

Insights

Changes to Advanced Practice Nurse and Physician Assistant Laws

May 5, 2015

Utilization of advanced practice nurses, such as nurse practitioners, and physician assistants has been increasing over the past few years. Laws with respect to these health care providers have also changed, both on a Federal and State level. On May 4th, Governor Mike Pence signed into Indiana law House Bill 1183 which included changes for both advanced practice nurses and physician assistants. Further, on April 16th President Barack Obama signed into federal law H.R. 2 which included various changes for nurse practitioners. These changes are outlined below.

Physician Assistant

Physician assistants engage in a dependent practice with physicians in which the physician delegates authority to the physician assistant. Nevertheless, House Bill 1183 substantially changes many requirements related to physician supervision. These changes include that a supervising physician no longer is required to name each drug or drug classification in which the physician assistant has been delegated authority to prescribe, a supervising physician does not need to cosign any prescriptions ordered by a physician assistant, and patient encounters between a patient and a physician assistant should be reviewed by the supervising physician within ten (10) days as opposed to seventy-two (72) hours. Another large change relates to chart reviews. Previously a supervising physician had to review at least 25% of the physician assistant's patient charts. Now, this is required only in the first year of employment and thereafter the physician can determine a specific number of charts that needs to be reviewed. Finally, a supervising physician can now supervise a maximum of four (4) physician assistants at any time as opposed to two (2).

Advanced Practice Nurses/Nurse Practitioners

An advanced practice nurse includes a nurse practitioner, nurse midwife, a clinical nurse specialist, or a certified registered nurse anesthetist. Advanced practice nurses are independent members of the health care team that make independent decisions related to the health care of patients. For advanced practice nurses that seek prescriptive authority, a collaborative agreement is required with a physician. House Bill 1183 had one change that is applicable to both advanced practice nurses and physician assistants. Both are now able to prescribe and treat patients with a Schedule III and Schedule IV controlled substance for the purpose of weight reduction or to control obesity. Although advanced practice nurses have been able to prescribe Schedule II through IV controlled substances, they now can offer treatment for weight loss. H.R. 2 now authorizes nurse practitioners to document the face-to-face encounter required for durable medical equipment orders. Previously, a physician needed to be involved to document such an order.