EDDIE BAZA CALVO
Governor

RAY TENORIO
Lieutenant Governor

Office of the Governor Of Guam

FEB 13 2018

GL# 34-18-1526
Speaker Benjamin J.F. Cruz

FEB 13 2018
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Received By: Edna

Honorable Benjamin J.F. Cruz
Speaker
I Mina'trentai Kuåttro Na Liheslaturan Guåhan
Guam Congress Building
163 Chalan Santo Papa
Hagåtña, Guam 96910

Dear Mr. Speaker:

Transmitted herewith is Bill No. 201-34 (LS), **"AN ACT TO *REPEAL* AND *REENACT* § 12313 OF ARTICLE 3, CHAPTER 12, PART 1, DIVISION 1, TITLE 10, GUAM CODE ANNOTATED; AND TO *REPEAL* AND *REENACT* ARTICLE 5 OF CHAPTER 6, TITLE 25, GUAM ADMINISTRATIVE RULES AND REGULATIONS, RELATIVE TO POLICIES WITHIN THE ADMINISTRATIVE RULES AND REGULATIONS OF THE GUAM BOARD OF NURSE EXAMINERS,"** which was signed on February 9, 2018, as **Public Law 34-78.**

Senseramente,

EDDIE BAZA CALVO

2018 FEB 13 PM 3:49 CJ

1526

I MINA'TRENTAI KUÅTTRO NA LIHESLATURAN GUÅHAN
2018 (SECOND) Regular Session

CERTIFICATION OF PASSAGE OF AN ACT TO *I MAGA'LÅHEN GUÅHAN*

This is to certify that **Bill No. 201-34 (LS), "AN ACT TO *REPEAL* AND *REENACT* § 12313 OF ARTICLE 3, CHAPTER 12, PART 1, DIVISION 1, TITLE 10, GUAM CODE ANNOTATED; AND TO *REPEAL* AND *REENACT* ARTICLE 5 OF CHAPTER 6, TITLE 25, GUAM ADMINISTRATIVE RULES AND REGULATIONS, RELATIVE TO POLICIES WITHIN THE ADMINISTRATIVE RULES AND REGULATIONS OF THE GUAM BOARD OF NURSE EXAMINERS,"** was on the 26th day of January 2018, duly and regularly passed.

Benjamin J.F. Cruz
Speaker

Attested:

Régine Biscoe Lee
Legislative Secretary

This Act was received by *I Maga'låhen Guåhan* this 29 day of JAN, 2018, at 1:45 o'clock P.M.

Assistant Staff Officer
Maga'låhi's Office

APPROVED:

EDWARD J.B. CALVO
I Maga'låhen Guåhan

Date: FEB 09 2018

Public Law No. 34-78

I MINA'TRENTAI KUÅTTRO NA LIHESLATURAN GUÅHAN
2017 (FIRST) Regular Session

Bill No. 201-34 (LS)

Introduced by: Mary Camacho Torres
Dennis G. Rodriguez, Jr.
Thomas C. Ada
FRANK B. AGUON, JR.
William M. Castro
B. J.F. Cruz
James V. Espaldon
Fernando Barcinas Esteves
Régine Biscoe Lee
Tommy Morrison
Louise B. Muña
Telena Cruz Nelson
Joe S. San Agustin
Michael F.Q. San Nicolas
Therese M. Terlaje

AN ACT TO *REPEAL* AND *REENACT* § 12313 OF ARTICLE 3, CHAPTER 12, PART 1, DIVISION 1, TITLE 10, GUAM CODE ANNOTATED; AND TO *REPEAL* AND *REENACT* ARTICLE 5 OF CHAPTER 6, TITLE 25, GUAM ADMINISTRATIVE RULES AND REGULATIONS, RELATIVE TO POLICIES WITHIN THE ADMINISTRATIVE RULES AND REGULATIONS OF THE GUAM BOARD OF NURSE EXAMINERS.

BE IT ENACTED BY THE PEOPLE OF GUAM:

Section 1. Legislative Findings and Intent. *I Liheslaturan Guåhan* finds that there is a need to modernize the Guam Nurse Practice Act to include the advanced practice registered nurses (APRNs) and bring APRNs up to national standards. APRNs include nurse practitioners (NPs), certified registered nurse anesthetists (CRNAs), certified nurse midwives (CNMs) and clinical nurse

specialists (CNSs), who are all highly valued providers of health care and an integral part of the health care system. This legislation will provide full practice authority for APRNs. Full practice authority is the collection of state practice and licensure laws that provide the legal permission for nurse practitioners to evaluate patients and prescribe medication under the exclusive licensure authority of the state board of nursing. To date, more than forty percent (40%) of states have adopted full practice licensure authority.

Section 2. § 12313 of Article 3, Chapter 12, Part 1, Division 1, Title 10, Guam Code Annotated, is hereby *repealed* and *reenacted* to read as follows:

"**§ 12313. Advanced Practice Registered Nurse.**

(a) Title, Scope of Practice, Delegation.

(1) Advanced Practice Registered Nurse (APRN) is the title given to an individual licensed to practice advanced practice registered nursing within one (1) of the following roles: nurse practitioner (NP), certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM) or clinical nurse specialist (CNS), and who practices in a population focus as set forth in this Section and Guam Administrative Rules and Regulations. An APRN may serve as a primary or acute care provider of record.

(2) Population Focus. The APRN *shall* focus his or her practice in one (1) or more of the following populations:

(A) family/individual across the lifespan;

(B) adult-gerontology;

(C) neonatal;

(D) pediatrics;

(E) women's health/gender-related; or

(F) psychiatric/mental health.

