

Oklahoma Nurses Association 2018 Legislative Priorities

The mission of the Oklahoma Nurses Association is to empower nurses to improve health care in all specialties and practice settings by working as a community of professional nurses. Oklahoma currently faces a shortage of quality, accessible health care options, particularly in rural areas.

To that end, ONA has a series of legislative priorities in 2018:

Funding

- Ensure adequate funding for vital health care related services, including direct care, illness prevention and health outcomes. Shortfalls in funding for health and behavioral health services will increase costs in other areas of the state's budget, and will lead to dire negative consequences for individuals, families, and communities, placing all at risk. When funding falls below critical levels, every other health priority for Oklahomans and nurses is negatively impacted. Nursing is one of the few professions in Oklahoma providing care to our citizens from cradle to grave.

Governance

- Preserving the Board of Nursing's oversight and regulation of nursing practice

Nursing is the largest group of healthcare providers including LPN, RN and APRN, each one with its own unique scope of practice. The Oklahoma Board of Nursing is already a consolidated licensure and regulatory entity governing nursing practice. Ensuring professional nursing oversight of this board provides for the critical health and safety of the public. This self-sustaining, non-appropriated Board contributes revenue to the state general fund while providing for efficient, focused regulation of the nursing profession.

Nursing Practice

- Access to efficient, competent health care is supported when licensed Nursing professionals practice to the full extent of their scope of practice. Competent nursing practice improves the health and safety of every Oklahoman. Evidence demonstrates that state health rankings are higher when nurses practice to the full extent of their license.

Full Practice Authority: Twenty-two states and the District of Columbia give APRNs full practice authority, allowing them to use their knowledge, skills and judgment to the full extent of their education and training. Currently, Oklahoma law requires APRNs to enter into an agreement with a physician for supervision of their prescriptive authority. Many APRNs must pay a flat fee or a percentage of revenues to the physician for the agreement. This drives up health care costs, limits consumer choice and the accessibility of health care throughout our state, while placing a needless financial burden on APRNs.

Prescriptive Authority: Under current Oklahoma law, APRNs are only allowed to prescribe Legend drugs and Schedules III-V, even with supervision by a physician. In other states, APRNs are also allowed to prescribe drugs from Schedule II. Oklahoma APRNs are qualified through education and training to prescribe a full range of medical drugs that includes Schedule II. The inability of APRNs to prescribe Schedule II drugs creates an unnecessary burden on Oklahoma patients and impedes the care for patients with chronic or acute pain, behavioral disorders and more. This will provide greatly needed access to care for patients across Oklahoma.

Insurance Credentialing: In order to provide affordable and accessible health care to consumers and compete in the health care marketplace, it is vital that APRNs be allowed insurance credentialing, permitting them to bill insurance companies directly rather than billing through a facility or physician's office.

Improving Oklahomans' health status

- Improving the physical, mental, and economic well being of the individual, the family, and the community increases Oklahomans' health status.

Education

- Support only those educational proposals that promote the emotional, mental, and physical wellbeing of school children at risk.
- Nursing education is an important and critical component in the development, maintenance and competence of Oklahoma's nursing workforce.