

Minnesota Attorney General: Administrative Rules Proceedings

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Version 3
August 20, 2018

DEPARTMENT: Office of the Attorney General

STATE OF MINNESOTA

OFFICE MEMORANDUM

DATE: September 17, 1991

TO: SANDRA J. MacKENZIE
Assistant Director
Board of Nursing

FROM: MARY JO MURRAY
Special Assistant Attorney General
525 Park Street, Suite 500 (55103)

PHONE: 296-3258

SUBJECT: In the Matter of the Adopted Rule Relating to Nurse Practitioners Prescribing Authority

The above-referenced rule has been approved as to its legality by the Attorney General on September 16, 1991.

Enclosed is your copy of the approved rule. This office has already filed two copies with the Secretary of State, who will forward one copy to the Revisor of Statutes. The fourth is being retained by this division of the Attorney General's Office for its records.

Also enclosed are any petitions, requests, submissions or comments along with any extra copies of documents which you submitted to the Attorney General.

Your next step is to arrange for publication of the Notice of Adoption in the State Register. In a day or two, you should receive from the Revisor's Office three copies of the notice of adoption of your rule. You should submit two copies of the Notice of Adoption to the State Register for publication. A permanent rule without a hearing does not become effective until five days after a notice of adoption is published in the State Register in accordance with Minn. Stat. § 14.27. An emergency rule becomes effective five working days after approval by the Attorney General; however, the agency must publish a notice in the State Register in accordance with Minn. Stat. § 14.34.

If you have any questions in this regard, please contact me.

MJM:sc
Enclosures
cc: Audrey Kaiser Manka
William Brown, Chief Judge
MaryAnn Hruby

MJM

RULE REVIEW CHECKLIST

File No. 1850
DATE RECEIVED 9-3-91
REVIEW DATE 9-12-91
DUE DATE 9-17-91
(DIS)APPROVED 9-16-91
WITHDRAWN

Docket No. 05.1009.0481
ADOPTED W/O HEARING
EMERGENCY RULE
TO REVISOR ON 9-6-91
REVISOR (DIS)APPROVED 9-12-91
FILED W/SEC. OF STATE 9-17-91
RETURNED TO AGENCY 9-20-91

✓ Rule as adopted (4 copies)

✓ Notice to Solicit Outside Information/Opinion (if applicable)
October 29, 1990 Date published in State Register
Comments

Petition for Adoption of a Rule

✓ Board's Authorizing Resolution
April 4, 1991 Date adopted

✓ Proposed Rule
✓ Revisor's Certificate

✓ Notice of Intent to Adopt Rule
148.235 Statutory Authority
✓ Small Business Statement
10A Expenditure of public money statement
May 20, 1991 Signature

✓ Statement of Need and Reasonableness (if applicable)
✓ Small Business Statement
✓ Fees - § 16A.128 approval from Finance sent letters

✓ Affidavit of Mailing Notice of Intent to Adopt Rule
May 31, 1991 Dated 30/25 days before adoption
✓ Notice attached indicates it is attached
Copy of rule or summary attached

✓ Publication in State Register
June 3, 1991 Date 30/25 days before adoption

✓ 180-day deadline from:
See notes Effective date of law requiring rule (14.12) (both rules) amendments don't apply — waiting for letters - Received letters O.K Pa
✓ end of comment period (§ 14.26) (rules without hearing)
effective date of statutory authority (§ 14.29) (emergency rules)

✓ Resolution Adopting
August 9, 1991 Date adopted

✓ Findings of Fact, Conclusions & Order Adopting
August 9, 1991 Date

✓ Written Requests, Submissions or Comments

✓ Declaration of Attorney
Audrey Kaiser Manka Name of SAAG representing agency

Notice of Submission to Attorney General (if applicable)

✓ Affidavit of Mailing Notice to Attorney General (if applicable)

DEPARTMENT: Office of the Attorney General

STATE OF MINNESOTA

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If you have any questions in this regard, please contact me.

MJM:sc
Enclosures
cc: Audrey Kaiser Manka
William Brown, Chief Judge
MaryAnn Hruby

Board of Nursing

Adopted Permanent Rules Relating to Nurse Practitioners Prescribing Authority

Rules as Adopted

6340.0100 DEFINITIONS.

Subpart 1. **Scope.** For the purpose of this chapter, the following terms have the meanings given them.

Subp. 2. **Attachments.** "Attachments" means the materials that must be submitted with the application to demonstrate eligibility to prescribe drugs and therapeutic devices. The materials include a copy of the certificate, completion document, and written agreement.

Subp. 3. **Board.** "Board" means the Board of Nursing.

Subp. 4. **Certificate.** "Certificate" means the document issued by a national professional nursing organization which certifies nurse practitioners.

Subp. 5. **Collaborating physician.** "Collaborating physician" means an individual physician licensed under Minnesota Statutes, chapter 147, who agrees to delegate prescribing authority to the nurse practitioner by giving direction and review consistent with the written agreement.

Subp. 6. **Drug.** "Drug" has the meaning given it in Minnesota Statutes, section 151.01, subdivision 5.

Subp. 7. **Drug categories or drug types.** "Drug categories" or "drug types" means the major therapeutic classifications in which medications are organized. The drug categories are:

A. anesthetics;

B. antiinfectives;

C. antineoplastic and immunosuppressant medications;

D. cardiovascular medications;

E. autonomic and central nervous system medications;

F. dermatological medications;

G. ear-nose-throat medications;

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H. endocrine medications;

I. gastrointestinal medications;

J. immunologicals and vaccines;

K. musculoskeletal medications;

L. nutritional products;

M. blood modifiers and electrolytes;

N. obstetrical and gynecological medications;

O. ophthalmic medications;

P. respiratory medications;

Q. urological medications; and

R. diagnostic and miscellaneous medications.

Subp. 8. **Licensure.** "Licensure" means the process by which the board confers legal authority upon an individual authorizing the person to engage in professional nursing, thereby certifying that those licensed have attained the minimal degree of competency necessary to ensure that the public health, safety, and welfare will be reasonably well protected.

Subp. 9. **National professional nursing organizations.** "National professional nursing organizations" means the organizations adopted by the board under Minnesota Statutes, section 62A.15, subdivision 3a, with the authority to certify nurse practitioners. The organizations are the American Nurses Association, the National Certification Board of Pediatric Nurse Practitioners and Nurses, and the Nurses Association of the American College of Obstetricians and Gynecologists Certification Corporation.

Subp. 10. **Nurse practitioner.** "Nurse practitioner" means a registered nurse who has graduated from a program of study designed to prepare a registered nurse for advanced practice as a nurse practitioner and who is certified through a national professional nursing organization.

Subp. 11. **Practice setting.** "Practice setting" means the organizational entity and all its physical locations in which the nurse practitioner and collaborating physician provide care to patients.

Subp. 12. **Practice specialty.** "Practice specialty" means

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the area in which the individual is certified as a nurse practitioner. These areas are gerontological, adult, family, school, pediatric, obstetric-gynecological, and neonatal.

Subp. 13. **Prescribe.** "Prescribe" means to direct, order, or designate by means of a prescription the preparation, use of, or manner of using a drug or therapeutic device.

Subp. 14. **Prescription.** "Prescription" means a signed written order, or an oral order reduced to writing, given by a practitioner authorized to prescribe drugs for patients in the course of the practitioner's practice, issued for an individual patient and containing the following: the date of issue, name and address of the patient, name and quantity of the drug prescribed, directions for use, and the name and address of the prescriber.

Subp. 15. **Program of study.** "Program of study" means a formal organized nursing curriculum composed of didactic and supervised clinical experience that specifically prepares nurse practitioners. The program of study must be accepted by a national professional nursing organization that certifies nurse practitioners, have a formal admission procedure, and recognize the graduate by means of a completion document such as a transcript or certificate.

Subp. 16. **Registration.** "Registration" means the process by which the names and original license numbers of individuals licensed by the board are listed as individuals authorized to engage in professional nursing during a registration period.

Subp. 17. **Registration renewal.** "Registration renewal" means the periodic process by which an individual who is licensed and registered with the board to practice professional nursing requests and obtains registration for the next registration period.

Subp. 18. **Therapeutic device.** "Therapeutic device" means durable medical equipment and assistive or rehabilitative appliances, objects, or products that are required to implement the overall plan of care for the patient.

Subp. 19. **Written agreement.** "Written agreement" means a

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written document developed jointly by the nurse practitioner and collaborating physician that contains statements that define the delegated responsibilities that relate to the prescription of drugs and therapeutic devices. The delegated prescribing responsibilities must be consistent with the standards established by the Minnesota Medical Association and the Minnesota Nurses Association.

6340.0200 ELIGIBILITY CRITERIA FOR PRESCRIBING AUTHORITY.

Subpart 1. **Licensure and current registration.** An applicant shall be licensed and currently registered to practice professional nursing in Minnesota. The applicant shall not be the subject of a board disciplinary order affecting the applicant's license or current registration.

Subp. 2. **Graduation.** An applicant shall have completed a program of study designed to prepare a registered nurse for advanced practice as a nurse practitioner.

Subp. 3. **Certification.** An applicant shall be certified as a nurse practitioner by one of the national professional nursing organizations listed in part 6340.0100, subpart 9. An applicant shall have a current certificate from the national professional nursing organization that granted certification.

Subp. 4. **Written agreement.** An applicant shall have a written agreement with a collaborating physician that is signed and dated by the nurse practitioner and the collaborating physician. The nurse practitioner shall have a written agreement for each practice setting.

6340.0300 INITIAL APPLICATION PROCEDURE.

Subpart 1. **Procedure.** A nurse practitioner who seeks prescribing authority shall follow the procedures in subparts 2 to 6.

Subp. 2. **Application.** An applicant shall obtain the application forms and instruction for filing from the board. Information required on the application includes the nurse practitioner's name, registered nurse license number, home and practice setting addresses, home and practice setting telephone

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numbers, name of collaborating physician, drug categories and therapeutic devices that the nurse practitioner has been authorized to prescribe, and the practice specialty of the nurse practitioner. The application must be notarized. An applicant shall submit true, complete, and accurate information.

An applicant shall submit an application, fee, and attachments for each written agreement.

Subp. 3. **Fee.** An applicant shall submit a fee of $50 with the application. The fee must be paid to the board ~~in United States currency, cashier's check, or money order. Personal checks are not accepted.~~ If for any reason the applicant is not eligible for prescribing authority, the fee is not refundable.

Subp. 4. **Certificate.** An applicant shall submit a notarized copy of the current certificate issued to the nurse practitioner by the national professional nursing organization.

Subp. 5. **Graduation verification.** An applicant shall submit a notarized copy of a document such as a diploma, letter, or certificate that indicates graduation from a nurse practitioner program. An official transcript may be submitted in lieu of the notarized document providing that the transcript clearly indicates that the program of study prepared the individual for practice as a nurse practitioner.

Subp. 6. **Written agreement.** An applicant shall submit a copy of the written agreement between the nurse practitioner and the collaborating physician.

Subp. 7. **Nullification.** The board shall nullify an application that is not completed within one year. For a nullified application, the fee shall be forfeited and the application and other documents may be destroyed according to the process specified in Minnesota Statutes, section 138.17, subdivision 7. If an individual whose application has been nullified seeks prescribing authority, the applicant shall submit a new initial application, fee, and attachments.

6340.0400 CONFIRMATION OF ELIGIBILITY.

Subpart 1. **Procedure.** When the board has received a

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completed application, fee, and attachments, the board shall determine whether the nurse practitioner has demonstrated eligibility to prescribe drugs and therapeutic devices. If the applicant has demonstrated eligibility for prescribing authority, the board shall issue a document and identification number.

Subp. 2. **Document.** The board shall issue a document each time the nurse practitioner submits the required evidence to demonstrate eligibility to prescribe drugs and therapeutic devices. The board shall print the nurse practitioner's name, identification number, practice setting, and expiration date on the document. The expiration date on the document is the same as the registered nurse registration expiration date.

Subp. 3. **Identification number.** The board shall issue an identification number to a nurse practitioner when the nurse practitioner has demonstrated eligibility to prescribe drugs and therapeutic devices. The identification number must include the prefix "NP" and seven digits. The seven digits must be the nurse practitioner's registered nurse license number, preceded by zeros when necessary.

6340.0500 VERIFICATION OF CONTINUING ELIGIBILITY.

Subpart 1. **Cycle.** The nurse practitioner with prescribing authority shall demonstrate continuing eligibility to prescribe at the time of renewal of registered nurse registration. The board shall mail a verification form for demonstrating ongoing eligibility with the renewal of registration application.

Subp. 2. **Required information.** Information required on the verification of continuing eligibility form includes the nurse practitioner's name, registered nurse license number, home and practice setting addresses, home and practice setting telephone numbers, name of collaborating physician, drug categories that the nurse practitioner has been authorized to prescribe, and the practice specialty of the nurse practitioner. The nurse practitioner shall submit true, complete, and accurate information. The nurse practitioner

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shall submit a verification form and fee for each written agreement. In addition, the nurse practitioner shall submit a copy of the current certificate issued by the national professional nursing organization and a copy of the current written agreement, signed and dated, by the nurse practitioner and collaborating physician.

Subp. 3. **Fee.** The nurse practitioner must submit a fee of $20 with the verification of continuing eligibility. The fee must be paid to the board and is not refundable.

6340.0600 LOSS OF ELIGIBILITY.

The nurse practitioner's prescribing authority ceases immediately if one or more of the following occur:

A. change of collaborating physician within the practice setting;

B. failure to renew registration as a registered nurse;

C. failure to demonstrate continuing eligibility to prescribe at the time of renewal of registration;

D. failure to maintain nurse practitioner certificate issued by the national professional nursing organization;

E. change of employer;

F. termination of the written agreement by the collaborating physician or the nurse practitioner;

G. revocation of the certificate by the national professional nursing organization; or

H. disciplinary action taken by the board which affects the registered nurse license or current registration certificate.

The nurse practitioner shall report any of the occurrences in subitems A to H to the board within 30 days.

6340.0700 PROCEDURE FOR REESTABLISHING PRESCRIBING AUTHORITY.

Subpart 1. **Reestablishing prescribing authority; first part.** For loss of eligibility as described in part 6340.0600, items A to D, the following documentation is required to reestablish eligibility:

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by Revisor _____

A. If the collaborating physician changes within the practice setting, then the nurse practitioner shall submit a copy of the written agreement that includes the name of the current collaborating physician.

B. If the nurse practitioner fails to renew registration as a registered nurse, then the nurse practitioner shall meet the requirements for registered nurse reregistration.

C. If the nurse practitioner fails to demonstrate continuing eligibility to prescribe at the time of renewal, then the nurse practitioner shall submit the verification of eligibility form and fee.

D. If the nurse practitioner fails to maintain current certification, then the nurse practitioner shall meet the certification requirements of the national professional nursing organization and submit a copy of the current certificate.

Subp. 2. **Reestablishing prescribing authority; second part.** For loss of eligibility as listed in part 6340.0600, item E or F, the nurse practitioner shall follow the procedures in items A to D to reestablish eligibility.

A. An applicant shall obtain the application forms and instruction for filing from the board. Information required on the application includes the nurse practitioner's name, registered nurse license number, home and practice setting addresses, home and practice setting telephone numbers, name of collaborating physician, drug categories and therapeutic devices that the nurse practitioner has been authorized to prescribe, and the practice specialty of the nurse practitioner. The application must be notarized. An applicant shall submit true, complete, and accurate information.

The nurse practitioner shall submit an application, fee, and attachments for each written agreement.

B. An applicant shall submit a fee of $50 with the application. The fee must be paid to the board in United States currency, cashier's check, or money order. Personal checks are not accepted. If for any reason the applicant is not eligible

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for prescribing authority, the fee is not refundable.

C. An applicant shall submit a copy of the current certificate issued by the national professional nursing organization.

D. An applicant shall submit a copy of the written agreement between the nurse practitioner and the current collaborating physician.

Subp. 3. **Reestablishing prescribing authority; third part.** For loss of eligibility as listed in part 6340.0600, item G, the national professional nursing organization shall have reinstated the certificate. After the nurse practitioner has been recertified, the nurse practitioner shall follow the procedures in subpart 2 to reestablish eligibility.

Subp. 4. **Reestablishing prescribing authority; fourth part.** For loss of eligibility as listed in part 6340.0600, item H, the board shall have issued the nurse practitioner an unconditional registered nurse license or current registration certificate. After the board orders an unconditional license, the nurse practitioner shall follow the procedures in subpart 2 to reestablish eligibility.

6340.0800 CHANGES REQUIRING NOTIFICATION TO THE BOARD.

Subpart 1. **Name change.** The nurse practitioner who has a name change shall notify the board in writing within 30 days.

Subp. 2. **Address change.** The nurse practitioner who has a change in home or practice setting address shall notify the board in writing within 30 days.

Subp. 3. **Telephone number change.** The nurse practitioner who has a change in home or practice setting telephone number shall notify the board in writing within 30 days.

Subp. 4. **Change in categories of drugs.** The nurse practitioner who adds or deletes categories of drugs shall notify the board in writing within 30 days.

Subp. 5. **Changes in written agreement.** The nurse practitioner and collaborating physician shall initial and date any changes such as addition or deletion of drugs or therapeutic

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by Revisor _____

devices. At the time of verification of continuing eligibility to prescribe, the nurse practitioner shall submit a copy of the current written agreement that incorporates the changes.

6340.0900 IDENTIFICATION.

Subpart 1. **Identification.** In writing prescriptions, the nurse practitioner shall include the nurse practitioner's name, initials, practice setting, and telephone number.

Subp. 2. **Initials.** The nurse practitioner shall use the abbreviation "NP" with the prefix letter designating the practice specialty as follows:

A. gerontological nurse practitioner, "GNP";

B. adult nurse practitioner, "ANP";

C. family nurse practitioner, "FNP";

D. school nurse practitioner, "SNP";

E. pediatric nurse practitioner, "PNP";

F. obstetric-gynecological nurse practitioner, "OGNP"; and

G. neonatal nurse practitioner, "NNP."

6340.1000 NOTIFICATION OF PHARMACISTS.

Subpart 1. **Initial notification.** On March 1, 1992, and every year thereafter, the board shall mail a list of all nurse practitioners with prescribing authority to the Board of Pharmacy and all pharmacies in Minnesota.

Subp. 2. **Maintaining notification.** After the initial and the annual notification, the board shall notify the Board of Pharmacy on a monthly basis of changes in the list of the authorized nurse practitioners. This change list must include additional nurse practitioners who are eligible to prescribe, those nurse practitioners who have lost eligibility to prescribe, and those nurse practitioners who have reestablished their eligibility to prescribe.

Subp. 3. **Nurse practitioner information.** The information about each nurse practitioner that must be included on every list is as follows: the name of the nurse practitioner, identification number, practice specialty, practice setting

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name, practice setting address, and practice setting telephone number. For those nurse practitioners who have lost eligibility to prescribe, the practice setting telephone number may be omitted.