(3) Scope of Practice. APRN practice *shall* include, but is not limited to:

(A) conducting an advanced assessment;

(B) ordering and interpreting diagnostic procedures;

(C) establishing primary and differential diagnoses;

(D) prescribing, ordering, administering, dispensing and furnishing therapeutic measures as set forth in Subsection (e) of this Section;

(E) delegating and assigning therapeutic measures to assistive personnel;

(F) consulting with other disciplines and providing referrals to health care agencies, health care providers, and community resources;

(G) wearing identification which clearly identifies the nurse as an APRN when providing direct patient care, unless wearing identification creates a safety or health risk for either the nurse or the patient;

(H) admitting patients to a hospital, skilled nursing facility or nursing home, and ordering discharge to home, consistent with professional standards and commensurate with the APRN's education, certification, demonstrated competencies, and experience;

(I) authority to receive direct, third-party reimbursement from Medicare, Medicaid, and other health insurance carriers;

(J) other acts that require education and training consistent with professional standards and commensurate with

the APRN's education, certification, demonstrated competencies, and experience; and

(K) other practice as determined by Guam Administrative Rules and Regulations.

(4) APRNs are licensed independent practitioners within standards established or recognized by the Board. Each APRN is accountable to patients, the nursing profession, and the Board for:

(A) complying with the requirements of this Section and the quality of advanced nursing care rendered;

(B) recognizing limits of knowledge and experience;

(C) planning for the management of situations beyond the APRN's expertise; and

(D) consulting with or referring patients to other health care providers as appropriate.

(5) The APRN may delegate to employees or support staff activities relating to advanced practice registered nursing carried out by custom and usage when the activities are under the control and direct supervision of the APRN. The APRN is legally liable for properly delegated activities; and the employee or support staff to which the APRN has delegated activities is considered the APRN's agent when performing such activities.

(b) Licensure.

(1) Initial License. An applicant for initial licensure to practice as an APRN *shall*:

(A) submit a completed written application and appropriate fees as established by the Board;

(B) hold a current Guam RN license or privilege to practice;

(C) not hold an encumbered license or privilege to practice as an RN, defined as a license or privilege having current discipline, conditions, or restrictions in any jurisdiction;

(D) have committed no acts or omissions that are grounds for disciplinary action under the Nurse Practice Act, Title 10 GCA, Chapter 12, Article 3, or Guam Administrative Rules and Regulations;

(E) have completed an accredited graduate or post-graduate level APRN program in one (1) of the four (4) roles (NP, CRNA, CNM, CNS), and at least one (1) population focus provided in Subsection (a)(2) of this Section;

(F) be currently certified by a national certifying body recognized by the Board in the APRN role and population foci appropriate to educational preparation;

(G) report any criminal conviction, nolo contendere plea, Alford plea, or other plea arrangement in lieu of conviction; and

(H) provide other evidence as required by Guam Administrative Rules and Regulations.

(2) Endorsement. The Board may issue a license by endorsement to an APRN licensed under the laws of another jurisdiction if, in the opinion of the Board, the applicant meets the qualifications for licensure in Guam. An applicant for APRN licensure by endorsement *shall*:

(A) submit an official APRN program transcript and a completed written and notarized application with appropriate fees as established by the Board;

(B) hold a current license or privilege to practice as an RN and APRN in another jurisdiction;

(C) not hold an encumbered license or privilege to practice as an APRN, or its equivalent, defined as a license or privilege having current discipline, conditions or restrictions in any jurisdiction;

(D) have completed an accredited graduate or post-graduate level APRN program in one (1) of the four (4) roles (NP, CRNA, CNM, CNS), and at least one (1) population focus provided in Subsection (a)(2) of this Section, or meets the standards for grandfathering as described in Subsection (g) of this Section;

(E) be currently certified by a national certifying body recognized by the Board in the APRN role, and at least one (1) population focus appropriate to educational preparation;

(F) meet continued competency requirements as set forth under Guam Administrative Rules and Regulations;

(G) report any conviction, nolo contendere plea, Alford plea, or other plea arrangement in lieu of conviction;

(H) have committed no acts or omissions that are grounds for disciplinary action under the Nurse Practice Act, Title 10 GCA, Chapter 12, Article 3, or Guam Administrative Rules and Regulations; and

(I) provide other evidence as required by Guam Administrative Rules and Regulations.

(3) Denial. The Board may deny APRN licensure to any applicant whose professional license was revoked or suspended in another jurisdiction if the basis for the license revocation or suspension would have caused a similar result in Guam, or if the applicant is the subject of pending disciplinary action regarding his or her right to practice in another jurisdiction.

(4) Temporary License. A nationally certified APRN who has met the professional nurse temporary license requirements of the Board may be issued a nonrenewable, temporary APRN license by the Board that *shall* be valid for a period of ninety (90) calendar days from the date of issuance.

(5) Renewal. APRN licenses issued under this Section *shall* be renewed biennially, or more frequently, as determined and in accordance with a schedule made publicly available by the Board. An applicant for APRN license renewal *shall*:

(A) submit a renewal application with appropriate fees as established by the Board;

(B) maintain national certification in the appropriate APRN role and at least one (1) population focus, authorized by licensure, through an ongoing certification maintenance program of a nationally recognized certifying body recognized by the Board as set forth in this Section and Guam Administrative Rules and Regulations, Title 25, Chapter 6, Article 5; and

(C) meet other requirements set forth in Guam Administrative Rules and Regulations.

(6) The Board may reactivate or reinstate an APRN license as set forth in Guam Administrative Rules and Regulations.

(c) Titles and Abbreviations.

(1) Only those persons who hold a license or privilege to practice advanced practice registered nursing in Guam *shall* have the right to use the title "advanced practice registered nurse," "nurse practitioner," "certified registered nurse anesthetist," "certified nurse-midwife," or "clinical nurse specialist"; or the abbreviations "APRN," "NP," "CRNA," "CNM," and "CNS," respectively.

(2) The abbreviation for the APRN designation of a nurse practitioner, certified registered nurse anesthetist, certified nurse-midwife, and clinical nurse specialist will be "APRN," followed by the appropriate role title, i.e., "NP," "CRNA," "CNM," and "CNS."

