

HOUSE BILL REPORT

HB 1259

As Passed House:
February 9, 2015

Title: An act relating to signatures of advanced registered nurse practitioners on required documentation.

Brief Description: Allowing advanced registered nurse practitioners to sign and attest to certain documentation.

Sponsors: Representatives Cody, Schmick, Clibborn, Harris, Jinkins, Robinson and Buys.

Brief History:

Committee Activity:

Health Care & Wellness: 1/28/15, 1/30/15 [DP].

Floor Activity:

Passed House: 2/9/15, 96-0.

Brief Summary of Bill

- Permits an advanced registered nurse practitioner (ARNP) to sign and attest to any certificates, cards, forms, or other required documentation that a physician may sign, so long as it is within the ARNP's scope of practice.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: Do pass. Signed by 14 members: Representatives Cody, Chair; Riccelli, Vice Chair; Schmick, Ranking Minority Member; Harris, Assistant Ranking Minority Member; Caldier, Clibborn, DeBolt, Jinkins, Johnson, Moeller, Robinson, Rodne, Short and Tharinger.

Staff: Alexa Silver (786-7190).

Background:

Advanced Registered Nurse Practitioners.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

An advanced registered nurse practitioner (ARNP) is a registered nurse who practices independently and assumes primary responsibility for continuous and comprehensive management of a broad range of patient care, concerns, and problems. An applicant for licensure as an ARNP must hold a registered nurse license, have graduated from an accredited advanced nursing education program, and hold a certification from a program approved by the Nursing Quality Assurance Commission (Commission).

An ARNP may:

- examine patients and establish diagnoses;
- admit, manage, and discharge patients to and from health care facilities;
- order, collect, perform, and interpret diagnostic tests;
- manage health care by identifying, developing, implementing, and evaluating a plan of care and treatment for patients;
- prescribe therapies and medical equipment;
- refer patients to other health care practitioners, services, or facilities;
- perform procedures or provide care services that are within the scope of practice, as defined by a certification program approved by the Commission; and
- upon approval by the Commission, prescribe legend drugs and Schedule II through V controlled substances that are within the ARNP's scope of practice.

Physician Assistant Signature Authority.

Physician assistants are licensed to practice medicine to a limited extent under the supervision of a physician, and only under a delegation agreement approved by the Medical Quality Assurance Commission. Similarly, osteopathic physician assistants are licensed to practice osteopathic medicine to a limited extent and only under a delegation agreement approved by the Board of Osteopathic Medicine and Surgery.

A physician assistant or osteopathic physician assistant may sign and attest to any certificates, cards, forms, or other required documentation that the supervising physician or osteopathic physician may sign, so long as it is within the physician assistant's or osteopathic physician assistant's scope of practice and is consistent with the terms of the delegation agreement.

Summary of Bill:

An advanced registered nurse practitioner (ARNP) may sign and attest to any certificates, cards, forms, or other required documentation that a physician may sign, so long as it is within the ARNP's scope of practice.

Appropriation: None.

Fiscal Note: Not requested.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) Advanced registered nurse practitioner (ARNPs) have been major providers of primary and specialty care for over four decades since independent practice authority was granted in 1973. Because many new individuals are enrolling in coverage, there is a need for ARNPs' services to meet that demand. Patients sometimes have forms indicating that a physician's signature is requested, even when the form permits an ARNP to perform the exam. This duplicates services, increases costs, and delays time and access for patients. In rural areas, in particular, it may be onerous. This is a minor technical fix in the law and does not change the scope of practice.

(Opposed) None.

Persons Testifying: Louise Kaplan, ARNPs United of Washington State.

Persons Signed In To Testify But Not Testifying: None.