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DELAWARE STATE SENATE  
148th GENERAL ASSEMBLY

SENATE BILL NO. 101

AN ACT TO AMEND TITLE 24 OF THE DELAWARE CODE RELATING TO NURSING.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF DELAWARE:

1 Section 1. Amend § 1902, Title 24 of the Delaware Code by making deletions as shown by strike through and  
2 insertions as shown by underline as follows and by redesignating accordingly:

3 § 1902. Definitions.

4 (b)(4) "Advanced practice nurse" means an individual whose education and certification meet criteria established  
5 by the Board of Nursing who is currently licensed as a registered nurse and has a master's degree or a postbasic program  
6 certificate in a clinical nursing specialty with national certification. When no national certification at the advanced level  
7 exists, a master's degree in a clinical nursing specialty will qualify an individual for advanced practice nurse licensure.  
8 "Advanced practice nurse" shall include, ~~but not be limited to,~~ nurse practitioners, certified registered nurse anesthetists,  
9 certified nurse ~~midwives~~ midwives, or clinical nurse specialists. Advanced practice nursing is the application of nursing  
10 principles, including those described in ~~subsection (o) of~~ in the practice of professional nursing, as defined in this section, at  
11 an advanced level ~~and includes:~~ level.

12 a. ~~For those advanced practice nurses who do not perform independent acts of diagnosis or prescription,~~  
13 ~~the authority as granted within the scope of practice rules and regulations promulgated by the Board of Nursing;~~  
14 and

15 b. ~~For those advanced practice nurses performing independent acts of diagnosis and/or prescription with~~  
16 ~~the collaboration of a licensed physician, dentist, podiatrist or licensed Delaware health care delivery system~~  
17 ~~without written guidelines or protocols and within the scope of practice as defined in the rules and regulations~~  
18 ~~promulgated by the Joint Practice Committee and approved by the Board of Medical Licensure and Discipline.~~

19 Nothing in this act is to be construed to limit the practice of nursing by advanced practice nurses as is  
20 currently being done or allowed including nursing diagnosis as pursuant to paragraph (o)(2) of this section.

21 Advanced practice nurses shall operate in collaboration with a licensed physician, dentist, podiatrist, or  
22 licensed Delaware health care delivery system to cooperate, coordinate, and consult with each other as appropriate

23 pursuant to a collaborative agreement defined in the rules and regulations promulgated by the Board of Nursing, in the  
24 provision of health care to their patients. Advanced practice nurses desiring to practice independently or to prescribe  
25 independently must do so pursuant to § 1906(a)(20) of Title 24.

26 ~~(2) Those individuals who wish to engage in independent practice without written guidelines or protocols  
27 and/or wish to have independent prescriptive authority shall apply for such privilege or privileges to the Joint Practice  
28 Committee and do so only in collaboration with a licensed physician, dentist, podiatrist or licensed Delaware health  
29 care delivery system. This does not include those individuals who have protocols and/or waivers approved by the  
30 Board of Medical Licensure and Discipline.~~

31 (d) "Collaborative agreement" means a written document expressing an arrangement between a licensed physician,  
32 podiatrist, or licensed Delaware health care delivery system and an advanced practice registered nurse.

33 (f) "Consultation" means the communication and decision-making process among healthcare professionals related  
34 to the treatment and care of a patient, including the exchange of clinical observations and assessments; accessing and  
35 assessment of appropriate additional resources or expertise; arrangement of appropriate referrals, testing, or studies; and  
36 development of an appropriate plan of care that includes decisions regarding the health care provided.

37 (h) "Full practice authority", as granted to an advanced practice registered nurse, means all of the following:

38 (1) Practicing within standards established or recognized by the Board of Nursing.

39 (2) Being accountable to patients, the nursing profession, and the Board of Nursing for complying with the  
40 requirements of this Act and the quality of advanced nursing care rendered.

41 (3) Recognizing limits of knowledge and experience.

42 (4) Planning for the management of situations beyond the APRN's expertise.

43 (5) Consulting with or referring patients to other health care providers as appropriate.

44 ~~(f) The~~ (i) "Head of the Nursing Licensing Board" shall be means the President of the Delaware Board of Nursing;  
45 ~~and Nursing.~~

46 ~~(g) "Independent practice by an advanced practice nurse" shall include those advance practice nurses who practice  
47 and prescribe without written guidelines or protocols but with a collaborative agreement with a licensed physician, dentist,  
48 podiatrist or licensed Delaware health care delivery system and with the approval of the Joint Practice Committee.~~

49 (j) "Independent practice" means practice and prescribing by an advance practice registered nurse who is not subject to a  
50 collaborative agreement and works outside the employment of an established health care organization, health care delivery  
51 system, physician, podiatrist, or practice group owned by a physician or podiatrist.