(3) It *shall* be unlawful for any person to use the title "APRN" or "APRN" plus any respective role title, the role title alone, otherwise authorized abbreviations or any other title that would lead a person to believe the individual is an APRN, unless permitted by the Nurse Practice Act, 10 GCA, Chapter 12, Article 3.

(d) Education Programs.

(1) The Board *shall*, by administrative rules, set standards for the establishment and outcomes of APRN education programs, including clinical learning experiences, and approve such programs that meet the requirements of the Act and Board rules.

(2) The Board *shall*, by administrative rules, identify the process for determining APRN education program compliance with standards.

(3) The Board *shall* set requirements for the establishment of a new APRN education program. New programs *shall* be preapproved by a national APRN accrediting body.

(e) Prescribing, Ordering, Dispensing and Furnishing Authority.

(1) The Board *shall* grant, through the APRN license, authority to prescribe, order, dispense and furnish, which includes the authority to:

(A) diagnose, prescribe and institute therapy or referrals of patients to health care agencies, health care providers and community resources;

(B) prescribe, procure, administer, dispense and furnish pharmacological agents, including over the counter, legend and controlled substances; and

(C) plan and initiate a therapeutic regimen that includes ordering and prescribing non-pharmacological interventions, including, but not limited to, durable medical equipment, medical devices, nutrition, blood and blood products, and diagnostic and supportive services, including, but not limited to, home health care, hospice, and physical and occupational therapy.

(2) The APRN *shall* secure and maintain a Federal Drug Enforcement Agency (DEA) registration number, and comply with all state and federal laws and regulations prior to prescribing Scheduled Drugs II-V as outlined in this Subsection (e).

(f) Discipline.

APRN discipline and proceedings *shall* be the same as stated in §§ 12324 and 12325 of this Article for registered nurses and licensed practical nurses.

(g) Implementation.

Any person holding a license to practice nursing as an APRN in Guam that is valid upon enactment of this law *shall* be deemed to be licensed as an APRN under the provisions of this Section with their current privileges, and *shall* be eligible for renewal of such license under the conditions and standards prescribed in this Section."

Section 3. Article 5 of Chapter 6, Title 25, Guam Administrative Rules and Regulations, is hereby *repealed* and *reenacted* to read:

"Article 5

Advanced Practice Registered Nurse (APRN)

§ 5.1. Purpose.

To assure the health, safety, and welfare of the people of Guam by regulating the practice of the Advanced Practice Registered Nurse (APRN).

(a) The APRN *shall* comply with the standards for RNs as specified in Title 25, Chapter 6, Article 3, Guam Administrative Rules and Regulations, 10 GCA Chapter 12, Article 3, and to the standards of the national professional nursing associations recognized by the Guam Board of Nurse Examiners (GBNE). Standards for a specific role and population focus of APRN supersede standards for RNs where conflict between the standards, if any, exists.

(b) APRNs *shall* practice within standards established by the Board in rule and assure patient care is provided according to relevant patient care standards recognized by the Board, including standards of national professional nursing associations.

§ 5.2. Definitions.

(a) *Act* means the Nurse Practice Act, 10 GCA, Chapter 12, Article 3.

(b) *Advanced Nursing Practice* means the delivery of nursing care at an advanced level of independent nursing practice that maximizes the use of graduate educational preparation, and in-depth nursing knowledge and expertise in such roles as autonomous clinical practitioner, professional and clinical leader, expert practitioner, and researcher.

(c) *Advanced Practice Registered Nurse* (APRN) means a registered nurse who has obtained formal graduate education and national specialty certification through a commission-approved, certifying body and is authorized by the Board to perform advanced nursing practice in one (1) or more of the designations, and who is licensed as an APRN. The designations include the following:

(1) Nurse Practitioner (NP);

(2) Certified Registered Nurse Anesthetist (CRNA);

(3) Certified Nurse Midwife (CNM); and

(4) Clinical Nurse Specialist (CNS).

(d) *Board* means the Guam Board of Nurse Examiners.

(e) *Certification* means recognition by examination acceptable as an element of eligibility for APRN licensure, the applicant's advanced knowledge, skills and abilities attained through a defined program of study preparing the graduate in one (1) of the four (4) recognized APRN roles (NP, CRNA, CNM, CNS) by a national organization recognized by the Board. The certification process measures the theoretical and clinical content denoted in the advanced scope of practice, and is developed in accordance with generally

accepted standards of validation and reliability. These national organizations include:

(1) For NP designation:

(A) the American Academy of Nurse Practitioners;

(B) the American Nurses Credentialing Center;

(C) the National Certification Corporation;

(D) the Pediatric Nursing Certification Board;

(E) the American Association of Critical Care Nurses; or

(F) the Oncology Nursing Certification Corporation.

(2) For CNM designation: the American Midwifery Certification Board.

(3) For CRNA designation: the National Board of Certification and Recertification for Nurse Anesthetists.

(4) For CNS designation:

(A) the American Nurses Credentialing Center;

(B) the American Association of Critical Care Nurses; or

(C) the Oncology Nursing Certification Corporation.

(f) *Certified Registered Nurse Anesthetist* (CRNA) means a registered professional nurse who has successfully completed graduate educational preparation from a nurse anesthetist program, is currently certified by the National Board of Certification and Recertification for Nurse Anesthetists, and is licensed by the Board.

(g) *Nurse Practitioner* (NP) means a registered professional nurse who has successfully completed graduate educational preparation from a nurse practitioner program, is licensed to practice by the Board, and is

currently certified by a nationally recognized certifying agent of the appropriate advanced nursing practice organization. For example, the certifying agent of:

(1) the American Academy of Nurse Practitioners;

(2) the American Nurses Credentialing Center;

(3) the National Certification Corporation;

(4) the Pediatric Nursing Certification Board;

(5) the American Association of Critical Care Nurses; or

(6) the Oncology Nursing Certification Corporation.

