiry is required by § 12-12-315, § 12-12-318, or § 14-  
35 15-301 et seq.

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*/s/Bentley*

**APPROVED: 2/25/25**

1 State of Arkansas  
2 95th General Assembly  
3 Regular Session, 2025  
4

As Engrossed: S3/18/25

## A Bill

HOUSE BILL 1167

5 By: Representative L. Johnson  
6 By: Senator Irvin  
7

### For An Act To Be Entitled

9 AN ACT TO MODIFY THE SIGNATURE AUTHORITY FOR ADVANCED  
10 PRACTICE REGISTERED NURSES AND PHYSICIAN ASSISTANTS;  
11 TO CLARIFY THAT DURABLE MEDICAL EQUIPMENT INCLUDES  
12 DIABETIC SHOES AND SHOE INSERTS; AND FOR OTHER  
13 PURPOSES.  
14  
15

### Subtitle

16 TO MODIFY THE SIGNATURE AUTHORITY FOR  
17 ADVANCED PRACTICE REGISTERED NURSES AND  
18 PHYSICIAN ASSISTANTS; AND TO CLARIFY  
19 THAT DURABLE MEDICAL EQUIPMENT INCLUDES  
20 DIABETIC SHOES AND SHOE INSERTS.  
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23 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:  
24

25 SECTION 1. Arkansas Code § 17-80-120(a), concerning the signature  
26 authority for advanced practice registered nurses and physician assistants,  
27 is amended to read as follows:

28 (a) When a provision of law or rule requires a signature,  
29 certification, stamp, verification, affidavit, or endorsement by a physician,  
30 the requirement may be fulfilled by an advanced practice registered nurse or  
31 a physician assistant in any of the following circumstances:

32 (1) Certification of disability for patients to receive disabled  
33 parking permits or placards from the Office of Motor Vehicle; or

34 (2) Signature for:

35 (A) Sports physicals to authorize student athletes to  
36 participate in athletic activities;



- 1 (B) Physicals for bus drivers;
- 2 (C) Forms relating to do-not-resuscitate orders;
- 3 (D) Forms excusing a potential jury member due to an
- 4 illness;
- 5 (E) Death certificates;
- 6 (F) Workers' compensation forms;
- 7 (G) Forms relating to absenteeism for employment or school
- 8 purposes; or
- 9 (H) Authorizations for durable medical equipment,
- 10 including without limitation orthotics, prosethetics, and diabetic shoes or
- 11 shoe inserts that are designed to reduce the risk of skin breakdown in
- 12 patients with diabetes and existing foot disease and to relieve pressure to
- 13 prevent diabetic foot ulcers.

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15 /s/L. Johnson

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18 **APPROVED: 4/3/25**

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1 State of Arkansas *As Engrossed: H3/17/25 S4/8/25*

2 95th General Assembly

# A Bill

3 Regular Session, 2025

HOUSE BILL 1734

4

5 By: Representative Childress

6 By: Senator K. Hammer

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## For An Act To Be Entitled

9

AN ACT TO AMEND THE LAW CONCERNING DEATH

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CERTIFICATES; TO CLARIFY THE MEDICAL PROFESSIONALS

11

WHO MAY SIGN A MEDICAL CERTIFICATE OF DEATH AND

12

PRONOUNCE DEATH OF A PATIENT; AND FOR OTHER PURPOSES.

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## Subtitle

16

TO AMEND THE LAW CONCERNING DEATH

17

CERTIFICATES; AND TO CLARIFY THE MEDICAL

18

PROFESSIONALS WHO MAY SIGN A MEDICAL

19

CERTIFICATE OF DEATH AND PRONOUNCE DEATH

20

OF A PATIENT.

21

22 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

23

24 SECTION 1. Arkansas Code § 20-18-601(c)(3), concerning the signature

25 for a medical certification of death and the pronouncement of death, is

26 amended to read as follows:

27

(3)(A) A registered nurse employed by the attending hospice may complete and sign the medical certification of death and pronounce death for a patient who is terminally ill, whose death is anticipated, who is receiving services from a hospice program certified under § 20-7-117, and who dies in a hospice inpatient program or as a hospice patient in a nursing home or hospital.

33

(B) An advanced practice registered nurse may complete and sign the medical certificate of death and pronounce death of a patient in a hospital setting if the advanced practice registered nurse is given authority by the medical staff of the hospital and a physician other than an emergency

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1 department physician is not immediately available.

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*/s/Childress*

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**APPROVED: 4/17/25**

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1 State of Arkansas As Engrossed: S4/8/25 S4/9/25

2 95th General Assembly

# A Bill

3 Regular Session, 2025

HOUSE BILL 1131

4

5 By: Representative Pilkington

6 By: Senator C. Penzo

7

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## For An Act To Be Entitled

9 AN ACT TO AUTHORIZE AN ADVANCED PRACTICE REGISTERED  
10 NURSE TO DELEGATE CERTAIN TASKS TO MEDICAL ASSISTANTS  
11 AND OTHER UNLICENSED STAFF; AND FOR OTHER PURPOSES.

12

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## Subtitle

15

TO AUTHORIZE AN ADVANCED PRACTICE

16

REGISTERED NURSE TO DELEGATE CERTAIN

17

TASKS TO MEDICAL ASSISTANTS AND OTHER

18

UNLICENSED STAFF.

19

20 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

21

22 SECTION 1. Arkansas Code Title 17, Chapter 87, Subchapter 1, is  
23 amended to add an additional section to read as follows:

24 17-87-107. Delegation of certain nursing tasks.

25 (a)(1) An advanced practice registered nurse may delegate certain  
26 nursing tasks to a qualified and trained healthcare worker who is not  
27 licensed or otherwise authorized by state law to perform the nursing task.