52 Section 2. Amend § 1906, Title 24 of the Delaware Code by making deletions as shown by strike through and  
53 insertions as shown by underline as follows and by redesignating accordingly:

54 § 1906. Delaware Board of Nursing — Powers and duties.

55 (a) The Board shall:

56 ~~(19) Create a regulatory committee entitled "Joint Practice Committee" to develop rules and regulations~~  
57 ~~regarding the independent practice and prescriptive authority of "advance practice nurses." The Committee shall~~  
58 ~~consist of 9 members and shall be as follows:~~

59 ~~a. The Board of Nursing shall appoint 1 public member and 5 advanced practice nurses.~~

60 ~~b. The Board of Pharmacy shall appoint 1 pharmacist.~~

61 ~~c. The Board of Medical Licensure and Discipline shall appoint 2 physicians;~~

62 (19) Administer the Advanced Practice Registered Nurse Committee;

63 (20) The "Joint Practice Committee" with the approval of the Board of Medical Licensure and Discipline  
64 shall have Have the authority to grant, restrict, ~~suspend~~ suspend, or revoke practice or ~~independent~~ prescriptive  
65 authority and ~~the Joint Practice Committee with the approval of the Board of Medical Licensure and Discipline shall be~~  
66 responsible for promulgating rules and regulations to implement the provisions of this chapter regarding "~~advanced~~  
67 ~~practice nurses"~~ advanced practice registered nurses who have been granted authority for independent practice ~~and/or~~  
68 ~~independent or~~ prescriptive authority;

69 ~~(21) The rules and regulations and the granting, restricting, suspension or revocation of the independent~~  
70 ~~practice and/or independent prescriptive authority shall be subject to the approval of the Board of Medical Licensure~~  
71 ~~and Discipline.~~

72 (21) Have the authority to limit the ability of APRNs to prescribe and order non-pharmacological  
73 interventions.

74 Section 3. Amend Title 24 of the Delaware Code by making deletions as shown by strike through and insertions as  
75 shown by underline as follows:

76 § 1932. Advanced Practice Registered Nurse Committee.

77 (a) The purpose of the Advanced Practice Registered Nurse Committee shall be to advise the Board of Nursing by  
78 recommending rules and regulations regarding the independent practice of advance practice registered nurses.

79 (b) The Committee shall have 9 members and consist of the following:

80           (1) Four advanced practice registered nurses representing each category of APRN role with a variety of  
81 population foci, appointed by the Board of Nursing. Each APRN member of the Committee shall have at least the  
82 equivalent of 3 years of full-time experience in their APRN role.

83           (2) One pharmacist, appointed by the Board of Pharmacy.

84           (3) Four physicians who work with APRNs, appointed by the Board of Medical Licensure and Discipline.

85           (4) The Committee Chair shall be one of the 2 APRNs who are members of the Board of Nursing.

86           (c) Appointments shall be for 3-year terms, provided that the terms of newly appointed members will be staggered  
87 so that no more than 5 appointments shall expire annually. Members may be appointed for less than 3 years to ensure that  
88 members' terms expire on a staggered basis.

89           (d) A majority of members appointed to the Committee shall constitute a quorum to conduct official business.

90           (e) A Committee member may be removed at any time for gross inefficiency, neglect of duty, malfeasance,  
91 misfeasance, or nonfeasance in office. A member who is absent from 3 consecutive Committee meetings without good  
92 cause or who attends less than 50% of Committee meetings in a calendar year shall be deemed in neglect of duty.

93           (f) The Committee shall:

94           (1) Recommend rules and regulations to the Board of Nursing, including regulations regarding competencies,  
95 benchmarks, and metrics within each of the 4 roles and 6 population foci that must be accomplished during the  
96 collaborative agreement period. The Committee may determine that the collaborative agreement period should be for  
97 an additional amount of time than that required under this chapter or take other courses of action as promulgated by  
98 regulation at the recommendation of the Committee and approved by the Board of Nursing.

99           (2) Review emerging practices and advise the Board of Nursing on APRN licensure and practice standards,  
100 including prescribing trends.

101           (3) Provide recommendations to the Board of Nursing regarding APRN practice.