(h) *Certified Nurse-Midwife* (CNM) means a registered professional nurse who has successfully completed graduate educational preparation from a nurse-midwifery program and is currently certified by a nationally recognized certifying agent of the appropriate advanced nursing practice organization. For example, the certifying agent of the American Midwifery Certification Board, and is licensed to practice by the Board.

(i) *Clinical Nurse Specialist* (CNS) means a registered nurse who has graduated from a program of graduate study with supervised clinical practice in an area of specialty, is licensed to practice by the Board, and is certified by the nationally recognized certifying agent in the appropriate specialty. For example; the certifying agent of

(1) the American Nurses Credentialing Center;

(2) the American Association of Critical Care Nurses; or

(3) the Oncology Nursing Certification Corporation.

(j) *Consultation* means conferring with another health care provider for the purpose of obtaining information or advice.

(k) *Diagnosis* means identification of actual or potential health problems and the need for intervention based on analysis of data collected.

Diagnosis depends upon the synthesis of information obtained during the interview, physical exam and/or diagnostic tests.

(l) *Intervention* means measures to promote health, protect against disease, treat illness in its earliest stages, manage acute and chronic illness, and treat disability. Interventions may include, but are not limited to, ordering diagnostic studies, performing direct nursing care, prescribing pharmacologic, non-pharmacologic, or other therapies and consultation with or referral to other health care providers.

(m) *Inactive status* means the status of the licensed APRN who voluntarily chooses not to engage in APRN practice during the succeeding year and chooses not to renew his/her license at the time of renewal. The APRN *shall not* be required to pay the renewal fee as long as he/she remains inactive. This status must be officially requested in writing by the licensee prior to the expiration of his/her license. Should the APRN wish to resume his/her APRN practice at some future time, he/she *shall* notify the Board and become reinstated by meeting such requirements as the Board may prescribe.

(n) *Lapsed license* means the termination of an individual's APRN license to practice due to the license holder's failure to renew his/her license within a specified period of time, and is therefore unauthorized to practice.

(o) *License* means a current document permitting the practice of nursing as an APRN.

(p) *Practitioner* means an APRN, as defined in 10 GCA, Chapter 12, Article 3, who is authorized to prescribe, order or administer drugs in connection with medical treatment to the extent provided by the rules and regulations of the practitioner's respective Board.

(q) *Prescription* means an order for drugs, treatment, diagnostic studies or devices written, signed, or transmitted by word of mouth or telephone by those licensed to prescribe or a practitioner of the healing arts.

(r) *Prescriptive and Dispensing Authority* means the legal permission to prescribe deliver, distribute and dispense pharmacologic and non-pharmacologic agents in compliance with Board rules and applicable federal and Guam laws. Pharmacologic agents include legend and schedule II through V controlled substances.

§ 5.3. Titles and Abbreviations.

(a) Individuals are licensed or granted privilege to practice as APRNs in the roles of nurse practitioner (NP), certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), and clinical nurse specialist (CNS) in the population focus of family/individual across the lifespan, adult-gerontology, neonatal, pediatrics, women's health/gender-related or psychiatric/mental health, and others regulated by national certification.

(b) Each APRN *shall* use the designation "APRN" followed by role title, as a minimum, for purposes of identification and documentation. The APRN may only identify as a doctor, or use the abbreviation "Dr." in a healthcare context, upon earning a doctorate degree from an accredited institution of higher education in a relevant discipline, such as Doctor of Nursing Practice (DNP); Doctor of Nurse Anesthesia Practice (DNAP); Doctor of Philosophy in Nursing (PhD); or another related doctorate degree in a healthcare discipline.

(c) When providing nursing care, the APRN *shall* provide clear identification that indicates his or her APRN designation.

§ 5.4. Scope of Practice for the Advanced Practice Registered Nurse (APRN).

The scope of practice of a licensed APRN is as provided in this Section.

(a) The APRN is prepared and qualified to assume primary responsibility and accountability for the care of patients.

(b) APRN practice is grounded in nursing process and incorporates the use of independent judgment. Practice includes interdisciplinary consultation with other health care professionals in the assessment and management of wellness and health conditions.

(c) The APRN functions within a scope of practice following the standards of care defined by the applicable national certifying body. An APRN may choose to limit the area of practice within the approved national certification.

(d) An APRN *shall* obtain instruction, supervision, and consultation as necessary before implementing new or unfamiliar techniques or practices within the scope of national certification.

(e) Performing within the scope of the APRN's knowledge, experience and practice, the licensed APRN may perform the following:

(1) examine patients and establish diagnoses by patient history, physical examination, and other methods of assessment;

(2) admit, manage, and discharge patients to and from health care facilities;

(3) order, collect, perform, and interpret diagnostic tests;

(4) manage health care by identifying, developing, implementing, and evaluating a plan of care and treatment for patients;

(5) prescribe therapies and medical equipment;

(6) prescribe medications when granted prescriptive authority under this Chapter;

(7) refer patients to other health care practitioners, services, or facilities; and

(8) perform procedures, provide care services, or provide duties that are within the APRN's scope of practice according to their national certification.

(f) Supervision of Support Staff. The APRN may delegate to employees or support staff activities relating to advanced practice registered nursing carried out by custom and usage when the activities are under the control and direct supervision of the APRN. The APRN is legally liable for properly delegated activities, and the employee or support staff to which the APRN has delegated activities is considered the APRN's agent when performing such activities.

(g) Global Signature Authority of an Advanced Practice Registered Nurse (APRN). When a provision of law or administrative rule requires a signature, certification, stamp, verification, affidavit or endorsement by a physician, that requirement may be fulfilled by an advanced practice registered nurse. This Section may not be construed to expand the scope of practice of an advanced practice registered nurse.