Subp. 4. **Master record.** The board shall maintain information on each nurse practitioner that includes the drug categories and therapeutic devices that the nurse practitioner is authorized to prescribe. This information shall be made available to pharmacists on request.

6340.1100 VIOLATION OF RULES.

Any nurse practitioner who violates a rule in this chapter is subject to board disciplinary action under Minnesota Statutes, sections 148.261, subdivision 1, and 148.262.

STATE OF MINNESOTA
DEPARTMENT OF STATE
FILED
SEP 17 1991
Secretary of State

Approved
by Revisor _____

APPROVED AS TO FORM AND LEGALITY
9/16 19 91
HUBERT H. HUMPHREY, III
ATTORNEY GENERAL
BY
SPECIAL ASSISTANT ATTORNEY GENERAL

STATE OF MINNESOTA
DEPARTMENT OF STATE
FILED
SEP 17 1991
Joan Anderson Growe
Secretary of State

2:24P
RC

Stat Authority 148.235
Attached - By July 1, 1991 the board shall promulgate rules to provide for the following:
Attached

Fees

Call about letters to house and senate appro. recieved permission from Finance 16.A 128
Before the agency submits notice to the state ~~Agency~~ Registered a
Sent letters recieved them from Audry

Findings of Fact
missing 36 - Fees should be in there

180 deadline
Authority granted in 1990
mandatory rules state rules should be promulgate by July 1, 1990 - didn't meet that

in 1990 Laws of MN Chapter 483 (Sec 2)
(148.235)

Signed by the governor April 24, 1990
- should have given notice by late Sept 1990 they are almost late a year

O.K

14.12 must write letters to gov and other appropriate committees - going to write letters
Audry will give them to me
- recieved letters O.K - PN

MINNESOTA BOARD OF NURSING

2700 University Avenue West #108 St. Paul, MN 55114 Telephone: (612) 642-0567

May 29, 1991

Representative Wayne Simoneau, Chair
House Appropriations Committee
State Office Building, Room 363
St. Paul, Minnesota 55155

Dear Representative Simoneau:

Pursuant to Minnesota Statutes, section 16A.128, subdivision 2a, enclosed please find a Notice of Intent to Adopt Rules Without a Public Hearing and a copy of the proposed rules which include reference to certain fees of the Board of Nursing.

Sincerely,

Joyce M. Schowalter
Executive Director

JMS:tmb
Enclosures
cc: Audrey Kaiser Manka
Special Assistant
Attorney General

MINNESOTA BOARD OF NURSING

2700 University Avenue West #108 St. Paul, MN 55114 Telephone: (612) 642-0567

September 11, 1991

Governor Arne Carlson
Governor's Office
Room 130 Capitol Building
75 Constitution Avenue
St. Paul, Minnesota 55155

Dear Governor Carlson:

In accordance with Minnesota Statute section 14.12 I am notifying you that the Board of Nursing did not meet the required 180 days within which a notice of intent to adopt a rule must be published.

Minnesota Statute section 148.235, subdivision 2 authorizes the Board to adopt rules relating to the prescription of drugs and therapeutic devices by nurse practitioners. The law became effective August 1, 1990. On October 29, 1990 the Board published a notice of intent to solicit outside information and opinion. We have been working on the development of the rules since then.

Our explanation for not meeting the deadline is as follows. The process was complicated and involved the use of a statutorily required task force [section 148.235, subdivision 2(c)]. The rules were approved by the Board in final form August 9, 1991 and are now making their way through the final steps of promulgation.

For your information, no nurse has been negatively effected by the Board's timing because the laws provided for temporary authorization of nurse prescribing in the interim.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Joyce M. Schowalter
Executive Director

JMS:tjz
cc: Maryanne Hurby, Director, LCRAR

MINNESOTA BOARD OF NURSING

2700 University Avenue West #108 St. Paul, MN 55114 Telephone: (612) 642-0567

September 11, 1991

Representative Peter Rodosovich
Chair
Legislative Commission to Review
Administrative Rules
445 State Office Building
St. Paul, Minnesota 55155

Dear Representative Rodosovich:

In accordance with Minnesota Statute section 14.12 I am notifying you that the Board of Nursing did not meet the required 180 days within which a notice of intent to adopt a rule must be published.

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If you have any questions, please do not hesitate to contact me.

Sincerely,

Joyce M. Schowalter
Executive Director

JMS:tjz
cc: Maryanne Hruby, Director, LCRAR

MINNESOTA BOARD OF NURSING

2700 University Avenue West #108 St. Paul, MN 55114 Telephone: (612) 642-0567

May 29, 1991

Senator Gene Merriam, Chair
Senate Finance Committee
Capitol Building, Room 122
St. Paul, Minnesota 55155

Dear Senator Merriam:

Pursuant to Minnesota Statutes, section 16A.128, subdivision 2a, enclosed please find a Notice of Intent to Adopt Rules Without a Public Hearing and a copy of the proposed rules which include reference to certain fees of the Board of Nursing.

Sincerely,

Joyce M. Schowalter
Executive Director

JMS:tmb
Enclosures
cc: Audrey Kaiser Manka
Special Assistant
Attorney General

STATE OF MINNESOTA

Office Memorandum

DEPARTMENT : ATTORNEY GENERAL - LICENSING

DATE : August 30, 1991

TO : PATRICIA NOLTE
Legal Assistant

FROM : AUDREY KAISER MANKA
Special Assistant
Attorney General

PHONE : (612) 297-5933

SUBJECT : In the Matter of the Proposed Adoption of Rules of the Minnesota Board of Nursing Governing Nurse Practitioners

Enclosed for your review, pursuant to Minn. Stat. § 14.26 (1990) and Minn. Rules pt. 2010.0300 (1991), are the following documents to support the above-referenced rules:

1. Notice Of Solicitation Of Outside Information;
2. Certificate Of Board's Authorizing Resolution;
3. Rules as proposed with a certificate of approval as to form by the Revisor of Statutes attached;
4. Notice Of Intent To Adopt Rules Without A Public Hearing (as mailed);
5. Statement Of Need And Reasonableness (as submitted to LCAR);
6. Affidavit Of Mailing The Notice Of Intent To Adopt Rules Without A Public Hearing;
7. Notice Of Intent To Adopt Rules Without A Public Hearing (as published in the State Register);
8. Rules as adopted (original and three copies);
9. Certificate Of Board's Resolution Adopting Rules;
10. Findings Of Fact, Conclusions, And Order Adopting Rules Without A Public Hearing;
11. Declaration Of Counsel.

AKM:

Enclosures

50.643X.0481

SERVICE NAME	CPT-(1989 VERSION) CODES
1. Tonsillectomy and/or Adenoidectomy	42820, 42821, 42825, 42826, 42830, 42831, 42835, 42836, 42860, 42870
2. Hysterectomy	58150, 58152, 58180, 58260, 58265, 58267, 58270, 58275, 58280, 58285
3. Cholecystectomy	47600, 47605, 47610, 47610 with 47550, 47612, 47620

The requirements of the Medical Assistance and General Assistance Medical Care second surgical opinion program are outlined in *Minnesota Rules*, parts 9505.5000 to 9505.5105.

Board of Nursing

Notice of Solicitation of Outside Information or Opinions Regarding Proposed Rules Relating to Prescribing of Drugs and Therapeutic Devices by Nurse Practitioners

NOTICE IS HEREBY GIVEN that the Minnesota Board of Nursing (hereinafter "Board") is seeking information or opinions from sources outside the Board in preparing to propose the adoption of rules relating to prescribing of drugs and therapeutic devices by nurse practitioners. The adoption of the rules is authorized by *Minnesota Statutes* section 148.235, subd. 2 which requires the Board to adopt rules to provide a system of identifying nurse practitioners eligible to prescribe, a method of determining which general categories of drugs and therapeutic devices have been delegated to each nurse practitioner, a system of transmitting to pharmacists pertinent information, and a fee to the nurse practitioner who seeks prescribing authority.

The Board requests information and opinions concerning the subject matter of the rules. Interested persons or groups may submit data or views on the subject matter of concern in writing or orally. Written statements should be addressed to:

Sandra J. MacKenzie, RN, Assistant Director
Minnesota Board of Nursing
2700 University Avenue West, #108
St. Paul, MN 55114

State Planning Agency

Minnesota Environmental Quality Board

Power Plant Siting Program

Notice of Annual Hearing 9:00 a.m., Saturday, November 17, 1990
Conference Room 302
Centennial Office Building
658 Cedar Street
St. Paul, MN 55155

The Minnesota Environmental Quality Board will hold the annual public hearing on the Power Plant Siting and Transmission Line Routing Program, as required by the Power Plant Siting Act, *Minnesota Statutes* 116C.58 and *Minnesota Rules*, part 4400.4300, at 9:00 a.m., Saturday, November 17, 1990, in Conference Room 302 of the Centennial Office Building, in St. Paul, Minnesota. Parking is available in the ramp east of the building and the building may only be entered on the east side.

The annual hearing is intended to afford interested persons an opportunity to be heard regarding any aspects of the Board's activities, duties, or policies pursuant to the Power Plant Siting Act. All persons will be afforded the opportunity to be heard through the presentation of oral or written statements. Written statements marked for the annual hearing record may also be submitted for inclusion in the annual hearing by delivery to the Board's office by the close of business November 30, 1990. Direct all inquiries to:

George Durfee
Power Plant Siting Program
Minnesota Environmental Quality Board
300 Centennial Office Building
658 Cedar Street
St. Paul, MN 55155 (612) 296-2878

CERTIFICATE OF THE

BOARD OF NURSING

AUTHORIZING RESOLUTION

I, Christine Springhetti, do hereby certify that I am a member and the president of the Minnesota Board of Nursing (hereinafter "Board"), a board duly authorized under the laws of the State of Minnesota, and that the following is a true, complete, and correct copy of a resolution adopted at a meeting of the Board duly and properly called and held on the 4th day of April, 1991, that a quorum was present, and that a majority of those present voted for the resolution which has not been rescinded or modified:

RESOLVED, that Joyce M. Schowalter, Executive Director of the Board, is hereby granted the authority and directed to sign and to give the Notice Of Intent To Adopt Rules Without A Public Hearing relating to Nurse Practitioner Prescribing Authority to all persons who have registered their names with the Board for that purpose, to publish the notice and rules in the State Register, and to perform any and all acts incidental thereto.

IN WITNESS WHEREOF, I have hereunto subscribed my name this 4th day of April, 1991.

Christine Springhetti

CHRISTINE SPRINGHETTI
President

Shirley J. Burton

Attest by one other Board Member

STATE OF MINNESOTA

COUNTY OF RAMSEY

BEFORE THE MINNESOTA

BOARD OF NURSING

In the Matter of the
Proposed Adoption of
Rules of the Board of
Nursing Governing Nurse
Practitioner Prescribing
Authority

NOTICE OF INTENT TO
ADOPT RULES WITHOUT
A PUBLIC HEARING

(1) Notice is hereby given that the Minnesota Board of Nursing (hereinafter "Board") intends to adopt the above-entitled rules without a public hearing following the procedures set forth in the Administrative Procedure Act for adopting rules without a public hearing in Minn. Stat. §§ 14.22 to 14.28 (1990). The statutory authority to adopt the rules is Minn. Stat. § 148.235.

(2) All persons have 30 days in which to submit comment in support of or in opposition to the proposed rules or any part or subpart of the rules. Comment is encouraged. (3) Each comment should identify the portion of the proposed rules addressed, the reason for the comment, and any change proposed.

Any person may make a written request for a public hearing on the rules within the 30-day comment period. (4) If 25 or more persons submit a written request for a public hearing within the 30-day comment period, a public hearing will be held unless a sufficient number withdraw their request in writing. (6) Any person requesting a public hearing should state his or her name and address and is encouraged to identify the portion of the proposed rules addressed, the reason for the request, and any change proposed. (7) If a public hearing is required, the Board will proceed pursuant to Minn. Stat. §§ 14.131 to 14.20 (1990).

(5) Comments or written requests for a public hearing must be submitted to:

Sandra J. MacKenzie
Assistant Director
Minnesota Board of Nursing
Suite 108
2700 University Avenue West
St. Paul, Minnesota 55113
Telephone: (612) 642-0572

(8) The proposed rules may be modified if the modifications are supported by data and views submitted to the Board and do not result in a substantial change in the proposed rules as noticed.

(11) A copy of the proposed rules is attached to this notice.

(12) A Statement Of Need And Reasonableness that describes the need for and reasonableness of each provision of the proposed rules and identifies the data and information relied upon to support the proposed rules has been prepared and is available from Sandra J. MacKenzie upon request.

(13) Promulgation of the proposed rules will not result in the expenditure of public monies by local public bodies nor have an impact on agricultural land; therefore, no further information need be provided under Minn. Stat. § 14.11 (1990).

(14) The effect of these rules on small businesses is addressed in the Statement Of Need And Reasonableness.

(9) If no hearing is required, upon adoption of the rules, the rules and the required supporting documents will be submitted to the Attorney General for review as to legality and form to the extent the form relates to legality. Any person may request notification of the date of submission to the Attorney General. Persons who wish to be advised of the submission of this material to the Attorney General or who wish to receive a copy of the adopted rules must submit the written request to Sandra J. MacKenzie.

Date: May 20, 1991

Joyce M. Schowalter
JOYCE M. SCHOWALTER
Executive Director

STATE OF MINNESOTA

COUNTY OF RAMSEY

BEFORE THE

MINNESOTA BOARD OF NURSING

In the Matter of the Proposed Adoption of Rules of the State Board of Nursing Governing Nurse Practitioners Prescribing Authority

STATEMENT OF NEED AND REASONABLENESS

INTRODUCTION

In 1990 the legislature passed a bill which is now Minnesota Statutes, section 148.235, PRESCRIBING DRUGS AND THERAPEUTIC DEVICES. Subdivision 2, clause (c) provided for the establishment of a task force for the purpose of adopting rules. The Board was responsible for establishing and appointing the advisory task force that was to be composed of five nurse practitioners, two pharmacists and two physicians, hereafter referred to as the task force. The members were to be appointed from lists of qualified persons nominated by the appropriate professional associations. The Board solicited nominations from nursing, pharmacy and medical associations. The Board appointed the task force members based on recommendations received from the Minnesota Nurses Association, the Minnesota Society of Hospital Pharmacists, the Minnesota State Pharmaceutical Association, the Minnesota Academy of Family Practitioners, the Minnesota Obstetrical and Gynecological Association, and the Minnesota Medical Association. The charge of the task force was to recommend rules to the board on each of the following subjects:

1. a system of identifying nurse practitioners eligible to prescribe drugs and therapeutic devices;
2. a method of determining which general categories of prescription drugs and therapeutic devices have been delegated to each nurse practitioner;
3. a system of transmitting to pharmacists information concerning nurse practitioners eligible to prescribe drugs and therapeutic devices and the types of drugs and therapeutic devices they have been delegated the authority to prescribe; and
4. a fee to the nurse practitioner who seeks prescribing authority in an amount sufficient to cover the board's ongoing costs relating to monitoring and regulating the prescribing authority of nurse practitioners.

The task force began meeting September 5, 1990. The task force met at least monthly for a total of ten meetings. The task force presented a report to the Board at its December, 1990 meeting. The task force presented a first draft of the rules to the Board for review at their February, 1991 meeting. The final draft was presented to the Board on April 5, 1991. The Board accepted the draft at that meeting and passed the motion of intent to adopt the rules without a public hearing.

The Notice of Solicitation of Outside Opinion was published in the State Register on October 29, 1990. The minutes of the task force meetings and rule drafts have been mailed to individuals and organizations that have requested placement on the mailing list. Some of the task force members shared the rule draft proposals with their peers. One of the physicians reported that he received positive comments on the work of the task force. The Minnesota Nurses Association and the Minnesota Medical Association were contacted to ascertain if they were aware of any concerns or controversy over any provisions in the rules. Both associations indicated that they were not aware of any provisions that were controversial.

In The Nurse Practitioner, The American Journal of Primary Health Care, January, 1991, the following statement is made: "This year's survey revealed that NPs in 35 states have some degree of prescriptive authority." The nurse practitioners on the task force recommended obtaining the laws and rules from the states of Texas, Oregon, Utah, and Washington. These states have provisions for nurse practitioners to prescribe drugs. They have had regulations regarding prescribing authority for a period ranging from 2 to 10 years. The task force used the experience of other states in making the proposal for Minnesota rules.

6340.100 DEFINITIONS.

Subpart 1. **Scope.** This rule is self-explanatory.

Subp. 2. **Attachments.** Minnesota Statutes, section 148.235, subd. 2. states the eligibility requirements for prescribing authority. The justification for submission of evidence regarding the requirements will be covered in part 6340.0300. Assuming that it is reasonable to require submission of evidence of graduation, certification, and the written agreement, it is reasonable to refer to the evidence by use of a single term. It is reasonable to establish a definition for attachments so that each time the attachments are referenced in the rules, the three pieces of evidence do not have to be listed.

Subp. 3. **Board.** This definition is needed to clarify that each time the term "board" is used in the rules, it means the Minnesota Board of Nursing. The definition is reasonable because it is the same definition used in other chapters of Board of Nursing Rules.

Subp. 4. **Certificate.** Minnesota Statutes, section 148.235 refers to a registered nurse who is certified through a national professional nursing organization which certifies nurse practitioners. When a registered nurse is certified by one of the national professional nursing organizations, the organization issues a certificate. Also, when a registered nurse renews registration to practice professional nursing in Minnesota, the Board of Nursing issues a registration certificate.

Therefore, it is necessary to make a distinction between these two certificates. The definition makes this distinction. This definition is reasonable because it clarifies that whenever the term "certificate" is used in the rules, it refers to the certificate issued by the national professional nursing organization.

Subp. 5. **Collaborating physician.** Minnesota Statutes, section 148.235, subd. 2, clause (3) requires that the registered nurse have a written agreement with a physician. For clarity and succinctness it is necessary to use an adjective to identify the specific physician with whom the nurse practitioner has a written agreement. Then, each time the term "physician" is used in the rules the additional phrase "with whom the nurse practitioner has a practice agreement" does not have to be added. It is reasonable to use the adjective "collaborating" for the following reasons:

1. Minnesota Statute, section 148.171 clause (3) defines the practice of professional (registered) nursing to include both independent nursing functions and delegated medical functions which may be performed in **collaboration** with other health team members.

2. The task force noted that "collaborate" is defined in The World Book Dictionary as "to work together" and "collaboration" as "the act of working together." The term "delegate" is defined in Webster's New Collegiate Dictionary to mean "to assign responsibility or authority" and "delegation" to mean "the act of empowering to act for another."

