



50 State Survey and Analysis on Licensure Laws for Nurse Practitioners

By: Alyssa Brown



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Acknowledgments

Alyssa Brown is a second year law student at the University of Baltimore School of Law. Alyssa is a member of the University of Baltimore Law Review and the American Intellectual Property Law Association Moot Court Team for her school. She also serves as social secretary for Phi Delta Phi's Carroll Inn. Prior to attending law school, Alyssa worked for the National Psoriasis Foundation where she coordinated the organization's grassroots volunteers and advocated on behalf of the millions of Americans with psoriasis and psoriatic arthritis.



Methodology

The information in this report was compiled primarily using Westlaw. Additional information was also obtained from the Websites of the National Council of State Boards of Nursing and U.S. Department of Justice Drug Enforcement Administration.



Welcome to CTeL

The **Center for Telehealth & e-Health Law (CTeL)** was founded in 1995 to overcome the legal and regulatory barriers to the utilization of telehealth and related e-health services. CTeL, formerly known as the Center for Telemedicine Law, was created under the vision and leadership of a number of individuals and organizations, including Dr. Yadin David, Bob Waters, the Mayo Foundation, the Cleveland Clinic, the Midwest Rural Telemedicine Consortium, and the Texas Children's Hospital.

CTeL has established itself as a leader in the telehealth community and is known for its ability to compile and analyze complex legal, regulatory and public policy information. CTeL provides vital support to the community by providing critical analysis and information on legal and regulatory issues on topics such as reimbursement, licensure, telecommunications, FDA regulations, privacy, and accreditation.

In keeping with its mission to provide the community with information regarding legal impacting the telehealth community, CTeL has developed this compendium of legal and administrative regulations governing nurse practitioners in the United States and its territories. This document and the related state fact sheets addresses four areas of interest:

- Definitions of nurse practitioners across the states and territories
- Exemptions and Consultation Exceptions
- Reciprocity
- Prescriptive authority granted to nurse practitioners

This report should not be construed as comprehensive legal advice. Rather, it is intended as a helpful resource to guide users to the relevant statutes and administrative regulations. Please note, state legislatures and nursing boards have the final say as to licensure reciprocity, the permissibility of any consultative services taking place within its jurisdiction, and the prescriptive authority granted to nurse practitioners.

For additional information about the Center for Telehealth & e-Health Law, please feel free to contact us at:

Center for Telehealth & e-Health Law
1500 K Street, NW
Suite 1100

Washington, DC 20005-3317 202.230.5090 | Fax 202.230.5300 info@ctel.org |
www.ctel.org



Summary

According to the American Academy of Nurse Practitioners, 135,000 nurse practitioners actively practiced in the United States in 2010. Annually, Americans make nearly 600 million visits to nurse practitioners.

I. Definitions

The first section of each state fact sheet addresses how “nurse practitioner” is defined in that state’s statutes and administrative regulations. The terminology used to describe nurse practitioners varies by state and can include:

- Certified nurse practitioner (CNP),
- Certified registered nurse practitioner (CRNP),
- Registered nurse practitioner (RNP),
- Advanced practice registered nurse (APRN),
- Advanced registered nurse practitioner (ARNP), or
- Nurse practitioner (NP)

Many of the regulations governing the activities of nurse practitioners can be found under the more general category of “advanced practice nurse.” This broad category encompasses four subsets of advanced practice; generally, these include (1) certified registered nurse practitioners (CRNP), certified nurse midwives (CNM), certified registered nurse anesthetists (CRNA), and clinical nurse specialists (CNS). Advanced practice nurses are typically permitted to assess the health of patients, to diagnosis, and to manage cases. The scope of practice permitted beyond these basic services varies depending on the advanced practice nurse’s title, qualifications, and the scope of any collaborative agreements with practicing physicians.

II. Exemptions and Consultation Exceptions

In the majority of states, the laws and regulations governing exemptions from licensure and consultation exceptions are written primarily for registered nurses and practical nurses, disciplines which require a lesser level of education and expertise, although their purview extends to the practice of nurse practitioners as well. As of 2010, 24 states have adopted the Nurse Licensure Compact. Under this agreement, a registered nurse or practical nurse licensed in one state belonging to the compact may practice, both physically and electronically, in any other state belonging to the compact. Nurses

practicing in any state belonging to the Nurse Licensure Compact are subject to each state's practice law and regulation.¹

Unlike the regulations regarding the practice of physicians, relatively few states expressly provide consultation exceptions for nurse practitioners licensed in another state. Specifically, fourteen states allow nurse practitioners licensed outside their jurisdiction to consult within their borders without first obtaining a license. Six states set express limits on the frequency of consultations,

State or territory	Frequency of consultation permitted (if specified)
Alabama	30 days
Alaska	20 days/licensing period
Delaware	14 days/year
District of Columbia	
Florida	<ul style="list-style-type: none"> • 60 day exception for civilians who have applied for Florida license • 120 day exception for military spouses relocated due to military orders who have applied for Florida license
Georgia	
Kentucky	
Louisiana	
Maine	21 days/year
New Hampshire	
North Dakota	
Utah	
Wyoming	14 days/year
American Samoa	

Twenty-three of the states also have exceptions that allow nurses who transport patients across state lines as part of their employment or who are caring for temporary residents of the state to carry out their duties without first obtaining an in-state license.

¹ Additional information regarding the Nurse Licensure Compact can be found at the Web site of the Nurse Council of State Boards of Nursing, www.ncsbn.org.



The regulations of twenty-nine states and territories expressly provide that nurses holding a current license in another jurisdiction under the employment of the armed forces of the United States or a federal agency need not apply for an in-state license.

III. Reciprocity

Regulations regarding the reciprocity of nurse practitioner licenses across state lines vary significantly state-by-state. Broadly speaking, regulations regarding reciprocity fall into three categories—(A) reciprocity by endorsement, (B) reciprocity of the registered nurse license component of requirements through endorsement or by way of a state’s membership in the Nurse Licensure Compact, and (C) reciprocity through a state’s membership in the Advanced Practice Registered Nurse Compact.

(A) Reciprocity by endorsement for nurse practitioners.

Some states have provisions that allow a nurse practitioner licensed in another jurisdiction to obtain an in-state license through endorsement. Although a handful of states leave it up to the discretion of the nursing board to determine if the requirements to obtain licensure as an advanced nurse practitioner in the other jurisdiction were sufficiently similar to those of the state, most provide a laundry list of documentation that must be provided. For example, the nurse practitioner must often provide documentation of the good standing of their license in another state as well as evidence of professional certification in his/her area of expertise as well as education credentials.

(B) Reciprocity of registered nurse license

A prerequisite to licensure as a nurse practitioner in almost every state is the attainment of an in-state registered nurse’s license. In states where an advanced practice license cannot be obtained directly through endorsement, a nurse can satisfy the requirement of obtaining an in-state registered nurse license either through endorsement or, in some instances, by holding a license to practice in a state that is a member of the Nurse Licensure Compact.

The mutual recognition model of nurse licensure employed by the Nurse Licensure Compact allows a nurse to have one license (in the state of residency) and to practice in other states, as long as that individual acknowledges that he or she is subject to each state’s practice laws and discipline. To date, twenty-four states have adopted the Nurse Licensure Compact. These states are,



- Arizona
- Arkansas
- Colorado
- Delaware
- Idaho
- Iowa
- Kentucky
- Maine
- Maryland
- Mississippi
- Missouri
- Nebraska
- New Hampshire
- New Mexico
- North Carolina
- North Dakota
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Virginia
- Wisconsin

Mutual recognition is a system in which each state adopts comparable legislation authorizing licensing agencies to enter into an agreement with other states to grant licensees the authority to practice in any state that has adopted the agreed upon legislation. The mutual recognition approach to licensure is typically implemented by adoption of an interstate compact specifying the details of the agreement. Mutual recognition necessitates that states define a common set of requirements governing the agreement.

Typically, state statutes employ the following language with respect to advanced practice registered nursing,

Article III--General Provisions and Jurisdiction.

(d) This compact does not affect additional requirements imposed by states for advanced practice registered nursing. However, a multistate licensure privilege to practice registered nursing granted by a party state shall be recognized by other party states as a license to practice registered nursing if one is required by state law as a precondition for qualifying for advanced practice registered nurse authorization.

(C) Membership in the Advanced Practice Registered Nurse Compact

Although a date has not been set for its implementation, three states have passed laws authorizing joining the Advanced Practice Registered Nurse (APRN) Compact,

- Iowa
- Utah
- Texas

First proposed by the National Council of State Boards of Nursing in 2000, once implemented, the APRN Nurse Compact will operate in a similar fashion to the existing



Nurse Licensure Compact. In order to join the APRN Compact, a state must also be a member of the Nurse Licensure Compact.

IV. Prescriptive authority granted to nurse practitioners

According to the American Academy of Nurse Practitioners, approximately 656 million prescriptions are written by nurse practitioners annually. The scope of the prescriptive authority granted differs in each of the states and U.S. territories, as do the requirements for obtaining such authority. Key elements commonly covered in most regulations are educational prerequisites, the requirements for a collaborative agreement with a practicing physician, and the types of substances a nurse practitioner is able to prescribe (i.e., certain controlled substances, drugs from a formulary established by the board of nursing, etc.).

A. Controlled substances

Prescriptive authority nearly always requires a separate registration from the licensing process. Additionally, nurse practitioners granted the authority to write prescriptions for controlled substances must also obtain a valid controlled substances certificate of registration from the United States Drug Enforcement Administration. The pertinent sections of the Controlled Substances Act provide,

21 C.F.R. § 1301.11 (2009)²

Persons required to register; requirement of modification of registration authorizing activity as an online pharmacy.

(a) Every person who manufactures, distributes, dispenses, imports, or exports any controlled substance or who proposes to engage in the manufacture, distribution, dispensing, importation or exportation of any controlled substance shall obtain a registration unless exempted by law or pursuant to §§ 1301.22 through 1301.26. Except as provided in paragraph (b) of this section, only persons actually engaged in such activities are required to obtain a registration; related or affiliated persons who are not engaged in such activities are not required to be registered. (For example, a stockholder or parent corporation of a corporation manufacturing controlled substances is not required to obtain a registration.)

² http://www.deadiversion.usdoj.gov/21cfr/cfr/1301/1301_11.htm.



21 C.F.R. § 1300.01 (2010)³

(b)(28) The term mid-level practitioner means an individual practitioner, other than a physician, dentist, veterinarian, or podiatrist, who is licensed, registered, or otherwise permitted by the United States or the jurisdiction in which he/she practices, to dispense a controlled substance in the course of professional practice. Examples of mid-level practitioners include, but are not limited to, health care providers such as nurse practitioners, nurse midwives, nurse anesthetists, clinical nurse specialists and physician assistants who are authorized to dispense controlled substances by the state in which they practice.

Under the Controlled Substances Act, drugs and drug products are divided into five schedules. The Drug Enforcement Agency lists some examples as follows,

Schedule I substances (1)

The substances in this schedule are those that have no accepted medical use in the United States and have a high abuse potential. Some examples are heroin, marihuana, LSD, MDMA, peyote.

Schedule II substances (2)

The substances in this schedule have a high abuse potential with severe psychic or physical dependence liability. Schedule II controlled substances consist of certain narcotic, stimulant and depressant drugs. Some examples of Schedule II narcotic controlled substances are: opium, morphine, codeine, hydromorphone (Dilaudid), methadone, pantopon, meperidine (Demerol).

Schedule III substances (3)

The substances listed in this schedule have an abuse potential less than those in Schedules I and II, and include compounds containing limited quantities of certain narcotic drugs and non-narcotic drugs such as: codeine (Tylenol with Codeine), derivatives of barbituric acid except those listed in another schedule, nalorphine, benzphetamine, chlorphentermine, clortemine, phendimetrazine, paregoric and any compound, mixture, preparation or suppository dosage form containing amobarbital, secobarbital or pentobarbital.

³ http://www.deadiversion.usdoj.gov/21cfr/cfr/1300/1300_01.htm.

Schedule IV substances (4)

The substances in this schedule have an abuse potential less than those listed in Schedule III and include such drugs as: barbitol, phenobarbital, chloral hydrate, clorazepate (Tranxene), alprazolam (Xanax), Quazepam (Dormalin).

Schedule V substances (5)

The substances in this schedule have an abuse potential less than those listed in Schedule IV and consist primarily of preparations containing limited quantities of certain narcotic and stimulant drugs generally for antitussive, antidiarrheal and analgesic purposes. Some examples are buprenorphine and propylhexedrine.

B. Membership in the Advanced Practice Registered Nurse Compact

In Iowa, Utah, Texas, states which belong to the Advanced Practice Registered Nurse Compact, the reciprocity of a nurse practitioner's license does not extend to include prescriptive authority and does not affect any requirements imposed by states to grant a nurse practitioner initial and continuing prescriptive authority. However, a party state may grant prescriptive authority to an individual on the basis of a multistate advanced practice privilege to the extent permitted by state practice laws.