§ 5.5. Licensure.

(a) Application for Initial Licensure.

(1) An applicant for licensure as an APRN in Guam *shall* submit to the Board the required nonrefundable fees, verification of licensure or eligibility for licensure as an RN in this jurisdiction, and a completed notarized application that provides the following information:

(A) Graduation from an APRN graduate or post-graduate program as evidenced by official transcript (including electronic versions) received directly from an APRN program accredited by the Accreditation Commission for Education in Nursing (ACNE), the Commission on Collegiate Nursing Education (CCNE), or the National League for Nursing Commission for Nursing Education Accreditation (CNEA), or its successor organization, as acceptable by the Board.

(B) The official transcript *shall* verify the date of graduation; credential conferred; number of clinical hours completed; completion of three (3) separate graduate level courses in advanced physiology and pathophysiology, advanced health assessment, advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents; role and population focus of the education program; and evidence of meeting the standards of nursing education.

(2) In order to be licensed in Guam, all APRN applicants must be currently licensed as an RN or hold a privilege to practice as an RN in Guam.

(3) In order to be licensed in Guam, all APRN applicants must take and pass the appropriate APRN national certification examination in the APRN role and population focus congruent with educational preparation.

(4) The Board *shall* determine whether a certification program can be used as a requirement for licensure of APRNs based upon the following standards:

(A) the program is national in the scope of its credentialing;

(B) educational requirements are consistent with the requirements of the advanced practice role and population focus; and

(C) certification programs are accredited by CCNE or its successor organization, as acceptable by the Board.

(b) Application for Licensure by Endorsement.

An applicant for licensure by endorsement as an APRN in Guam *shall* submit to the Board the required nonrefundable fees, verification of eligibility for a license or privilege to practice as an RN in this jurisdiction, and a completed, notarized application that provides the following information:

(1) Graduation from an APRN graduate or post-graduate program, as evidenced by an official transcript (including electronic versions) received directly from an APRN program accredited by the Accreditation Commission for Education in Nursing (ACNE), the Commission on Collegiate Nursing Education (CCNE), or the National League for Nursing Commission for Nursing Education Accreditation (CNEA), or its successor organization, as acceptable by the Board.

(2) The official transcript *shall* verify the date of graduation; credential conferred; number of clinical hours completed; completion of three (3) separate graduate level courses in advanced physiology and pathophysiology, advanced health assessment, advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents; role and population focus of the education program; and evidence of meeting the standards of nursing education.

(3) Current certification by a national certifying body in the APRN role and population focus appropriate to educational preparation. Primary source of verification of certification is required.

(4) If the applicant has not been in clinical practice for more than the past two (2) years, and is not a recent graduate within two (2) years, the applicant *shall* provide evidence of satisfactory completion of sixty (60) contact hours, forty-five (45) in pharmacotherapeutics and fifteen (15) in the clinical management of patients, within the two (2) years prior to applying for approval to practice.

(5) If the applicant has not been in clinical practice for more than the past five (5) years, the applicant *shall* provide evidence of satisfactory completion of, at minimum, forty-five (45) contact hours of advanced pharmacology and forty-five (45) contact hours in a subject or subjects related to the role and population focus of certification. Upon completion of the coursework, the APRN *shall* engage in a supervised clinical component by a qualified preceptor in the appropriate advanced practice role and population focus. The APRN *shall* complete hours according to the following schedule:

(A) three hundred (300) hours if the applicant has practiced less than nine hundred sixty (960) hours in the last five (5) years;

(B) six hundred (600) hours if the applicant has practiced less than nine hundred sixty (960) hours in the last five (5) years, but has practiced at least nine hundred sixty (960) hours in the last six (6) years.

(C) one thousand (1000) hours if the applicant has not practiced at least nine hundred sixty (960) hours in the last six

(6) years, but has practiced nine hundred sixty (960) hours in the last seven (7) to ten (10) years; or

(6) If the nurse has not practiced in the advanced practice nursing role and population focus for ten (10) or more years he or she will be ineligible for renewal in Guam.

(7) Qualified preceptor must meet the following requirements:

(A) holds an active license or privilege to practice as an APRN or physician that is not encumbered and practices in a comparable practice focus; and

(B) functions as a supervisor and teacher and evaluates the individual's performance in the clinical setting.

(8) At the end of the supervised period, the supervisor *shall* provide a written evaluation of the applicant on a company letterhead. The evaluation will verify whether or not the applicant has successfully completed the required hours. If the supervision period was successful, the letter must state that the applicant's knowledge and skills are at a safe and appropriate level to practice as an APRN.

(c) Application for License Renewal.

An applicant for license renewal as an APRN *shall* submit to the Board the proof of payment of required fee for license renewal, and a completed, notarized license renewal application including:

(1) detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background; and

(2) evidence of current certification(s), or recertification as applicable, by a national professional certification organization that meets the requirements of § 5.2(e) of this Article.

(3) Renewal of licensure is subject to the following:

(A) License as an APRN *shall* be renewed biennially at the same time the license to practice as a registered nurse in Guam is renewed.

(B) Failure to receive renewal notice does not relieve anyone of the responsibility of renewing his/her own APRN license.

(C) At any point that such national certification expires it is the responsibility of the APRN to submit a renewed certification to the board.

(4) If the applicant has not been in clinical practice for more than the past two (2) years, the applicant *shall* provide evidence of satisfactory completion of sixty (60) contact hours, forty-five (45) in pharmacotherapeutics and fifteen (15) in the clinical management of patients, within the two (2) years prior to applying for approval to practice.

