Nurse Practitioners California State Practice AgreementsNurse Practitioners California State

Practice Agreements

Student's Name

Institutional Affiliation

Psychiatrist Mental Health Nurse Practitioners California State Practice Agreements

A psychiatrist Mental Health Nurse Practitioner (PMHNP) is a registered nurse who has obtained a graduate degree in nursing that allows him or her to provide primary mental health care and other primary care services. PMHPNPs coordinate psychological, spiritual, biological, and social elements to offer holistic care for individuals, groups, and families. They offer a variety of mental health care services in the clinical nursing practice such as conducting diagnostic tests for psychiatric disorders, prescribing medications for mental health disorders, and offering psychotherapy services to individuals, families, and groups among others. The paper provides a comprehensive review of the practice guidelines for PMHNPs in California including the collaboration issues and their solutions.

Practice Agreements for PMHNPs in California

The state nurse practice act governs the practice of PMHNPs and other nursing practitioners in California. The Board of Registered Nursing (BRN) has enacted laws that require PMHNPs to work under standardized procedures that authorizes such nurse practitioners (NPs) to perform overlapping medical functions. In California, the NPs offer healthcare services in collaboration with a consulting physician (Coffman et al., 2018). For the case of PMHNPs, the collaborating physician is usually a psychiatrist. The consultations involve new or complex patient situations. The employer or PMHNP usually draws the standardized procedure, and the collaborating psychiatrist specifies the most appropriate circumstances for consulting the physician (Coffman et al., 2018).

Apart from working in collaboration with the physician, the other practice agreement provides that for PMHNPs to obtain a prescriptive authority, they must undergo some period of supervised prescribing practice after the completion of the PMHNP program (Buppert, 2014).

After successful completion of the program, the Californian PMHNPs are awarded a certificate from BRN which allows them to prescribe or order drugs and medical equipment under the laid down procedures.

Physician Collaboration Issues Identified In California

There are numerous issues associated with PMHNP-physician collaboration in California. First, no rules specifying the distance proximity between the NPs and the physician, and thus sometimes physicians opt to provide supervision remotely that is with hundreds of miles separating the two which may lead to inefficiency in the delivery of healthcare (Spetz & Muench, 2018). This was evident in a research conducted in 2017 where 9.8% of the physicians reported that their psychiatrists were operating from another location or system. Besides, no rules have been laid down addressing the share of physicians collaborating with one or more NPs or the number of psychiatrists who have the desire to work with NPs healthcare (Spetz & Muench, 2018).

Barriers to Mental Health Nurse Practicing Independently in California

One area that undermines the scope of practice of PMHNPs concerns the prescription of buprenorphine, a crucial drug for treating opioid abuse disorder. Since 2002, the law required the prescription of the medication to be done by a provider who has obtained a waiver from the Drug Treatment Act of 2000 (Kraus & DuBois, 2017). The restriction limited the prescriptions to physicians until the implementation of the Comprehensive Addiction and Recovery Act (CARA) passed in 2016 which allowed physician assistants (PAs) and NPs to obtain waivers (Johnson, 2016). However, CARA has strict restrictions stipulating that any NP conducting the oversight of NP/PA prescribing must have a certificate in addiction medicine or addiction psychiatry, should have completed medication-assisted therapy in addition to meeting other qualifications (Tierney

et al., 2015). These regulations significantly impacts the potential for PMHNPs to provide the treatment of opioid use disorder (Rinaldo & Rinaldo, 2013).

Solutions for PMHNPs Issues in California

There are numerous ways in which I would address the PMHNPs issues in California. First, allowing the PHMNPs to practice independently is necessary, but of course, I would require a collaborative agreement between the NP with the physician to furnish or prescribe the pharmaceuticals. Second, I would recommend the Californian healthcare professionals to specify the maximum distance which should be permitted between PMHNP with a physician. Third, I would require the Californian healthcare authorities to specify the frequency of consultation between the PMHNP and the physician that should typically range from every 30 days. Finally, I would advise the authorities to pass laws limiting the number of PMHNPs that can be supervised by a physician at one particular time to increase efficiency in the delivery of patient care.

Conclusion

The practice agreements in California require a PMHNP to work in close collaboration with a psychiatrist. Furthermore, the PMHNPs must undergo some period of supervised prescribing practice after the completion of the PMHNP program. There are various issues linked to this PMHNP-physician collaboration. For instance, lack of rules stating the proximity distance between psychiatrists and PMHNPs which leads to remote supervision hindering the quality of patient care. Nevertheless, this barrier can be addressed by passing laws which explicitly describes the distance proximity which should be permitted between the two.

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