3. In a sampling of practice agreements submitted under the interim filing provision of The Laws of Minnesota, Chapter 483, section 3, the Board of Nursing noted that the term "collaboration" was used by physicians and nurse practitioners.

4. The task force surveyed reports and the laws and rules of other boards of nursing. The "Report of the Task Force on the Practice of Nurse Practitioners" of the Department of Health Professionals of the Commonwealth of Virginia states that collaboration should be defined to mean the process in which a nurse practitioner works with a physician to deliver health care services within the scope of the practitioner's professional expertise, with medical direction, and appropriate supervision as provided for in jointly developed protocols. This definition was adapted from the current federal definition used for purposes of nurse practitioner reimbursement. The report goes on to define nurse practitioners as registered nurses with additional training and experience who practice nursing autonomously at an advanced clinical level and perform other acts which constitute the practice of medicine under the supervision of a collaborating physician.

5. The laws and rules for Utah, Oregon, Texas, and Washington were reviewed because in these states nurse practitioners have prescription writing authority. The task force noted that all of these states support the use of the word "collaboration" to describe the relationship between the nurse practitioner and the physician.

6. The task force considered that at a minimum nurse practitioners have graduated from a program preparing them for licensure as a registered nurse and have completed a program of study designed to prepare registered nurses for advanced practice as a nurse practitioner. Further, by 1992 the American Nurses' Association will require preparation at the master's level. The National Certification Board of Pediatric Nurse Practitioners and Nurses projects that eligibility

criteria for Pediatric Nurse Practitioner certification will require a minimum of masters education preparation by 1992.

7. The American Nurses' Association in its publication on Professional Certification, contains a description of each category of nurse practitioners. The descriptions include the following: "Their practice builds on previous nursing knowledge and skill, and collaboration with other health professionals."

8. The task force whose membership included nurse practitioner, pharmacists, and physicians recommended the term "collaborating" because it describes the working relationship between physicians and nurse practitioners.

In summary, it is reasonable to use the term collaborating physician because Minnesota Statute describes the practice of registered nursing to include independent nursing functions and delegated medical functions and that the practice is in collaboration with other members of the health team. Nurse practitioners have educational preparation beyond the basic preparation required for registered nurse licensure. Nurse practitioners are recognized at the national level as having a collaborative relationship with physicians. At least four other states recognize nurse practitioner prescribing authority to be in collaboration with physicians. Professional nursing associations view the nurse practitioner as having a collaborative relationship with physicians. Current practice agreements describe the relationship between the nurse practitioner and the physician as collaborative.

The task force considered the adjective "supervising" because it is used in the Standards agreed upon by the Minnesota Medical Association and Minnesota Nurses Association. However, within the Standards the following statements are made, "The practice agreement reflects mutual trust and effort between a nurse practitioner and a physician and the knowledge and experience of a nurse practitioner and physician." ... "Practice agreements must be developed jointly by nurse practitioner and physician." These statements are consistent with the definition of collaborating which is "the act of working together."

The task force noted that the term supervising physician is used in conjunction with physician assistants who are also authorized to prescribe drugs. Minnesota Statutes, section 147.34, subdivision 1 states that a supervising physician may delegate to a physician assistant who is registered with the Board of Medical Examiners and certified by the National Commission on Certification of Physician Assistants and who is under the supervising physician's supervision, the authority to prescribe. In Minnesota Rules, part 5600.2600, subpart 11, the physician assistant is defined as a person registered to provide patient services under the supervision of a supervising physician. In Minnesota Rules, part 5600.2620, REQUIREMENTS FOR ADEQUATE SUPERVISION, the following statement is made: "To ensure the supervising physician assumes full medical responsibility for patient services provided by the physician assistant, the supervising physician shall instruct and direct the physician assistant in the assistant's duties, oversee and check the assistant's work, and provide general direction to the assistant." The term "supervising physician" is used, and the rule clearly states that the physician's relationship with the physician assistant is one of supervisor.

There is no reference in the Minnesota Nurse Practice Act or the rules of the Minnesota Board of Nursing to supervision of the nurse practitioner by the physician. There are no statements in either document to indicate that the physician's role with the nurse practitioner is one of a supervisor. In fact, Minnesota Statutes, section 148.171, (3) defines the practice of professional nursing to include both independent nursing functions and delegated medical functions. Minnesota Statutes, section 148.235, subdivision 2, states that a registered nurse may prescribe if the registered nurse has graduated from a program of study designed to prepare registered nurses for advanced practice as nurse practitioners, is certified, and has a written agreement with a physician.

In summary, the task force and the Board of Nursing consider that the term "supervising physician" is appropriate in describing the relationship of the physician with the physician assistant because this is supported by Minnesota Statutes and Minnesota Rules. The term "supervising physician" is not appropriate in describing the relationship between nurse practitioners and physicians because the term "supervising physician" in relationship to nurse practitioners is not used in Minnesota Statutes or Minnesota Rules.

Subp. 6. **Drug.** The term "drug" is used several times in Minnesota Statutes, section 148.235 but is not defined. The term "drug" is defined in the Minnesota Board of Pharmacy laws, Minnesota Statutes, section 151.01, subd. 5. It is reasonable to use an existing definition rather than to create another definition by rule.

Subp. 7. **Drug categories or drug types.** Both terms are used in Minnesota Statutes, section 148.235, subd. 2, clause (b) and have not been defined. For clarity it is necessary to define these terms. It is reasonable to define the two terms as having the same meaning. The task force and the Board considered the following definitions in an attempt to determine whether there is a difference between categories and types. Webster's New Collegiate Dictionary defines "category" as a general class or division within a system of classification. Type is defined as a class or group having characteristics in common. The task force also considered that drug formularies divide drugs into classifications. Within the classifications the drugs are put into categories according to their therapeutic use. The characteristic that these drugs have in common is their therapeutic use.

In summary, it is appropriate to define drug category and drug type as having the same meaning because the dictionary definitions of category and type do not reasonably distinguished category and type as separate concepts. There is support for defining the words as having the same meaning by the way the terms are used in drug formularies.

It is reasonable to divide drugs into seventeen categories for the following reasons:

1. The drug formularies that organize drugs into classifications based on their therapeutic use include the Physicians Health Plan Drug Formulary, the American Hospital Formulary and the Minnesota Medicare Drug Formulary. Drugs prescribed for more than one therapeutic use are listed in all appropriate categories. These formularies are used by pharmacists, physicians and nurses.

2. Each of the formularies has some variation in the number of categories. However, The Physician Health Plan Drug Formulary (PHP) was the first published formulary that was easily readable and in a concise format. It has served as a model for other formularies. The state formulary for Medical Assistance was restructured and is similar in format to the PHP formulary. In addition, it is printed in small book form, making it a resource that can be carried with the practitioner. Further, the PHP Drug Formulary's list of seventeen major categories appear to include the drugs from other formularies whose list of categories was longer.

3. Harper's Handbook of Therapeutic Pharmacology arranges drugs according to their major effects on a specific organ system. The classification is comparable to the classification recommended by the task force in the proposed rules.

4. The task force reviewed the proposed rules drafted by the Minnesota Department of Health relating to the prescribing authority for physician assistants. The task force noted that the drugs which physician assistants are authorized to prescribe are classified using the same categories except that miscellaneous medications are excluded from the diagnostic medication category. Also, the physician assistant categories include durable medical equipment for a total of eighteen categories. Durable medical equipment is included in therapeutic devices in the nurse practitioner rules. Using similar categories provides for consistency.

It is reasonable to use the classifications that are used in the PHP Drug Formulary list because it is all inclusive and has served as a model for other formularies. In addition the list of categories in the PHP Drug Formulary is similar to the categories in Harper's Handbook of Therapeutic Pharmacology. The categories are similar to those recommended for physician assistants. It is reasonable to adopt a list of categories from formularies that are used by pharmacists, physicians and nurses rather than for the task force to create a list of drug categories or types.

It is reasonable to have a miscellaneous category for the following reasons:

1. The formularies that were reviewed had a miscellaneous or unclassified category.

2. The miscellaneous category allows for the addition of newly developed drugs so that formularies do not have to be revised frequently.

3. This category is set up in anticipation for new drugs such as colony stimulating factors and others that do not fit into any of the other major categories. It is also the category that can be used for very sophisticated medications that are under study.

4. It is a category recognized by all pharmacists.

In summary, defining drug category and drug type to mean the same is reasonable because these two terms cannot be easily distinguished as separate

concepts. It is reasonable to adopt the seventeen categories because these categories are recognized by pharmacists, physicians and nurses and these classifications occur in major drug formularies and are supported in such publications as Harper's Handbook of Therapeutic Pharmacology. It is reasonable to be consistent. The seventeen categories are essentially the same as those proposed for the physician assistants.

Subp. 8. **Licensure.** The definition is taken from Minnesota Rules, Chapter 6310, Registration, part 6310.2600, subp. 8, rules of the Board of Nursing. In these proposed rules relating to nurse practitioner prescribing authority, reference is made to "licensure" and "licensed." The definition is included in these rules for clarity, consistency, and completeness. It is reasonable to include this definition so that all the terms used in the chapter are defined within the chapter. Individuals do not have to refer to other chapters of the rules for clarification.

Subp. 9. **National professional nursing organizations.** Minnesota Statutes, section 148.235, subd. 2., clause (2) requires that the registered nurse meet certain criteria in order to be eligible to prescribe. One of the criteria is stated as follows: "is certified through a national professional nursing organization which certifies nurse practitioners and is included in the list of professional nursing organizations adopted by the board under section 62A.15, subdivision 3a. The national professional nursing organizations that certify nurse practitioners adopted by the Board and listed in Chapter 6330 of the Rules Relating to the Minnesota Board of Nursing are the organizations listed in this definition. It is necessary for clarity and completeness to list the organizations identified in Chapter 6330. It is reasonable to list the national professional organizations in a definition so that each time the organizations are referenced in the rules, the three organizations do not have to be named.

Subp. 10. **Nurse Practitioner.** Minnesota Statutes, section 148.235 refers to nurse practitioners and states that a nurse practitioner is a registered nurse who has graduated from a program of study designed to prepare registered nurses for advanced practice as nurse practitioners and is certified through a national professional nursing organization which certifies nurse practitioners. It is necessary to restate in the rules who qualifies as a nurse practitioner for clarity and completeness. It is reasonable to use the existing description of nurse practitioner from the statutes rather than to create another definition.

The Board of Nursing has been asked by clinical nurse specialists whether they qualify for prescribing authority. Nurse practitioner is not synonymous with clinical nurse specialist. Minnesota Statutes, section 148.235, subd. 2. identifies nurse practitioners as registered nurses who are eligible to prescribe. This statute states that the registered nurse must be certified through a national professional nursing organization which certifies nurse practitioners and is included in the list of professional nursing organizations adopted by the Board of Nursing under section 62A.15, subdivision 3a. Minnesota Rules, Chapter 6330, Advanced Nursing Practice, lists nurse practitioners separate from clinical specialists. Other jurisdictions, such as Nevada, Texas, North Dakota, and Louisiana have separate definitions for nurse practitioner and clinical specialist. The American Nurses' Association has separate certifications for nurse practitioners and clinical nurse

specialists. For clarity it is necessary that the Board distinguish a nurse practitioner from a clinical nurse specialist. Since other boards of nursing and professional nursing organizations have established separate standards for nurse practitioners, it is reasonable to conclude that clinical nurse specialists are not nurse practitioners and are not eligible for prescribing authority.

Subp. 11. **Practice setting.** It is necessary to define the term "practice setting" because this term is used in the rules. It is used in conjunction with the term "written agreement." The term "practice setting" was introduced to clarify that a written agreement is employment specific. This clarification is necessary because a nurse practitioner may work at several locations within an organization or a nurse practitioner may work for more than one organization.

Subp. 12. **Practice specialty.** It is necessary to define practice specialty because this is information about nurse practitioners that will assist the pharmacists. Knowing the specialty of the nurse practitioner helps the pharmacist determine whether the drug and dosage are appropriate. The pharmacists on the task force clarified this with an example. An antibiotic is generally ordered to be taken four times per day. If the order reads once per day this will be questioned by the pharmacist unless it is known that the patient is being treated by a dermatologist. The pharmacists point out that knowing the nurse practitioner's specialty assists the pharmacist in carrying out the pharmacist's responsibility to be certain that the drug and dosage is appropriate for the patient. Although this responsibility is not explicitly stated in the statutes, it is implied by requiring the Board to develop a system to transmit information to pharmacists. The pharmacists on the task force stated that this is a professional expectation. According to Harper's Handbook of Therapeutic Pharmacology, health professionals and the pharmaceutical industry have become increasingly aware of special dosage variations and considerations in treating the various age groups of patients. The practice specialty is useful because in most instances it does provide information about the age group of the population being served by the nurse practitioner. The practice specialties of gerontology, school, pediatric, neonatal, and adult nurse practitioner clearly indicate the age group being served.

The task force has considered the fact that the American Nurses' Association describes each type of certification according to the type of client for which the nurse practitioner is prepared to provide care(pediatric, adult, family, school, and gerontological). The National Certification Board of Pediatric Nurse Practitioners and Nurses is a nonprofit organization established for the purpose of fostering the delivery of high quality care to children and their families. It states that this goal is being met by providing national certification and certification maintenance programs for pediatric nursing professionals. The Nurses Association of the American College of Obstetricians and Gynecologists has specialty certification examinations for the specialty nurse that include Ob/Gyn nurse practitioners and neonatal nurse practitioners. The benefit is that the certification serves as an added credential to attest to the attainment of special knowledge beyond the basic nursing degree and serves to promote quality nursing care by providing a mechanism to nurses to demonstrate their knowledge in a specific nursing area.

It is reasonable to identify the practice specialty areas listed in this definition because they are consistent with the nurse practitioner types adopted by the board under 62A.15, section 3a.

Subp. 13. **Prescribe.** Minnesota Statutes, section 148.235, subd. 2, uses the term prescribe. The term "prescribe" is not defined in Minnesota Statutes, Chapter 151(Pharmacy laws) or Minnesota Statutes, Chapter 147 (Medical Practice Act). The term "prescription" is defined in Minnesota Statutes, section 151. The World Book Dictionary defines "prescribe" to mean "to order or advise as a medication or treatment; to give medical advice; to issue a prescription." Minnesota Statutes, section 148.235 authorizes nurse practitioners to prescribe drugs and therapeutic devices. The two pharmacists on the task force recommended the definition. The definition in the proposed rules incorporates the concept of prescription as well as uses the definition from the dictionary, which incorporates the concept of ordering treatment.

In reviewing the laws and rules from other boards of nursing the task force noted that Oregon defines "prescribe" to mean, "to direct, order or designate the preparation, use of or manner of using by spoken or written words."

It is necessary to define "prescribe" because it is used in the law and in the proposed rules, and it is not defined elsewhere. The definition is reasonable because it is consistent with the dictionary definition for "prescribe", consistent with the definition for "prescription", is similar to a definition used by another regulatory agency, and is recommended by the pharmacists on the task force.

Subp. 14. **Prescription.** The term "prescription" is already defined in the Minnesota Board of Pharmacy laws, Minnesota Statutes, section 151.01, subd. 16. It is reasonable to use this definition rather than to create another definition by rule. However, there is one word change in the definition. The definition in the pharmacy law references a practitioner licensed to prescribe. The definition used in these proposed rules changes "licensed to prescribe" to "authorized to prescribe." This is a reasonable change because nurse practitioners are not licensed to prescribe but are authorized to prescribe.

Subp. 15. **Program of study.** Minnesota Statutes, section 148.235, subd. 2, clause (1) uses the phrase, "program of study." Program of study is not defined. The statute goes on to state that the registered nurse must be certified through a national professional nursing organization. The task force reviewed the requirements of each of the national professional nursing organizations that certify nurse practitioners. The education required by each of the organizations is as follows:

1. The National Certification Board of Pediatric Nurse Practitioners and Nurses requires graduation from a formal pediatric nurse practitioner/associate program included on the National Certification Board of Pediatric Nurse Practitioners and Nurses current "Listing of Education Programs Preparing Pediatric Nurse Practitioners/Associates."

2. The Nurses Association of the American College of Obstetricians and Gynecologists Certification Corporation (NAACOG) requires completion

of a formal nurse practitioner program in obstetrics/gynecology. The program must be a post-basic RN education program leading to an advanced nurse practitioner certificate or graduate nursing degree. For certification as a neonatal nurse practitioner, NAACOG requires completion of a formal nurse practitioner program in neonatal intensive care. The program must be a post-basic RN educational program leading to an advanced nurse practitioner certificate or graduate nursing degree. The curriculum must have included both didactic and clinical components.

3. The American Nurses' Association requires either a master's degree or a certificate program. By 1992, the requirement will be a master's degree. The curriculum must have included didactic and clinical components.

In addition, the task force reviewed the educational requirement of the four boards of nursing selected because prescribing authority has been part of the law and rules of those states for two to ten years. Each of the states require completion of an advanced formal education program.

The task force is aware of the fact that there are nurse practitioners who are certified by one of the national professional nursing organizations but who have not graduated from a program of study. However, the Statute specifies that the registered nurse must have graduated from a program of study.

For the sake of clarity, it is necessary to emphasize by definition that the program of study must be formal and organized. It is reasonable to include in the definition the requirements of the national professional nursing organizations, namely, that the program of study include didactic and supervised clinical experience. Furthermore, the definition is supported by the requirements in other jurisdictions. Because one of the eligibility requirements is graduation from a program of study, it is reasonable to expect that the registered nurse can provided evidence of graduation. It is also reasonable to expect that a program of study can document graduation.

Subp. 16. **Registration.** This definition is taken from Minnesota Rules, Chapter 6310. In the proposed rules relating to nurse practitioner prescribing authority, reference is made to "registration." For clarity, consistency, and completeness, the definition is included in these rules. It is reasonable to include this definition so that all the terms used in the chapter are defined within the chapter. Individuals do not have to refer to other chapters of the rules for clarification.

Subp. 17. **Registration renewal.** This definition is taken from Minnesota Rules, Chapter 6310. In the rules relating to nurse practitioner prescribing authority, reference is made to "registration renewal." For clarity, consistency, and completeness the definition is included in these rules. It is reasonable to include this definition so that all the terms used in the chapter are defined within the chapter. Individuals do not have to refer to other chapters of the rules for clarification.

Subp. 18. **Therapeutic device.** Minnesota Statutes, section 148.235, subd. 2, clause (3) uses the phrase, "therapeutic devices," several times. There is no definition for therapeutic devices in the statutes, nor was a definition

found in any textbooks or resource manuals used by physicians and nurse practitioners. The task force noted the definitions for "therapeutic" and "devices" in The World Book Dictionary. Therapeutic is defined to mean, "serving to cure or heal." Therapeutics means, "of or having to do with treating or curing disease." The dictionary defines "device" to mean "a mechanism or apparatus." Webster's New Collegiate Dictionary defines "device" to mean "a piece of equipment or a mechanism designed to serve a special purpose."