(5) If the applicant has not been in clinical practice for more than the past five (5) years, the applicant *shall* provide evidence of satisfactory completion of, at minimum, forty-five (45) contact hours of advanced pharmacology and forty-five (45) contact hours in a subject or subjects related to the role and population focus of certification. Upon completion of the coursework, the APRN *shall* engage in a supervised clinical component by a qualified preceptor in

the appropriate advanced practice role and population focus. The APRN *shall* complete hours according to the following schedule:

(A) three hundred (300) hours if the applicant has practiced less than nine hundred sixty (960) hours in the last five (5) years;

(B) six hundred (600) hours if the applicant has practiced less than nine hundred sixty (960) hours in the last five (5) years, but has practiced at least nine hundred sixty (960) hours in the last six (6) years; or

(C) one thousand (1000) hours if the applicant has not practiced at least nine hundred sixty (960) hours in the last six (6) years, but has practiced nine hundred sixty (960) hours in the last seven (7) to ten (10) years.

(6) If the nurse has not practiced in the advanced practice nursing role and population focus for ten (10) or more years he or she will be ineligible for renewal in Guam.

(7) Qualified preceptor must meet the following requirements:

(A) holds an active license or privilege to practice as an APRN or physician that is not encumbered and practices in a comparable practice focus; and

(B) functions as a supervisor and teacher and evaluates the individual's performance in the clinical setting.

(8) At the end of the supervised period, the supervisor *shall* provide a written evaluation of the applicant on a company letterhead. The evaluation will verify whether or not the applicant has successfully completed the required hours. If the supervision period was successful,

the letter must state that the applicant's knowledge and skills are at a safe and appropriate level to practice as an APRN.

(d) Quality Assurance/Documentation and Audit.

The Board may conduct a random audit of nurses to verify current APRN certification or continuing education. Upon request of the Board, licensees *shall* submit documentation of compliance.

(e) Lapsed License.

(1) A license is lapsed if it was not renewed or placed in an inactive status by the expiration date.

(2) Any licensee whose license has lapsed may apply for reinstatement.

(3) Any person engaged in advanced practice during the time his or her license has lapsed *shall* be considered an illegal APRN and *shall* be subject to applicable penalties for violation of the Nurse Practice Act.

(f) Reinstatement of License.

When seeking reinstatement of APRN licensure, a licensee is subject to the licensing requirements provided by 10 GCA §§ 12311, 12313, 12315, in addition to the following:

(1) A licensee applying for reinstatement of an APRN license following disciplinary action *shall* be in compliance with all Board licensure requirements, as well as any specified requirements set forth in the Board's discipline order.

(2) A licensee applying for reinstatement of an APRN license following suspension or revocation *shall*:

(A) petition the Board for a hearing;

(B) present evidence that she/he is currently licensed to practice nursing in Guam; and

(C) present evidence, as required by the Board, that she/he is competent to practice as a practitioner in Guam.

(3) A licensee applying for reinstatement of a lapsed APRN license *shall*:

(A) submit the required application and reinstatement fee;

(B) be currently licensed as a registered nurse in Guam; and

(C) meet the requirements for renewal of license.

(4) Reinstatement of Inactive License.

The APRN may request in writing to be placed on inactive status. In this status, the licensee may not function in an APRN capacity until such license is reactivated. To be placed on inactive status, the APRN, prior to the expiration date or his/her license, *shall* submit a written request to be placed on inactive status. A licensee applying for reinstatement of an inactive license *shall*:

(A) submit the required application for reinstatement and the fee;

(B) be currently licensed as a registered nurse in Guam;

(C) be currently certified as an APRN by a nationally recognized certifying agent of the appropriate advanced practice organization; and

(D) meet the requirements for renewal of license.

(g) Temporary APRN License.

(1) A temporary APRN license may be issued by the Board to the APRN who holds a current national certification to practice as an Advanced Practice Registered Nurse upon submission of the following:

(A) an application to meet the temporary license requirement to practice as a registered professional nurse;

(B) documentation as required by these rules and regulations for license as an APRN; and

(C) the non-refundable initial licensure fee and the temporary APRN licensure fee.

(2) The temporary APRN license is valid for a period of three (3) months upon issuance. The temporary APRN license becomes null and void upon issuance of a current license, upon expiration, or upon withdrawal by board action. The temporary license is not renewable.

(3) An APRN's license *shall* be automatically suspended upon the occurrence of any of the following:

(A) failure of the APRN to attain recertification from the national certifying body. The APRN may not practice as or use the title of certified or licensed APRN until she/he has submitted to the Board a copy of current national certification. The license must be returned immediately to the Board; or

(B) the revocation of the APRN's national certification for any reason. The APRN *shall* notify the Board immediately in writing and *shall not* practice as or use the title of certified or licensed APRN until she/he has submitted to the Board a copy of a current national certification. The license must be returned immediately to the Board.

(4) It is the responsibility of the APRN to maintain and submit a current national certification to the Board.

§ 5.6. APRN Education.

(a) Required Criteria for APRN Education Programs.

The Guam Board of Nurse Examiners *shall* determine whether an APRN education program meets the qualifications for the establishment of a program based upon the following standards:

(1) An APRN program *shall* appoint the following personnel:

(A) An APRN program administrator, whose qualifications *shall* include:

(i) a current, active APRN license or privilege to practice that is not encumbered in the state where the program is approved and/or accredited;

(ii) a doctoral degree in a health-related field;

(iii) at least two (2) years of clinical experience as an APRN; and

(iv) a current national APRN certification.

(B) A lead faculty member, educated and nationally certified in the same role and population foci and licensed as an APRN, who *shall* coordinate the educational component, including curriculum development, for the role and population foci in the APRN program.

(C) Nursing faculty, to teach any APRN nursing course that includes a clinical learning experience, whose qualifications *shall* include:

(i) a current, active APRN license or privilege to practice that is not encumbered in the state where the program is approved and/or accredited;

(ii) a minimum of a master's degree in nursing or health-related field in the clinical specialty;

(iii) two (2) years of APRN clinical experience; and

(iv) current knowledge, competence and certification as an APRN in the role and population foci consistent with teaching responsibilities.

