



New Laws for APRNs (NP, CNM, CNS)

STEPHANIE BURGESS, PHD, APRN, BC, FAANP, FAAN

1



What does new 2018 law say?????

Brief Synopsis

- ▶ Removes physician supervision over NPs, CNM, CNS
- ▶ Physicians must be actively licensed by SC
- ▶ Physicians must be in SC available for consultation and advice
- ▶ No more mileage constraints
- ▶ Removes delegated act terms and replaces with medical acts
- ▶ Can engage in telehealth
- ▶ Authorizes you to prescribe C2-5,
 - ▶ C2 non-narcotics for 30 days, and for each renewal in all settings
 - ▶ C2 for 30 days and each renewal in hospice and palliative care settings
 - ▶ C2 narcotic 5 days in other settings

2



What does new 2018 law say

- ▶ Increases ratio of 3 to 6 at any given time
- ▶ Can order PT, sign patients into Hospice, sign handicapped placards, Sign homebound forms, can dispense meds at free clinics (not controlled though)
- ▶ Must have collaborative written practice agreement
- ▶ Physicians who collaborate must have training, education, or experience in area of NP focus or vice versa: Example: Work with neurosurgeon, do neurosurgery stuff, not prenatal care!!!!
- ▶ Physicians must assure quality assurance by doing meetings with APRNs (face to face or electronically, audits, etc)

3

Telemedicine

An APRN who establishes a nurse-patient relationship solely by means of telemedicine only may prescribe within a practice setting fully in compliance with this chapter and during an encounter in which threshold information necessary to make an accurate diagnosis is obtained in a medical history interview conducted by the prescribing licensee; provided, however, that Schedule I-V prescriptions are only permitted pursuant to a practice agreement as defined in Section 40-33-20(4c) and nothing in this item may be construed to authorize the prescribing of medications via telemedicine that otherwise are restricted by the limitations in Section 40-47-37(C)(6) unless approved by a joint committee of the Board of Medical Examiners and the Board of Nursing.

(6) An APRN who establishes a nurse-patient relationship solely by means of telemedicine shall generate and maintain medical records for each patient using those telemedicine services in compliance with any applicable state and federal laws, rules, and regulations, including the provisions of this chapter, the Health Insurance Portability and Accountability Act (HIPAA), and the Health Information Technology for Economic and Clinical Health Act (HITECH). These records must be accessible to other practitioners and to the patient in a timely fashion when lawfully requested by the patient or his lawfully designated representative.

(7) The provisions of this subsection may not be construed to allow an APRN to perform services beyond the scope of what is authorized by Chapter 33, Title 40 and Chapter 47, Title 40.

7

Telemedicine

The South Carolina Telemedicine Act (June 3, 2016) established practice standards for physicians, including prescriptive limitations, but did not authorize telemedicine for other healthcare professionals.

Nothing in the Nurse Practice Act or the Code of Regulations authorized the practice of telemedicine by APRNs in 2016 but with changes in the Nurse Practice Act 2018, APRNs can engage in telemedicine pursuant to the written practice agreement.

8

Telemedicine

- ▶ The South Carolina Legislature drafted Proviso 117.135 (2017)
- ▶ (C) An Advanced Practice Registered Nurse (APRN), as defined in Section 40-33-20(5) of the 1976 Code, working in a telehealth program may provide services pursuant to a written protocol approved by the South Carolina Board of Medical Examiners as required by Sections 40-33-34 and 40-47-195 using electronic communications, information technology, or other means to a patient in another location with or without an intervening practitioner. APRNs practicing telehealth will be held to the same standard of care as in-person medical care. Except as provided herein, this shall not be construed to allow an APRN to perform services beyond the scope of what is authorized by Title 40, Chapter 33 and Title 40, Chapter 47.

9

Joint Committee and Telemedicine

- ▶ The BME and BON began considering applications for approval immediately through its Joint Committee for APRN Exemption Requests for approval if APRNs who wish to prescribe controlled C2-C3 if the relationship is SOLELY by telehealth. Even physicians who solely have a relationship with patient by telehealth and wish to prescribe C2-3 by telehealth must appear before BME to request a waiver.
- ▶ The Joint Committee meets monthly, unless there are no applications for exemption requests pending.
- ▶ This committee also considers exemption requests for ratio exceptions

10

MAT and Data Waiver

- ▶ So far, we have several APRNs approved to provide MAT via telehealth through MUSC's work at participating 301 sites.
- ▶ Please note, APRNs who obtain a DATA waiver must have a collaborating physician who is also authorized to prescribe MAT.
- ▶ Physicians may not prescribe MAT via telemedicine without express permission from the BME if they establish the physician-patient relationship exclusively via telemedicine.

11

If you need a waiver:

Contact the Board of Nursing to schedule an appearance before the Joint Committee.

Jennifer.Draper@lr.sc.gov
(803) 896-4533

You will be asked to submit an executed practice agreement at least two weeks prior to the scheduled meeting date.