There are numerous therapeutic devices. The Product Information Guide published by Healthcall, a national distributor of health care products, lists products under the following major headings in the table of contents:

aids for daily living
air purifiers
ambulatory aids
apnea and cardiac monitors
bathroom safety aids
bedroom equipment
breast pumps and accessories
commodes and accessories
cushions and pillows
diagnostic equipment and supplies
dressings and bandaging supplies
edema control
elastic goods
first aid supplies
food pump and gastric feeding supplies
garments and braces
health and exercise equipment
heating pads and tempumps
hot and cold therapy supplies
humidifiers and vaporizers
lifters and accessories
needles and syringes
nerve and muscle stimulators and accessories
nursing supplies
orthopedic equipment and supplies
ostomy appliances and supplies
plastic and stainless steel patient aids
pressure sore treatment and prevention
prosthetic devices
respiratory therapy equipment
restraints and safety garments
skin and wound care
sphygmomanometers
stethescopes
suction equipment
thermometers
traction equipment
trusses and hernia supports
tubing and supplies
urinary supplies
walkers and accessories

wheelchairs, wheeled equipment and accessories
I.V. therapy products and solutions
enteral feeding products

The task force obtained a list of durable medical equipment from Medicare. This list included the following items that are covered by Medicare:

alternating pressure pads, mattresses, and lambs wool pads
bed pans
blood glucose monitor
canes
commodes
continuous passive motion devices
crutches
oxygen face masks
heating pads
heat lamps
infusion pumps
IPPB machines
lymphedema pumps
mattress
medical oxygen regulators
muscle stimulators
nebulizers
oxygen
oxygen humidifiers
oxygen regulators
oxygen tents
patient lifts
percussor
portable paraffin bath units
postural drainage boards
rolling chairs
seat lifts
self-contained pacemaker monitor
suction machine
traction equipment
trapeze bar
ultraviolet cabinet
vaporizers
ventilators
walkers
wheelchairs
whirlpool bath equipment

Minnesota Statutes, section 148.235, subd. 2, states that the nurse practitioner may prescribe therapeutic devices within the scope of the written agreement and within the practice as a nurse practitioner. According to the present standards established by the Minnesota Medical Association and the Minnesota Nurses Association, the practice agreements must be developed jointly by the nurse practitioner and physician. The practice agreement must include each device which the nurse practitioner may prescribe.

The task force determined that there is no reasonable way to ensure an all inclusive list of therapeutic devices even by using the forty-four general categories from Healthcall and incorporating the durable medical equipment recognized for reimbursement by Medicare. For example, neither list contains contraceptive devices such as diaphragms and cervical caps. It is reasonable to assume with advancing technology that new devices will be developed. This would necessitate updating the categories. In applying the definition to each of the current items listed by Medicare and Healthcall, all of the items fit the proposed definition.

The task force considered the fact that the nurse practitioners and physicians are accountable for the appropriateness of the therapeutic devices that will be ordered.

The task force concurred that it is reasonable to establish a general definition for therapeutic devices. Further, the task force agreed that listing therapeutic devices in the rules is not reasonable because the list would be lengthy and incomplete.

Subp. 18. **Written agreement.** Minnesota Statutes, section 148.235, subd. 2, requires that the nurse practitioner have a written agreement with a physician based on standards established between the Minnesota Medical Association and the Minnesota Nurses Association that defines the delegated responsibilities related to the prescription of drugs and therapeutic devices. The nurse practitioner is authorized to prescribe within the scope of the written agreement and within the practice of the nurse practitioner. The definition offered reiterates the statements in the law. It is reasonable to include the definition for completeness.

The added phrase, "developed jointly," is added to clarify that an agreement involves more than one party. It is reasonable to add this phrase for clarity because it is supported by the dictionary definition of agreement which states that "agreement" means harmony of opinion. In addition, the present standards developed by the Minnesota Medical Association and the Minnesota Nurses Association state that the practice agreements must be developed jointly.

6340.0200 ELIGIBILITY CRITERIA FOR PRESCRIBING AUTHORITY

Subpart 1. **Licensure and current registration.** According to Minnesota Statutes, section 148.281, subdivision 1, clause (3), it is unlawful for a registered nurse to practice unless duly licensed and currently registered. The authority to practice in the advanced nursing role as a nurse practitioner is derived from this statute. Thus, licensure and current registration in Minnesota is mandated. It is reasonable to include this requirement to make it clear that a nurse practitioner cannot prescribe unless the nurse practitioner is authorized to practice as a registered nurse.

Subp. 2. **Graduation.** Minnesota Statutes, section 148.235, subd. 2, clause (1) requires that the registered nurse must have graduated from a program of study designed to prepare registered nurses for advanced practice as nurse practitioner. It is reasonable to restate the requirement for completeness. An individual does not have to refer to another document for clarification.

Subp. 3. **Certification.** Minnesota Statutes, section 148.235, subd. 2, clause (2) requires that the registered nurse be certified through a national professional nursing organization which certifies nurse practitioners and is included in the list of professional nursing organizations adopted by the Board under Minnesota Statutes, section 62A.15, subdivision 3a. The national professional nursing organizations listed in these proposed rules are those adopted by the Board under section 62a.15, subdivision 3a and listed in Minnesota Rules, Chapter 6330. This is a restatement of a requirement that is specified in the law. It is necessary to restate the requirement for clarity and completeness. It is reasonable to do this so that an individual does not have to refer to another document(the statutes) for clarification.

Each of the national professional nursing organizations indicates that certification is for a limited time and each has a maintenance program or recertification program. The American Nurses' Association states in its 1991 Certification Catalog that certification is valid for five years, after which time the nurse practitioner must renew certification. Recertification demonstrates continued commitment to expertise in nursing. The Nurses Association of the American College of Obstetricians and Gynegologists Certification Corporation states in their Certification Maintenance Program brochure that every three years the nurse practitioner must make application to maintain certification. The National Certification Board of Pediatric Nurse Practitioners and Nurses in its 1990 brochure states, "In recognition that certification alone does not provide the continued assessment required for validation of competence, the need for certification maintenance has been accepted by most specialties in the professions of nursing and medicine." Initial certification has a term of six years.

Although the statutes do not require current certification, the statutes use the phrase, "is certified". It is reasonable to conclude that this means that the nurse practitioner is currently certified at all times. Therefore, it is reasonable to require that the nurse practitioner have a current certificate.

Subp. 4. **Written agreement.** Minnesota Statutes, section 148.235, subd. 2, clause (3) states that the registered nurse must have a written agreement with a physician. It is reasonable to restate the requirement for completeness. An individual does not have to refer to another document for clarification.

Requiring the nurse practitioner to have a written agreement for each practice setting is necessary because a nurse practitioner may work for more than one organization. It is reasonable to require a written agreement for each practice setting because a physician from one organization may not delegate prescribing authority to a nurse practitioner to prescribe within another organization.

6340.0300 INITIAL APPLICATION PROCEDURE.

Subpart 1. **Procedure.** It is necessary to clarify for nurse practitioners the procedure for establishing their eligibility to prescribe. The reasonableness of each of the steps is established in the following subparts.

Subp. 2. **Application.** Minnesota Statutes, section 148.235, subd. 2, clause (b), requires that the board promulgate rules that provide for (1) a system of identifying nurse practitioners eligible to prescribe drugs and therapeutic devices, (2) a method of determining which general categories of prescription drugs and therapeutic devices have been delegated to the nurse practitioner, and (3) a system of transmitting to pharmacists information concerning nurse practitioners eligible to prescribe drugs and therapeutic devices and the types of drugs and therapeutic devices that they have been delegated to prescribe. Because information about the nurse practitioner must be transmitted to pharmacists, an application is a reasonable instrument to use in obtaining identifying information and the essential information, such as the general categories of drugs and the therapeutic devices, which must be transmitted to pharmacists. The reasonableness for each of the pieces of information is as follows:

1. Nurse practitioner's name and nursing license number. The Board needs this information in order to identify the nurse practitioner and to determine whether the nurse practitioner has current registration.

2. Home address. The Board needs this information in order to communicate directly with the nurse practitioner.

3. Practice setting address. The Board needs this information in order to transmit to the pharmacists information that pharmacists need. Pharmacists must be able to contact nurse practitioners if they have questions about the prescriptions that they are writing.

4. Home and business telephone number. The Board needs this information in order to transmit to the pharmacists information that pharmacists need. Pharmacists must be able to contact nurse practitioners immediately if they have questions about the prescriptions nurse practitioners are writing.

5. Name of collaborating physician. This is a means of verifying that there is compliance with the requirement in the Statute that there is a written agreement with a physician.

6. Drug categories and therapeutic devices. The statute requires that this information be transmitted to pharmacists.

7. Practice specialty. This is information about nurse practitioners that will assist the pharmacists. Knowing the specialty of the nurse practitioner helps the pharmacist determine whether the drug and dosage are correct. It is reasonable to require this information because it will be helpful to the pharmacists.

The Laws of Minnesota, 1990, Chapter 483 section 3, specifically requires the information items 1. through 4. with the exception of license number.

Notarization authenticates writings. The notary public attests or certifies writings to make them authentic. The Board of Nursing requires that applicants for licensure, re-examination, and for a public health certificate have their applications notarized. Therefore, this requirement is reasonable because it is consistent with other rules promulgated by the Board of Nursing

and because it provides some assurance that the information provided is authentic.

A nurse practitioner may work for more than one employer. An agreement established with a physician in one practice setting authorizes prescription writing only in that practice setting. Therefore, it is reasonable to clarify that for prescription writing authority in another practice setting, a separate application, fee, and attachments must be submitted. Pharmacists must be informed of all authorizations to prescribe.

Subp. 3. **Fee.** Minnesota Statutes, section 148.235, subd. 2, clause (b) (4) specifies that that the Board shall promulgate rules to provide for a fee to the nurse practitioner. The proposed fee of $50.00 is reasonable because it is based on the costs of rulemaking, including the activities of the statutorily required task force, programming the Board's computer system, and processing applications. About 500 applications are expected during the first five years (approximately 400 the first year and 25 each subsequent year). These developmental costs are spread across five years so that the costs can be shared by a reasonable number of nurse practitioners. Because programs frequently change during the early years, it is not reasonable to spread the initial costs over any greater period.

The fee has been approved by the Department of Finance. (See Attachment A)

In the Board's prior experience with non-sufficient fund (NSF) checks from licensure applicants, licenses were issued before notification was received regarding the NSF. Therefore, other Board rules were changed to require that the fee be in a form that guarantees the money.

At the present time, notification of eligibility to prescribe is sent to nurse practitioners within five days after they have demonstrated that they are eligible to prescribe. It is anticipated that once the rules are in effect there will be no change in the time it takes to provide the notification to nurse practitioners. Therefore, NSF information would not be received before notification of eligibility to prescribe is sent to nurse practitioners. Personal checks are not accepted for licensure or for the issuance of a public health certificate. Therefore, it is reasonable to require that the fee be in a form that assures payment as well as consistency with other Board rules. The task force considered an option. The Board of Nursing could postpone informing the nurse practitioner of eligibility to prescribe. The postponement period could be based on the number of days it takes for checks to clear. This would effectively delay the nurse practitioner from providing prescription writing service to patients. To establish a system that delays service to patients is not reasonable.

Minnesota Statutes, section 148.211 provides that in no case shall licensure fees be refunded. Rules Relating to the Minnesota Board of Nursing , Chapter 6310, section 6310.3600 provide that all registration fees are nonrefundable. Chapter 6316, section 3613.0100 subpart 3 provides that the fee for public health registration is not refundable. It is reasonable to be consistent and stipulate that the fee is not refundable.

Subp 4. **Certificate.** Minnesota Statutes, section 148.235, subd. 2, clause (2) requires that the registered nurse be certified through a national

professional nursing organization. Clause (b) requires that the rules provide for a system for identifying nurse practitioners who are eligible to prescribe. It is reasonable to require evidence that the nurse practitioner is certified as a nurse practitioner by one of the national professional nursing organizations. A notary public is a public official who attests or certifies writings to make them authentic. Therefore, notarization is a method of certifying the authenticity of a document. Notarization is required in licensure without examination. Applicants are required to submit a notarized copy of their document from another jurisdiction that authorizes current practice. Affidavits of graduation, affidavits of enrollment, affidavits of completion of public health nursing education are just a few examples of other instances when the Board by rule requires notarization. For consistency it is reasonable to require that the copy of the certificate be notarized.

Subp. 5. **Graduation verification.** Minnesota Statutes, section 148.235, subd. 2, clause (a) (1) requires that the registered nurse have graduated from a program of study designed to prepare registered nurses for advanced practice as nurse practitioners. Clause (b) (1) requires that the rules provide for a system for identifying nurse practitioners eligible to prescribe. It is reasonable to require evidence that the nurse practitioner has graduated from a program of study. In some instances the transcript does not indicate that the program prepared the nurse for advanced practice as a nurse practitioner. It is reasonable to provide an alternative method for the nurse practitioner to use to verify that the program of study was a nurse practitioner program. Notarization of a copy of a document is a reasonable alternative. Notarization authenticates the copy and is comparable to an official copy of a transcript. An official transcript is authenticated by stamps or seals of the school.

Subp. 6. **Written agreement.** Minnesota Statutes, section 148.235, subd. 2, clause (a) (3) requires that the registered nurse have a written agreement with a physician based on standards established by the Minnesota Medical Association and the Minnesota Nurses Association that defines the delegated responsibilities related to the prescription of drugs and therapeutic devices. Clause (b) (1) requires that the rules provide for a system for identifying nurse practitioners eligible to prescribe. It is reasonable to require evidence that there is a written agreement based on standards established between the two associations.

The task force noted that the Standards for Written Practice Agreements signed by the two associations in January, 1991 has an addendum which states that "The Minnesota Medical Association and the Minnesota Nurses Association believe that nurse practitioners should not be required to file practice agreements with the Board of Nursing; however, The Board of Medical Examiners may, from time to time, have access to physician/nurse practitioner practice agreements, each through their respective licensees."

During the interim filing period authorized by the Laws of Minnesota 1990, Chapter 483, section 3, the Board has required the submission of a copy of the written agreement. The Standards state that the practice agreements must contain certain elements. The majority of the agreements that have been submitted have not contained all elements. If elements are missing from the agreements, the nurse practitioner is not in compliance with the requirement in the statutes, namely, that the nurse practitioner have a written agreement based on standards established by the two associations. It is reasonable for

the Board to be assured that the nurse practitioner is in compliance with the law before notifying pharmacists that the nurse practitioner is eligible to prescribe.

The Board of Nursing received one letter from a nurse practitioner regarding the submission of the written agreement. The practitioner stated that it seemed cumbersome and unrealistic that a written agreement be submitted each time a drug is added or deleted. The rapid proliferation of new drugs and therapies would make such a system confusing and unworkable. The practitioner hoped that the final rules would require a statement that a practice agreement exists as per the memorandum of understanding.

The task force considered the frequency for submitting verification of the written agreement, recommending that a written agreement does not have to be submitted each time a drug is added or deleted. In fact, proposed rule 6340.0800 subp. 5. states that the nurse practitioner and collaborating physician shall initial and date any changes such as addition or deletion of drugs or therapeutic devices. At the time of verification of continuing eligibility to prescribe, the nurse practitioner shall submit a copy of the current written agreement that incorporates the changes.

The task force believes that, if evidence of one of the criteria for eligibility to prescribe is required, then it is reasonable to require evidence that all of the eligibility requirements are met. Each of the eligibility requirements is of equal importance. The task force identified that there was no greater burden in providing this evidence than for evidence for the other criteria. There must be a practice agreement. The nurse practitioner has to make a copy of the agreement, just as the nurse practitioner has to make a copy of the document verifying graduation (or obtain an official transcript) and make a copy of the certificate.

Subp. 7. **Nullification.** The provision for nullification is necessary so that a build-up of incomplete files will not occur over time and present a storage problem. The time specified in these rules is reasonable. During the interim filing period, nurse practitioners have been completing their filing within two months. The time period is consistent with the nullification provisions in the licensure, reregistration and public health nurse rules.

6340.0400 CONFIRMATION OF ELIGIBILITY.

Subpart 1. **Procedure.** It is necessary to outline a procedure for notifying nurse practitioners that they are eligible to prescribe so that nurse practitioners know what to expect. It is reasonable to notify the nurse practitioners that they are eligible to prescribe so that they know when they can begin to prescribe. It is reasonable to communicate that they are eligible to prescribe via a document. The document can be used as evidence that they are authorized to prescribe.

Subp. 2. **Document.** It is reasonable to include the practice setting on the document because authorization to prescribe is practice setting specific. If the nurse practitioner is authorized to prescribe in more than one practice setting, the nurse practitioner will be issued a document for each practice

setting. The proposed rules indicate that for each practice setting, an application, fee, and attachments must be submitted.

Subp. 3. **Identification number.** It is necessary to have an identification number because a nurse practitioner may have the same name as another nurse practitioner. Nurses have a unique license number issued to them by the Board of Nursing. It is reasonable to have a unique identifier to distinguish one practitioner from another and to use the unique identifier that has already been issued to the nurse. It is reasonable to use the initials "NP" as part of the number because the initials "NP" are generally recognized as signifying nurse practitioner. The seven digits are recommended because Drug Enforcement Agency (DEA) numbers and the numbers used by insurance companies for reimbursement consist of seven numbers. For the sake of consistency, it is reasonable to establish a seven digit number.

6340.0500 VERIFICATION OF CONTINUING ELIGIBILITY.

Subpart 1. **Cycle.** Minnesota Statutes, section 148.235, subd. 2., clause (b), require that the rules provide for (1) a system of identifying nurse practitioners eligible to prescribe, (2) a method of determining which general categories of prescription drugs and therapeutic devices have been delegated, and (3) a system for transmitting this information to pharmacists. In order for the information to be useful, it must be current. Establishing a system that requires nurse practitioners to confirm information assures currency. It is reasonable to require the nurse practitioner to confirm the information in conjunction with the renewal of registration. Eligibility to prescribe is contingent upon the fact that the nurse practitioner is authorized to practice nursing. Renewal of registration assures the authority to practice nursing. It is convenient for the nurse practitioner to take care of renewal and verification at the same time. It is easier for the nurse practitioner to remember this requirement if it is linked to a process that is already established, namely, renewal of registration. The task force reviewed the requirements in the four states of Washington, Oregon, Texas, and Utah. Each of these states requires that the nurse practitioner renew prescriptive practice every two years in conjunction with the renewal of their nursing license. The concept of periodically demonstrating eligibility to prescribe and the cycle for doing this is consistent with the approach of other boards of nursing.