(D) Adjunct clinical faculty, employed solely to supervise clinical nursing experiences of students, who *shall* meet all the faculty qualifications for the program level they are teaching.

(E) Interdisciplinary faculty, to teach non-clinical nursing courses, who *shall* have advanced preparation appropriate to these areas of content.

(F) Clinical preceptors, who *shall* have demonstrated competencies related to the area of assigned clinical teaching responsibilities, will serve as a role model and educator to the student. Clinical preceptors may be used to enhance faculty-directed clinical learning experiences but not to replace them. Clinical preceptors will be approved by faculty and *shall* meet the following requirements:

(i) hold an active license or privilege to practice that is not encumbered as an APRN or physician and practices in a comparable practice focus; and

(ii) function as a supervisor and teacher and evaluate the individual's performance in the clinical setting.

(2) The curriculum of the APRN nursing education program must prepare the graduate to practice in one (1) of the four (4) identified APRN roles (NP, CRNA, CNM, CNS), and at least one (1) of the six (6) population foci provided by 10 GCA § 12313(a)(2). The curriculum *shall* include:

(A) Three (3) separate graduate level courses (the APRN core) in:

(i) advanced physiology and pathophysiology, including general principles that apply across the lifespan;

(ii) advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and

(iii) advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents.

(B) Diagnosis and management of diseases across practice settings, including diseases representative of all systems.

(C) Preparation that provides a basic understanding of the principles for decision making in the identified role.

(D) Preparation in the core competencies for the identified APRN role.

(E) Role preparation in one (1) of the six (6) population foci of practice.

(3) Additional required components of graduate or post-graduate education programs preparing APRNs *shall* include the following:

(A) Each student enrolled in an APRN program *shall* have an RN license or privilege to practice that is not encumbered in the state of clinical practice, unless exempted from this licensure requirement by any law, rule, or regulation.

(B) Education programs offered by an accredited college or university that offers a graduate degree with a concentration in the advanced nursing practice role and at least one (1) population focus; or post-masters certificate programs offered by an accredited college or university which *shall* include the following components:

(i) clinical supervision congruent with current national professional organizations and nursing accrediting body standards applicable to the APRN role and population focus; and

(ii) curriculum that is congruent with national standards for graduate level and advanced practice nursing education and is consistent with nationally recognized APRN roles and population foci, and includes, but is not limited to:

(aa) graduate APRN program core courses; and

(bb) an advanced practice nursing core, including legal, ethical, and professional responsibilities of the APRN.

(C) The curriculum *shall* be consistent with competencies of the specific areas of practice.

(D) APRN programs preparing for two (2) population foci or combined nurse practitioner/clinical nurse specialist *shall* include content and clinical experience in both functional roles and population foci.

(E) Each instructional track/major *shall* have a minimum of five hundred (500) supervised clinical hours as defined by the Board. The supervised experience is directly related to the role and population foci, including pharmacotherapeutic management of patients.

(F) There *shall* be provisions for the recognition of prior learning and advanced placements in the curriculum for individuals who hold a master's in nursing and are seeking preparation in a different role and population focus. Post-master's nursing students *shall* complete the requirements of the master's APRN program through a formal graduate level certificate in the desired role and population focus. Post-master's students must meet the same APRN outcome competencies as the master's level students.

(b) Determining Compliance with Standards.

The Board *shall* determine compliance with the APRN education standards as set forth in this Section, and consistent with procedures for determining approved schools of nursing under 10 GCA § 12321.

(c) Establishment of a New APRN Education Program.

Before establishing a new nursing education program, the APRN program *shall* complete the process outlined below:

(1) Application to the professional accrediting body: the Accreditation Commission for Education in Nursing (ACNE), the Commission on Collegiate Nursing Education (CCNE), or the National League for Nursing Commission for Nursing Education Accreditation (CNEA).

(2) The proposed program *shall* provide the following information to the Board:

(A) results of a needs assessment, including identification of potential students and employment opportunities for program graduates;

(B) identification of sufficient financial and other resources;

(C) governing institution approval and support;

(D) community support;

(E) type of educational program proposed;

(F) clinical opportunities and availability of resources;

(G) availability of qualified faculty;

(H) a pool of available students; and

(I) a proposed timeline for initiating and expanding the program.

§ 5.7. Prescriptive Authority.

(a) Requirements for Prescribing, Ordering, Dispensing and Furnishing Authority.

(1) An APRN licensed by the Board may prescribe, order, procure, administer, dispense and furnish over the counter, legend and controlled substances pursuant to applicable state and federal laws, and within the APRN's role and population focus.

(2) Written, verbal or electronic prescriptions and orders *shall* comply with all applicable state and federal laws.

(3) All prescriptions *shall* include, but not be limited to, the following information:

(A) name, title, address, and phone number of the APRN who is prescribing;

(B) name of patient;

(C) date of prescription;

(D) full name of the drug, dosage, route, amount to be dispensed, and directions for its use;

(E) number of refills;

(F) signature of prescriber on written prescription; and

(G) DEA number of the prescriber on all scheduled drugs.

(i) The APRN *shall* comply with Federal Drug Enforcement Administration (DEA) requirements related to controlled substances.

(ii) The APRN *shall* immediately file any and all of the nurse's DEA registrations and numbers with the Board.

(4) The Board *shall* maintain current records of all APRNs with DEA registration and numbers.

(b) Continuing Education Requirements for APRN Prescriptive Authority and License Renewal.

The APRN must complete five (5) hours of pharmacotherapeutic continuing education (for prescriptive authority) of the required thirty (30)

contact hours of continuing education required for the two (2)-year renewal of APRN licensure. The continuing education required for licensure must:

(1) relate to the APRN's scope of certification and scope of practice;

(2) be obtained from continuing education courses in which the contact hour time is not less than fifty (50) minutes; and

(3) not include the same course taken more than once during the renewal cycle.

Precepting an APRN student at an accredited university, at the advanced health care professional level is an option that may be used at a conversion rate of the maximum one hundred twenty (120) preceptor hours, not-to-exceed twenty-five (25) non-pharmacology credits.

(c) Distribution of Samples.

(1) APRNs may receive, sign for, record, and distribute samples to patients.

(2) Distribution of drug samples *shall* be in accordance with state law and DEA laws, regulations and guidelines.

(d) Discipline.

(1) APRN discipline and proceedings is the same as stated in § 5.10 of this Article.

(2) The Board may limit, restrict, deny, suspend, or revoke APRN licensure, or prescriptive or dispensing authority.

(3) Additional grounds for discipline related to prescriptive or dispensing authority include, but are not limited to:

(A) prescribing, dispensing, administering, or distributing drugs in an unsafe manner or without adequate

instructions to patients according to acceptable and prevailing standards;

(B) selling, purchasing, trading, or offering to sell, purchase or trade drug samples;

(C) prescribing, dispensing, administering, or distributing drugs for other than therapeutic or prophylactic purposes; or

(D) prescribing or distributing drugs to individuals who are not patients of the APRN, or who are not within that nurse's role and population focus.

(e) Termination of Prescriptive Authority.

(1) Prescriptive authority may be terminated by the Board when the prescriber:

(A) fails to maintain current active licensure as an RN and or as an APRN;

(B) violates provisions of the Nurse Practice Act, 10 GCA, Chapter 12, Article 3; 25 GAR, Chapter 6; or the Guam Pharmacy Practice Act, 10 GCA, Chapter 12, Article 6; 25 GAR, Chapter 13; or

(C) violates Guam or federal laws, rules, or regulations applicable to prescriptions.

(2) Lapsed Prescriptive Authority.

(A) The authority to prescribe is automatically terminated if the APRN's license is not renewed or placed in an inactive status by the expiration date.

(B) Any licensee whose prescriptive authority has lapsed or been inactive over a twenty-four (24)-month period must submit to the Board:

(i) a new application for prescriptive authority and a current license as an APRN; and

(ii) pay the non-refundable reinstatement fee.

(3) Any person engaged in practicing within the scope of his or her certificate of prescriptive authority during the time his or her APRN license has lapsed *shall* be considered an illegal practitioner and is subject to the penalties provided for violation of the Nurse Practice Act.

(4) Inactive Status.

(A) A prescriptive authority will automatically be considered lapsed and subject to the requirements of these rules when a licensee places his or her APRN license in inactive status.

(B) While the prescriptive authority or APRN license is inactive, the licensee *shall not* engage in any practice within the scope of an APRN with prescriptive authority.

(C) If the APRN desires to resume practice in Guam, he or she *shall* request a reinstatement/renewal application, which *shall* be completed and submitted with a renewal fee or reinstatement fee. Fees are nonrefundable.

(D) All licensure requirements for reinstatement/renewal *shall* apply.

(E) If disciplinary proceedings on an inactive license has been initiated, the license *shall not* be reinstated/renewed until the proceedings have been completed.

§ 5.8. Implementation.

(a) All new graduates applying for APRN licensure must meet the stipulated licensure requirements.

(b) An APRN applying for licensure by endorsement in another state may be eligible for licensure if the applicant demonstrates that the following criteria have been met:

(1) current, active practice in the advanced role and population focus area;

(2) current active national certification or recertification, as applicable, in the advanced role and population focus area;

(3) compliance with the APRN educational requirements of the state in which the APRN is applying for licensure that were in effect at the time the APRN completed his or her APRN education program; and

(4) compliance with all other criteria set forth by the GBNE in Guam, e.g. continuing education.

§ 5.9. Name or Address Change.

(a) A licensee whose name is legally changed *shall* be issued a replacement license following submission of the current license, along with an affidavit, copy of marriage license or court action, and the required reissuance fee.

(b) A licensee whose address changes from the address appearing on the current license *shall* immediately notify the Board of the change. The Board *shall not* issue a new license, but *shall* make such changes in current license files.

§ 5.10. Disciplinary Provisions.

(a) The Board may deny licensure or re-licensure, revoke or suspend licensure, place on probation and censure or reprimand an APRN upon proof that the license holder:

(1) has a license to practice nursing revoked or suspended or has been otherwise disciplined;

(2) uses the title APRN, or any similar title, or acts as an APRN without having obtained a license pursuant to these rules and regulations;

(3) exceeds her/his authority as an APRN;

(4) represents herself/himself to the public as a physician;

(5) violates or cooperates in the violation of the laws or regulations governing the practice of medicine, nursing, or APRNs;

(6) becomes unable to practice with reasonable skill and safety as the result of physical or mental illness or the excessive use of alcohol, drugs, narcotics, chemicals, or any other substance; or

(7) violates or attempts to violate or cooperates with others in violating or attempting to violate any law, rule or regulation, territorial, state, or federal, relating to the possession, use, dispensing, administration, or distribution of drugs.

(b) Hearing.

(1) The provisions of the Administrative Adjudication Law, 5 GCA Chapter 9, *shall* govern proceedings on questions of violation of these regulations.

(2) The Commission on Licensure to practice the Healing Arts in Guam, as well as the APRN's employer, *shall* be notified promptly of any complaint filed with the Board against an APRN. The

Commission on Licensure to practice the Health Arts in Guam and the APRN's employer *shall* be informed of any action taken by the Board.

(3) The Board *shall* conduct all hearings prescribed herein and *shall* take appropriate action."

Section 4. Severability. If any provision of this Act or the application thereof to any person or circumstances is held invalid, the invalidity *shall not* affect other provisions or applications of this Act that can be given effect without the invalid provision or application, and to this end the provisions of this Act are severable.