Applicants will need to appear in person before the Joint Committee

12

Collaborative Written Practice Agreement

- ▶ <http://www.lir.state.sc.us/Pol/Nursing/Pdf/Sample%20Collaborative%20Written%20Practice%20Agreement.pdf>



Copyright © by Unknown Author's licensed under CC BY-SA

13

Clean up bill and some other changes: Senate Bill 464 and House Bill 3821. Passed May 2019

- ▶ Write for DNRworking with DHEC to amend the DNR Forms
- ▶ Order C2 for chronic pain management in LTC settings for 30 days and for each renewal
- ▶ Sign Death Certificates on line and declare manner of death
- ▶ Passed May 2019



14

JUA Bill: House Bill 3760: Passed May 2019

- ▶ This will allow APRNs to get liability insurance if they cannot get insurance somewhere else.
- ▶ SCNA has a seat on the new Board of Insurance
 - ▶ Passed May 2019
 - ▶ Seat on that Board
 - ▶ Former JUA/PCF



15

Preceptor Bill

- ▶ This bill will give tax credits up to \$10,000 to Preceptors who precept NP/PA/Med Students in the Clinical area who DO NOT GET PAID TO PRECEPT.....
- ▶ MD.....\$1000
- ▶ NP.....\$750
- ▶ Senate Bill 314



Bill passed May 2019

Photo by Unknown. Author's licensed under CC BY.

16

POST

- ▶ An advanced practice registered nurse (APRN) may create, execute, and sign a POST form if authorized to do so by his or her practice agreement. The POST form must be for a patient of the APRN, the physician with whom the APRN has entered into a practice agreement, or both.
- ▶ Advanced Care Planning
- ▶ Passed May 2019



Photo by Unknown. Author's licensed under CC BY.

17

What about Lobby Day?

- ▶ NP/CNM Lobby Day 2015 a major success > 300 APRNs
- ▶ NP/CNM Lobby day Jan 26, 2016 a major success
- ▶ NP/CNM Lobby day Feb 14, 2017 a major success
- ▶ NP/CNM Lobby Day Feb 4, 2018 a major success and Gov McMaster held a press conference...ALMOST 400 attended
- ▶ NP/CNM Lobby Day March 6, 2019
 - ▶ SC Statehouse, 2nd Floor lobby in Columbia (Gervais Street): 9:30AM
 - ▶ WEAR YOUR NAME PIN AND LABCOAT

18

Lobby Day 2020

- ▶ March 4, 2020
- ▶ 10AM
- ▶ Wednesday
- ▶ SC Statehouse Grounds
- ▶ Columbia, SC
- ▶ Wear your lab coat and name pin.
- ▶ Details to follow

19

VA Ruling

- ▶ FPA for APRNs (NP, CNS, CNM) 2017
- ▶ YEAH!!
- ▶ ALL VAs in SC have adopted this.
- ▶ Thanks to the many APRNs who made this happen.

20

SC Facts

- ▶ THE HEALTH CARE PROBLEM:
 - ▶ South Carolina ranks "F" in the nation in the United Health Foundation's health report card.
 - ▶ South Carolina is in crisis as we face a critical shortage of primary health care providers.
 - ▶ Folks use the ER for Primary Care, not very efficient and very costly.....
 - ▶ Top 15 reasons Medicaid folks sought the ER in 2016 was for PRIMARY CARE!!

21

SC Facts

- ▶ The American Association of Medical Colleges Center for Workforce Studies predicted that a shortage of about 63,000 physicians by 2015, and 130,600 by 2025. SC rank 40th in PC MD supply

Parts or all of 46 counties in South Carolina are designated as medically underserved by the South Carolina Department of Health and Human Services.

22

NP services and literature

- ▶ NP have safe prescribing practices and are more cautious and conservative in prescribing than physicians
- ▶ NP can manage 70 to 80 % of patients in primary care and 70 to 90 % in pediatrics.
- ▶ Patient satisfaction is high

23

Reimbursement

- ▶ Medicare is doing away with incident to billing
- ▶ CMS study showed that NPs have higher patient outcomes than physicians managing chronic diseases
- ▶ No more MD signatures needed on NP notes for reimbursement under Medicaid
- ▶ Effective Jan 2017; SCDHHS Medicaid will reimburse NPs for psych MH services

24

Governor Speech Tuesday January 2019

► **Mentioned Nurse Practitioners!**

25

What we did in 2019?

- <https://www.senatehouse.gov/>
- Clean up bill and small changes in the Nurse Practice Act. Collaborated with SCMA and they are in agreement. Senate Bill 464 and House Bill 3821
 - Passed May 2019
- JUA Bill (Joint Underwriter Association), House Bill 3760
 - Passed May 2019. SCNA has a seat on the Board.
- Preceptor Tax Credit Bill: Senate Bill 314
 - Passed May 2019
- POST Bill House Bill 4004
 - Passed May 2019

26

Continue to Contract for Lobbying Firm: Coalition is now an affiliate of SCNA

- Expensive
- Cost is 35k per year
- Coalition raises money to pay
- Thanks to all of you who have contributed!!
- Spent in the neighborhood around 100K over past 6 years



27

Coalition

- ▶ This is the Voice and Legislative Arm working for APRNs, CRNAs joined 2018
 - ▶ Joined forces with NP groups all over the state, SCNA, CRNA (SCANA), and CNM Organization.
- ▶ Represent about 2500 APRNs
- ▶ <http://www.coalitionforaccesstohealthcare.com/resources>

28

CMS Jan 17, 2020

▶ On December 26, 2019, the Centers for Medicare and Medicaid Services released a request for feedback on Medicare regulations that prevent clinicians from practicing to the full extent of their education and clinical training. This is our chance to once again highlight the barriers within the Medicare program that most impact NPs and ultimately your patients. This is an important part of the process, and we urge you to utilize AANP's Advocacy Center to send a letter. The deadline to submit your letter is January 17, 2020.

Click the link below to log in and send your message:
<https://www.votervoice.net/BroadcastLinks/gsfKpLAviAFKUbaF1dlmVA>

29

Questions



by Unknown Author licensed under CC BY-SA

30