102           (4) Make recommendations to the Board of Nursing whether to grant or deny requests for independent  
103 practice.

104           a. The Committee shall make its recommendation regarding a request for independent practice after  
105 evaluating evidence that a graduate advanced practice registered nurse or advanced practice registered nurse has:

106           1. Practiced under a collaborative agreement within a hospital or integrated clinical setting for at least

107 2 years and a minimum of 4,000 hours. The physician, podiatrist, or healthcare delivery system party to the

108 collaborative agreement must practice in an area substantially related to the population foci of the APRN's

109 education, certification, and planned independent practice. The 2 year collaboration will not commence until  
110 the collaborative agreement is submitted to the Committee and Board of Nursing.

111 2. Submitted written evidence that the collaborators have satisfactorily completed 2 years and a  
112 minimum of 4,000 hours of collaboration in compliance with the Board of Nursing's rules and regulations.  
113 Such written evidence shall be submitted after the completion of the practice hours required in this chapter  
114 and prior to the granting of independent practice.

115 (5) The Board of Nursing shall provide to the Board of Medical Licensure and Discipline a monthly list of  
116 APRNs who were granted prescriptive authority.

117 § 1933. Advanced Practice Registered Nurse – Authority and duties.

118 (a) The Board of Nursing grants full practice and prescriptive authority upon the issuance of an advanced practice  
119 registered nurse license. The granting of full practice authority does not equate to the granting of independent practice.

120 (b) An APRN licensed by the Board of Nursing with full practice authority is authorized within the APRN's role  
121 and population foci to:

122 (1) Prescribe, procure, administer, store, dispense, and furnish over the counter, legend and controlled  
123 substances pursuant to applicable state and federal laws and within the APRN's role and population foci.

124 (2) Plan and initiate a therapeutic regimen within the APRN's role and population foci that includes ordering  
125 and prescribing non-pharmacological interventions, including:

126 a. Medical devices and durable medical equipment, nutrition, blood, and blood products.

127 b. Diagnostic and supportive services including home health care, hospice, and physical and occupational  
128 therapy.

129 (3) Diagnose, prescribe and institute therapy or referrals of patients within the APRN's role and population  
130 foci to health care agencies, health care providers and community resources.

131 (4) Sign death certificates in all circumstances, subject to the restrictions set forth in the definition of the term  
132 “practice of professional nursing” as provided in this chapter.

133 (c) APRNs with full practice authority shall seek consultation regarding treatment and care of patients as  
134 appropriate to patient needs and the APRN's level of expertise and scope of practice.

135 (d) An APRN may be designated as the primary care provider by a health care corporation.

136 (e) An APRN serving as a primary care provider with independent practice shall not be held to any lesser standard  
137 of care than that of a physician or other healthcare providers providing care to a specific patient condition or population.

138           (f) Any APRN rendering services in person or by electronic means in Delaware must hold an active Delaware RN  
139 and APRN license.

140           (g) APRNs shall obtain approval from the APRN Committee and Board of Nursing pursuant to this chapter in  
141 order to practice independently.

142           § 1934. Collaborative agreements.

143           (a) A collaborative agreement must outline how the parties to the agreement will cooperate, coordinate, and  
144 consult pursuant to the Board of Nursing’s rules and regulations.

145           (b) All new APRN graduates and those nurses seeking to obtain independent practice must practice under a  
146 collaborative agreement for 2 years and a minimum of 4,000 hours.

147           (c) An APRN already practicing pursuant to a collaborative agreement as of July 1, 2015 shall be required to  
148 resubmit the collaborative agreement to the Committee, granted credit for any hours accumulated, and required to otherwise  
149 comply with the relevant provisions of this chapter in order to obtain independent practice.

#### SYNOPSIS

This Act creates a new Advanced Practice Registered Nurse (“APRN”) Committee to assist the Board of Nursing in the regulation of nursing practice consistent with the national Consensus Model for APRN regulation. Included in the Act are provisions regarding the scope of practice for APRNs and the requirement of collaborative agreements between APRNs and licensed physicians, podiatrists, or licensed Delaware health care delivery systems.

This Act is one of three pieces of legislation which update Chapter 19, Title 24 during the First Session of the 148<sup>th</sup> General Assembly and is intended to amend Chapter 19 in congruence with Senate Bill 57 and House Bill 69.

This Act also makes technical corrections to conform existing law to the guidelines of the *Delaware Legislative Drafting Manual*.

Author: Senator Hall-Long