Subp. 2. **Required information.** It is reasonable to expect the nurse practitioner to provide the same information on the verification form as on the initial application. The requirements for eligibility to prescribe remain the same at all times. One requirement that is fulfilled initially is not subject to change. Once a nurse practitioner has completed the program of study, the evidence of graduation will not change. Therefore, the proposed rules state that evidence of graduation does not have to be resubmitted. However, this is the only information regarding the nurse practitioner that is not subject to change. Therefore, it is appropriate that the nurse practitioner be required to resubmit evidence regarding current certification and the practice agreement.

Subp. 3. **Fee.** A renewal fee is needed to reimburse the Board for the ongoing costs associated with conducting this program. Minnesota Statutes,

section 148.235, subd. 2, clause (4) recognizes that the Board will have expenses related to monitoring and regulating the prescribing authority of nurse practitioners.

Twenty dollars is reasonable because it is based on the cost of processing renewal applications biennially and for annually mailing to all pharmacies a list of nurse practitioners authorized to prescribe (see proposed rule, part 6340.1000, subpart 1). The proposed procedure is needed to comply with Minnesota Statutes, section 148.235, subd. 2, clause (3).

The costs for processing approximately 200 applicants each year and mailing to about 1,200 pharmacies average out to $20.00 per person.

It is reasonable to stipulate that the renewal fee is not refundable in order to be consistent with how the Board handles all fees. (See Attachment A)

6340.0600 LOSS OF ELIGIBILITY.

A. Change in collaborating physician. Minnesota Statutes, section 148.235, subd. 2. clause (a) (3) requires that a nurse practitioner have a written agreement with a physician. If the physician no longer practices in the same setting with the nurse practitioner, then the physician has discontinued the collaborative relationship with the nurse practitioner and can no longer delegate the prescribing of drugs and therapeutic devices to the nurse practitioner. One of the eligibility requirements is no longer being met. Therefore, it is reasonable to clarify that the nurse practitioner is no longer eligible to prescribe.

B. Failure to renew. Minnesota Statutes, section 148.281 subdivision 1., clause (3) states that it is unlawful for any person to practice professional nursing unless currently registered to do so. In order to practice as a nurse practitioner, the nurse must be registered to practice. If the nurse practitioner is not registered to practice, it is reasonable to clarify that the nurse practitioner is not eligible to prescribe.

C. Failure to demonstrate continuing eligibility to prescribe. The need for and reasonableness for requiring verification of on-going eligibility to prescribe has been provided. It is reasonable that the consequence for failure to do so results in loss of eligibility.

D. Failure to maintain nurse practitioner certificate. Minnesota Statutes, section 148.235, subd. 2. clause (a) (2) requires that the registered nurse be certified by a national professional nursing organization. If the nurse practitioner is no longer certified, one of the eligibility requirements is not being met. Therefore, it is reasonable to clarify that the nurse practitioner is no longer eligible to prescribe.

E. Change of employer. Minnesota Statutes, section 148.235, subd. 2. clause (a) (3) requires that a nurse practitioner have a written agreement with a physician. If the nurse practitioner no longer practices in the same setting with the physician, then the collaborative relationship ceases to exist and the physician can no longer delegate the prescribing of drugs and therapeutic devices to the nurse practitioner. One of the eligibility requirements is no

longer being met. Therefore, it is reasonable to clarify that the nurse practitioner is no longer eligible to prescribe.

F. Termination of the written agreement. Minnesota Statutes, section 148.235, subd. 2. clause (a) (3) requires that a nurse practitioner have a written agreement with a physician. If the nurse practitioner or the physician terminate the written agreement, then the written agreement no longer exists. One of the eligibility requirements is no longer being met. Therefore, it is reasonable to clarify that the nurse practitioner is no longer eligible to prescribe.

G. Revocation of the certificate by the national professional organization. Minnesota Statutes, section 148.235, subd. 2. clause (a) (2) requires that the registered nurse be certified by a national professional nursing organization. If the nurse practitioner is no longer certified, one of the eligibility criteria is not being met. Therefore, it is reasonable to clarify that the nurse practitioner is no longer eligible to prescribe.

H. Disciplinary action taken by the Board. Minnesota Statutes, section 148.281 subdivision 1., clause (3) states that it is unlawful for any person to practice professional nursing unless licensed and currently registered to do so. In order to practice as a nurse practitioner, the nurse must be licensed and currently registered to practice. If the Board imposes any disciplinary action on the nurse's license and registration, the nurse practitioner's privilege to practice professional nursing may be limited, conditioned, suspended, or revoked. Since advanced nursing practice is contingent upon the registered nurse having the authorization to practice, it is reasonable to conclude that the nurse practitioner is no longer eligible to prescribe.

The task force considered the approach taken by four of the states in which nurse practitioners have prescribing authority and reviewed actions that may be taken by professional nursing organizations who certify nurse practitioners.

1. In Utah, a nurse practitioner who fails to renew prescriptive practice approval shall have prescriptive practice approval withdrawn and shall be subject to further disciplinary action.

2. In Oregon, termination of prescriptive privilege occurs for causes listed in the Nurse Practice Act for any registered nurse or proof that the prescriptive privilege has been abused.

3. In Washington, prescriptive authority may be terminated if the practitioner has not maintained current certification in the area of certification, prescribed outside the scope of practice or for other than therapeutic purposes, violated the Nurse Practice Act, or violated any state or federal law or regulations applicable to prescriptions.

4. The American Nurses' Association (ANA) states on the application for the certification examination that ANA may revoke certification or take other appropriate actions.

The reasonableness of the proposed rules is supported by the approaches taken by other boards of nursing.

Minnesota Statutes, section 148.235, subd. 2., clause (b) requires that the rules provide for a system of identifying nurse practitioners eligible to prescribe and a system for transmitting this information to pharmacists. In order for the information to be useful, it must be current. All of the conditions described in A. thru H. directly relate to the criteria for identifying nurse practitioners who are eligible to prescribe. Therefore, it is reasonable to require that the nurse practitioner report these conditions to the board.

6340.0700 PROCEDURE FOR REESTABLISHING PRESCRIBING AUTHORITY

Each reason for loss of eligibility directly relates to a requirement for eligibility. It is reasonable to provide the nurse practitioner with a process for regaining eligibility to prescribe drugs and therapeutic devices. Each of the procedures required by the rules assist the nurse to take corrective action so that the eligibility requirements are again met.

Subpart. 1. **Reestablishing prescribing authority; first part.**

A. Change in collaborating physician. Essential information that must be conveyed to pharmacists does not include the name of the collaborating physician. However, to meet eligibility requirements to prescribe drugs and therapeutic devices, the nurse practitioner must have a collaborating physician. It is necessary to provide the nurse practitioner with the procedure necessary to reestablish eligibility to prescribe. It is reasonable to require only submission of a copy of the agreement with the new physician's signature on it if the only change in the agreement is the collaborating physician. The eligibility requirements are again met.

B. Failure to renew. Essential information that must be conveyed to pharmacists does not include that the nurse practitioner has current registration as a registered nurse. However, to practice as a nurse practitioner, a nurse must have current registration as a registered nurse. If a nurse fails to renew, the nurse does not have current registration. A procedure for the nurse to reestablish eligibility to prescribe is necessary. Generally, failure to renew registration is basically a procedural issue that can be easily remedied by fulfilling the requirements for reregistration. Through reregistration, the nurse practitioner regains the authority to practice as a registered nurse, which includes the authorization to practice in the advanced practice role as a nurse practitioner. It is reasonable only to require the nurse practitioner to correct the deficiency. The records at the Board of Nursing will indicate whether the nurse practitioner has current registration. Therefore, there are no further documents needed from the nurse practitioner or procedures to be completed to correct the situation.

C. Failure to demonstrate continuing eligibility to prescribe. It is necessary to provide a procedure for the nurse practitioner to use to reestablish eligibility to prescribe. Generally, failure to verify continuing eligibility to prescribe is basically a procedural issue that can be easily remedied by fulfilling the requirements for verification of ongoing eligibility. Essential information that must be conveyed to pharmacists is the same as that which must be conveyed at the time the nurse practitioner was

initially eligible to prescribe. It is reasonable only to require the nurse practitioner to verify that eligibility requirements continue to be met.

D. Failure to maintain current certification. It is necessary to provide a procedure for the nurse practitioner to use to reestablish eligibility to prescribe. Generally, failure to maintain certification is basically a procedural issue that can be easily remedied by fulfilling the requirements for recertification. Essential information that must be conveyed to pharmacists is the same as that which must be conveyed at the time the nurse practitioner was initially eligible to prescribe. It is reasonable only to require the nurse practitioner to correct the deficiency.

Subp. 2. **Reestablishing prescribing authority; second part.** Minnesota Statutes, section 148.235, subd. 2, clause (a) (3) requires that the registered nurse have a written agreement with a physician. When a nurse practitioner changes practice settings (employer) or the written agreement is terminated by either the physician or the nurse practitioner, an agreement no longer exists. One of the criteria for eligibility to prescribe is no longer being met. It is necessary to provide a procedure for the nurse to reestablish eligibility to prescribe. The procedures provide for the nurse to demonstrate that all three criteria for eligibility to prescribe are met. It is reasonable to require resubmission of an application, fee, and attachments for the following reasons:

a. Unlike the causes for loss of eligibility in subpart 1 that were basically procedural in nature, subpart 2 addresses a loss due to failure to meet one of the eligibility requirements.
b. Because an agreement no longer exists, a new agreement with a physician must be developed. The following information will change: physician, practice setting, and types of drugs and therapeutic devices the nurse practitioner will be authorized to prescribe.
c. A change in employer is comparable to the situation in which the nurse practitioner works in more than one practice setting. The need and reasonableness for requiring an application, fee, and attachments for each practice setting has been established.
d. the information that must be conveyed to pharmacists such as practice setting, telephone number, address of practice setting, collaborating physician, and categories of drugs may be different.
e. Because evidence of graduation from a program does not change, it is reasonable to eliminate this evidence from the required materials that must be resubmitted when reestablishing eligibility.

Subp. 3. **Reestablishing prescribing authority; third part.** Minnesota Statutes, section 148.235, subd. 2, clause (a) (2) requires that the registered nurse be certified by a national professional nursing organization authorized to certify nurse practitioners. When the national professional nursing organization revokes a certificate, one of the eligibility requirements is no longer met. It is necessary to provide the nurse with the procedure that will allow the nurse to reestablish eligibility to prescribe. The procedures provide for the nurse to demonstrate that all three criteria for eligibility to

prescribe are met. It is reasonable to require submission of an application, fee, and attachments for the following reasons:

a. Unlike the causes for loss of eligibility in subpart 1 that were basically procedural in nature, subpart 3 addresses loss due to failure to meet one of the eligibility requirements.
b. The reasons for revoking certification are serious. Revocation occurs if the nurse has used fraud or deceit in an attempt to become certified. Other reasons for revocation relate to the nurse practitioner's ability to meet the professional practice standards established by the professional organization.

Subp. 4. **Reestablishing prescribing authority; fourth part.** Minnesota Statutes, section 148.281, subdivision 1., clause (3) specifies that it is unlawful for any person to practice professional nursing unless duly licensed and currently registered. Disciplinary action on the part of the Board affects the individual's authority to practice as a registered nurse. The registered nurse cannot practice as a nurse practitioner if the nurse is not authorized to practice as a registered nurse. Practice in the advanced practice role is dependent upon the nurse having the authority to practice as a professional nurse. Procedures in the rules that provide a means for the nurse to reestablish eligibility to prescribe are necessary. It is reasonable to require submission of an application, fee, and attachments for the following reasons:

a. Unlike the causes for loss of eligibility in subpart 1 that were basically procedural in nature, subpart 4 addresses the fact that the nurse practitioner is not authorized to practice professional nursing.
b. The reasons for disciplinary action are serious. The reasons relate to the individual's ability to practice professional nursing safely or to the lack of knowledge and skill necessary to function as a registered nurse.

6340.0800 CHANGES REQUIRING NOTIFICATION TO THE BOARD

Minnesota Statutes, section 148.235, Subd. 2., clause (b) (3) requires a system for transmitting to pharmacists information concerning nurse practitioners eligible to prescribe drugs and therapeutic devices and the types of drugs and therapeutic devices they have been delegated to prescribe. Because the statutes require that pharmacists be notified, there is a need to identify the information that nurse practitioners must provide to the Board and the time frame that nurse practitioners must follow in providing current information. It is reasonable to expect the nurse practitioner to keep the Board informed of the current name, address, telephone number and categories of drugs because this is the information that must be transmitted to pharmacists. The information is not useful to pharmacists unless it is current. The pharmacists on the task force agreed that categories of drugs rather than individual drugs were more useful for the pharmacist. If there is a question about an individual drug, the routine procedure for pharmacists is to call the prescriber. The statute requires that the pharmacists be notified of types (categories) of drugs and not of specific drugs within a category.

6340.0900 IDENTIFICATION.

Subpart 1. **Identification.** Minnesota Statutes, section 151.01, subpart 16. specifies that a prescription must include the name and address of the prescriber. Therefore, it is reasonable to require that nurse practitioners provide this information when they write a prescription. The pharmacists on the task force affirmed that, when there is a question about a prescription, the prescriber is contacted by phone. It is reasonable to require that nurse practitioners include their practice setting phone number on their prescriptions.

Subp. 2. **Initials.** Minnesota Statutes, section 148.235, subd. 2, clause (a) (3) specifies that the registered nurse must be certified through a national professional nursing organization which certifies nurse practitioners and is included in the list of professional nursing organizations adopted by the Board under section 62A.15, subdivision 3a. Minnesota Rules, Chapter 6330, Advanced Nursing Practice are the rules adopted under section 62A.15. These rules state that advanced nurse practitioners include certified nurse practitioners, abbreviated "RN,C." It is necessary to distinguish the difference between nurses who are certified and nurses who are certified as nurse practitioners. Nurse practitioners are the only group of certified nurses who are eligible to prescribe drugs and therapeutic devices. A concern expressed by a nurse practitioner emphasizes the need to make this distinction. A nurse practitioner wrote to one of the task force members. The nurse practitioner pointed out that the Nurses Association of the American College of Obstetricians and Gynecologists gives the title of RNC for passing any of their numerous advanced practice recognition test. This was a point of concern and the nurse practitioner hoped that the task force would address this issue. An article that appeared in the American Journal of Nursing, March, 1990, further emphasizes the need. The article entitled "56 Ways to Get Certified" points out that certification means that a nurse has met certain predetermined standards for a practice specialty. In the article the following is stated:

> "First offered to nurse anesthetists in 1946, certification has burgeoned; in the past five years alone, 20 new roads to certification have become available. In all, RNs can choose any of 56 ways to become certified; .."

It is reasonable to establish an abbreviation that identifies a nurse as a nurse practitioner. The initials "NP" clearly stand for nurse practitioner. It is reasonable to include the practice speciality as an aid to pharmacists. The reasonableness for the pharmacists to be informed of the practice specialty has already been established.

The task force noted that the use of the abbreviation "NP" or the abbreviation that includes the practice specialty is supported in the following:

1. The Report of the Commonwealth of Virginia. In this document nurse practitioners are referred to using the abbreviation "NP."

2. The Nurse Practitioner, The American Journal of Primary Health Care, refers to nurse practitioners using the abbreviation "NP."

3. The National Certification Board of Pediatric Nurse Practitioners and Nurses refers to pediatric nurse practitioner as "PNP" in its literature.

4. The American Nurses' Association in its 1991 Certification Catalog refers to the adult nurse practitioner as "ANP", the family nurse practitioner as "FNP", the gerontological nurse practitioner as "GNP", the school nurse practitioner as "SNP", and the pediatric nurse practitioner as "PNP."

5. The Nurses Association of the American College of Obstetricians and Gynecologists, in its 1990 certification corporation publication on certification examinations, refers to the specialty of OGN in referencing obstetric, gynecologic and neonatal nursing practice.

6. Rules of the Washington Board of Nursing lists the following types of nurse practitioners and initials for them: Family nurse practitioner, FNP; Pediatric nurse practitioner, PNP; Adult nurse practitioner, ANP; Geriatric nurse practitioner, GNP; School nurse practitioner, SNP.

Furthermore, the nurse practitioners on the task force identified that nurse practitioners are accustomed to using the initials "NP." The National Certification Board of Pediatric Nurse Practitioners and Nurses writes to the nurses who have achieved certification and states that "you are entitled to use the initials CPNP(Certified Pediatric Nurse Practitioner)."

The reasonableness for the initials is supported by the professional nursing organizations who certify nurse practitioners, at least one other board of nursing recognizes by rules the same abbreviations, the use of initials will assist pharmacists by identifying the nurse practitioner's practice specialty, and the initials take care of the concern that certified nurse practitioners be distinguished from other nurses who are certified. The only unusual initials are "OGNP." However, these suggested initials are consistent with the pattern of initials recommended for the other practice specialties and are reasonable because of this consistency.

6340.1000 NOTIFICATION TO PHARMACISTS.

Subpart 1. **Initial notification.** Minnesota Statutes, section 148.235, subd. 2., clause (b) (3) requires a system of transmitting to pharmacists information concerning nurse practitioners eligible to prescribe drugs and therapeutic devices and the types of drugs and therapeutic devices they have been delegated to prescribe. It is necessary to establish a procedure for informing pharmacists of the information. It is reasonable to transmit this information to all pharmacies instead of to every pharmacist for several reasons. The reasons are as follows:

1. Prescriptions are filled at a pharmacy and all pharmacists who fill prescriptions work in pharmacies. Mailing the information to pharmacies assures that the information is available where it is needed. If the information is mailed to pharmacists at home, it is not available where prescriptions are filled.

2. Addresses for pharmacists maintained by the Minnesota Board of Pharmacy may not be current. The Board of Pharmacy relies on pharmacists to keep their address current with the Board of Pharmacy.

3. Addresses of pharmacies are more reliable.

Because nurse practitioners renew their registration and must verify their continuing eligibility to prescribe at the time of renewal, it is reasonable to transmit information to pharmacists at least every year. Every year approximately half of the nurse practitioners will have renewed their registration. Additionally, the Board of Pharmacy requested that this information be mailed to pharmacists annually.

The task force recognized that technology is not available at all pharmacies to transmit information via computer. The task force identified that information regarding nurse practitioners is available by telephone from the Board of Nursing and the Board of Pharmacy. However, the boards are only available 5 days a week, 8 hours a day. A list with the required information on it is a reasonable mechanism for making this information available to pharmacists 24 hours a day, seven days a week.

Subp. 2. **Maintaining notification.** It is necessary to provide for ongoing notification because applications will be submitted by nurse practitioners as they obtain the necessary credentials to qualify for prescribing authority. Some nurse practitioners may lose their eligibility to prescribe. It is reasonable to provide a mechanism whereby pharmacists can be notified of the changes that occur between annual reports.