V. Additional resources

- American Academy of Nurse Practitioners: <http://www.aanp.org>
- National Council of State Boards of Nursing: <https://www.ncsbn.org/index.htm>
- Nurse Licensure Compact Administrators: <https://www.ncsbn.org/nlc.htm>
- U.S. Drug Enforcement Administration: <http://www.justice.gov/dea>



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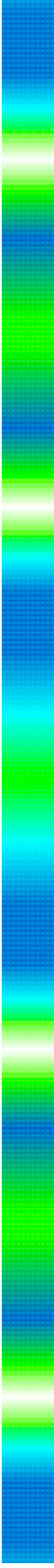


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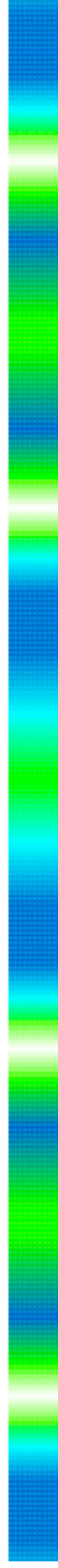
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Alabama	✓	✓	✓	✓	✓	✓	✓	✓
Alaska	✓	✓	✓	✓	✓	✓	✓	✓
Arizona				✓	✓	✓	✓	✓
Arkansas			✓	✓	✓	✓	✓	✓
California		✓	✓	✓	✓	✓	✓	✓
Colorado		✓	✓	✓	✓	✓	✓	✓
Connecticut								
Delaware	✓	✓	✓	✓	✓	✓	✓	✓
District of Columbia	✓			✓	✓	✓	✓	✓



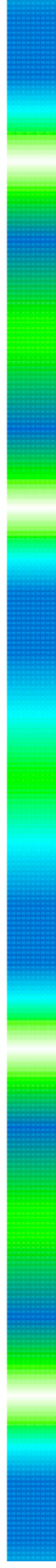
Exemptions: Regulations expressly provide for consultation exception period specifically defined	Exemptions: Consultation expressly provided for patients and/or treatment of temporary residents of state	Exemptions: Licensure exception for the transportation of	Exemptions: Licensure exception government employees	Reciprocity: Board of Nursing allows endorsement of APRN licensed in another state	Reciprocity: Member of the APRN Licensure Compact	Reciprocity: Member of Nurse Licensure Compact	Prescriptive authority may not prescribe controlled substances
Exemptions: Regulations expressly provide for consultation exception period specifically defined 60 day exception for civilians who have applied for FL license / 120 day exception for military spouses relocated due to military orders who have applied for FL license	✓	✓	✓				✓
Florida							



	Exemptions: Regulations expressly provide for consultation exception	Exemptions: Consultation period specifically defined	Exemptions: Licensure exception for the transportation of patients and/or treatment of temporary residents of state	Exemptions: Licensure exception for government employees	APRN licensed in another state	Reciprocity: Board of Nursing allows endorsement of	Reciprocity: Member of the APRN Licensure Compact	Reciprocity: Member of Nurse Licensure Compact	Prescriptive authority may not prescribe controlled substances
Georgia	✓		✓	✓	✓				
Hawaii				✓	✓				✓
Idaho				✓			✓		
Illinois					✓				
Indiana									✓
Iowa					✓	✓	✓		
Kansas					✓				
Kentucky	✓		✓				✓		
Louisiana	✓		✓	✓					
Maine	✓	21 days/yr.	✓	✓			✓		
Maryland							✓		✓
Massachusetts									✓



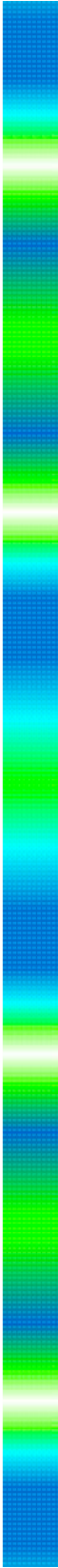
	Exemptions: Regulations expressly provide for consultation exception	Exemptions: Consultation period specifically defined	Exemptions: Regulations expressly provide for consultation exception	Exemptions: Licensure exception for the transportation of patients and/or treatment of temporary residents of state	Exemptions: Licensure exception for government employees	APRN licensed in another state	Reciprocity: Board of Nursing allows endorsement of	Reciprocity: Member of the APRN Licensure Compact	Reciprocity: Member of Nurse Licensure Compact	Prescriptive authority may not prescribe controlled substances
Michigan										✓ (controlled substance prescribing order must be delegated by collaborative physician)
Minnesota					✓					
Mississippi					✓			✓		
Missouri				✓	✓			✓		✓ (controlled substance prescribing order must be delegated by collaborative physician)
Montana				✓	✓					
Nebraska					✓			✓		
Nevada										
New Hampshire	✓			✓	✓			✓		



	Exemptions: Regulations expressly provide for consultations expressly provide for	Exemptions: Consultation exception	Exemptions: Licensure exception for the transportation of patients and/or treatment of temporary residents of state	Exemptions: Licensure exception for the transportation of patients and/or treatment of temporary residents of state	Exemptions: Licensure exception for the transportation of patients and/or treatment of temporary residents of state	Reciprocity: Board of Nursing allows endorsement of APRN licensed in another state	Reciprocity: Member of the APRN Licensure Compact	Reciprocity: Member of Nurse Licensure Compact	Prescriptive authority may not prescribe controlled substances
New Jersey									
New Mexico								✓	
New York		✓	✓						
North Carolina								✓	
North Dakota	✓	✓	✓					✓	
Ohio									
Oklahoma									
Oregon									
Pennsylvania									
Rhode Island		✓	✓					✓	
South Carolina		✓	✓					✓	
South Dakota								✓	
Tennessee								✓	
Texas					✓			✓	
Utah	✓			✓	✓	✓		✓	
Vermont		✓	✓	✓					



	Exemptions: Regulations expressly provide for consultation exception	Exemptions: Consultation period specifically defined	Exemptions: Licensure exception for the transportation of patients and/or treatment of temporary residents of state	Exemptions: Licensure exception for government employees	Reciprocity: Board of Nursing allows endorsement of APRN licensed in another state	Reciprocity: Member of the APRN Licensure Compact	Reciprocity: Member of Nurse Licensure Compact	Prescriptive authority may not prescribe controlled substances
Virginia			✓				✓	
Wisconsin			✓				✓	
Wyoming	✓	14 days / yr.	✓	✓				
American Samoa	✓			✓				
Guam								✓
Northern Mariana Islands								
Puerto Rico								✓
Virgin Islands				✓				





Alabama

Definitions

State Statute: Ala. Code, 1975 § 34-21-81 (West, Westlaw through 2010 Reg. Sess.)

(3) Advanced practice nurse. A registered nurse that has gained additional knowledge and skills through successful completion of an organized program of nursing education that prepares nurses for advanced practice roles and has been certified by the Board of Nursing to engage in the practice of advanced practice nursing. There shall be four categories of advanced practice nurses: Certified registered nurse practitioners (CRNP), certified nurse midwives (CNM), certified registered nurse anesthetists (CRNA), and clinical nurse specialists (CNS). Certified registered nurse practitioners and certified nurse midwives are subject to collaborative practice agreements with an Alabama physician. Certified registered nurse anesthetists and clinical nurse specialists are not subject to collaborative practice agreements with an Alabama physician and are not subject to the requirements of Sections 34-21-82, 34-21-83, and 34-21-85 to 34-21-92, inclusive, and are prohibited from engaging in any of the acts or functions of a certified registered nurse practitioner (CRNP) or a certified nurse midwife (CNM) as established by this article and regulations adopted under this article.

(4) Advanced practice nursing. The delivery of health care services by registered nurses who have gained additional knowledge and skills through successful completion of an organized program of nursing education that prepares nurses for advanced practice roles as certified registered nurse practitioners, certified nurse midwives, certified nurse anesthetists, and clinical nurse specialists:

a. Practice as a certified registered nurse practitioner (CRNP) means the performance of nursing skills by a registered nurse who has demonstrated by certification that he or she has advanced knowledge and skills in the delivery of nursing services within a health care system that provides for consultation, collaborative management, or referral as indicated by the health status of the client.

Administrative Regulations: n/a

Exemptions and Consultation Exceptions

State Statute: Ala. Code, 1975 § 34-21-6 (West, Westlaw through 2010 Reg. Sess.)

This chapter does not prohibit: the furnishing of nursing assistance in an emergency; the

Alabama Cont'd

practice of any legally qualified nurse of another state, who is employed by the United States government or any bureau, division or agency thereof, while in the discharge of his or her official duties; the practice of nursing by students enrolled in approved schools of nursing, as may be incidental to their course of study, nor shall it prohibit such students working as nursing aides; the practice of any currently licensed registered nurse or licensed practical nurse of another state whose employment responsibilities include transporting patients into, out of, or through this state or who is presenting educational programs or consultative services within this state not to exceed 30 days; persons, including nursing aides, orderlies and attendants, carrying out duties necessary for the support of nursing services, including those duties which involve supportive nursing services performed in hospitals and elsewhere under the direction of licensed physicians or dentists, or under the supervision of professional nurses licensed hereunder, nor gratuitous nursing of the sick by friends or members of the family, nor the care of the sick when done in accordance with the practice of religious principles or tenets of any well recognized church or denomination which relies upon prayer or spiritual means alone for healing.

Administrative Regulations: n/a

Reciprocity Guidelines

State Statute: n/a

Administrative Regulations: Ala. Admin. Code r. 610-X-5-.02 (2009)

610-X-5-.02. Qualifications For Approval To Practice As A Certified Registered Nurse Practitioner.

(1) The applicant for approval to practice as a certified registered nurse practitioner shall have:

(a) An active Alabama registered nurse license. Initial applicants shall have an unencumbered active Alabama registered nurse license unless authorized by the Board.

(b) Met all requirements for completion of or graduation from an organized program of study and clinical experience beyond the basic educational preparation as a registered nurse that prepares nurse practitioners and is recognized by the Board of Nursing and the appropriate specialty-certifying agency.

(c) At least a master's or higher degree in advanced practice nursing from an accredited

Alabama Cont'd

program recognized by the Board.

(d) Current certification as a certified registered nurse practitioner granted by a national certifying agency recognized by the Board of Nursing in the clinical specialty consistent with educational preparation and appropriate to the area of practice

(2) The applicant for initial approval as a certified registered nurse practitioner who meets one of the following criteria is exempt from the requirement for a master's degree in nursing:

(a) Graduation prior to 1996 from a Board-recognized post-baccalaureate program preparing nurse practitioners.

(b) Graduation prior to 1984 from a non-baccalaureate program preparing nurse practitioners.

(3) The Board of Nursing may grant a waiver of the master's degree requirement at its discretion.

Additional Information from the Alabama Board of Nursing:

n/a

Prescriptive Authority Guidelines

Alabama Cont'd

State Statute: Ala. Code, 1975 § 34-21-85-86 (West, Westlaw through 2010 Reg. Sess.)

§ 34-21-85.

The joint committee shall be the state authority designated to recommend rules and regulations to the State Board of Medical Examiners and the Board of Nursing for the purpose of regulating the collaborative practice of physicians and certified registered nurse practitioners and certified nurse midwives. No person may practice as a certified registered nurse practitioner or a certified nurse midwife in this state unless that person possesses a certificate of qualification issued by the Board of Nursing and practices under written protocols approved by the State Board of Medical Examiners and the Board of Nursing and signed by a qualified collaborating physician or physicians and certified registered nurse practitioner or certified nurse midwife or is exempt from the requirement of a written protocol according to rules promulgated by the State Board of Medical Examiners and the Board of Nursing. The joint committee shall recommend to the State Board of Medical Examiners and the Board of Nursing rules and regulations designed to govern the collaborative relationship between physicians and certified registered nurse practitioners and certified nurse midwives certified by the Board of Nursing to engage in these areas of advanced practice nursing. These rules and regulations shall be finally adopted by July 1, 1996. These rules and regulations and any and all additions, deletions, corrections, or changes thereto shall be considered rules and regulations requiring publication under the Alabama Administrative Procedure Act; however, the following shall not be considered rules or regulations under the Administrative Procedure Act:

- (1) Protocols for use by certified registered nurse practitioners and certified nurse midwives certified to engage in these two areas of advanced practice nursing in collaboration with a physician; and
- (2) The formulary of legend drugs that may be prescribed by certified registered nurse practitioners and certified nurse midwives authorized to do so.

§ 34-21-86. Prescribing legend drugs; initiating call-in prescriptions; administering legend drugs.

(a) Certified registered nurse practitioners and certified nurse midwives, engaged in collaborative practice with physicians practicing under protocols approved in the manner prescribed by this article may prescribe legend drugs to their patients, subject to both of the following conditions:

- (1) The drug type, dosage, quantity prescribed, and number of refills shall be authorized in an approved protocol signed by the collaborating physician; and

Alabama Cont'd

(2) The drug shall be on the formulary recommended by the joint committee and adopted by the State Board of Medical Examiners and the Board of Nursing.

(b) A certified registered nurse practitioner or a certified nurse midwife may not initiate a call-in prescription in the name of a collaborating physician for any drug, whether legend or controlled substance, which the nurse practitioner or certified nurse midwife is not authorized to prescribe under the protocol signed by the collaborating physician and certified registered nurse practitioner or certified nurse midwife and approved under this section unless the drug is specifically ordered for the patient by the physician, either in writing or by a verbal order which has been reduced to writing, and which has been signed by the physician within a time specified in the rules and regulations approved by the State Board of Medical Examiners and the Board of Nursing.

(c) Registered nurses and licensed practical nurses are authorized to administer any legend drug that has been lawfully ordered or prescribed by an authorized practitioner including certified registered nurse practitioners, certified nurse midwives, and/or assistants to physicians.

Administrative Regulations: Ala. Admin. Code r. 610-X-5-.11 (2009)

610-X-5-.11. Prescriptions And Medication Orders By Certified Registered Nurse Practitioners.

(1) Certified registered nurse practitioners engaged in collaborative practice with physicians may be granted prescriptive authority upon submission of evidence of completion of an academic course in pharmacology or evidence of integration of pharmacology theory and clinical application in the certified registered nurse practitioner curriculum.

