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History Of Legislation Affecting NPs In North Carolina

By: **Phoebe Pollitt, RN**

Abstract

One of NONA'S legislative priorities in 2017 is House Bill 88/Senate Bill 73, the Modernize Nursing Practice Act. The bill is currently working its way through the General Assembly, and will allow, among other things, full practice authority for APRNs. It is an appropriate time to examine the history of NPs in NC. Histories of CNMs, CRNAs, and CNSs will be published at a later date.

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History of Legislation Affecting NPs in North Carolina

By NCNA Member Phoebe Pollitt, RN; Nursing History Council Member

One of NCNA's legislative priorities in 2017 is House Bill 88/ Senate Bill 73, the Modernize Nursing Practice Act. The bill is currently working its way through the General Assembly, and will allow, among other things, full practice authority for APRNs.

It's an appropriate time to examine the history of NPs in NC. Histories of CNMs, CRNAs, and CNSs will be published at a later date.

From the beginning of professional nursing in the 1880s until after World War II, some nurses in the US practiced using advanced clinical skills including diagnosis and prescription. Most of these nurses worked in Settlement Houses in impoverished immigrant urban communities, with the Indian Health Service and / or with the Frontier Nursing Service in central Appalachia.

A few, like Lydia Holman of Mitchell County, NC, worked uniquely on their own. The nature of their work was largely ignored because their clients were from poor, marginalized

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groups and because their work did not threaten physician incomes or authority.

Experiments in formal training of advanced practice nurses began occurring in the 1950s at several universities, including the short-lived MSN Clinical Nurse Practitioner program, led by Thelma Ingles, RN, and Eugene Stead, MD, at Duke University from 1958-1962.

The program to train nurse practitioners began at the University of North Carolina at Chapel Hill in 1969 as a collaboration between the Schools of Nursing, Medicine and Public Health. Seven students were admitted to the one-year program in the fall of 1969, and by the summer of 1970 these pioneer NPs began providing care in North Carolina. As the

NP program grew and expanded through the AHEC system, NPs and their supporters, led by Audrey Booth, RN, MSN, drafted legislation to sanction their practice.

In 1971, the North Carolina General Assembly appointed "The Legislative Research Commissions Committee to Study the Lawful Role of the Nurse in Delivery of Comprehensive Health Care" to study the matter. Booth, an active leader in the NCNA for many decades, was appointed to represent nursing on the Committee. The Committee met almost every other week for seven months hearing testimony and studying the Nurse Practice Act, Medical Practice Act, Pharmacy Practice Act and other relevant legislation.

In the fall of 1972 the Committee recommended amendments to both the Nurse Practice Act and the Medical Practice Act to clarify and strengthen the legality of Nurse Practitioner practice. Rather than create a list of skills an NP could perform, the task force called for the establishment of a "Joint Practice Committee" (JPC) composed of six nurses and six physicians to be responsible for oversight of NP practice. The JPC was expected to be flexible enough to modify practice issues and regulations as they arose without having to go back to the Legislature on a regular basis.

The General Assembly accepted the Committee proposal and in March 1973 voted to pass House Bills 168 and 169, amending the Nurse and Medical Practice Acts to allow NPs to diagnose and treat health problems.

The next major legislative accomplishment occurred in 1975. After prolonged negotiations with the North Carolina Board of Pharmacy, the authority to prescribe, compound and dispense non-controlled substances, with standing orders from a physician, was granted to NPs and Physician Assistants by the state legislature.

Decades of research support both the quality and cost effectiveness of APRN independent practice. It is no longer necessary to have the NC Medical Board share joint oversight of APRN practice in our state.

It is time for North Carolina nurses to actively support the passage of Senate Bill 695/ House Bill 80, allowing full practice authority for APRNs. •