Subp. 3. **Nurse practitioner information.** Minnesota Statutes, section 148.235, subd. 2., clause (b) (3) requires a system of transmitting to pharmacists information concerning nurse practitioners eligible to prescribe drugs and therapeutic devices and the types of drugs and therapeutic devices they have been delegated to prescribe. It is reasonable to provide the name and identification number of the practitioner for purposes of identification. There is a potential for nurse practitioners to have identical names. It is reasonable to provide the name of the practitioner and to have an identification number that distinguishes one nurse practitioner from another.

It is reasonable to transmit the practice specialty of the nurse practitioner because it assists the pharmacist in determining whether the prescription is appropriate.

In Minnesota Statute 151.01, subpart 16. "Prescription" requires that the name and address of the prescriber be on the prescription. It is reasonable to require that the same information be transmitted to pharmacists from the Board of Nursing.

Subp. 4. **Master record.** Minnesota Statutes, section 148.235, subd. 2., clause (b) (3) requires that there be a system of transmitting to pharmacists information concerning nurse practitioners eligible to prescribe drugs and therapeutic devices and the types of drugs and therapeutic devices they have been delegated to prescribe.

The pharmacists on the task force indicated that if there is a question about a prescription, the usual procedure is to contact the individual who wrote the prescription. The list of drug categories and therapeutic devices would not be referred to for clarification. The Statutes require that this information be transmitted to pharmacists. However, if the pharmacist's procedure will be to contact the practitioner, it is reasonable to make the information available only upon request.

6340.1100 Violation of Rules.

Minnesota Statutes, section 148.191, subd. 2. states that the Board shall cause the prosecution of all persons violating sections 148.171 to 148.285. Minnesota Statutes, section 148.261, subdivision 1. provides that the Board has the power to deny, revoke, suspend, limit, or condition the license and registration of any person to practice professional nursing pursuant to sections 148.171 to 148.285. In addition, clause (17) provides that one of the grounds for disciplinary action is violating a rule adopted by the Board. This rule is reasonable because nurse practitioners are professional nurses and therefore subject to disciplinary action by the Board. Furthermore, the proposed rules are authorized by Minnesota Statutes, section 148.235 and section 148.235 is included within those sections referenced in section 148.261.

SMALL BUSINESS CONSIDERATIONS.

Minnesota Statutes, section 14.115 requires administrative agencies, when proposing a rule or an amendment to an existing rule, to consider various methods for reducing the impact of the proposed rule or amendment on small businesses and to provide an opportunity for small businesses to participate in the rulemaking process.

It is the position of the Board that this provision does not apply to the rules it promulgates. Minnesota Statutes, section 14.115, subd. 7, clause (2) (1990) states that section 14.115 does not apply to "agency rules that do not affect small businesses directly." The Board's authority relates only to nurses, not to the businesses they operate. Furthermore, although the Board does not compile statistics on the issue, almost all nurses are simply employees of the agencies or facilities at which they work. In these cases, it is clear that a nurse should not be considered a small business.

The Board is also exempt from the provisions of section 14.115, pursuant to its subdivision 7,clause (3) which states that section 14.115 does not apply to "service businesses regulated by government bodies, for standards and costs, such as ... providers of medical care." Nurses provide nursing care and medical care and are regulated for standards and costs. The Board regulates nurses for standards and the Minnesota Department of Human Services regulates some nurses for costs.

However, should these proposed rules in some way be construed as being subject to Minnesota Statutes, section 14.115, the Board notes below how the five suggested methods listed in section 14.115, subdivision 2, for reducing

the impact of the rules on small businesses should be applied to the proposed rules. The five suggested methods enumerated in subdivision 2 are as follows:

(a) the establishment of less stringent compliance or reporting requirements for small businesses;

(b) the establishment of less stringent schedules or deadlines for compliance or reporting requirements for small businesses;

(c) the consolidation or simplification of compliance or reporting requirements for small businesses;

(d) the establishment of performance standards for small businesses to replace design or operational standards required in the rule; and

(e) the exemption of small businesses from any or all requirements of the rule.

The feasibility of implementing each of the five suggested methods and whether implementing any of the five methods would be consistent with the statutory objectives that are the basis for this rulemaking are considered below.

1. It would not be feasible to incorporate any of the five suggested methods into these rules.

Methods (a) to (c) relate to lessening compliance or reporting requirements for small businesses either by establishing less stringent requirements, establishing less stringent schedules or deadlines for compliance with the requirements, or consolidating or simplifying the requirements. Since the Board is not proposing any compliance or reporting requirements for either small or large businesses, it follows that there are no such requirements for the Board to lessen with respect to small businesses. If, however, these proposed rules are viewed as compliance or reporting requirements for businesses, then the board finds that it would be unworkable to lessen the requirements for those few nurses who practice in a solo or group setting of fewer than 50 employees since the proposed rules have no effect on their businesses. Method (d) suggests replacing design or operational standards with performance standards for small businesses. The Board's rules do not propose design or operational standards for businesses, and therefore there is no reason to implement performance standards for small businesses as a replacement for design or operational standards that do not exist. Finally, method (e) suggests exempting small businesses from any or all requirements of the rules. The application of this provision would exempt a few licensees from the purview of the rules with the result that a small number of nurses would be totally unregulated, a clear conflict with existing nursing statutes.

2. Reducing the impact of the proposed amendments on small businesses would undermine the objectives of the Minnesota licensing law for nurses.

Pursuant to Minnesota Statutes, section 148.171 et seq., the Board was created for the purpose of establishing requirements for licensure and adopting standards for disciplinary action to govern the practices or behavior of all

licensees. Pursuant to Minnesota Statutes, section 148.191, subd. 2, the Board is specifically mandated to promulgate rules as may be necessary to carry out the Board's purposes. Given these statutory mandates, it is the Board's duty to establish licensure qualifications and disciplinary standards which apply and govern all applicants and licensees regardless of the nature of their practice. As it has been stated above, it is the Board's position that the proposed rules will not affect small businesses and certainly do not have the potential for imposing a greater impact on nurses in a solo or small practice than on those employed by agencies and organizations. It has also been explained above that the Board considers it unfeasible to implement any of the five suggested methods enumerated in subdivision 2 of the small business statute. Nonetheless, to the extent that the proposed rules may affect the business operation of a nurse or group of nurses and to the extent it may be feasible to implement any of the suggested methods for lessening the impact on small businesses, the Board believes it would be unwise and contrary to the purposes to be served by these rules for the Board to exempt one group of nurses from the requirements of these rules. Similarly, the Board believes it would be unwise and contrary to its statutory mandate for the Board to adopt one set of standards for those nurses (which may consist of a nonexistent class) who work as employees and adopt another, less stringent, set of standards to be applied to those nurses who practice in a solo or small group practice. It is the Board's view that these rules must apply equally to all nurses if the public whom they serve is to be adequately protected.

Licensees, regardless of whether they are considered as individuals or small businesses, have had and will continue to have an opportunity to participate in the rulemaking process for these proposed rules. The Board has kept the various associations well informed of the proposed rules as they were developed and the associations have in turn informed their constituents. In addition, the Board has mailed a copy of the proposed rules to everyone on the mailing list to receive proposed rules.

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Board of Nursing

May 31, 1991
Date

Joyce M. Schowalter
Executive Director

Attachment A



STATE OF MINNESOTA

Department: Board of Nursing

OFFICE MEMORANDUM

Date: April 22, 1991

To: Bruce J. Reddemann, Director
Budget Operations and Support Division
Department of Finance

From: Joyce M. Schowalter
Executive Director

Phone: (612) 642-0549

Subject: New Fees - Nurse Practitioner Prescribing Authority

Minnesota Statutes section 148.235, created in 1990, authorizes the Board of Nursing to promulgate rules pertaining to the prescribing of drugs and therapeutic devices by nurse practitioners. Subdivision 2 (a)(4) specifically requires the Board to establish related fees.

The following fees are proposed:

Fee	Amount	Effective Date
Initial	$50.00	Enactment of Rules
Renewal	$20.00	

The initial fee is set to cover the costs of rulemaking, including the statutory task force, programming the Board's computer system, and processing applications. About 500 applications are expected during the first five years. The developmental costs are spread over those years.

The renewal fee is based on the annual costs of processing renewal applications and mailing all pharmacies a list of nurse practitioners authorized to prescribe.

A fee review form and other documentation is attached.

We request approval of the two fees proposed above.

If you have any questions, please do not hesitate to call me.

Approved: BJ Reddemann 5-13-91
Bruce J. Reddemann Date

JMS:llj
Enclosures
cc: Pamela Wheelock
Executive Budget Office

Recommend approval of Board's Prescribing Authority fees
Pam Wheelock 5/10/91

Minnesota Board of Nursing

Nurse Practitioners With Prescribing Authority

Determination of Fees

Initial Fee

1.	Programming	$14,000
2.	Rulemaking (includes Revisor, attorney, publishing, mailing, staff time)	5,400
3.	Task Force (includes mailing, photocopying)	460
4.	Processing 500 applications	6,000
		$25,860

$25,860 divided by 500 applicants equals approximately $50.00 per person.

Renewal Fee (biennial)

1.	Mailing to approximately 1,200 pharmacies annually (processing and postage)	$2,000
2.	Processing 200 renewals per year	2,000
		$4,000

$4,000 divided by 200 applicants equals $20.00 per person.

Fi-00194-02

Department of Finance

Fee Review

Department/Agency:
Board of Nursing

Fee Name:

Legal Citation:
M.S. 148.171 - 148.285

Fee Set By: ☐ Law ☒ Agency

Purpose of Fee:
To license registered nurses and licensed practical nurses, register public health nurses, approve nursing programs, verify licensure to other states, process complaints, register nursing corporations and authorize prescription writing by nurse practitioners.

☐ Dedicated ☒ Non-Dedicated

Revenue Code:
310

APID:
21513:00

Dollars in Thousands (137,522 = 137.5)

Fiscal Year	Actual F.Y. 89	Actual F.Y.90	Estimated F.Y. 91	Requested F.Y.92	Requested F.Y. 93
Actual/Anticipated Receipts	1,318	1,153	1,321	1,519	1,609
Less Actual/ Anticipated Costs	1,068	1,203	1,251	1,560	1,597
Current Difference	250	(50)	70	(41)	12
Accumulated Difference*	146	114	184	143	155
Number Paying Fee					
Present Fee					
Date Fee Last Changed					

*Accumulated from F.Y. 88

Remarks:

Department Authorized Signature: 4/19/91

Agency Controller Signature:

FEE REVIEW - Attachment

Date Prepared: April 19, 1991

Department/Agency: Board of Nursing

Budget Activity:

Fee Name:

Remarks:

Estimated Receipts for F.Y. 1992 and F.Y. 1993

	F.Y. 1992			F.Y. 1993		
RN Fees	Amt.	Number	Amount	Amt.	Number	Amount
PHN Regis.	$25	500	$12,500	$25	500	$12,500
NP Initial	50	400	20,000	50	25	1,250
Nsp. Corp.	25	20	500	25	20	500
Misc. Fees	20	150	3,000	20	150	3,000
Endorsement	55	1,100	60,500	55	1,100	60,500
Examination	75	1,500	112,500	75	1,500	112,500
Re-examination	50	250	12,500	50	250	12,500
Verification	20	2,250	45,000	20	2,250	45,000
Renewal(biennial)	35	23,000	805,000	35	25,000	875,000
NP Renewal (Bien)	20	0	0	20	200	4,000
Late Penalty	20	800	16,000	20	800	16,000
Late Filing Fee	50	50	2,500	50	50	2,500
NSF Charge	15	15	225	15	15	225
Subtotal			$1,090,225			$1,144,975
LPN Fees	Amt.	Number	Amount	Amt.	Number	Amount
Misc. Fees	20	150	3,000	20	150	3,000
Endorsement	55	300	16,500	55	300	16,500
Examination	50	750	37,500	50	750	37,500
Re-examination	40	100	4,000	40	100	4,000
Verification	20	450	9,000	20	450	9,000
Renewal(biennial)	35	10,000	350,000	35	11,000	385,000
Late Penalty	20	400	8,000	20	400	8,000
Late Filing Fee	50	15	750	50	15	750
NSF Charge	15	30	450	15	30	450
Subtotal			$429,200			$464,200
TOTAL			$1,519,425			$1,609,175

Board of Nursing

Proposed Permanent Rules Relating to Nurse Practitioners Prescribing Authority

Rules as Proposed (all new material)

6340.0100 DEFINITIONS.

Subpart 1. **Scope.** For the purpose of this chapter, the following terms have the meanings given them.

Subp. 2. **Attachments.** "Attachments" means the materials that must be submitted with the application to demonstrate eligibility to prescribe drugs and therapeutic devices. The materials include a copy of the certificate, completion document, and written agreement.

Subp. 3. **Board.** "Board" means the Board of Nursing.

Subp. 4. **Certificate.** "Certificate" means the document issued by a national professional nursing organization which certifies nurse practitioners.

Subp. 5. **Collaborating physician.** "Collaborating physician" means an individual physician licensed under Minnesota Statutes, chapter 147, who agrees to delegate prescribing authority to the nurse practitioner by giving direction and review consistent with the written agreement.

Subp. 6. **Drug.** "Drug" has the meaning given it in Minnesota Statutes, section 151.01, subdivision 5.

Subp. 7. **Drug categories or drug types.** "Drug categories" or "drug types" means the major therapeutic classifications in which medications are organized. The drug categories are:

A. anesthetics;

B. antiinfectives;

C. antineoplastic and immunosuppressant medications;

D. cardiovascular medications;

E. autonomic and central nervous system medications;

F. dermatological medications;

G. ear-nose-throat medications;

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H. endocrine medications;

I. gastrointestinal medications;

J. immunologicals and vaccines;

K. musculoskeletal medications;

L. nutritional products;

M. blood modifiers and electrolytes;

N. obstetrical and gynecological medications;

O. ophthalmic medications;

P. respiratory medications;

Q. urological medications; and

R. diagnostic and miscellaneous medications.

Subp. 8. **Licensure.** "Licensure" means the process by which the board confers legal authority upon an individual authorizing the person to engage in professional nursing, thereby certifying that those licensed have attained the minimal degree of competency necessary to ensure that the public health, safety, and welfare will be reasonably well protected.

Subp. 9. **National professional nursing organizations.** "National professional nursing organizations" means the organizations adopted by the board under Minnesota Statutes, section 62A.15, subdivision 3a, with the authority to certify nurse practitioners. The organizations are the American Nurses Association, the National Certification Board of Pediatric Nurse Practitioners and Nurses, and the Nurses Association of the American College of Obstetricians and Gynecologists Certification Corporation.

Subp. 10. **Nurse practitioner.** "Nurse practitioner" means a registered nurse who has graduated from a program of study designed to prepare a registered nurse for advanced practice as a nurse practitioner and who is certified through a national professional nursing organization.

Subp. 11. **Practice setting.** "Practice setting" means the organizational entity and all its physical locations in which the nurse practitioner and collaborating physician provide care to patients.

Subp. 12. **Practice specialty.** "Practice specialty" means

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the area in which the individual is certified as a nurse practitioner. These areas are gerontological, adult, family, school, pediatric, obstetric-gynecological, and neonatal.

Subp. 13. **Prescribe.** "Prescribe" means to direct, order, or designate by means of a prescription the preparation, use of, or manner of using a drug or therapeutic device.

Subp. 14. **Prescription.** "Prescription" means a signed written order, or an oral order reduced to writing, given by a practitioner authorized to prescribe drugs for patients in the course of the practitioner's practice, issued for an individual patient and containing the following: the date of issue, name and address of the patient, name and quantity of the drug prescribed, directions for use, and the name and address of the prescriber.

Subp. 15. **Program of study.** "Program of study" means a formal organized nursing curriculum composed of didactic and supervised clinical experience that specifically prepares nurse practitioners. The program of study must be accepted by a national professional nursing organization that certifies nurse practitioners, have a formal admission procedure, and recognize the graduate by means of a completion document such as a transcript or certificate.

Subp. 16. **Registration.** "Registration" means the process by which the names and original license numbers of individuals licensed by the board are listed as individuals authorized to engage in professional nursing during a registration period.

Subp. 17. **Registration renewal.** "Registration renewal" means the periodic process by which an individual who is licensed and registered with the board to practice professional nursing requests and obtains registration for the next registration period.

Subp. 18. **Therapeutic device.** "Therapeutic device" means durable medical equipment and assistive or rehabilitative appliances, objects, or products that are required to implement the overall plan of care for the patient.

Subp. 19. **Written agreement.** "Written agreement" means a

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written document developed jointly by the nurse practitioner and collaborating physician that contains statements that define the delegated responsibilities that relate to the prescription of drugs and therapeutic devices. The delegated prescribing responsibilities must be consistent with the standards established by the Minnesota Medical Association and the Minnesota Nurses Association.

6340.0200 ELIGIBILITY CRITERIA FOR PRESCRIBING AUTHORITY.

Subpart 1. **Licensure and current registration.** An applicant shall be licensed and currently registered to practice professional nursing in Minnesota. The applicant shall not be the subject of a board disciplinary order affecting the applicant's license or current registration.

Subp. 2. **Graduation.** An applicant shall have completed a program of study designed to prepare a registered nurse for advanced practice as a nurse practitioner.

Subp. 3. **Certification.** An applicant shall be certified as a nurse practitioner by one of the national professional nursing organizations listed in part 6340.0100, subpart 9. An applicant shall have a current certificate from the national professional nursing organization that granted certification.

Subp. 4. **Written agreement.** An applicant shall have a written agreement with a collaborating physician that is signed and dated by the nurse practitioner and the collaborating physician. The nurse practitioner shall have a written agreement for each practice setting.

6340.0300 INITIAL APPLICATION PROCEDURE.

Subpart 1. **Procedure.** A nurse practitioner who seeks prescribing authority shall follow the procedures in subparts 2 to 6.

Subp. 2. **Application.** An applicant shall obtain the application forms and instruction for filing from the board. Information required on the application includes the nurse practitioner's name, registered nurse license number, home and practice setting addresses, home and practice setting telephone

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numbers, name of collaborating physician, drug categories and therapeutic devices that the nurse practitioner has been authorized to prescribe, and the practice specialty of the nurse practitioner. The application must be notarized. An applicant shall submit true, complete, and accurate information.

An applicant shall submit an application, fee, and attachments for each written agreement.

Subp. 3. **Fee.** An applicant shall submit a fee of $50 with the application. The fee must be paid to the board in United States currency, cashier's check, or money order. Personal checks are not accepted. If for any reason the applicant is not eligible for prescribing authority, the fee is not refundable.

Subp. 4. **Certificate.** An applicant shall submit a notarized copy of the current certificate issued to the nurse practitioner by the national professional nursing organization.

Subp. 5. **Graduation verification.** An applicant shall submit a notarized copy of a document such as a diploma, letter, or certificate that indicates graduation from a nurse practitioner program. An official transcript may be submitted in lieu of the notarized document providing that the transcript clearly indicates that the program of study prepared the individual for practice as a nurse practitioner.