(2) Certified registered nurse practitioners practicing under protocols approved in the manner prescribed by Code of Ala. 1975, section 34-21-80 et seq. may prescribe legend drugs to their patients, subject to the following conditions:

(a) The drug type, dosage, quantity prescribed, and number of refills shall be authorized in an approved protocol signed by the collaborating physician and the certified registered nurse practitioner. This requirement may be met if written prescriptions adhere to the standard recommended doses of legend drugs as identified in the Physician's Desk Reference or Product Information Insert, not to exceed the recommended treatment regimen periods.

(b) The drug shall be included in the formulary recommended by the Joint Committee

Alabama Cont'd

and adopted by the Board of Nursing and the State Board of Medical Examiners.

(3) A certified registered nurse practitioner shall not initiate a call-in prescription in the name of a collaborating physician for any drug, whether legend or controlled substance, which the certified registered nurse practitioner is not authorized to prescribe under the protocol signed by the collaborating physician and certified registered nurse practitioner and approved under this section unless the drug is specifically ordered for the patient by the physician, either in writing or by a verbal order which has been transcribed in writing, and which has been signed by the physician within seven working days or as otherwise specified by the Board of Nursing and the State Board of Medical Examiners.

(4) A written prescription for any drug that the certified registered nurse practitioner is authorized to prescribe may be called in to a pharmacy, provided the prescription is entered into the patient's record and signed by the certified registered nurse practitioner.

(5) The certified registered nurse practitioner in collaborative practice with prescriptive privileges shall not engage in prescribing for:

(a) Self

(b) Immediate family members.

(c) Individuals who are not patients of the practice.

(6) The certified registered nurse practitioner who is in collaborative practice and has prescriptive privileges may receive and sign for samples of legend drugs that are authorized in the approved formulary for the collaborative practice, provided the certified registered nurse practitioner complies with all applicable state and federal laws and regulations.

(7) When prescribing legend drugs a certified registered nurse practitioner shall use a prescription format that includes all of the following:

(a) The name, medical practice site address and telephone number of the collaborating physician or covering physician.

(b) The certified registered nurse practitioner's name printed below or to the side of the physician's name.

(c) The medical practice site address and telephone number of the certified registered nurse practitioner if different from that of the collaborating physician.

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- (d) The certified registered nurse practitioner's registered nurse license number and identifying prescriptive authority number assigned by the Board of Nursing.
- (e) The words "Product Selection Permitted" printed on one side of the prescription form directly beneath a signature line.
- (f) The words "Dispense as written" printed on one side of the prescription form directly beneath a signature line.
- (g) The date the prescription is issued to the patient.

Additional Information from the Alabama Board of Nursing:

n/a



Alaska

Definitions

State Statute: Alaska Stat. Ann. § 08.68.410 (West, Westlaw through 2010 legislation)

Sec. AS 08.68.410. Definitions. In this chapter

(1) “advanced nurse practitioner” means a registered nurse authorized to practice in the state who, because of specialized education and experience, is certified to perform acts of medical diagnosis and the prescription and dispensing of medical, therapeutic, or corrective measures under regulations adopted by the board;

Administrative Regulations: Alaska Admin. Code tit. 12 § 44.380 (2010)

An advanced nurse practitioner may be authorized to practice in one or more of the following specialty areas:

- (1) acute care/emergency;
- (2) adult health;
- (3) family health;
- (4) geriatric;
- (5) neonatal;
- (6) nurse midwife;
- (7) pediatric;
- (8) adult psychiatric/mental health;
- (9) family psychiatric/mental health;
- (10) women's health.

Exemptions and Consultation Exceptions

State Statute: Alaska Stat. Ann. § 08.68.400 (West, Westlaw through 2010 legislation)

(a) This chapter does not apply to

- (1) a qualified nurse licensed in another state employed by the United States Government or a bureau, or agency, or division of the United States Government while in the discharge of official duties;
- (2) nursing service given temporarily in the event of a public emergency, epidemic, or disaster;
- (5) the practice of nursing by a nurse licensed in another state who engages in nursing education or nursing consultation activities, if these activities and contact with clients do not exceed 20 working days within a licensing period; or
- (6) the practice of nursing by a nurse licensed in another state whose employment responsibilities include transporting patients into, out of, or through this state; however,

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this exception is valid for a period not to exceed 48 hours for each transport.

(b) In this section, the word “nurses” includes registered and practical nurses, and “nursing” means registered and practical nursing.

Administrative Regulations: n/a

Reciprocity Guidelines

State Statute: n/a

Administrative Regulations: n/a

Additional Information from the Alaska Board of Nursing: n/a

Prescriptive Authority Guidelines

State Statute: n/a

Administrative Regulations: Alaska Admin. Code tit. 12 § 44.440, 445, 447 (2010)

12 AAC 44.440. Prescriptive authority.

(a) The board will, in its discretion, authorize an advanced nurse practitioner or “ANP” to prescribe and dispense legend drugs in accordance with applicable state and federal laws.

(c) An advanced nurse practitioner who applies for authorization to prescribe and dispense drugs

(1) must be currently designated as an ANP in Alaska at the time of application;

(2) shall provide evidence of completion of 15 contact hours of education in advanced pharmacology and clinical management of drug therapy within the two-year period immediately before the date of application; and

(3) shall submit a completed application as required in 12 AAC 44.400(a)(6) accompanied by the application fee established in 12 AAC 02.280.

(d) Authorized prescriptions by an ANP must

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- (1) comply with all applicable state and federal laws; and
- (2) contain the signature of the prescriber followed by the initials "ANP" and the prescriber's identification number assigned by the board.
- (e) Prescriptive authorization will, in the board's discretion, be terminated if the ANP has (1) not maintained current authorization as an ANP;
- (2) prescribed or dispensed outside the ANP scope of practice or for other than therapeutic purposes; or
- (3) violated any provision of state or federal statutes and regulations pertaining to nursing practice.
- (f) An ANP prescriptive authority must be renewed biennially with the ANP authorization. Documentation of eight contact hours of advanced pharmacology during the previous two years must be submitted at the time of renewal.
- (h) In this section, "prescriptive authority" includes authority to dispense prescriptions.

12 AAC 44.445. Controlled substance prescriptive and dispensing authority.

- (a) In addition to legend drug prescriptive and dispensing authority under 12 AAC 44.440, the board will, in its discretion, authorize an advanced nurse practitioner or "ANP" to prescribe and dispense schedule 2-5 controlled substances in accordance with applicable state and federal laws....

12 AAC 44.447.

- (a) An advanced nurse practitioner or "ANP" with prescriptive and dispensing authority may dispense a prescription within the ANP's scope of practice only.
- (b) An ANP with prescriptive and dispensing authority may dispense a medication prepackaged by a pharmacy or pharmaceutical manufacturer. A prepackaged medication must be dispensed in its original package.
- (c) If an ANP dispenses less than the prepackaged quantity of a medication, the ANP shall adjust the label on the container to show the quantity dispensed. The ANP shall also dispose of the excess medication in accordance with established professional standards.
- (e) An ANP with prescriptive and dispensing authority shall keep a readily retrievable written record of prepackaged medication prescriptions dispensed, including lot number.

Additional Information from the Alaska Board of Nursing:

n/a

Definitions

State Statute: Ariz. Rev. Stat. Ann. § 32-1601 (West, Westlaw through 2010 Reg. Sess.)

15. "Registered nurse practitioner" means a registered nurse who:

(a) Is certified by the board.

(b) Has completed a nurse practitioner education program approved or recognized by the board and educational requirements prescribed by the board by rule.

(c) If applying for certification after July 1, 2004, holds national certification as a nurse practitioner from a national certifying body recognized by the board.

(d) Has an expanded scope of practice within a specialty area that includes:

(i) Assessing clients, synthesizing and analyzing data and understanding and applying principles of health care at an advanced level.

(ii) Managing the physical and psychosocial health status of clients.

(iii) Analyzing multiple sources of data, identifying alternative possibilities as to the nature of a health care problem and selecting, implementing and evaluating appropriate treatment.

(iv) Making independent decisions in solving complex client care problems.

(v) Diagnosing, performing diagnostic and therapeutic procedures, and prescribing, administering and dispensing therapeutic measures, including legend drugs, medical devices and controlled substances within the scope of registered nurse practitioner practice on meeting the requirements established by the board.

(vi) Recognizing the limits of the nurse's knowledge and experience and planning for situations beyond the nurse's knowledge, educational preparation and expertise by consulting with or referring clients to other health care providers when appropriate.

(vii) Delegating to a medical assistant pursuant to § 32-1456.

(viii) Performing additional acts that require education and training as prescribed by the board and that are recognized by the nursing profession as proper to be performed by a nurse practitioner.

Administrative Regulations: Ariz. Admin Code § R4-19-505 (2008)

Requirements for Advanced Practice Registered Nursing Certification

A. An applicant for certification as a registered nurse practitioner (RNP) or clinical nurse specialist (CNS) in a specialty area, shall:

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1. Hold a current Arizona registered nurse (RN) license in good standing or an RN license in good standing from a compact party state with multistate privileges; and
2. Submit an application to the Board...

Exemptions and Consultation Exceptions

State Statute: n/a

Administrative Regulations: n/a

Reciprocity Guidelines

State Statute: Ariz. Rev. Stat. Ann. § 32-1668 (West, Westlaw through 2010 Reg. Sess.)

§ 32-1668. Nurse licensure compact

This state enacts the nurse licensure compact dated November 6, 1998 as follows:

Article III

General Provisions and Jurisdiction

D. This compact does not affect additional requirements imposed by states for advanced practice registered nursing. However, a multistate licensure privilege to practice registered nursing granted by a party state shall be recognized by other party states as a license to practice registered nursing if one is required by state law as a precondition for qualifying for advanced practice registered nurse authorization.

Administrative Regulations: n/a

Additional Information from the Arizona Board of Nursing:

<http://www.azbn.gov/MultiStateLicensure.aspx>

Multi-State Licensure

(The Compact is for RN's and LPN's only and does not include Advance Practice Nurses)

The mutual recognition model of nurse licensure allows a nurse to have one license (in his or her state of residency) and to practice in other states (both physical and electronic), subject to each state's practice law and regulation. Under mutual recognition, a nurse may practice across state lines unless otherwise restricted....

Since 1998, the compact has included registered nurses (RNs) and licensed practical or

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vocational nurses (LPN/VNs). On August 16, 2002, the NCSBN Delegate Assembly approved the adoption of model language for a licensure compact for advanced practice registered nurses (APRNs). Only those states that have adopted the RN and LPN/VN Nurse Licensure Compact may implement a compact for APRNs. Implementation progress for the APRN Compact will be addressed during the upcoming year."

Prescriptive Authority Guidelines

State Statute: n/a

Administrative Regulations: Ariz. Admin Code § R4-19-511-12 (2008)

A. The Board shall authorize an RNP to prescribe and dispense (P&D) drugs and devices within the RNP's specialty area and category of practice only if the RNP does all of the following:

1. Obtains authorization by the Board to practice as a registered nurse practitioner;
2. Applies for prescribing and dispensing privileges on the application for registered nurse practitioner certification;
3. Submits a completed application on a form provided by the Board that contains all of the following information:
 - a. Name, address, and home telephone number;
 - b. Arizona registered nurse license number, or copy of compact license;
 - c. Nurse practitioner specialty;
 - d. Nurse practitioner certification number issued by the Board;
 - e. Business address and telephone number; and
 - f. A sworn statement verifying the truthfulness of the information provided;
4. Submits evidence of a minimum of 45 contact hours of education within the three years immediately preceding the application, covering one or both of the following topics:
 - a. Pharmacology, or
 - b. Clinical management of drug therapy, and
5. Submits the required fee.

D. In addition to acts listed under R4-19-403, for a nurse who prescribes or dispenses a drug or device, a practice that is or might be harmful to the health of a patient or the public, includes one or more of the following:

1. Prescribing a controlled substance to one's self or a member of the nurse's family;
2. Providing any controlled substance or prescription-only drug or device for other than accepted therapeutic purposes;
3. Prescribing an amphetamine or similar Class II drug, in the treatment of exogenous obesity, for a period in excess of 30 days within a 12-month period for an individual; or

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the non-therapeutic use of injectable amphetamines;

4. Delegating the prescribing and dispensing of drugs or devices to any other person; and

5. Prescribing, dispensing, or furnishing a prescription drug or a prescription-only device to a person unless the nurse has examined the person and established a professional relationship, except when the nurse is engaging in one or more of the following:

- a. Providing temporary patient care on behalf of the patient's regular treating and licensed health care professional;
- b. Providing care in an emergency medical situation where immediate medical care or hospitalization is required by a person for the preservation or health, life, or limb; or
- c. Furnishing a prescription drug to prepare a patient for a medical examination.

AZ ADC R4-19-512

A. An RNP granted P & D authority by the Board may:

1. Prescribe drugs and devices;
2. Provide for refill of prescription-only drugs and devices for one year from the date of the prescription.

B. An RNP with P & D authority who wishes to prescribe a controlled substance shall obtain a DEA registration number before prescribing a controlled substance. The RNP shall file the DEA registration number with the Board.