28 (2) A nursing task to be delegated under this section may  
29 include the following tasks and any additional tasks authorized by the  
30 Arkansas State Board of Nursing:

31 (A) The administration of medications and immunizations  
32 that do not require specialized judgment and skill based on knowledge and  
33 application of the principles of biological, physical, and social sciences as  
34 determined by the Arkansas State Board of Nursing; and

35 (B) Phlebotomy activities.

36 (b) If an advanced practice registered nurse delegates a nursing task



1 under this section:

2 (1) The advanced practice registered nurse shall remain  
3 responsible for the acts of the healthcare worker providing the delegated  
4 task; and

5 (2) The healthcare worker performing the delegated task shall:

6 (A) Not be represented to the public as a licensed nurse  
7 or other licensed healthcare professional; and

8 (B) Perform the delegated task under the supervision of  
9 the advanced practice registered nurse.

10 (c) The board shall adopt rules regarding the delegation of the  
11 nursing tasks under this section, including without limitation:

12 (1) The delegated administration of medications and  
13 immunizations only within the physical boundaries of the clinical setting of  
14 the advanced practice registered nurse;

15 (2) Evaluation of whether delegation is appropriate according to  
16 the severity of a patient's condition;

17 (3) Training and competency requirements that shall be met by  
18 the person administering medications and immunizations; and

19 (4) Other standards and procedures deemed relevant by the board.

20 (d)(1) An individual to whom a nursing task is delegated is not  
21 authorized to delegate the performance of the nursing task to another  
22 individual.

23 (2) A certified registered nurse anesthetist is not authorized  
24 to delegate the administration of anesthesia.

25 (e) This section does not preempt or repeal any state law that  
26 authorizes an individual to perform a particular task.

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28 */s/Pilkington*

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31 **APPROVED: 4/21/25**

1 State of Arkansas  
2 95th General Assembly  
3 Regular Session, 2025  
4

As Engrossed: S4/9/25

## A Bill

HOUSE BILL 1801

5 By: Representative K. Moore  
6 By: Senator B. Davis  
7

### For An Act To Be Entitled

9 AN ACT TO AUTHORIZE AN OUTSOURCING FACILITY OF LEGEND  
10 DRUGS AND CONTROLLED SUBSTANCES THAT COMPOUNDS A  
11 PRODUCT TO SELL THE COMPOUNDED PRODUCT TO CERTAIN  
12 ENTITIES; AND FOR OTHER PURPOSES.  
13  
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### Subtitle

15 TO AUTHORIZE AN OUTSOURCING FACILITY OF  
16 LEGEND DRUGS AND CONTROLLED SUBSTANCES  
17 THAT COMPOUNDS A PRODUCT TO SELL THE  
18 COMPOUNDED PRODUCT TO CERTAIN ENTITIES.  
19  
20

21 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:  
22

23 SECTION 1. Arkansas Code Title 17, Chapter 92, Subchapter 1, is  
24 amended to add an additional section to read as follows:

25 17-92-121. Outsourcing facility of legend drugs and controlled  
26 substances.

27 (a) As used in this section, "outsourcing facility of legend drugs and  
28 controlled substances" means an entity that is registered as a 503B  
29 outsourcing facility with the United States Food and Drug Administration and  
30 has a permit with the Arkansas State Board of Pharmacy.

31 (b)(1) An outsourcing facility of legend drugs and controlled  
32 substances that compounds a product may sell a compounded product to:

33 (A) An Arkansas-licensed retail pharmacy for dispensing to  
34 a patient;

35 (B) An Arkansas-licensed healthcare facility for  
36 administration to a patient; or





1 State of Arkansas  
2 95th General Assembly  
3 Regular Session, 2025  
4

*As Engrossed: S4/9/25*

## A Bill

HOUSE BILL 1963

5 By: Representatives Gonzales, L. Johnson  
6 By: Senator J. Boyd  
7

### For An Act To Be Entitled

9 AN ACT TO CLARIFY THAT AN ADVANCED PRACTICE  
10 REGISTERED NURSE WHO PRESCRIBES A STIMULANT MAY  
11 SUBSTITUTE A THERAPEUTICALLY EQUIVALENT MEDICATION;  
12 AND FOR OTHER PURPOSES.  
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### Subtitle

15 TO CLARIFY THAT AN ADVANCED PRACTICE  
16 REGISTERED NURSE WHO PRESCRIBES A  
17 STIMULANT MAY SUBSTITUTE A  
18 THERAPEUTICALLY EQUIVALENT MEDICATION.  
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21 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:  
22

23 SECTION 1. Arkansas Code § 17-87-310(b)(2)(B)(ii), concerning the  
24 prescriptive authority of an advanced practice registered nurse, is amended  
25 to read as follows:

26 (ii)(a) The prescription is for a stimulant.

27 (b) A prescription for a stimulant shall meet  
28 the following criteria:

29 (1) The prescription was originally  
30 initiated by a physician;

31 (2) The physician has evaluated the  
32 patient within six (6) months before the advanced practice registered nurse  
33 issues a prescription; and

34 (3) The prescription by the advanced  
35 practice registered nurse is to treat the same condition as the original  
36 prescription.



1 (c) An advanced practice registered nurse may  
2 substitute a therapeutically equivalent medication of the drug prescribed by  
3 the physician under subdivision (b)(2)(B)(ii) of this section.

4 (d) If the advanced practice registered nurse  
5 substitutes a therapeutically equivalent medication under subdivision  
6 (b)(2)(B)(ii)(c) of this section, the advanced practice registered nurse  
7 shall notify the physician who originally prescribed the stimulant of the  
8 substitution.

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10 /s/Gonzales

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13 **APPROVED: 4/21/25**  
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