Subp. 6. **Written agreement.** An applicant shall submit a copy of the written agreement between the nurse practitioner and the collaborating physician.

Subp. 7. **Nullification.** The board shall nullify an application that is not completed within one year. For a nullified application, the fee shall be forfeited and the application and other documents may be destroyed according to the process specified in Minnesota Statutes, section 138.17, subdivision 7. If an individual whose application has been nullified seeks prescribing authority, the applicant shall submit a new initial application, fee, and attachments.

6340.0400 CONFIRMATION OF ELIGIBILITY.

Subpart 1. **Procedure.** When the board has received a

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completed application, fee, and attachments, the board shall determine whether the nurse practitioner has demonstrated eligibility to prescribe drugs and therapeutic devices. If the applicant has demonstrated eligibility for prescribing authority, the board shall issue a document and identification number.

Subp. 2. **Document.** The board shall issue a document each time the nurse practitioner submits the required evidence to demonstrate eligibility to prescribe drugs and therapeutic devices. The board shall print the nurse practitioner's name, identification number, practice setting, and expiration date on the document. The expiration date on the document is the same as the registered nurse registration expiration date.

Subp. 3. **Identification number.** The board shall issue an identification number to a nurse practitioner when the nurse practitioner has demonstrated eligibility to prescribe drugs and therapeutic devices. The identification number must include the prefix "NP" and seven digits. The seven digits must be the nurse practitioner's registered nurse license number, preceded by zeros when necessary.

6340.0500 VERIFICATION OF CONTINUING ELIGIBILITY.

Subpart 1. **Cycle.** The nurse practitioner with prescribing authority shall demonstrate continuing eligibility to prescribe at the time of renewal of registered nurse registration. The board shall mail a verification form for demonstrating ongoing eligibility with the renewal of registration application.

Subp. 2. **Required information.** Information required on the verification of continuing eligibility form includes the nurse practitioner's name, registered nurse license number, home and practice setting addresses, home and practice setting telephone numbers, name of collaborating physician, drug categories that the nurse practitioner has been authorized to prescribe, and the practice specialty of the nurse practitioner. The nurse practitioner shall submit true, complete, and accurate information. The nurse practitioner

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shall submit a verification form and fee for each written agreement. In addition, the nurse practitioner shall submit a copy of the current certificate issued by the national professional nursing organization and a copy of the current written agreement, signed and dated, by the nurse practitioner and collaborating physician.

Subp. 3. **Fee.** The nurse practitioner must submit a fee of $20 with the verification of continuing eligibility. The fee must be paid to the board and is not refundable.

6340.0600 LOSS OF ELIGIBILITY.

The nurse practitioner's prescribing authority ceases immediately if one or more of the following occur:

A. change of collaborating physician within the practice setting;

B. failure to renew registration as a registered nurse;

C. failure to demonstrate continuing eligibility to prescribe at the time of renewal of registration;

D. failure to maintain nurse practitioner certificate issued by the national professional nursing organization;

E. change of employer;

F. termination of the written agreement by the collaborating physician or the nurse practitioner;

G. revocation of the certificate by the national professional nursing organization; or

H. disciplinary action taken by the board which affects the registered nurse license or current registration certificate.

The nurse practitioner shall report any of the occurrences in subitems A to H to the board within 30 days.

6340.0700 PROCEDURE FOR REESTABLISHING PRESCRIBING AUTHORITY.

Subpart 1. **Reestablishing prescribing authority; first part.** For loss of eligibility as described in part 6340.0600, items A to D, the following documentation is required to reestablish eligibility:

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A. If the collaborating physician changes within the practice setting, then the nurse practitioner shall submit a copy of the written agreement that includes the name of the current collaborating physician.

B. If the nurse practitioner fails to renew registration as a registered nurse, then the nurse practitioner shall meet the requirements for registered nurse reregistration.

C. If the nurse practitioner fails to demonstrate continuing eligibility to prescribe at the time of renewal, then the nurse practitioner shall submit the verification of eligibility form and fee.

D. If the nurse practitioner fails to maintain current certification, then the nurse practitioner shall meet the certification requirements of the national professional nursing organization and submit a copy of the current certificate.

Subp. 2. **Reestablishing prescribing authority; second part.** For loss of eligibility as listed in part 6340.0600, item E or F, the nurse practitioner shall follow the procedures in items A to D to reestablish eligibility.

A. An applicant shall obtain the application forms and instruction for filing from the board. Information required on the application includes the nurse practitioner's name, registered nurse license number, home and practice setting addresses, home and practice setting telephone numbers, name of collaborating physician, drug categories and therapeutic devices that the nurse practitioner has been authorized to prescribe, and the practice specialty of the nurse practitioner. The application must be notarized. An applicant shall submit true, complete, and accurate information.

The nurse practitioner shall submit an application, fee, and attachments for each written agreement.

B. An applicant shall submit a fee of $50 with the application. The fee must be paid to the board in United States currency, cashier's check, or money order. Personal checks are not accepted. If for any reason the applicant is not eligible

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for prescribing authority, the fee is not refundable.

C. An applicant shall submit a copy of the current certificate issued by the national professional nursing organization.

D. An applicant shall submit a copy of the written agreement between the nurse practitioner and the current collaborating physician.

Subp. 3. **Reestablishing prescribing authority; third part.** For loss of eligibility as listed in part 6340.0600, item G, the national professional nursing organization shall have reinstated the certificate. After the nurse practitioner has been recertified, the nurse practitioner shall follow the procedures in subpart 2 to reestablish eligibility.

Subp. 4. **Reestablishing prescribing authority; fourth part.** For loss of eligibility as listed in part 6340.0600, item H, the board shall have issued the nurse practitioner an unconditional registered nurse license or current registration certificate. After the board orders an unconditional license, the nurse practitioner shall follow the procedures in subpart 2 to reestablish eligibility.

6340.0800 CHANGES REQUIRING NOTIFICATION TO THE BOARD.

Subpart 1. **Name change.** The nurse practitioner who has a name change shall notify the board in writing within 30 days.

Subp. 2. **Address change.** The nurse practitioner who has a change in home or practice setting address shall notify the board in writing within 30 days.

Subp. 3. **Telephone number change.** The nurse practitioner who has a change in home or practice setting telephone number shall notify the board in writing within 30 days.

Subp. 4. **Change in categories of drugs.** The nurse practitioner who adds or deletes categories of drugs shall notify the board in writing within 30 days.

Subp. 5. **Changes in written agreement.** The nurse practitioner and collaborating physician shall initial and date any changes such as addition or deletion of drugs or therapeutic

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devices. At the time of verification of continuing eligibility to prescribe, the nurse practitioner shall submit a copy of the current written agreement that incorporates the changes.

6340.0900 IDENTIFICATION.

Subpart 1. **Identification.** In writing prescriptions, the nurse practitioner shall include the nurse practitioner's name, initials, practice setting, and telephone number.

Subp. 2. **Initials.** The nurse practitioner shall use the abbreviation "NP" with the prefix letter designating the practice specialty as follows:

A. gerontological nurse practitioner, "GNP";

B. adult nurse practitioner, "ANP";

C. family nurse practitioner, "FNP";

D. school nurse practitioner, "SNP";

E. pediatric nurse practitioner, "PNP";

F. obstetric-gynecological nurse practitioner, "OGNP"; and

G. neonatal nurse practitioner, "NNP."

6340.1000 NOTIFICATION OF PHARMACISTS.

Subpart 1. **Initial notification.** On March 1, 1992, and every year thereafter, the board shall mail a list of all nurse practitioners with prescribing authority to the Board of Pharmacy and all pharmacies in Minnesota.

Subp. 2. **Maintaining notification.** After the initial and the annual notification, the board shall notify the Board of Pharmacy on a monthly basis of changes in the list of the authorized nurse practitioners. This change list must include additional nurse practitioners who are eligible to prescribe, those nurse practitioners who have lost eligibility to prescribe, and those nurse practitioners who have reestablished their eligibility to prescribe.

Subp. 3. **Nurse practitioner information.** The information about each nurse practitioner that must be included on every list is as follows: the name of the nurse practitioner, identification number, practice specialty, practice setting

Approved by Revisor _____

name, practice setting address, and practice setting telephone number. For those nurse practitioners who have lost eligibility to prescribe, the practice setting telephone number may be omitted.

Subp. 4. **Master record.** The board shall maintain information on each nurse practitioner that includes the drug categories and therapeutic devices that the nurse practitioner is authorized to prescribe. This information shall be made available to pharmacists on request.

6340.1100 VIOLATION OF RULES.

Any nurse practitioner who violates a rule in this chapter is subject to board disciplinary action under Minnesota Statutes, sections 148.261, subdivision 1, and 148.262.

Approved
by Revisor _____

Office of the Revisor of Statutes

Administrative Rules

TITLE: Proposed Permanent Rules Relating to Nurse Practitioners Prescribing Authority

AGENCY: Board of Nursing

MINNESOTA RULES: Chapter 6340

The attached rules are approved for publication in the State Register

Carla M. Riehle
Assistant Revisor

STATE OF MINNESOTA

COUNTY OF RAMSEY

BEFORE THE MINNESOTA

BOARD OF NURSING

In the Matter of the Proposed Adoption of Rules of the Board of Nursing Governing Nurse Practitioner Prescribing Authority

AFFIDAVIT OF MAILING THE NOTICE OF INTENT TO ADOPT RULES WITHOUT A PUBLIC HEARING AND CERTIFICATE OF MAILING LIST

STATE OF MINNESOTA)
) ss.
COUNTY OF RAMSEY)

Joan Detzler, being duly sworn, says:

I hereby certify that the list of persons and associations who have requested, pursuant to Minn. Stat. §§ 14.14, subd. 1(a) and 14.22 or 14.30 (1990), that their names be placed on the Board of Nursing's rulemaking mailing list is accurate, complete, and current as of this 31st day of May, 1991.

That on the 31st day of May, 1991, at the City of St. Paul, County of Ramsey, State of Minnesota, I mailed the attached Notice Of Intent To Adopt Rules Without A Public Hearing by depositing in the State of Minnesota Central Mail System for United States mailing a copy thereof, with postage prepaid, to all persons and associations on the aforementioned mailing list.

Joan Detzler
JOAN DETZLER

Subscribed and sworn to before
me this 25th day of June, 1991.

Marilyn A. Wolner
NOTARY PUBLIC

MARILYN A. WOLNER
NOTARY PUBLIC-MINNESOTA
HENNEPIN COUNTY
MY COMMISSION EXPIRES MAY 16, 1997

Board of Nursing

Proposed Permanent Rules Relating to Nurse Practitioners Prescribing Authority

Notice of Intent to Adopt Rules Without a Public Hearing

NOTICE IS HEREBY GIVEN that the Minnesota Board of Nursing (hereinafter "Board") intends to adopt the above-entitled rules without a public hearing following the procedures set forth in the Administrative Procedure Act for adopting rules without a public hearing in *Minnesota Statutes* §§ 14.22 to 14.28 (1990). The statutory authority to adopt the rules is *Minnesota Statutes* § 148.235.

All persons have 30 days in which to submit comment in support of or in opposition to the proposed rules or any part or subpart of the rules. Comment is encouraged. Each comment should identify the portion of the proposed rules addressed, the reason for the comment, and any change proposed.

Any person may make a written request for a public hearing on the rules within the 30-day comment period. If 25 or more persons submit a written request for a public hearing within the 30-day comment period, a public hearing will be held unless a sufficient number withdraw their request in writing. Any person requesting a public hearing should state his or her name and address and is encouraged to identify the portion of the proposed rules addressed, the reason for the request, and any change proposed. If a public hearing is required, the Board will proceed pursuant to *Minnesota Statutes* §§ 14.131 to 14.20 (1990).

Comments or written requests for a public hearing must be submitted to:

Sandra J. MacKenzie
Assistant Director
Minnesota Board of Nursing
Suite 108
2700 University Avenue West
St. Paul, Minnesota 55113
Telephone: (612) 642-0572

The proposed rules may be modified if the modifications are supported by data and views submitted to the Board and do not result in a substantial change in the proposed rules as noticed.

A copy of the proposed rules is attached to this notice.

A STATEMENT OF NEED AND REASONABLENESS that describes the need for and reasonableness of each provision of the proposed rules and identifies the data and information relied upon to support the proposed rules has been prepared and is available from Sandra J. MacKenzie upon request.

Promulgation of the proposed rules will not result in the expenditure of public monies by local public bodies nor have an impact on agricultural land; therefore, no further information need be provided under *Minnesota Statutes* § 14.11 (1990).

The effect of these rules on small businesses is addressed in the Statement Of Need And Reasonableness.

If no hearing is required, upon adoption of the rules, the rules and the required supporting documents will be submitted to the Attorney General for review as to legality and form to the extent the form relates to legality. Any person may request notification of the date of submission to the Attorney General. Persons who wish to be advised of the submission of this material to the Attorney General or who wish to receive a copy of the adopted rules must submit the written request to Sandra J. MacKenzie.

Dated: 20 May 1991

Joyce M. Schowalter
Executive Director

Rules as Proposed (all new material)

6340.0100 DEFINITIONS.

Subpart 1. **Scope.** For the purpose of this chapter, the following terms have the meanings given them.

Subp. 2. **Attachments.** "Attachments" means the materials that must be submitted with the application to demonstrate eligibility to prescribe drugs and therapeutic devices. The materials include a copy of the certificate, completion document, and written agreement.

Subp. 3. **Board.** "Board" means the Board of Nursing.

Subp. 4. **Certificate.** "Certificate" means the document issued by a national professional nursing organization which certifies nurse practitioners.

Subp. 5. **Collaborating physician.** "Collaborating physician" means an individual physician licensed under *Minnesota Statutes*, chapter 147, who agrees to delegate prescribing authority to the nurse practitioner by giving direction and review consistent with the written agreement.

Subp. 6. **Drug.** "Drug" has the meaning given it in *Minnesota Statutes*, section 151.01, subdivision 5.

Subp. 7. **Drug categories or drug types.** "Drug categories" or "drug types" means the major therapeutic classifications in which medications are organized. The drug categories are:

A. anesthetics;

B. antiinfectives;

C. antineoplastic and immunosuppressant medications;

D. cardiovascular medications;

E. autonomic and central nervous system medications;

F. dermatological medications;

G. ear-nose-throat medications;

H. endocrine medications;

I. gastrointestinal medications;

J. immunologicals and vaccines;

K. musculoskeletal medications;

L. nutritional products;

M. blood modifiers and electrolytes;

N. obstetrical and gynecological medications;

O. ophthalmic medications;

P. respiratory medications;

Q. urological medications; and

R. diagnostic and miscellaneous medications.

Subp. 8. **Licensure.** "Licensure" means the process by which the board confers legal authority upon an individual authorizing the person to engage in professional nursing, thereby certifying that those licensed have attained the minimal degree of competency necessary to ensure that the public health, safety, and welfare will be reasonably well protected.

Subp. 9. **National professional nursing organizations.** "National professional nursing organizations" means the organizations adopted by the board under *Minnesota Statutes*, section 62A.15, subdivision 3a, with the authority to certify nurse practitioners. The organizations are the American Nurses Association, the National Certification Board of Pediatric Nurse Practitioners and Nurses, and the Nurses Association of the American College of Obstetricians and Gynecologists Certification Corporation.

Subp. 10. **Nurse practitioner.** "Nurse practitioner" means a registered nurse who has graduated from a program of study designed to prepare a registered nurse for advanced practice as a nurse practitioner and who is certified through a national professional nursing organization.

Subp. 11. **Practice setting.** "Practice setting" means the organizational entity and all its physical locations in which the nurse practitioner and collaborating physician provide care to patients.

Subp. 12. **Practice specialty.** "Practice specialty" means the area in which the individual is certified as a nurse practitioner. These areas are gerontological, adult, family, school, pediatric, obstetric-gynecological, and neonatal.

Subp. 13. **Prescribe.** "Prescribe" means to direct, order, or designate by means of a prescription the preparation, use of, or manner of using a drug or therapeutic device.

Subp. 14. **Prescription.** "Prescription" means a signed written order, or an oral order reduced to writing, given by a practitioner authorized to prescribe drugs for patients in the course of the practitioner's practice, issued for an individual patient and containing

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the following: the date of issue, name and address of the patient, name and quantity of the drug prescribed, directions for use, and the name and address of the prescriber.

Subp. 15. **Program of study.** "Program of study" means a formal organized nursing curriculum composed of didactic and supervised clinical experience that specifically prepares nurse practitioners. The program of study must be accepted by a national professional nursing organization that certifies nurse practitioners, have a formal admission procedure, and recognize the graduate by means of a completion document such as a transcript or certificate.

Subp. 16. **Registration.** "Registration" means the process by which the names and original license numbers of individuals licensed by the board are listed as individuals authorized to engage in professional nursing during a registration period.

Subp. 17. **Registration renewal.** "Registration renewal" means the periodic process by which an individual who is licensed and registered with the board to practice professional nursing requests and obtains registration for the next registration period.

Subp. 18. **Therapeutic device.** "Therapeutic device" means durable medical equipment and assistive or rehabilitative appliances, objects, or products that are required to implement the overall plan of care for the patient.

Subp. 19. **Written agreement.** "Written agreement" means a written document developed jointly by the nurse practitioner and collaborating physician that contains statements that define the delegated responsibilities that relate to the prescription of drugs and therapeutic devices. The delegated prescribing responsibilities must be consistent with the standards established by the Minnesota Medical Association and the Minnesota Nurses Association.

6340.0200 ELIGIBILITY CRITERIA FOR PRESCRIBING AUTHORITY.

Subpart 1. **Licensure and current registration.** An applicant shall be licensed and currently registered to practice professional nursing in Minnesota. The applicant shall not be the subject of a board disciplinary order affecting the applicant's license or current registration.

Subp. 2. **Graduation.** An applicant shall have completed a program of study designed to prepare a registered nurse for advanced practice as a nurse practitioner.

Subp. 3. **Certification.** An applicant shall be certified as a nurse practitioner by one of the national professional nursing organizations listed in part 6340.0100, subpart 9. An applicant shall have a current certificate from the national professional nursing organization that granted certification.

Subp. 4. **Written agreement.** An applicant shall have a written agreement with a collaborating physician that is signed and dated by the nurse practitioner and the collaborating physician. The nurse practitioner shall have a written agreement for each practice setting.

6340.0300 INITIAL APPLICATION PROCEDURE.

Subpart 1. **Procedure.** A nurse practitioner who seeks prescribing authority shall follow the procedures in subparts 2 to 6.

Subp. 2. **Application.** An applicant shall obtain the application forms and instruction for filing from the board. Information required on the application includes the nurse practitioner's name, registered nurse license number, home and practice setting addresses, home and practice setting telephone numbers, name of collaborating physician, drug categories and therapeutic devices that the nurse practitioner has been authorized to prescribe, and the practice specialty of the nurse practitioner. The application must be notarized. An applicant shall submit true, complete, and accurate information.

An applicant shall submit an application, fee, and attachments for each written agreement.

Subp. 3. **Fee.** An applicant shall submit a fee of $50 with the application. The fee must be paid to the board in United States currency, cashier's check, or money order. Personal checks are not accepted. If for any reason the applicant is not eligible for prescribing authority, the fee is not refundable.

Subp. 4. **Certificate.** An applicant shall submit a notarized copy of the current certificate issued to the nurse practitioner by the national professional nursing organization.

Subp. 5. **Graduation verification.** An applicant shall submit a notarized copy of a document such as a diploma, letter, or certificate that indicates graduation from a nurse practitioner program. An official transcript may be submitted in lieu of the notarized document providing that the transcript clearly indicates that the program of study prepared the individual for practice as a nurse practitioner.

Subp. 6. **Written agreement.** An applicant shall submit a copy of the written agreement between the nurse practitioner and the collaborating physician.

Subp. 7. **Nullification.** The board shall nullify an application that is not completed within one year. For a nullified application, the fee shall be forfeited and the application and other documents may be destroyed according to the process specified in *Minnesota Statutes*, section 138.17, subdivision 7. If an individual whose application has been nullified seeks prescribing authority, the applicant shall submit a new initial application, fee, and attachments.

6340.0400 CONFIRMATION OF ELIGIBILITY.

Subpart 1. **Procedure.** When the board has received a completed application, fee, and attachments, the board shall determine whether the nurse practitioner has demonstrated eligibility to prescribe drugs and therapeutic devices. If the applicant has demonstrated eligibility for prescribing authority, the board shall issue a document and identification number.

Subp. 2. **Document.** The board shall issue a document each time the nurse practitioner submits the required evidence to demonstrate eligibility to prescribe drugs and therapeutic devices. The board shall print the nurse practitioner's name, identification number, practice setting, and expiration date on the document. The expiration date on the document is the same as the registered nurse registration expiration date.

Subp. 3. **Identification number.** The board shall issue an identification number to a nurse practitioner when the nurse practitioner has demonstrated eligibility to prescribe drugs and therapeutic devices. The identification number must include the prefix "NP" and seven digits. The seven digits must be the nurse practitioner's registered nurse license number, preceded by zeros when necessary.

6340.0500 VERIFICATION OF CONTINUING ELIGIBILITY.

Subpart 1. **Cycle.** The nurse practitioner with prescribing authority shall demonstrate continuing eligibility to prescribe at the time of renewal of registered nurse registration. The board shall mail a verification form for demonstrating ongoing eligibility with the renewal of registration application.

Subp. 2. **Required information.** Information required on the verification of continuing eligibility form includes the nurse practitioner's name, registered nurse license number, home and practice setting addresses, home and practice setting telephone numbers, name of collaborating physician, drug categories that the nurse practitioner has been authorized to prescribe, and the practice specialty of the nurse practitioner. The nurse practitioner shall submit true, complete, and accurate information. The nurse practitioner shall submit a verification form and fee for each written agreement. In addition, the nurse practitioner shall submit a copy of the current certificate issued by the national professional nursing organization and a copy of the current written agreement, signed and dated, by the nurse practitioner and collaborating physician.

Subp. 3. **Fee.** The nurse practitioner must submit a fee of $20 with the verification of continuing eligibility. The fee must be paid to the board and is not refundable.

6340.0600 LOSS OF ELIGIBILITY.

The nurse practitioner's prescribing authority ceases immediately if one or more of the following occur:

A. change of collaborating physician within the practice setting;

B. failure to renew registration as a registered nurse;

C. failure to demonstrate continuing eligibility to prescribe at the time of renewal of registration;

D. failure to maintain nurse practitioner certificate issued by the national professional nursing organization;

E. change of employer;

F. termination of the written agreement by the collaborating physician or the nurse practitioner;

G. revocation of the certificate by the national professional nursing organization; or

H. disciplinary action taken by the board which affects the registered nurse license or current registration certificate.

The nurse practitioner shall report any of the occurrences in subitems A to H to the board within 30 days.

6340.0700 PROCEDURE FOR REESTABLISHING PRESCRIBING AUTHORITY.

Subpart 1. **Reestablishing prescribing authority; first part.** For loss of eligibility as described in part 6340.0600, items A to D, the following documentation is required to reestablish eligibility:

A. If the collaborating physician changes within the practice setting, then the nurse practitioner shall submit a copy of the written agreement that includes the name of the current collaborating physician.

B. If the nurse practitioner fails to renew registration as a registered nurse, then the nurse practitioner shall meet the requirements for registered nurse reregistration.

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C. If the nurse practitioner fails to demonstrate continuing eligibility to prescribe at the time of renewal, then the nurse practitioner shall submit the verification of eligibility form and fee.

D. If the nurse practitioner fails to maintain current certification, then the nurse practitioner shall meet the certification requirements of the national professional nursing organization and submit a copy of the current certificate.

Subp. 2. **Reestablishing prescribing authority; second part.** For loss of eligibility as listed in part 6340.0600, item E or F, the nurse practitioner shall follow the procedures in items A to D to reestablish eligibility.

A. An applicant shall obtain the application forms and instruction for filing from the board. Information required on the application includes the nurse practitioner's name, registered nurse license number, home and practice setting addresses, home and practice setting telephone numbers, name of collaborating physician, drug categories and therapeutic devices that the nurse practitioner has been authorized to prescribe, and the practice specialty of the nurse practitioner. The application must be notarized. An applicant shall submit true, complete, and accurate information.

The nurse practitioner shall submit an application, fee, and attachments for each written agreement.

B. An applicant shall submit a fee of $50 with the application. The fee must be paid to the board in United States currency, cashier's check, or money order. Personal checks are not accepted. If for any reason the applicant is not eligible for prescribing authority, the fee is not refundable.

C. An applicant shall submit a copy of the current certificate issued by the national professional nursing organization.

D. An applicant shall submit a copy of the written agreement between the nurse practitioner and the current collaborating physician.

Subp. 3. **Reestablishing prescribing authority; third part.** For loss of eligibility as listed in part 6340.0600, item G, the national professional nursing organization shall have reinstated the certificate. After the nurse practitioner has been recertified, the nurse practitioner shall follow the procedures in subpart 2 to reestablish eligibility.

Subp. 4. **Reestablishing prescribing authority; fourth part.** For loss of eligibility as listed in part 6340.0600, item H, the board shall have issued the nurse practitioner an unconditional registered nurse license or current registration certificate. After the board orders an unconditional license, the nurse practitioner shall follow the procedures in subpart 2 to reestablish eligibility.

6340.0800 CHANGES REQUIRING NOTIFICATION TO THE BOARD.

Subpart 1. **Name change.** The nurse practitioner who has a name change shall notify the board in writing within 30 days.

Subp. 2. **Address change.** The nurse practitioner who has a change in home or practice setting address shall notify the board in writing within 30 days.

Subp. 3. **Telephone number change.** The nurse practitioner who has a change in home or practice setting telephone number shall notify the board in writing within 30 days.

Subp. 4. **Change in categories of drugs.** The nurse practitioner who adds or deletes categories of drugs shall notify the board in writing within 30 days.

Subp. 5. **Changes in written agreement.** The nurse practitioner and collaborating physician shall initial and date any changes such as addition or deletion of drugs or therapeutic devices. At the time of verification of continuing eligibility to prescribe, the nurse practitioner shall submit a copy of the current written agreement that incorporates the changes.

6340.0900 IDENTIFICATION.

Subpart 1. **Identification.** In writing prescriptions, the nurse practitioner shall include the nurse practitioner's name, initials, practice setting, and telephone number.

Subp. 2. **Initials.** The nurse practitioner shall use the abbreviation "NP" with the prefix letter designating the practice specialty as follows:

A. gerontological nurse practitioner, "GNP";

B. adult nurse practitioner, "ANP";

C. family nurse practitioner, "FNP";

D. school nurse practitioner, "SNP";

E. pediatric nurse practitioner, "PNP";

F. obstetric-gynecological nurse practitioner, "OGNP"; and

G. neonatal nurse practitioner, "NNP."

6340.1000 NOTIFICATION OF PHARMACISTS.

Subpart 1. **Initial notification.** On March 1, 1992, and every year thereafter, the board shall mail a list of all nurse practitioners with prescribing authority to the Board of Pharmacy and all pharmacies in Minnesota.

Subp. 2. **Maintaining notification.** After the initial and the annual notification, the board shall notify the Board of Pharmacy on a monthly basis of changes in the list of the authorized nurse practitioners. This change list must include additional nurse practitioners who are eligible to prescribe, those nurse practitioners who have lost eligibility to prescribe, and those nurse practitioners who have reestablished their eligibility to prescribe.

Subp. 3. **Nurse practitioner information.** The information about each nurse practitioner that must be included on every list is as follows: the name of the nurse practitioner, identification number, practice specialty, practice setting name, practice setting address, and practice setting telephone number. For those nurse practitioners who have lost eligibility to prescribe, the practice setting telephone number may be omitted.

Subp. 4. **Master record.** The board shall maintain information on each nurse practitioner that includes the drug categories and therapeutic devices that the nurse practitioner is authorized to prescribe. This information shall be made available to pharmacists on request.

6340.1100 VIOLATION OF RULES.

Any nurse practitioner who violates a rule in this chapter is subject to board disciplinary action under *Minnesota Statutes*, sections 148.261, subdivision 1, and 148.262.

Adopted Rules

The adoption of a rule becomes effective after the requirements of Minn. Stat. §14.14-14.28 have been met and five working days after the rule is published in *State Register*, unless a later date is required by statutes or specified in the rule.

If an adopted rule is identical to its proposed form as previously published, a notice of adoption and a citation to its previous *State Register* publication will be printed.

If an adopted rule differs from its proposed form, language which has been deleted will be printed with strikeouts and new language will be underlined. The rule's previous *State Register* publication will be cited.

An emergency rule becomes effective five working days after the approval of the Attorney General as specified in Minn. Stat. §14.33 and upon the approval of the Revisor of Statutes as specified in §14.36. Notice of approval by the Attorney General will be published as soon as practicable, and the adopted emergency rule will be published in the manner provided for adopted rules under §14.18.

Department of Human Services

Adopted Permanent Rules Relating to Surveillance and Utilization Review of Medical Assistance Services

The rules proposed and published at *State Register*, Volume 15, Number 29, pages 1579-1590, January 14, 1991 (15 SR 1579) are adopted with the following modifications:

Rules as Adopted

SURVEILLANCE AND UTILIZATION REVIEW OF MEDICAL ASSISTANCE SERVICES

9505.0180 SURVEILLANCE AND UTILIZATION CONTROL PROGRAM.

Subpart 1. [See repealer.]

Subp. 2. **Duty to implement.** The department shall carry out a program of a surveillance and utilization review under parts

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CERTIFICATE OF THE

BOARD OF NURSING

RESOLUTION ADOPTING RULES

I, Christine Springhetti, do hereby certify that I am a member and the president of the Minnesota Board of Nursing (hereinafter "Board"), a board duly authorized under the laws of the State of Minnesota, and that the following is a true, complete, and correct copy of a resolution adopted at a meeting of the Board, duly and properly called and held on the 8th day of August, 1991, that a quorum was present, and that a majority of those present voted for the resolution which has not been rescinded or modified:

> RESOLVED, that the rules governing nurse practitioner prescribing authority are approved and adopted pursuant to authority vested in the Board by Minn. Stat. § 148.235 (1990). Joyce M. Schowalter, Executive Director of the Board, is authorized to sign the findings of fact, conclusions and order adopting the rules and further is authorized to modify the rules if necessary to obtain the approval of the rules by the Attorney General and to perform the necessary acts to provide that the rules shall have the force and effect of law.

IN WITNESS WHEREOF, I have hereunto subscribed my name this 9th day of August, 1991.

Christine Springhetti

CHRISTINE SPRINGHETTI
President

Renee C. Burman BJS

Attest by one other Board member

pliance with the procedures and requirements established by the board, and pay the registration fee for the current period to the board. Thereupon, the registration certificate shall be issued to the person who shall immediately be placed on the practicing list as a registered nurse or licensed practical nurse.

Subd. 6. **Verification.** A person licensed under the provisions of sections 148.171 to 148.285 who requests the board to verify a Minnesota license to another state, territory, or country or to an agency, facility, school, or institution shall pay a fee to the board for each verification.

History: *1945 c 242 s 7; 1947 c 286 s 1; 1955 c 34 s 5; 1961 c 8 s 2; 1967 c 68 s 2; 1969 c 53 s 2,3; 1971 c 131 s 1; 1975 c 240 s 2; 1975 c 360 s 6,7; 1976 c 149 s 30; 1981 c 94 s 3-6; 1986 c 444; 1989 c 194 s 8*

148.232 REGISTRATION OF PUBLIC HEALTH NURSES.

A public health nurse certified for public health duties by the commissioner of health under section 145A.06, subdivision 3, or previous authority must be deemed to be registered as a public health nurse under the provisions of sections 148.171 to 148.285.

History: *1989 c 194 s 9*

148.235 PRESCRIBING DRUGS AND THERAPEUTIC DEVICES.

Subdivision 1. **Nurse-midwives.** A registered nurse who has graduated from a program of study designed to prepare registered nurses for advanced practice as nurse-midwives and who is certified through the national professional nursing organization for nurse-midwives may prescribe and administer drugs and therapeutic devices within practice as a nurse-midwife.

Subd. 2. **Nurse practitioners.** (a) **Prescribing authority.** A registered nurse who (1) has graduated from a program of study designed to prepare registered nurses for advanced practice as nurse practitioners, (2) is certified through a national professional nursing organization which certifies nurse practitioners and is included in the list of professional nursing organizations adopted by the board under section 62A.15, subdivision 3a, and (3) has a written agreement with a physician based on standards established by the Minnesota nurses association and the Minnesota medical association that defines the delegated responsibilities related to the prescription of drugs and therapeutic devices, may prescribe and administer drugs and therapeutic devices within the scope of the written agreement and within practice as a nurse practitioner.

(b) **Rules.** By July 1, 1991, the board shall promulgate rules to provide for the following:

(1) a system of identifying nurse practitioners eligible to prescribe drugs and therapeutic devices;

(2) a method of determining which general categories of prescription drugs and therapeutic devices have been delegated to each nurse practitioner;

(3) a system of transmitting to pharmacists information concerning nurse practitioners eligible to prescribe drugs and therapeutic devices and the types of drugs and therapeutic devices they have been delegated the authority to prescribe; and

(4) a fee to the nurse practitioner who seeks prescribing authority in an amount sufficient to cover the board's ongoing costs relating to monitoring and regulating the prescribing authority of nurse practitioners.

(c) **Task force.** For purposes of adopting rules under this paragraph, the board shall establish and appoint an advisory task force composed of the following nine members:

(1) five nurse practitioners;

(2) two pharmacists; and

(3) two physicians.

Members must be appointed from lists of qualified persons nominated by the

STATE OF MINNESOTA

COUNTY OF RAMSEY

BEFORE THE MINNESOTA

BOARD OF NURSING

In the Matter of the Proposed Adoption of Rules of the Board of Nursing Governing Nurse Practitioner Prescribing Authority

FINDINGS OF FACT, CONCLUSIONS, AND ORDER ADOPTING RULES WITHOUT A PUBLIC HEARING

Notice of the Board of Nursing's (hereinafter "Board") intent to adopt the above-entitled rules was published in the State Register on June 3, 1991, and was sent by United States mail to all persons on the list maintained by the Board pursuant to Minn. Stat. §§ 14.14, subd. 1(a) and 14.22 on May 31, 1991. The statement of need and reasonableness was prepared before the Notice Of Intent To Adopt Rules Without A Public Hearing was mailed to all persons on the rouletting mailing list and published in the State Register and was available to the public.

All persons were given the opportunity to submit comment on the rules for 30 days after notice of proposed rulemaking. No requests for a public hearing on the rules were received by the Board.

The submissions and/or comments received on the rules are attached and have been reviewed by the Board.

No requests for notice of submission to the Attorney General were received by the Board. Several individuals suggested that proposed rule 6340.0300, subp. 3, be revised to allow the nurse practitioner to pay by personal check. The Board finds that such a provision would be consistent with the Board's current rule which allows payment of the registration renewal fee by personal check and would be less burdensome for the licensees. The Board further finds that this would not be a substantial change. Accordingly, the Board adopts this change.

Group Health, Inc. suggested deleting the provision in proposed rule 6340.0800, subp. 3 which requires notification of the Board within 30 days after a change in a licensee's telephone number. The Board finds that the practice setting telephone number is one of the items of information reported to pharmacists and thus should be provided by the licensees to the Board.

Joyce Boardson, C.P.N.P., recommends that antihistamines be added to the drug category list. The Board finds this change is unnecesary because drug categories are major classifications and antihistamines are already included under the drug category of respiratory medications.

Evelyn Welsh, C.P.N.P., expressed concern about the change of collaborating physicians within a practice setting resulting in a loss of eligibility and requiring reapplication. The Board notes that the loss of eligibility would not occur if a new collaborating physician is established before or at the time the previous collaborating physician ceases to delegate. The Board further notes that reapplication is not required by rule. Since the nurse obtains her prescribing authority as an obligation from the physician the Board declines to make a change in this rule.

Ms. Welsh also expressed a concern or question whether there would be a $50.00 fee for each clinic at which she works, even though she works for only one organization. Proposed rules define practice setting as an organizational entity and all its physical locations. Based upon the proposed rules, the Board finds Ms. Welsh's concern unwarranted and declines to change this rule.

Based on the comments and evidence in the record before the Board, including the statement of need and reasonableness which is incorporated herein as the Board's findings, the Board concludes that the above-captioned rules are both needed and reasonable.

9 NOW, THEREFORE, IT IS HEREBY ORDERED that the rules identified as Nurse Practitioner Prescribing Authority are adopted this 9th day of August, 1991, pursuant to authority vested in the Board by Minn. Stat. § 148.235.

JOYCE M. SCHOWALTER
Executive Director

STATE OF MINNESOTA

COUNTY OF RAMSEY

BEFORE THE MINNESOTA

BOARD OF NURSING

In the Matter of the
Proposed Adoption of
Rules of the Board of
Nursing Governing Nurse
Practitioner Prescribing
Authority

DECLARATION OF COUNSEL

I, Audrey Kaiser Manka, Special Assistant Attorney General, do hereby declare that I have examined the above-captioned rules and the supporting rulemaking record and that, based on my examination, the Administrative Procedure Act and Minn. Rules ch. 2010 have been followed. There are no exceptions. For Attorney General billing purposes, the four-digit docket client code is 0481.

Dated: September 3, 1991.

AUDREY KAISER MANKA
Special Assistant
Attorney General