C. An RNP with a DEA registration number may prescribe:

1. A Class II controlled substance as defined in the federal Uniform Controlled Substances Act, 21 U.S.C. § 801 et seq., or Arizona's Uniform Controlled Substances Act, A.R.S. Title 36, Chapter 27, but shall not prescribe refills of the prescription;
2. A Class III or IV controlled substance, as defined in the federal Uniform Controlled Substances Act or Arizona's Uniform Controlled Substances Act, and may prescribe a maximum of five refills in six months; and
3. A Class V controlled substance, as defined in the federal Uniform Controlled Substances Act or Arizona's Uniform Controlled Substances Act, and may prescribe refills for a maximum of one year.

D. An RNP whose DEA registration is revoked or expires shall not prescribe controlled substances. An RNP whose DEA registration is revoked or limited shall report the action to the Board.

E. In all outpatient settings or at the time of hospital discharge, an RNP with P & D authority shall personally provide a patient or the patient's representative with the name of the drug, directions for use, and any special instructions, precautions, or storage requirements necessary for safe and effective use of the drug if any of the following occurs:

1. A new drug is prescribed or there is a change in the dose, form, or direction for use in a previously prescribed drug;

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2. In the RNP's professional judgment, these instructions are warranted; or

3. The patient or patient's representative requests instruction.

F. An RNP with P & D authority shall ensure that all prescription orders contain the following:

1. The RNP's name, address, telephone number, and specialty area;

2. The prescription date;

3. The name and address of the patient;

4. The full name of the drug, strength, dosage form, and directions for use;

5. The letters "DAW", "dispense as written", "do not substitute", "medically necessary" or any similar statement on the face of the prescription form if intending to prevent substitution of the drug;

6. The RNP's DEA registration number, if applicable; and

7. The RNP's signature.

AZ ADC R4-19-513

A. A registered nurse practitioner (RNP) granted prescribing and dispensing authority by the Board may:

1. Dispense drugs and devices to patients;

2. Dispense samples of drugs packaged for individual use without a prescription order or additional labeling;

3. Only dispense drugs and devices obtained directly from a pharmacy, manufacturer, wholesaler, or distributor; and

4. Allow other personnel to assist in the delivery of medications provided that the RNP retains responsibility and accountability for the dispensing process.

B. If dispensing a drug or device, an RNP with dispensing authority shall:

1. Ensure that the patient has a written prescription that complies with R4-19-512(F) and inform the patient that the prescription may be filled by the prescribing RNP or by a pharmacy of the patient's choice;

2. Affix a prescription number to each prescription that is dispensed; and

3. Ensure that all original prescriptions are preserved for a minimum of seven years and make the original prescriptions available at all times for inspection by the Board of Nursing, Board of Pharmacy, and law enforcement officers in performance of their duties.

C. An RNP practicing in a public health facility operated by this state or a county or in a qualifying community health center under A.R.S. § 32-1921(F) may dispense drugs or devices to patients without a written prescription if the public health facility or the qualifying community health center adheres to all storage, labeling, safety, and recordkeeping rules of the Board of Pharmacy.

F. An RNP with dispensing authority shall:

1. Keep all drugs in a locked cabinet or room in an area that is not accessible to patients;

2. If dispensing a controlled substance:

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- a. Control access by a written policy that specifies:
 - i. Those persons allowed access, and
 - ii. Procedures to report immediately the discovery of a shortage or illegal removal of drugs to a local law enforcement agency and provide that agency and the DEA with a written report within seven days of the discovery;
- b. Maintain and make available to the Board upon request an ongoing inventory and record of:
 - i. A Schedule II controlled substance, as defined in the federal Uniform Controlled Substances Act or Arizona's Uniform Controlled Substances Act, separately from all other records, and a prescription for a Schedule II controlled substance in a separate prescription file; and
 - ii. A Schedule III, IV, or V controlled substance, as defined in the federal Uniform Controlled Substances Act or Arizona's Uniform Controlled Substances Act, in a form that is readily retrievable from other records.

Additional Information from the Arizona Board of Nursing:

n/a



Arkansas

Definitions

State Statute: Ark. Code Ann. § 17-87-303 (West, Westlaw through 2010 Fiscal Sess.)

(a)(1) Any person holding a license to practice as a registered nurse and possessing the educational qualifications required under subsection (b) of this section to be licensed as a registered nurse practitioner may, upon application and payment of necessary fees to the Arkansas State Board of Nursing, be licensed as a registered nurse practitioner and have the right to use the title of “registered nurse practitioner” and the abbreviation “R.N.P.”.

(2) No other person shall assume such a title or use such an abbreviation or any other words, letters, signs, or devices to indicate that the person using them is a registered nurse practitioner.

(b) In order to be licensed as a registered nurse practitioner, a registered nurse must hold a certificate or academic degree evidencing successful completion of the educational program of an accredited school of nursing or other nationally recognized accredited program recognized by the board as meeting the requirements of a nurse practitioner program.

(c) However, any person qualified to receive a license as a registered nurse practitioner may obtain the license upon the payment of a fee not to exceed twenty-five dollars (\$25.00) for the original license. The license fees are to be in addition to the person's registered nurse license fees.

Administrative Regulations: n/a

Exemptions and Consultation Exceptions

State Statute: Ark. Code Ann. § 17-87-103 (West, Westlaw through 2010 Fiscal Sess.)

This chapter does not prohibit:

(1) The furnishing of nursing assistance in an emergency;

(3) The practice of any legally qualified nurse of another state who is employed by the United States Government or any bureau, division, or agency while in the discharge of his or her official duties in installations where jurisdiction has been ceded by the State of Arkansas;

(4) The practice of any legally qualified and licensed nurse of another state, territory, or foreign country whose responsibilities include transporting patients into, out of, or through this state while actively engaged in patient transport that does not exceed forty-eight (48) hours in this state;

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Administrative Regulations: n/a

Reciprocity Guidelines

State Statute: Ark. Code Ann. §§ 17-87-302, 601 (West, Westlaw through 2010 Fiscal Sess.)

A.C.A. § 17-87-601, ARTICLE III

General Provisions and Jurisdiction

(a) A license to practice registered nursing issued by a home state to a resident in that state will be recognized by each party state as authorizing a multistate licensure privilege to practice as a registered nurse in such party state. A license to practice licensed practical/vocational nursing issued by a home state to a resident in that state will be recognized by each party state as authorizing a multistate licensure privilege to practice as a licensed practical/vocational nurse in such party state. In order to obtain or retain a license, an applicant must meet the home state's qualifications for licensure and license renewal as well as all other applicable state laws.

(d) This Compact does not affect additional requirements imposed by states for advanced practice registered nursing. However, a multistate licensure privilege to practice registered nursing granted by a party state shall be recognized by other party states as a license to practice registered nursing if one is required by state law as a precondition for qualifying for advanced practice registered nurse authorization.

(e) Individuals not residing in a party state shall continue to be able to apply for nurse licensure as provided for under the laws of each party state. However, the license granted to these individuals will not be recognized as granting the privilege to practice nursing in any other party state unless explicitly agreed to by that party state.

A.C.A. § 17-87-302. Advanced practical nurses

(a) Qualifications. In order to be licensed as an advanced practice nurse, an applicant must show evidence of education approved by the Arkansas State Board of Nursing, and national certification approved by the board under one (1) of the following:

(1) Advanced Registered Nurse Practitioner. In order to qualify as an advanced registered nurse practitioner, an applicant must be currently certified as a nurse practitioner by a nationally recognized certifying body;

(b) Issuance of License. A license to practice as an advanced practice nurse may be issued:

(2) By Endorsement. The board may issue a license to practice advanced practice nursing by endorsement to any applicant who has been licensed as an advanced practice nurse or to a person entitled to perform similar services under a different title under the laws of another state, territory, or foreign country if, in the opinion of the board, the applicant

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meets the requirements for advanced practice nurses in this state.

Administrative Regulations: n/a

Additional Information from the Arkansas Board of Nursing: n/a

Prescriptive Authority Guidelines

State Statute: Ark. Code Ann. § 17-87-310 (West, Westlaw through 2010 Fiscal Sess.)

(a) The Arkansas State Board of Nursing may grant a certificate of prescriptive authority to an advanced practice nurse who:

(1) Submits proof of successful completion of a board-approved advanced pharmacology course that shall include preceptorial experience in the prescription of drugs, medicines, and therapeutic devices; and

(2) Has a collaborative practice agreement with a physician who is licensed under the Arkansas Medical Practices Act, §§ 17-95-201--17-95-207, 17-95-301--17-95-305, and 17-95-401--17-95-411, and who has a practice comparable in scope, specialty, or expertise to that of the advanced practice nurse on file with the board.

(b)(1) An advanced practice nurse with a certificate of prescriptive authority may receive and prescribe drugs, medicines, or therapeutic devices appropriate to the advanced practice nurse's area of practice in accordance with rules established by the board.

(2) An advanced practice nurse's prescriptive authority shall only extend to drugs listed in Schedules III--V.

(c) A collaborative practice agreement shall include, but not be limited to, provisions addressing:

(1) The availability of the collaborating physician for consultation or referral, or both;

(2) Methods of management of the collaborative practice, which shall include protocols for prescriptive authority;

(3) Coverage of the health care needs of a patient in the emergency absence of the advanced practice nurse or physician; and

(4) Quality assurance.

(d) If a collaborative practice results in complaints of violations of the Arkansas Medical Practices Act, §§ 17-95-201--17-95-207, 17-95-301--17-95-305, and 17-95-401--17-95-411, the Arkansas State Medical Board may review the role of the physician in the collaborative practice to determine if the physician is unable to manage his or her responsibilities under the agreement without an adverse affect on the quality of care of the patient.

(e) If a collaborative practice results in complaints of violations of this chapter, the Arkansas State Board of Nursing may review the role of the advanced practice nurse in

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the collaborative practice to determine if the nurse is unable to manage his or her responsibilities under the agreement without an adverse affect on the quality of care of the patient.

Administrative Regulations: 067 Ark. Code R. § 00.5-I (Westlaw 2010)

B. ACTS PROPER TO BE PERFORMED BY A REGISTERED NURSE PRACTITIONER

1. The Arkansas State Board of Nursing authorizes the registered nurse practitioner, in collaboration with and under the direction of a licensed physician, to perform particular acts at the advanced and specialized levels as recognized by the nursing profession and which are in conformity with the Nurse Practice Act.

C. PROTOCOLS

1. Any nurse practicing as a registered nurse practitioner shall practice in accordance with protocols developed in collaboration with and signed by a licensed physician.

2. Protocols shall address:

a. Established procedures for the management of common medical problems in the practice setting;

b. The degree to which collaboration, independent action, and supervision are required; and

c. Acts including, but not limited to, assessment, diagnosis, treatment, and evaluation.

3. Protocols shall not include controlled substances.

7. Nothing in this regulation shall be construed to prohibit any registered nurse practitioner from transmitting a prescription order orally or telephonically, or from administering a legend drug pursuant to a lawful direction of a licensed physician, dentist, or advanced practice nurse who holds a certificate of prescriptive authority.

Additional Information from the Arkansas Board of Nursing:

n/a



California

Definitions

State Statute: West's Ann. Cal. Bus. & Prof. Code § 2725.5 (West, Westlaw through 2010 Reg. Sess.)

§ 2725.5. "Advanced practice registered nurse" defined

"Advanced practice registered nurse" means those licensed registered nurses who have met the requirements of Article 2.5 (commencing with Section 2746), Article 7 (commencing with Section 2825), Article 8 (commencing with Section 2834), or Article 9 (commencing with Section 2838).

Administrative Regulations: Cal. Code Regs. tit. 16 §§ 1480, 1482 (2010)

16 CA ADC § 1480(a)

"Nurse practitioner" means a registered nurse who possesses additional preparation and skills in physical diagnosis, psycho-social assessment, and management of health-illness needs in primary health care, and who has been prepared in a program conforms to board standards as specified in Section 1484.

16 CA ADC § 1482

The requirements for holding oneself out as a nurse practitioner are:

(a) Active licensure as a registered nurse in California; and

(b) One of the following:

(1) Successful completion of a program of study which conforms to board standards; or

(2) Certification by a national or state organization whose standards are equivalent to those set forth in Section 1484; or

(3) A nurse who has not completed a nurse practitioner program of study which meets board standards as specified in Section 1484, shall be able to provide:

(A) Documentation of remediation of areas of deficiency in course content and/or clinical experience, and

(B) Verification by a nurse practitioner and by a physician who meet the requirements for faculty members specified in Section 1484(c), of clinical competence in the delivery of primary health care.

Exemptions and Consultation Exceptions

State Statute: West's Ann. Cal. Bus. & Prof. Code § 2730 (West, Westlaw through 2010 Reg. Sess.)

Out-of-state nurse attending temporary resident. If he does not represent or hold himself out as a professional nurse licensed to practice in this State and if he has an

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engagement, made in another State or country, requiring him to accompany and care for a patient temporarily residing in this State during the period of such engagement, a nurse legally qualified by another State or country may give nursing care to such patient in this State.

Administrative Regulations: n/a

Reciprocity Guidelines

State Statute: West's Ann. Cal. Bus. & Prof. Code § 2835.5 (West, Westlaw through 2010 Reg. Sess.)

§ 2835.5. Submission of information and credentials for determination of qualification for use of title; certificate; application of section; requirements.

(d) On and after January 1, 2008, an applicant for initial qualification or certification as a nurse practitioner under this article who has not been qualified or certified as a nurse practitioner in California or any other state shall meet the following requirements:

(1) Hold a valid and active registered nursing license issued under this chapter.

(2) Possess a master's degree in nursing, a master's degree in a clinical field related to nursing, or a graduate degree in nursing.

(3) Satisfactorily complete a nurse practitioner program approved by the board.

§ 2732.1. Application for license; interim permit; issuance of license without examination; fee.

(b) The board upon written application may issue a license without examination to any applicant who is licensed or registered as a nurse in a state, district or territory of the United States or Canada having, in the opinion of the board, requirements for licensing or registration equal to or higher than those in California at the time the application is filed with the Board of Registered Nursing, if he or she has passed an examination for the license or registration that is, in the board's opinion, comparable to the board's examination, and if he or she meets all the other requirements set forth in Section 2736.

Administrative Regulations: n/a

Additional Information from the California Board of Nursing:

n/a

Prescriptive Authority Guidelines

California Cont'd

State Statute: West's Ann. Cal. Bus. & Prof. Code § 2836.1 (West, Westlaw through 2010 Reg. Sess.)

Neither this chapter nor any other provision of law shall be construed to prohibit a nurse practitioner from furnishing or ordering drugs or devices when all of the following apply:

(a) The drugs or devices are furnished or ordered by a nurse practitioner in accordance with standardized procedures or protocols developed by the nurse practitioner and the supervising physician and surgeon when the drugs or devices furnished or ordered are consistent with the practitioner's educational preparation or for which clinical competency has been established and maintained.

(b) The nurse practitioner is functioning pursuant to standardized procedure, as defined by Section 2725, or protocol. The standardized procedure or protocol shall be developed and approved by the supervising physician and surgeon, the nurse practitioner, and the facility administrator or the designee.

(c)(1) The standardized procedure or protocol covering the furnishing of drugs or devices shall specify which nurse practitioners may furnish or order drugs or devices, which drugs or devices may be furnished or ordered, under what circumstances, the extent of physician and surgeon supervision, the method of periodic review of the nurse practitioner's competence, including peer review, and review of the provisions of the standardized procedure.

(2) In addition to the requirements in paragraph (1), for Schedule II controlled substance protocols, the provision for furnishing Schedule II controlled substances shall address the diagnosis of the illness, injury, or condition for which the Schedule II controlled substance is to be furnished.

(d) The furnishing or ordering of drugs or devices by a nurse practitioner occurs under physician and surgeon supervision. Physician and surgeon supervision shall not be construed to require the physical presence of the physician, but does include (1) collaboration on the development of the standardized procedure, (2) approval of the standardized procedure, and (3) availability by telephonic contact at the time of patient examination by the nurse practitioner.

(e) For purposes of this section, no physician and surgeon shall supervise more than four nurse practitioners at one time.

(f)(1) Drugs or devices furnished or ordered by a nurse practitioner may include Schedule II through Schedule V controlled substances under the California Uniform Controlled Substances Act (Division 10 (commencing with Section 11000) of the Health and Safety Code) and shall be further limited to those drugs agreed upon by the nurse practitioner and physician and surgeon and specified in the standardized procedure.

(2) When Schedule II or III controlled substances, as defined in Sections 11055 and 11056, respectively, of the Health and Safety Code, are furnished or ordered by a nurse practitioner, the controlled substances shall be furnished or ordered in accordance with

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a patient-specific protocol approved by the treating or supervising physician. A copy of the section of the nurse practitioner's standardized procedure relating to controlled substances shall be provided, upon request, to any licensed pharmacist who dispenses drugs or devices, when there is uncertainty about the nurse practitioner furnishing the order.

(g)(1) The board has certified in accordance with Section 2836.3 that the nurse practitioner has satisfactorily completed (1) at least six month's physician and surgeon-supervised experience in the furnishing or ordering of drugs or devices and (2) a course in pharmacology covering the drugs or devices to be furnished or ordered under this section.

(2) Nurse practitioners who are certified by the board and hold an active furnishing number, who are authorized through standardized procedures or protocols to furnish Schedule II controlled substances, and who are registered with the United States Drug Enforcement Administration, shall complete, as part of their continuing education requirements, a course including Schedule II controlled substances based on the standards developed by the board. The board shall establish the requirements for satisfactory completion of this subdivision.

(h) Use of the term "furnishing" in this section, in health facilities defined in Section 1250 of the Health and Safety Code, shall include (1) the ordering of a drug or device in accordance with the standardized procedure and (2) transmitting an order of a supervising physician and surgeon.

(i) "Drug order" or "order" for purposes of this section means an order for medication which is dispensed to or for an ultimate user, issued by a nurse practitioner as an individual practitioner, within the meaning of Section 1306.02 of Title 21 of the Code of Federal Regulations. Notwithstanding any other provision of law, (1) a drug order issued pursuant to this section shall be treated in the same manner as a prescription of the supervising physician; (2) all references to "prescription" in this code and the Health and Safety Code shall include drug orders issued by nurse practitioners; and (3) the signature of a nurse practitioner on a drug order issued in accordance with this section shall be deemed to be the signature of a prescriber for purposes of this code and the Health and Safety Code.

Administrative Regulations: n/a

Additional Information from the California Board of Nursing: n/a



Colorado

Definitions

State Statute: Colo. Rev. Stat. Ann. § 12-38-103 (West, Westlaw through July 1, 2010)

As used in this article, unless the context otherwise requires:

(8.5)(a) “Practice of advanced practice nursing” means an expanded scope of professional nursing in a scope, role, and population focus approved by the board, with or without compensation or personal profit, and includes the practice of professional nursing, as defined in subsection (10) of this section.

(b) “Practice of advanced practice nursing” includes prescribing medications as may be authorized pursuant to section 12-38-111.6.

Administrative Regulations: n/a

Exemptions and Consultation Exceptions

State Statute: Colo. Rev. Stat. Ann. § 12-38-125 (West, Westlaw through July 1, 2010)

(1) No provision of this article shall be construed to prohibit:

(a) Gratuitous care of friends or members of the family;

(c) Nursing assistance in the case of an emergency;

(d) The practice of nursing in this state by any legally qualified nurse of another state whose engagement requires him to accompany and care for a patient temporarily residing in this state, during the period of one such engagement, not to exceed six months in length, if such person does not represent or hold himself out as a practical or professional nurse licensed to practice in this state;

(e) The practice of any nurse licensed in this state or another state or a territory of the United States who is employed by the United States government or any bureau, division, or agency thereof while in the discharge of his official duties;

Administrative Regulations: n/a

Reciprocity Guidelines

State Statute: Colo. Rev. Stat. Ann. § 12-38-111.5 (West, Westlaw through July 1, 2010)

(e) A professional nurse may be included in the advanced practice registry by endorsement if the professional nurse meets one of the following qualifying standards:

Colorado Cont'd

(I) The professional nurse is recognized as an advanced practice nurse in another state or jurisdiction and has practiced as an advanced practice nurse for at least two of the last five years immediately preceding the date of application for inclusion in the advanced practice registry; or

(II) The professional nurse holds national certification as provided in paragraph (d) of this subsection (4) and possesses an appropriate graduate degree as determined by the board.

Administrative Regulations: n/a

Additional Information from the Colorado Board of Nursing: n/a

Prescriptive Authority Guidelines

State Statute: Colo. Rev. Stat. Ann. § 12-38-111.6 (West, Westlaw through July 1, 2010)

(1) An advanced practice nurse who is listed on the advanced practice registry, has a license in good standing without disciplinary sanctions issued pursuant to section 12-38-111, and has fulfilled requirements established by the board pursuant to this section may be authorized by the board to prescribe controlled substances or prescription drugs as defined in article 22 of this title.

(2)(a) The board shall adopt rules to implement this section.

(b) Rules adopted pursuant to this section shall reflect current, accepted professional standards for the safe and effective use of controlled substances and prescription drugs.

(3)(a) An advanced practice nurse may be granted authority to prescribe prescription drugs and controlled substances to provide treatment to clients.

(d)(I) An advanced practice nurse who has been granted authority to prescribe prescription drugs and controlled substances under this article may advise the nurse's patients of their option to have the symptom or purpose for which a prescription is being issued included on the prescription order.

(IV) Nothing in this paragraph (d) shall be construed to:

(A) Permit the independent practice of medicine, as defined in section 12-36-106(1) and (2), by an advanced practice nurse;

(B) Limit the ability of an advanced practice nurse to make an independent judgment;

Colorado Cont'd

(C) Require supervision by a physician; or

(D) Require the use of methods for prescribing medication that are codified and that do not allow the use of professional judgment or variation according to the needs of the patient.

(4.5)(a) On or after July 1, 2010, or, if the director of the division of registrations adopts rules pursuant to subparagraph (II) of paragraph (f) of this subsection (4.5), on or after July 2, 2010, an advanced practice nurse applying for prescriptive authority shall provide evidence to the board of the following:

(I) An appropriate graduate degree as determined by the board pursuant to section 12-38-111.5(4)(c);

(II) Satisfactory completion of specific educational requirements in the use of controlled substances and prescription drugs, as established by the board, either as part of a degree program or in addition to a degree program;

(III) National certification from a nationally recognized accrediting agency, as defined by the board by rule pursuant to section 12-38-111.5(4)(d), unless the board grants an exception;

(IV) Professional liability insurance as required by section 12-38-111.8; and

(V)(A) Completion of a mutually structured, post-graduate preceptorship, as defined by the board by rule, consisting of not less than one thousand eight hundred documented hours, to be completed within the immediately preceding five-year period. The preceptorship shall be conducted either with a physician or a physician and an advanced practice nurse who has prescriptive authority and experience in prescribing medications. The physician and, if applicable, advanced practice nurse serving as a preceptor to the applicant shall be actively practicing in this state and shall have education, training, experience, and active practice that corresponds with the role and population focus of the applicant.

Administrative Regulations: 3 Colo. Code Regs. §§ 716-1:XV-3-5 (Westlaw 2010)

3.1 Pursuant to Section 12-38-111.6 (4.5)(a)(III) C.R.S., a professional nurse applying for prescriptive authority must obtain and maintain national certification from a recognized Accrediting Agency in the corresponding Role/Specialty and Population Focus for which the APN is applying for prescriptive authority.

3.1.1 If the Applicant cannot meet the requirements above, the Applicant may petition the board for an exception. Exceptions will be reviewed on a case-by-case basis. The decision to grant or deny such exception shall be at the sole discretion of the Board.

3 CO ADC 716-1:XV-4

4.1 To obtain Provisional Prescriptive Authority, the Applicant must complete a Mutually Structured post-graduate Preceptorship of not less than 1800 hours. The

Colorado Cont'd

Preceptorship must be completed within the five (5) year period immediately preceding the filing of the application for Provisional Prescriptive Authority. The Preceptorship shall be conducted with either a Physician Preceptor or a Physician Preceptor and RXN Preceptor [hereinafter referred to as preceptor(s)] as defined in Section 1.

4.2 The Preceptorship shall occur in a clinical setting that corresponds to the Applicant's Role/Specialty and Population Focus and shall include, but not be limited to, precepted experience in pharmacological management; advanced Pharmacology; and precepted experience with specific drugs relevant to the Role/Specialty, Population Focus and scope of practice of the Applicant.

4.3 Interaction between the Applicant and the preceptor(s) shall occur at least weekly and more frequently if appropriate to provide for patient safety. If the Preceptorship is with a Physician Preceptor and RXN Preceptor, the Physician Preceptor must participate in a minimum of one (1) meeting per month.

4.4 During the Preceptorship all Prescription Orders must be signed or otherwise legally authorized by a preceptor or another person with full prescriptive authority.

4.5 The Applicant and all preceptor(s) shall provide documentation of completion of the Preceptorship as requested by the Applicant to complete the Board's Provisional Prescriptive Authority application process. The preceptor(s) shall not, without good cause, withhold signature or otherwise fail to provide timely documentation of completion of the Preceptorship. Upon successful completion of the application process, the Applicant may be granted Provisional Prescriptive Authority.

4.6 If a circumstance such as retirement, illness, relocation or other event precludes the Physician Preceptor from continuing in the Preceptorship, the Applicant shall secure a replacement Physician Preceptor and enter into a new, Mutually Structured Preceptorship. Any hours accrued during the period of time in which the Applicant does not have a Physician Preceptor will not be credited toward completion of the 1800 hour Preceptorship.

4.7 The preceptor(s) shall not require payment or employment as a condition of entering into the preceptor relationship. The Preceptorship should not be financially burdensome to either party. In recognition of the preceptor(s) time and expertise, reasonable expenses may be paid. Compensation by the Applicant to the preceptor(s) should be agreed upon as part of the Mutually Structured Preceptorship, shall comply with standards of fair market value, and shall not be onerous or otherwise present a barrier to completion of the Preceptorship.

716-1:XV-5. MENTORSHIP REQUIREMENTS

Colorado Cont'd

5.1 To obtain Full Prescriptive Authority, the RXN-P must complete an additional 1800 hours of documented experience in a Mentorship. The Mentorship shall be conducted with either a Physician Mentor or a Physician Mentor and RXN Mentor [hereinafter referred to as mentor(s)] as defined in Section 1. The mentor(s) need not be the same person(s) who was the preceptor(s) for the RXN-P. The Mentorship must be completed within five (5) years after Provisional Prescriptive Authority is granted.

5.2 The Mentorship shall contain the following elements:

5.2.1 Is documented in writing and signed by the RXN-P and all mentor(s).

5.2.2 Outlines a process and frequency for ongoing interaction and discussion of prescriptive practice throughout the Mentorship between all mentor(s) and the RXN-P to provide for patient safety.

5.3 The Mentorship document shall be retained for a period of three (3) years by the RXN and the mentor(s) following completion of the Mentorship and shall be available to the Board upon request.

5.4 The RXN-P and all mentor(s) shall provide documentation of completion of the Mentorship as requested by the RXN-P to complete the Board's process to obtain Full Prescriptive Authority. The mentor(s) shall not, without good cause, withhold signature or otherwise fail to provide timely documentation of completion of the Mentorship. Upon successful completion of this process, including but not limited to the Articulated Plan as set forth in Section 6 of these Rules, the RXN-P may be granted Full Prescriptive Authority.

5.5 If a circumstance such as retirement, illness, relocation or other event precludes any Physician Mentor from continuing in the Mentorship, the RXN-P shall secure a replacement Physician Mentor and enter into a new, Mutually Structured Mentorship. Any hours accrued during the period of time in which the RXN-P does not have a Physician Mentor will not be credited toward completion of the 1800 hour Mentorship.

5.6 The mentor(s) shall not require payment or employment as a condition of entering into the mentor relationship. The Mentorship relationship should not be financially burdensome to either party. In recognition of the mentor(s) time and expertise, reasonable expenses may be paid. Compensation by the RXN-P to the mentor(s) should be agreed upon as part of the Mutually Structured Mentorship, shall comply with standards of fair market value, and shall not be onerous or otherwise present a barrier to completion of the Mentorship.

Colorado Cont'd

Additional Information from the Colorado Board of Nursing:

n/a



Connecticut

Definitions

State Statute: Conn. Gen. Stat. Ann. § 20-94a (West, Westlaw through 2010)

Licensure as advanced practice registered nurse

(a) The Department of Public Health may issue an advanced practice registered nurse license to a person seeking to perform the activities described in subsection (b) of section 20-87a, upon receipt of a fee of two hundred dollars, to an applicant who: (1) Maintains a license as a registered nurse in this state, as provided by section 20-93 or 20-94; (2) holds and maintains current certification as a nurse practitioner, a clinical nurse specialist or a nurse anesthetist from one of the following national certifying bodies that certify nurses in advanced practice: The American Nurses' Association, the Nurses' Association of the American College of Obstetricians and Gynecologists Certification Corporation, the National Board of Pediatric Nurse Practitioners and Associates or the American Association of Nurse Anesthetists, their successors or other appropriate national certifying bodies approved by the Board of Examiners for Nursing; (3) has completed thirty hours of education in pharmacology for advanced nursing practice; and (4) if first certified by one of the foregoing certifying bodies after December 31, 1994, holds a master's degree in nursing or in a related field recognized for certification as either a nurse practitioner, a clinical nurse specialist, or a nurse anesthetist by one of the foregoing certifying bodies. No license shall be issued under this section to any applicant against whom professional disciplinary action is pending or who is the subject of an unresolved complaint.

(d) A person who has received a license pursuant to this section shall be known as an "Advanced Practice Registered Nurse" and no other person shall assume such title or use the letters or figures which indicate that the person using the same is a licensed advanced practice registered nurse.

Administrative Regulations: n/a

Exemptions and Consultation Exceptions

State Statute: n/a

Administrative Regulations: n/a

Reciprocity Guidelines

State Statute: § 20-94a. Licensure as advanced practice registered nurse

§ 20-94. Licensure without examination. Limited period for licensure without examination for advanced practice registered nurses. Temporary permit

(a) (1) Any registered nurse who is licensed at the time of application in another state of the United States, the District of Columbia or a commonwealth or territory subject to the laws of the United States, which has licensure requirements that are substantially similar to or higher than those of this state shall be eligible for licensure in this state and entitled to a license without examination upon payment of a fee of one hundred eighty dollars. No license shall be issued under this section to any applicant against whom professional disciplinary action is pending or who is the subject of an unresolved complaint. The department shall inform the board annually of the number of applications it receives for licenses under this section.

Administrative Regulations: n/a

Additional Information from the Connecticut Board of Nursing:

http://www.ct.gov/dph/cwp/view.asp?a=3121&q=389428&dphNav_GID=1821

RN Licensure by Endorsement

Before applying for licensure, please familiarize yourself with the general licensing policies.

In order to be eligible for a registered nurse license based on a current out-of-state license, an applicant shall arrange for the submission of the following documentation directly from the source:

A completed application form and fee of \$180.00 in the form of a bank check or money order, payable to, Treasurer, State of Connecticut”;

An official transcript of nursing education, verifying the award of a degree, diploma or certificate in nursing. Please note that if you completed your education under a last name other than your current last name, please ask your school of nursing to indicate your current last name on the documentation submitted (Foreign-trained applicants need only arrange for verification of certification by the CGFNS International;

Nurses trained and licensed in Canada who meet the educational requirements may be licensed by endorsement provided they have successfully completed the Canadian

Connecticut Cont'd

Registered Nurse Examination (CRNE) in English with a score equivalent to Connecticut's current passing standard (at least 400 in each section of the CRNE exam).

Nurses who completed the CRNE in French must also pass the Test of English as a Foreign Language (TOEFL) administered by the Educational Testing Service with a score of at least 550 on the paper-based test or 213 on the computer-based test.

Verification of all licenses held, current or expired forwarded directly from the appropriate authority in any U.S. state, territory or Canadian province in which the applicant is or has ever been licensed as either a practical nurse or a registered nurse. Most jurisdictions charge a fee for completion of the verification form. Please contact the jurisdiction for fee information....

Important Note:

Nurses holding a current license issued by a state or territory of the United States that does not require successful completion of the NCLEX examination must meet the Connecticut requirements for licensure by examination. Applicants to whom this applies do not qualify for the temporary permit as outlined below."

Prescriptive Authority Guidelines

State Statute: Conn. Gen. Stat. Ann. § 20-94b (West, Westlaw through 2010)

Nurse anesthetists. Prescriptive authority

An advanced practice registered nurse licensed pursuant to section 20-94a and maintaining current certification from the American Association of Nurse Anesthetists may prescribe, dispense and administer drugs, including controlled substances in schedule II, III, IV, or V. An advanced practice registered nurse licensed pursuant to section 20-94a who does not maintain current certification from the American Association of Nurse Anesthetists may prescribe, dispense, and administer drugs, including controlled substances in schedule IV or V, except that such an advanced practice registered nurse may also prescribe controlled substances in schedule II or III that are expressly specified in written collaborative agreements pursuant to subsection (b) of section 20-87a.

Administrative Regulations: n/a

n/a

Connecticut Cont'd

Additional Information from the Connecticut Board of Nursing: n/a



Delaware

Definitions

State Statute: Del. Code Ann. tit. 24 § 1902 (West, Westlaw through 2010)

(b)(1) "Advanced practice nurse" means an individual whose education and certification meet criteria established by the Board of Nursing who is currently licensed as a registered nurse and has a master's degree or a postbasic program certificate in a clinical nursing specialty with national certification. When no national certification at the advanced level exists, a master's degree in a clinical nursing specialty will qualify an individual for advanced practice nurse licensure. "Advanced practice nurse" shall include, but not be limited to, nurse practitioners, certified registered nurse anesthetists, certified nurse midwives or clinical nurse specialists. Advanced practice nursing is the application of nursing principles, including those described in subsection (n) of this section, at an advanced level and includes:

- a. For those advanced practice nurses who do not perform independent acts of diagnosis or prescription, the authority as granted within the scope of practice rules and regulations promulgated by the Board of Nursing; and
- b. For those advanced practice nurses performing independent acts of diagnosis and/or prescription with the collaboration of a licensed physician, dentist, podiatrist or licensed Delaware health care delivery system without written guidelines or protocols and within the scope of practice as defined in the rules and regulations promulgated by the Joint Practice Committee and approved by the Board of Medical Licensure and Discipline.

Nothing in this act is to be construed to limit the practice of nursing by advanced practice nurses as is currently being done or allowed including nursing diagnosis as pursuant to subsection (n)(2) of this section.

Advanced practice nurses shall operate in collaboration with a licensed physician, dentist, podiatrist, or licensed Delaware health care delivery system to cooperate, coordinate, and consult with each other as appropriate pursuant to a collaborative agreement defined in the rules and regulations promulgated by the Board of Nursing, in the provision of health care to their patients. Advanced practice nurses desiring to practice independently or to prescribe independently must do so pursuant to § 1906(20) of Title 24.

Delaware Cont'd

Administrative Regulations: 24 Del. Code Regs. 1900-8.4 (West 2010)

"Nurse Practitioner (N.P.)." A Registered Nurse with advanced nursing educational preparation who is a provider of primary health care in a variety of settings with a focus on a specific area of practice. The NP designation is received after graduation from a Master's program or from an accredited post-basic NP certificate program of at least one academic year in length in a nurse practitioner specialty such as acute care, adult, family, geriatric, pediatric, or women's health, etc. The NP must have national certification in the area of specialization at the advanced level by a certifying agency which meets the established criteria approved by the Delaware Board of Nursing.

Exemptions and Consultation Exceptions

State Statute: Del. Code Ann. tit. 24 § 1921 (West, Westlaw through 2010)

§ 1921. Applicability of chapter.

(a) This chapter shall not apply to the following situations:

- (1) Nursing services rendered during an epidemic or a state or national disaster;
- (2) The rendering of assistance by anyone in the case of an emergency;
- (4) The incidental care of the sick in private homes by members of the family, friends, domestic servants or persons primarily employed as housekeepers;
- (6) The practice of nursing in this State by a nurse licensed in another state whose employment requires such nurse to accompany and care for a patient temporarily in this State, provided the nursing services are not rendered for more than 3 months within 1 year and such nurse does not claim to be licensed in this State;
- (7) The practice of nursing by a nurse licensed in another state employed by the United States government or any bureau, division or agency thereof;
- (15) The practice of any currently licensed registered nurse or licensed practical nurse of another state who provides or attends educational programs or provides consultative services within this State not to exceed 14 days in any calendar year. Neither the education nor consultation may include the provision of patient care, the direction of patient care or the affecting of patient care policies.

Administrative Regulations: n/a

Reciprocity Guidelines

Delaware Cont'd

State Statute: Del. Code Ann. tit. 24 §§ 1901A, 1912 (West, Westlaw through 2010)

§ 1901A. The Interstate Nurse Licensure Compact

ARTICLE III.

General Provisions and Jurisdiction

(d) This Compact does not affect additional requirements imposed by states for advanced practice registered nursing. However, a multistate licensure privilege to practice registered nursing granted by a party state shall be recognized by other party states as a license to practice registered nursing if one is required by state law as a precondition for qualifying for advanced practice registered nurse authorization.

§ 1912. Reciprocity for registered nurse.

(a) The Board may, by endorsement, without written examination, license as a registered nurse an applicant who, on or after July 1, 1983, is duly licensed as a registered nurse or is entitled to perform similar services under a different title under the laws of another state, territory or foreign country if, in the opinion of the Board, the applicant meets the qualifications specified by this chapter for registered nurses in this State.

(b) In the event the applicant has not been actively employed in professional nursing in the past 5 years, the applicant will be required to give evidence of satisfactory completion of a professional nursing refresher program with an approved agency within 2 years prior to endorsement before licensure by endorsement will be granted. In the event no refresher course is available the Board may consider alternate methods of evaluating current knowledge in professional nursing.

(c) Verification of current Delaware license is provided upon request to other state boards of nursing.

Administrative Regulations: n/a

Additional Information from the Delaware Board of Nursing:

<http://dpr.delaware.gov/boards/nursing/apnlicense.shtml>

Apply for an Advanced Practice Nurse (APN) license only when you meet the following requirements.

You must be concurrently applying for or already hold an active Registered Nurse license either in Delaware or one of these compact states.

Delaware Cont'd

Arizona, Arkansas, Colorado, Delaware, Idaho, Iowa, Kentucky, Maine, Maryland, Mississippi, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Wisconsin

You must have a: Master's degree, or Post-basic program certificate in a clinical nursing specialty with nursing certification from a national certification body recognized by the Board, if certification is available.

The practice requirement that you must meet depends on whether national certification is available for your specialty.

Prescriptive Authority Guidelines

State Statute: Del. Code Ann. tit. 24 § 1906 (West, Westlaw through 2010)

(20) The "Joint Practice Committee" with the approval of the Board of Medical Licensure and Discipline shall have the authority to grant, restrict, suspend or revoke practice or independent prescriptive authority and the Joint Practice Committee with the approval of the Board of Medical Licensure and Discipline shall be responsible for promulgating rules and regulations to implement the provisions of this chapter regarding "advanced practice nurses" who have been granted authority for independent practice and/or independent prescriptive authority;

(21) The rules and regulations and the granting, restricting, suspension or revocation of the independent practice and/or independent prescriptive authority shall be subject to the approval of the Board of Medical Licensure and Discipline

Administrative Regulations: 24 Del. Code Regs. 1900-8.7.15 (West 2010)

8.7.15 Prescribing medications and treatments independently pursuant to Rules and Regulations promulgated by the Joint Practice Committee as defined in 24 Del.C. § 1906(20)

Additional Information from the Delaware Board of Nursing:

<http://dpr.delaware.gov/boards/nursing/faqs.shtml>

Question: Can an APN have prescriptive authority while practicing with a temporary permit?

Answer: No. Applications for prescriptive authority cannot be processed before licensure.



District of Columbia

Definitions

State Statute: D.C. Code § 3-1201.02 (West, Westlaw through June 16, 2010)

(2) “Practice of advanced practice registered nursing” means the performance of advanced-level nursing actions, with or without compensation, by a licensed registered nurse with advanced education, knowledge, skills, and scope of practice who has been certified to perform such actions by a national certifying body acceptable to the Board of Nursing. The practice of advanced practice registered nursing includes:

(A) Advanced assessment;

(B) Medical diagnosis;

(C) Prescribing;

(D) Selecting, administering, and dispensing therapeutic measures;

(E) Treating alterations of the health status; and

(F) Carrying out other functions identified in subchapter VI of this chapter and in accordance with procedures required by this chapter.

Administrative Regulations: D.C. Mun. Regs. tit. 17, § 5999 (2010)

5999 DEFINITIONS

5999.1 For purposes of this chapter, the following terms have the meanings ascribed:

Certified nurse practitioner: a registered nurse trained in an educational program and certified by a recognized national certification organization to provide healthcare services who, when functioning within the authorized scope of practice, is qualified to assume primary responsibility for the care of patients.

Exemptions and Consultation Exceptions

State Statute: D.C. Code § 3-1205.0 (West, Westlaw through June 16, 2010)

§ 3-1205.02. Exemptions.

(a) The provisions of this chapter prohibiting the practice of a health occupation without a District of Columbia license, registration, or certification shall not apply:

(1) To an individual who administers treatment or provides advice in any case of emergency;

(2) To an individual employed in the District by the federal government, while he or she is acting in the official discharge of the duties of employment;

(3) To an individual, licensed, registered, or certified to practice a health occupation in a state, who is providing care to an individual or group for a limited period of time, or who is called from a state in professional consultation by or on behalf of a specific

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patient or client to visit, examine, treat, or advise the specific patient or client in the District, or to give a demonstration of a procedure or clinic in the District; provided, that the individual engages in the provision of care, consultation, demonstration, or clinic in affiliation with a comparable health professional licensed, registered, or certified pursuant to this chapter;

Administrative Regulations: n/a

Reciprocity Guidelines

State Statute: n/a

Administrative Regulations: D.C. Mun. Regs. tit. 17, § 5906 (2010)

5906 CERTIFICATION BY ENDORSEMENT

5906.1 An applicant is eligible for certification by endorsement if the applicant is currently licensed or certified, in good standing, as a nurse practitioner under the laws of a state or territory of the United States.

Additional Information from the District of Columbia Board of Nursing: n/a

Prescriptive Authority Guidelines

State Statute: D.C. Code § 3-1206.04 (West, Westlaw through June 16, 2010)

§ 3-1206.04. Authorized acts.

An advanced practice registered nurse may:

- (1) Initiate, monitor, and alter drug therapies;
- (2) Initiate appropriate therapies or treatments;
- (3) Make referrals for appropriate therapies or treatments; and
- (4) Perform additional functions within his or her specialty determined in accordance with rules and regulations promulgated by the board.

Administrative Regulations: D.C. Mun. Regs. tit. 17, § 5909-10 (2010)

5909 PRESCRIPTIVE AUTHORITY

5909.1 A nurse practitioner shall have authority to prescribe legend drugs and controlled substances subject to the limitations set forth in § 5910.

District of Columbia Cont'd

Title 17 District of Columbia Municipal Regulations

5909.2 A nurse practitioner shall have authority to prescribe drugs only while certified in accordance with this chapter.

5909.3 Prescriptions for drugs shall comply with all applicable District of Columbia and federal laws.

5909.4 A nurse practitioner who administers or prescribes a prescription drug shall enter in the patient's chart on the date of the transaction or, if the chart is not available, no later than the next office day, the following information:

- (a) Each prescription that a nurse-practitioner orders; and
- (b) The name, strength, and amount of each drug that a nurse practitioner administers.

5909.5 Pursuant to § 514 of the Act, D.C. Official Code § 3-1205.14(a)(19), the Board may suspend or revoke the license or take other disciplinary action against any applicant or licensee who prescribes, dispenses, or administers drugs when not authorized to do so.

5910 PRESCRIBING CONTROLLED SUBSTANCES

5910.1 A nurse-practitioner shall have authority to prescribe those drugs on Schedules II through V established pursuant to the District of Columbia Uniform Controlled Substances Act of 1981, D.C. Code §§ 33-501 et seq., that are authorized by the protocol under which the nurse-practitioner is practicing.

5910.2 A nurse practitioner shall not prescribe a controlled substance unless a licensed, certified nurse practitioner meets the following requirements:

- (a) Possesses a valid controlled substances certificate of registration from the United States Drug Enforcement Administration (DEA); and
- (b) Possesses a valid District of Columbia controlled substances registration pursuant to D.C. Official Code §§ 48-901.02 et seq., the District of Columbia Uniform Controlled Substances Act.

5910.3 A nurse practitioner shall not issue a refillable prescription for a controlled substance.

5910.4 A nurse practitioner shall maintain a current and complete log of all controlled

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substances that the nurse practitioner prescribes in accordance with regulations for record keeping promulgated by the United States Drug Enforcement Administration.

Additional Information from the District of Columbia Board of Nursing: n/a



Florida

Definitions

State Statute: Fla. Stat. Ann. § 464.00 (West, Westlaw through 2010 Reg. 2nd Sess.)

(2) “Advanced or specialized nursing practice” means, in addition to the practice of professional nursing, the performance of advanced-level nursing acts approved by the board which, by virtue of postbasic specialized education, training, and experience, are appropriately performed by an advanced registered nurse practitioner. Within the context of advanced or specialized nursing practice, the advanced registered nurse practitioner may perform acts of nursing diagnosis and nursing treatment of alterations of the health status. The advanced registered nurse practitioner may also perform acts of medical diagnosis and treatment, prescription, and operation which are identified and approved by a joint committee composed of three members appointed by the Board of Nursing, two of whom must be advanced registered nurse practitioners; three members appointed by the Board of Medicine, two of whom must have had work experience with advanced registered nurse practitioners; and the State Surgeon General or the State Surgeon General's designee. Each committee member appointed by a board shall be appointed to a term of 4 years unless a shorter term is required to establish or maintain staggered terms. The Board of Nursing shall adopt rules authorizing the performance of any such acts approved by the joint committee. Unless otherwise specified by the joint committee, such acts must be performed under the general supervision of a practitioner licensed under chapter 458, chapter 459, or chapter 466 within the framework of standing protocols which identify the medical acts to be performed and the conditions for their performance. The department may, by rule, require that a copy of the protocol be filed with the department along with the notice required by s. 458.348.

(3) “Advanced registered nurse practitioner” means any person licensed in this state to practice professional nursing and certified in advanced or specialized nursing practice, including certified registered nurse anesthetists, certified nurse midwives, and nurse practitioners.

Administrative Regulations: n/a

Exemptions and Consultation Exceptions

State Statute: Fla. Stat. Ann. § 464.022 (West, Westlaw through 2010 Reg. 2nd Sess.)

No provision of this part shall be construed to prohibit:

(1) The care of the sick by friends or members of the family without compensation, the

Florida Cont'd

incidental care of the sick by domestic servants, or the incidental care of noninstitutionalized persons by a surrogate family.

(2) Assistance by anyone in the case of an emergency.

(7) The practice of any legally qualified nurse or licensed attendant of another state who is employed by the United States Government, or any bureau, division, or agency thereof, while in the discharge of official duties.

(8) Any nurse currently licensed in another state or territory of the United States from performing nursing services in this state for a period of 60 days after furnishing to the employer satisfactory evidence of current licensure in another state or territory and having submitted proper application and fees to the board for licensure prior to employment. If the nurse licensed in another state or territory is relocating to this state pursuant to his or her military-connected spouse's official military orders, this period shall be 120 days after furnishing to the employer satisfactory evidence of current licensure in another state or territory and having submitted proper application and fees to the board for licensure prior to employment. The board may extend this time for administrative purposes when necessary.

(12) The practice of nursing by any legally qualified nurse of another state whose employment requires the nurse to accompany and care for a patient temporarily residing in this state for not more than 30 consecutive days, provided the patient is not in an inpatient setting, the board is notified prior to arrival of the patient and nurse, the nurse has the standing physician orders and current medical status of the patient available, and prearrangements with the appropriate licensed health care providers in this state have been made in case the patient needs placement in an inpatient setting.

Administrative Regulations: n/a

Reciprocity Guidelines

State Statute: n/a

Administrative Regulations: n/a

Additional Information from the Florida Board of Nursing: n/a

Prescriptive Authority Guidelines

State Statute: n/a

Administrative Regulations: n/a

Additional Information from the Florida Board of Nursing:

http://www.doh.state.fl.us/mqa/nursing/nur_faq.html#ARNP

Q: Can nurse practitioners have their own prescription pad?

A: Yes.

Q: Do I need to apply for prescriptive privileges?

A: No, writing of the protocols and approval of the collaborative practice physician gives you prescriptive privileges. You cannot prescribe controlled substances.

Q: Can a nurse practitioner write prescriptions for controlled substances?

A: No, federal law requires that anyone prescribing controlled substances have a DEA license number. All prescriptions for controlled substances should be written and signed by a licensed physician.



Georgia

Definitions

State Statute: Ga. Code Ann. § 43-26-3 (West, Westlaw through 2010 Reg. Sess.)

As used in this article, the term:

(1) “Advanced nursing practice” means practice by a registered professional nurse who meets those educational, practice, certification requirements, or any combination of such requirements, as specified by the board and includes certified nurse midwives, nurse practitioners, certified registered nurse anesthetists, clinical nurse specialists in psychiatric/mental health, and others recognized by the board.

(1.1) “Advanced practice registered nurse” means a registered professional nurse licensed under this chapter who is recognized by the board as having met the requirements established by the board to engage in advanced nursing practice and who holds a master's degree or other graduate degree from an approved nursing education program and national board certification in his or her area of specialty, or a person who was recognized as an advanced practice registered nurse by the board on or before June 30, 2006. This paragraph shall not be construed to require a certified registered nurse anesthetist who graduated from an approved nurse anesthetist educational program prior to January 1, 1999, to hold a master's degree or other graduate degree.

Administrative Regulations: Ga. Comp. R. & Regs. 410-12-.01 (2010)

(2) Definitions:

(a) The advanced practice registered nurse is a certified nurse-midwife (CNM), nurse practitioner (NP), certified registered nurse anesthetist (CRNA) or clinical nurse specialist in psychiatric/mental health (CNS,PMH), and is authorized to practice by the Georgia Board of Nursing (“the Board”).

(b) Advanced nursing practice” means practice by a registered professional nurse who meets those educational, practice, certification requirements, or any combination of such requirements, as specified by the Board and includes certified nurse-midwives, nurse practitioners, certified registered nurse anesthetists, clinical nurse specialists in psychiatric/mental health, and others required by the Board.

(3) Title.

(a) Advanced practice registered nurses are authorized to practice in the categories of

Georgia Cont'd

certified nurse-midwife, nurse practitioner, certified registered nurse anesthetist and clinical nurse specialist in psychiatric/mental health. Each advanced practice registered nurse shall use the category designation for purposes of identification and documentation.

(4) Authority to Practice:

(a) Only a registered professional nurse authorized to practice according to these rules shall use the specified title, and practice or offer to practice, as a certified nurse-midwife, nurse practitioner, certified registered nurse anesthetist or clinical nurse specialist, psychiatric/mental health, unless otherwise authorized to do so by the Board.

(b) The advanced practice registered nurse is authorized to perform advanced nursing functions and certain medical acts which include, but are not limited to, ordering drugs, treatments, and diagnostic studies as provided in O.C.G.A. 43-34-26.1 and Chapter 410-13.

Exemptions and Consultation Exceptions

State Statute: Ga. Code Ann. § 43-26-12 (West, Westlaw through 2010 Reg. Sess.)

(a) No provision in this article shall be construed to require licensure in Georgia as a registered professional nurse in:

(6) The practice of nursing as a registered professional nurse, by a person licensed so to practice in another state, who is employed by the United States government or any bureau, division, or agency thereof while in the discharge of that person's official duties;

(7) The practice of nursing as a registered professional nurse, by a person currently licensed so to practice in another state, who is employed by an individual, agency, or corporation located in another state and whose employment responsibilities include transporting patients into, out of, or through this state for a period not to exceed 24 hours;

(8) The practice of nursing as a registered professional nurse by a person currently licensed so to practice in another state, who is visiting Georgia as a nonresident, in order to provide specific, nonclinical, short-term, time limited services including, but not limited to, consultation, accreditation site visits, and the participation in continuing education programs; and

Administrative Regulations: n/a

Reciprocity Guidelines

State Statute: Ga. Code Ann. § 43-26-7 (West, Westlaw through 2010 Reg. Sess.)

c) An applicant for licensure by endorsement shall:

(1) Submit a completed written application and fee;

(2)(A) Have passed a board recognized licensing examination following graduation from an approved nursing education program, as defined in Code Section 43-26-3; or

(B) Notwithstanding subparagraph (A) of this paragraph, have graduated from a nontraditional nursing education program approved by the board which meets the requirements in subsection (e) of this Code section;

(3) Submit verification of initial and current licensure in any other licensing jurisdiction administering a board recognized licensing examination;

(4)(A) Have practiced nursing as a registered professional nurse for a period of time as determined by the board or have graduated from a nursing education program within the four years immediately preceding the date of the application;

(B) If graduated from a nontraditional nursing education program, have practiced nursing as a registered professional nurse in a health care facility for at least one year in the three years preceding the date of the application and such practice is documented by the applicant and approved by the board;

(C) If entered a nontraditional nursing education program as a licensed practical nurse and graduated from such program and practiced nursing as a registered professional nurse in a health care facility for less than one year in the three years preceding the date of the application, have completed a 350 hour postgraduate preceptorship arranged by the applicant under the oversight of a registered professional nurse and where such applicant is transitioned from the role of a licensed practical nurse to a registered professional nurse. The preceptorship shall have prior approval of the board and successful completion of the preceptorship shall be verified in writing by the preceptor; or

(D) If entered a nontraditional nursing education program as a military medical corpsman or paramedic and graduated from such program and practiced nursing as a registered professional nurse in a health care facility for less than one year in the three years preceding the date of the application, have completed a 700 hour postgraduate

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preceptorship arranged by the applicant under the oversight of a registered professional nurse. Such preceptorship shall include clinical practice in a health care facility in pediatrics, obstetrics and gynecology, medical-surgical, mental illness, and transition into the role of a registered professional nurse. The preceptorship shall have prior approval of the board and successful completion of the preceptorship shall be verified in writing by the preceptor;

(5) Have satisfactory results from a fingerprint record check report conducted by the Georgia Crime Information Center and the Federal Bureau of Investigation, as determined by the board. Application for a license under this Code section shall constitute express consent and authorization for the board or its representative to perform a criminal background check. Each applicant who submits an application to the board for licensure by examination agrees to provide the board with any and all information necessary to run a criminal background check, including, but not limited to, classifiable sets of fingerprints. The applicant shall be responsible for all fees associated with the performance of such background check; and

(6) Meet such other criteria as established by the board.

Administrative Regulations: n/a

Additional Information from the Georgia Board of Nursing:

<http://sos.georgia.gov/plb/faqs/38%20faqs.htm>

2. How can a obtain authorization as an advanced practice registered nurse (APRN)?

Before an individual can practice as a certified nurse practitioner, certified registered nurse anesthetist, certified nurse-midwife, or clinical nurse specialist, psychiatric/mental health, they must possess an APRN authorization from the State of Georgia. To obtain authorization you must complete and submit an application with a fee of \$60 and have the following criteria:

- Active Georgia registered nurse license.
- Master's or higher education in area of specialty.
- Active national certification in area of specialty.

Frequently Asked Questions

1. How can I obtain a Georgia RN license?

RN licensure in Georgia is obtained through exam, endorsement or by reinstatement....

If applying by endorsement, the applicant must be licensed as a registered nurse in

Georgia Cont'd

another jurisdiction and must have graduated from a nursing education program prior to passing a licensing examination recognized by the Board as valid for licensure as a RN. The applicant must submit the following:

- A completed application with a fee of \$60.
- A completed criminal background check.
- Provide verification of current RN licensure in another state.
- Provide verification of original licensure obtained by NCLEX-RN in another state.
- A verification of employment as a RN documenting (3) months or 500 hours of licensed practice as a registered nurse.
- Any additional information requested by the Board as needed for licensure.

Prescriptive Authority Guidelines

State Statute: n/a

Administrative Regulations: n/a

Additional Information from the Georgia Board of Nursing: n/a



Hawaii

Definitions

State Statute: n/a

Administrative Regulations: Haw. Code R. § 16-89-77 (2010)

“Advanced practice registered nurse (APRN)” means a registered nurse licensed to practice in this State who has met the qualifications set forth in chapter 457, HRS, and this subchapter, who, because of advanced education and specialized training, is authorized to perform acts of assessment, prevention, and the utilization of medical, therapeutic, or corrective measures.

Exemptions and Consultation Exceptions

State Statute: Haw. Rev. Stat. § 457-1 (West, Westlaw through May 2010)

This chapter does not prohibit:

- (1) The furnishing of nursing assistance in an emergency;
- (4) The practice of any legally qualified nurse of another state who is employed by the United States or any bureau, division, or agency thereof, while in the discharge of the nurse's official duties;

Administrative Regulations: n/a

Reciprocity Guidelines

State Statute: Haw. Rev. Stat. § 457-8.5 (West, Westlaw through May 2010)

HRS § 457-8.5

(a) Effective October 1, 2009, the board shall grant recognition as an advanced practice registered nurse to a nurse who has:

- (1) A current, unencumbered license as a registered nurse in this State;
- (2) An unencumbered license as a registered nurse in all other states in which the nurse has a current and active license;
- (3) An unencumbered recognition as an advanced practice registered nurse or similar designation in all other states in which the nurse has a current and active recognition as

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an advanced practice registered nurse;

(4) Completed an accredited graduate-level education program leading to a master's degree as a certified registered nurse anesthetist, a nurse midwife, a clinical nurse specialist, or a nurse practitioner;

(5) A current, unencumbered certification of having passed a national certification examination that measures role and population-focused competencies and is recognized by the board;

(6) Maintained continued competencies through recertification in role and population-focused competencies through a national certification program recognized by the board;

(7) Acquired advanced clinical knowledge and skills preparing the nurse to provide direct care to patients through a significant educational and practical concentration on the direct care of patients;

(8) Demonstrated a greater breadth of knowledge, a greater synthesis of data, greater complexity of skills and interventions, and greater role autonomy than demonstrated by a registered nurse;

(9) Been educationally prepared to assume responsibility and accountability for health promotion and maintenance and to assess, diagnose, and manage patient problems through the use and prescription of pharmacologic and non-pharmacologic interventions;

(10) Acquired clinical experience of sufficient depth and breadth to reflect the intended license; and

(11) Paid the appropriate fees.

(c) Any person applying for advanced practice registered nurse recognition by endorsement shall be granted recognition as an advanced practice registered nurse; provided that:

(1) The person applying is licensed as a registered nurse in this State; and

(2) All nurse licenses, recognitions, and prescriptive authorities or similar designations held by the person under the laws of this State, another state, or a United States territory are unencumbered, and the originating state's requirements were equal to or greater than the board's advanced practice registered nurse requirements which were in effect prior to October 1, 2009.

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An advanced practice registered nurse shall be eligible to renew the recognition granted under this subsection; provided that all nurse licenses, recognitions, and prescriptive authorities or similar designations held by the person in this State, another state, or a United States territory are unencumbered.

Administrative Regulations: Haw. Code R. § 16-89-17 (2010)

The following shall be eligible; provided all applicable requirements of this chapter and chapter 457, HRS, have been met:

- (1) Applicants who are graduates of accredited United States schools of nursing including graduates of external degree programs recognized by the board who meet the requirements of section 16-89-9;
- (2) Applicants who are graduates of nursing schools located outside the United States who have met the requirements of section 16-89-9; or
- (3) Applicants who passed a registered nurse state board constructed licensing examination in another jurisdiction of the United States prior to the inception of the SBTPE in that jurisdiction.

Additional Information from the Hawaii Board of Nursing: n/a

Prescriptive Authority Guidelines

State Statute: Haw. Rev. Stat. § 457-8.6 (West, Westlaw through May 2010)

Prescriptive authority for advanced practice registered nurses

(a) The board shall grant prescriptive authority to qualified advanced practice registered nurses and shall designate the requirements for advanced nursing practice related to prescriptive authority. The board shall determine the exclusionary formulary for qualified advanced practice registered nurses who are granted prescriptive authority.

(d) Advanced practice registered nurses shall be considered qualified if they have met the requirements of section 457-8.5(a), and have met the advanced pharmacology requirements for initial prescriptive authority pursuant to rules adopted by the board. Only qualified advanced practice registered nurses authorized to diagnose, prescribe, and institute therapy or referrals of patients to health care agencies, health care providers, and community resources and, only as appropriate, to the practice specialty in which the advanced practice nurse is qualified, may:

- (1) Prescribe and administer over the counter and legend drugs, and controlled

Hawaii Cont'd

substances pursuant to this chapter and to chapter 329; provided that an advanced practice registered nurse shall not request, receive, or sign for professional controlled substance samples;

(2) Prescribe, order, and dispense medical devices and equipment; and

(3) Plan and initiate a therapeutic regimen that includes nutritional, diagnostic, and supportive services including home health care, hospice, and physical and occupational therapy.

Administrative Regulations: Haw. Code R. § 16-89-97 (2010)

An advanced practice registered nurse who requests prescriptive authority also shall comply with the eligibility requirements to be granted prescriptive authority by the department of commerce and consumer affairs, as set forth in chapter 89C.

Additional Information from the Hawaii Board of Nursing: n/a



Idaho

Definitions

State Statute: Idaho Code Ann. § 54-1402 (West, Westlaw through 2010 2nd Reg. Sess.)

(c) "Nurse practitioner" means a licensed professional nurse who has graduated from a nationally accredited nurse practitioner program, passed a qualifying examination recognized by the board, and has current initial certification or current recertification from a national group recognized by the board. Any person authorized by the board to practice nursing as a nurse practitioner in this state as of July 1, 1998, shall be licensed as a nurse practitioner under the provisions of this act and shall be eligible for renewal of such license under the conditions and standards prescribed in this act. Nurse practitioners who meet these qualifying requirements and are licensed by the board may perform comprehensive health assessments, diagnosis, health promotion and the direct management of acute and chronic illness and disease which may include the prescribing of pharmacologic and nonpharmacologic treatments as defined by rules of the board. The nurse practitioner collaborates with other health professionals in providing health care.

Administrative Regulations: Idaho Admin. Code r. 23.01.01.271 (2010)

02. Advanced Practice Professional Nurse. Means a professional nurse licensed in this state who has gained additional specialized knowledge, skills and experience through a post-basic program of study as defined herein and is authorized to perform advanced nursing practice, which may include acts of diagnosis and treatment, and the prescribing, administering and dispensing of therapeutic pharmacologic and non-pharmacologic agents, as defined herein. Advanced practice professional nurses shall include certified nurse-midwives, clinical nurse specialists, nurse practitioners, and registered nurse anesthetists. Advanced practice professional nurses, when functioning within the recognized scope of practice, assume primary responsibility for the care of their patients. This practice incorporates the use of professional judgment in the assessment and management of wellness and conditions appropriate to the advanced practice professional nurse's area of specialization. (7-1-99)

03. Authorized Advanced Practice Professional Nurse. Means an advanced practice professional nurse authorized by the board to prescribe and dispense pharmacologic and non-pharmacologic agents pursuant to Section 315. (7-1-99)

11. Nurse Practitioner. Means a licensed professional nurse who has graduated from a nationally accredited nurse practitioner program, passed a qualifying examination recognized by the board, and has current initial certification or current recertification as

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a nurse practitioner from a national organization recognized by the board. (7-1-99)

Exemptions and Consultation Exceptions

State Statute: Idaho Code Ann. § 54-1412 (West, Westlaw through 2010 2nd Reg. Sess.)

This act shall not be construed to require licensure or to prohibit the practice of nursing by persons assisting in an emergency, students enrolled in approved nursing education programs performing functions incident to formal instruction, nurses licensed by another state, territory or country and employed by the United States government performing official duties, persons rendering nursing services or care of the sick when done in connection with the practice of the religious tenets of any church by adherents thereof, and by such other persons as may be exempt from licensure by rules of the board. Nothing shall be construed as prohibiting the use of medical attendants by the department of correction at its correctional institutions.

Administrative Regulations: n/a

Reciprocity Guidelines

State Statute: Idaho Code Ann. §§ 54-1408-9, 1418 (West, Westlaw through 2010 2nd Reg. Sess.)

I.C. § 54-1409. License for advanced practice professional nursing

(1) Qualifications. To qualify for a license to practice advanced practice professional nursing, a person must:

- (a) Be currently licensed as a professional nurse in Idaho; and
- (b) Have successfully completed an approved advanced practice professional nursing education program that meets the board requirements for the category of advanced nursing practice for which the applicant is seeking licensure; and
- (c) Have passed a qualifying examination recognized by the board and have current initial certification or current recertification from a national group recognized by the board; and
- (d) Be of sufficiently sound physical and mental health as will not impair or interfere with the ability to practice nursing.

(2) Fees. A qualified applicant shall be entitled to a license to practice advanced practice

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professional nursing upon payment of a license fee to the board in an amount designated by the board not to exceed two hundred fifty dollars (\$250).

I.C. § 54-1408. License for professional nursing

(1) Qualifications. To qualify for a license to practice professional nursing, a person must:

(a) Have successfully completed the basic curriculum of an approved professional nursing education program or its equivalent; and

(b) Satisfy one (1) of the following requirements:

(ii) Have a professional or registered nurse license in good standing, without restriction or limitation, issued upon successful similar examination, approved by the board, conducted in another state, territory or foreign country; or

(iii) Have a professional or registered nurse license in good standing, without restriction or limitation, issued by another state, territory or foreign country and meet established board requirements; and

(c) Be of sufficiently sound physical and mental health as will not impair or interfere with the ability to practice nursing.

§ 54-1418. Nurse licensure compact

The terms and conditions of the nurse licensure compact are hereby enacted in substantially the following form:

NURSE LICENSURE COMPACT

ARTICLE III GENERAL PROVISIONS AND JURISDICTION

(4) This compact does not affect additional requirements imposed by states for advanced practice registered nursing. However, a multistate licensure privilege to practice registered nursing granted by a party state shall be recognized by other party states as a license to practice registered nursing if one is required by state law as a precondition for qualifying for advanced practice registered nurse authorization.

Administrative Regulations: Idaho Admin. Code r. 23.01.01.285 (2010)

03. Nurse Practitioner Qualifications. To qualify as a nurse practitioner, an applicant

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shall provide evidence of: (7-1-99)

- a. Current licensure to practice as a professional nurse in Idaho; (7-1-99)
- b. Successful completion of a nurse practitioner program which is accredited by a national organization recognized by the board; (7-1-99)
- c. Passing results on the certification examination administered by an organization recognized by the board; and (7-1-99)
- d. Current national certification as a nurse practitioner from an organization recognized by the board. (7-1-99)

Additional Information from the Idaho Board of Nursing: n/a

Prescriptive Authority Guidelines

State Statute: Idaho Code Ann. § 54-1402 (West, