

CHAPTER 7
ADVANCED REGISTERED NURSE PRACTITIONERS
[Prior to 8/26/87, Nursing Board[590] Ch 7]

655—7.1(152) Definitions.

“Advanced registered nurse practitioner (ARNP)” means a nurse with current licensure as a registered nurse in Iowa or who is licensed in another state and recognized for licensure in this state pursuant to the nurse licensure compact contained in 2000 Iowa Acts, House File 2105, section 8, and is also registered in Iowa to practice in an advanced role. The ARNP is prepared for an advanced role by virtue of additional knowledge and skills gained through a formal advanced practice education program of nursing in a specialty area approved by the board. In the advanced role, the nurse practices nursing assessment, intervention, and management within the boundaries of the nurse-client relationship. Advanced nursing practice occurs in a variety of settings, within an interdisciplinary health care team, which provide for consultation, collaborative management, or referral. The ARNP may perform selected medically delegated functions when a collaborative practice agreement exists.

“Basic nursing education” as used in this chapter is a nursing program that prepares a person for initial licensure to practice nursing as a registered nurse.

“Board” as used in this chapter means Iowa board of nursing.

“Certified clinical nurse specialist” is an ARNP prepared at the master’s level who possesses evidence of current advanced level certification as a clinical specialist in an area of nursing practice by a national professional nursing certifying body as approved by the board.

“Certified nurse-midwife” is an ARNP educated in the disciplines of nursing and midwifery who possesses evidence of current advanced level certification by a national professional nursing certifying body approved by the board. The certified nurse-midwife is authorized to manage the care of normal newborns and women, antepartally, intrapartally, postpartally or gynecologically.

“Certified nurse practitioner” is an ARNP educated in the disciplines of nursing who has advanced knowledge of nursing, physical and psychosocial assessment, appropriate interventions, and management of health care, and who possesses evidence of current certification by a national professional nursing certifying body approved by the board.

“Certified registered nurse anesthetist” is an ARNP educated in the disciplines of nursing and anesthesia who possesses evidence of current advanced level certification or recertification, as applicable, by a national professional nursing certifying body approved by the board.

“Collaboration” is the process whereby an ARNP and physician jointly manage the care of a client.

“Collaborative practice agreement” means an ARNP and physician practicing together within the framework of their respective professional scopes of practice. This collaborative agreement reflects both independent and cooperative decision making and is based on the preparation and ability of each practitioner.

“Consultation” is the process whereby an ARNP seeks the advice or opinion of a physician, pharmacist, or another member of the health care team. ARNPs practicing in a noninstitutional setting as sole practitioners, or in small clinical practice groups, shall regularly consult with a licensed physician or pharmacist regarding the distribution, storage, and appropriate use of controlled substances.

“Controlled substance” is a drug, substance, or immediate precursor in Schedules I through V of division II, Iowa Code chapter 124.

“Epinephrine auto-injector” means a device for immediate self-administration or administration by another trained person of a measured dose of epinephrine to a person at risk of anaphylaxis.

“National professional nursing certifying body” is a professional nursing certifying body approved by the board. Agencies approved by the board include the American Nurses Credentialing Center, the American Academy of Nurse Practitioners, the American College of Nurse-Midwives Certification Council, the Council on Certification of Nurse Anesthetists, the Council on Recertification of Nurse Anesthetists, the National Certification Board of Pediatric Nurse Practitioners and Nurses, the National Certification Corporation for the Obstetric, Gynecologic, and Neonatal Nursing Specialties, the

Oncology Nursing Certification Organization, and the American Association of Critical Care Nurses Certification Corporation.

“*Physician*” means a medical doctor licensed under Iowa Code chapter 148 or osteopathic physician and surgeon licensed under Iowa Code chapter 150A.

“*Prescriptive authority*” is the authority granted to an ARNP registered in Iowa in a recognized nursing specialty to prescribe, deliver, distribute, or dispense prescription drugs, devices, and medical gases when the nurse is engaged in the practice of that nursing specialty. Registration as a practitioner with the Federal Drug Enforcement Administration and the Iowa board of pharmacy examiners extends this authority to controlled substances. ARNPs shall access the Iowa board of pharmacy examiners Web site for Iowa pharmacy law and administrative rules and the Iowa Board of Pharmacy Examiners Newsletter.

“*Referral*” is the process whereby the ARNP directs the client to a physician or another health care professional for management of a particular problem or aspect of the client’s care.

[ARC 2502C, IAB 4/27/16, effective 6/1/16]

655—7.2(152) General requirements for the advanced registered nurse practitioner.

7.2(1) Specialty areas of nursing practice for the advanced registered nurse practitioner. The board derives its authority to define the educational and clinical experience that is necessary to practice at an advanced registered nurse practitioner level under the provisions of Iowa Code section 152.1(6)“*d.*” The specialty areas of nursing practice for the advanced registered nurse practitioner which shall be considered as legally authorized by the board are as follows:

- a. Certified clinical nurse specialist.
- b. Certified nurse-midwife.
- c. Certified nurse practitioner.
- d. Certified registered nurse anesthetist.

7.2(2) Supervision of fluoroscopy. An advanced registered nurse practitioner (ARNP) shall be permitted to provide direct supervision in the use of fluoroscopic X-ray equipment, pursuant to 641—subrule 42.1(2), definition of “supervision.”

a. The ARNP shall provide direct supervision of fluoroscopy pursuant to the following provisions:
(1) Completion of an educational course including content in radiation physics, radiobiology, radiological safety and radiation management applicable to the use of fluoroscopy, and maintenance of documentation verifying successful completion.

(2) Collaboration, as needed, as defined in rule 655—7.1(152).

(3) Compliance with facility policies and procedures.

b. The ARNP shall complete an annual radiological safety course whose content includes, but is not limited to, time, dose, distance, shielding and the effects of radiation.

c. The ARNP shall maintain documentation of the initial educational course and all annual radiological safety updates.

d. The initial and annual education requirements are subject to audit by the board pursuant to 655—subrule 5.2(5).

7.2(3) Titles and abbreviations. A registered nurse who has completed all requirements to practice as an advanced registered nurse practitioner and who is registered with the board to practice shall use the title advanced registered nurse practitioner (ARNP). Utilization of the title which denotes the specialty area is at the discretion of the advanced registered nurse practitioner.

a. No person shall practice or advertise as or use the title of advanced registered nurse practitioner for any of the defined specialty areas unless the name, title and specialty area appear on the official record of the board and on the current license.

b. No person shall use the abbreviation ARNP for any of the defined specialty areas or any other words, letters, signs or figures to indicate that the person is an advanced registered nurse practitioner unless the name, title and specialty area appears on the official record of the board and on the current license.

c. Any person found to be practicing under the title of advanced registered nurse practitioner or using the abbreviation ARNP without being registered as defined in this subrule shall be subject to disciplinary action.

7.2(4) General education and clinical requirements.

a. The general educational and clinical requirements necessary for recognition by the board as a specialty area of nursing practice are as follows:

(1) Graduation from a program leading to a master's degree in a nursing clinical specialty area with preparation in specialized practitioner skills as approved by the board; or

(2) Satisfactory completion of a formal advanced practice educational program of study in a nursing specialty area approved by the board and appropriate clinical experience as approved by the board.

b. Additional requirements. Nothing in this rule shall be construed to mean that additional general educational or clinical requirements cannot be defined in a specialty area.

7.2(5) Application process. A registered nurse who wishes to practice as an advanced registered nurse practitioner shall submit the following to the office of the board:

a. An advanced registered nurse practitioner application form which may be obtained from the office of the board.

b. A registration fee as established by the board.

c. A copy of the time-dated, advanced level certification by appropriate national certifying body evidencing that the applicant holds current certification in good standing; copy of official transcript directly from the formal advanced practice educational program maintaining the records necessary to document that all requirements have been met in one of the specialty areas of nursing practice as listed in subrule 7.2(1). The transcript shall verify the date of completion of the program/graduation and the degree conferred. A registered nurse may make application to practice in more than one specialty area of nursing practice.

7.2(6) Initial registration. The executive director or a designee shall have the authority to determine if all requirements have been met for registration as an advanced registered nurse practitioner. If it has been determined that all requirements have been met:

a. Official licensure records of the registered nurse shall denote registration as an advanced registered nurse practitioner as well as the specialty area(s) of nursing practice.

b. The registered nurse shall be issued a registration card and a certificate to practice as an ARNP which clearly denotes the name, title, specialty area(s) of nursing practice, and expiration date of registration. The expiration date shall be based on the same period of licensure to practice as a registered nurse.

7.2(7) Registration completion. The registered nurse shall complete the registration process within 12 months of receipt of the application materials. The board reserves the right to destroy the documents after 12 months.

7.2(8) Denial of registration. If it has been determined that all requirements have not been met, the registered nurse shall be notified in writing of the reason(s) for the decision. The applicant shall have the right of appeal to the Iowa board of nursing within 30 days of denial by the executive director or designee.

7.2(9) Application process for renewal of registration. Renewal of registration for the advanced registered nurse practitioner shall be for the same period of licensure to practice as a registered nurse. The executive director or a designee shall have the authority to determine if all requirements have been met for renewal as an advanced registered nurse practitioner. A registered nurse who wishes to continue practice as an advanced registered nurse practitioner shall submit the following at least 30 days prior to the license expiration to the office of the Iowa board of nursing:

a. Completed renewal application form.

b. Renewal fee as outlined in rule 655—3.1(17A,147,152,272C), definition of “fees.”

c. Documentation of current time-dated, advanced level certification by appropriate national certifying body.

7.2(10) Continuing education requirements. Continuing education shall be met as required for certification by the relevant national certifying body, as outlined in 655—subrule 5.2(3), paragraph “e.”

7.2(11) Denial of renewal registration. If it has been determined that all requirements have not been met, the applicant shall be notified in writing of the reason(s) for the decision. Failure to obtain the renewal will result in termination of registration and of the right to practice in the advanced registered nurse practitioner specialty area(s). The applicant shall have the right of appeal to the Iowa board of nursing within 30 days of denial of the executive director or designee.

7.2(12) Registration to practice as an advanced registered nurse practitioner restricted, revoked, or suspended. Rescinded IAB 12/29/99, effective 2/2/00.
[ARC 7888B, IAB 7/1/09, effective 8/5/09]

655—7.3(152) Prescribing epinephrine auto-injectors in the name of a facility.

7.3(1) An ARNP may issue a prescription for one or more epinephrine auto-injectors in the name of a facility as defined in 2015 Iowa Acts, Senate File 462, section 1 [Iowa Code subsection 135.185(1)], a school district, or an accredited nonpublic school.

7.3(2) An ARNP who prescribes epinephrine auto-injectors in the name of an authorized facility, as defined in Iowa Code subsection 135.185(1), a school district, or an accredited nonpublic school, to be maintained for use pursuant to Iowa Code sections 135.185, 260.16 and 260.16A, provided the ARNP has acted reasonably and in good faith, shall not be liable for any injury arising from the provision, administration, or assistance in the administration of an epinephrine auto-injector.

[ARC 2502C, IAB 4/27/16, effective 6/1/16]

These rules are intended to implement Iowa Code sections 17A.3, 147.10, 147.53, 147.76, 147.107(6), 152.1, 152E.1 and 152E.2.

[Filed 2/11/83, Notice 9/1/82—published 3/2/83, effective 4/6/83]

[Filed emergency 3/25/83—published 4/13/83, effective 4/6/83]

[Filed 5/18/83, Notice 4/13/83—published 6/8/83, effective 7/13/83]

[Filed emergency 5/31/83—published 6/22/83, effective 7/13/83]

[Filed 7/29/83, Notice 5/11/83—published 8/17/83, effective 9/21/83]

[Filed 4/20/84, Notice 2/29/84—published 5/9/84, effective 6/13/84]

[Filed 7/26/84, Notice 6/20/84—published 8/15/84, effective 9/19/84]

[Filed 10/17/84, Notice 8/29/84—published 11/7/84, effective 12/12/84]

[Filed 12/8/86, Notice 10/22/86—published 12/31/86, effective 2/4/87]

[Filed emergency 7/29/87—published 8/26/87, effective 7/29/87]

[Filed 7/7/89, Notice 4/5/89—published 7/26/89, effective 8/30/89]

[Filed 3/12/91, Notice 1/9/91—published 4/3/91, effective 5/8/91]

[Filed emergency 2/20/92—published 3/18/92, effective 2/20/92]

[Filed 12/9/92, Notice 10/14/92—published 1/6/93, effective 2/10/93]

[Filed emergency 1/14/93—published 2/3/93, effective 2/10/93]

[Filed emergency 2/10/93 after Notice 1/6/93—published 3/3/93, effective 2/10/93]

[Filed 11/16/94, Notice 7/6/94—published 12/7/94, effective 1/11/95]

[Filed 12/19/97, Notice 10/22/97—published 1/14/98, effective 2/18/98]

[Filed 9/28/99, Notice 8/25/99—published 10/20/99, effective 11/24/99]

[Filed 12/10/99, Notice 10/6/99—published 12/29/99, effective 2/2/00]

[Filed emergency 6/9/00—published 6/28/00, effective 6/30/00]

[Filed 9/15/00, Notice 6/28/00—published 10/4/00, effective 11/8/00]

[Filed emergency 3/2/01—published 3/21/01, effective 3/2/01]

[Filed 9/28/01, Notice 6/27/01—published 10/17/01, effective 11/21/01]

[Filed ARC 7888B (Notice ARC 7714B, IAB 4/22/09), IAB 7/1/09, effective 8/5/09]

[Filed ARC 2502C (Notice ARC 2345C, IAB 1/6/16), IAB 4/27/16, effective 6/1/16]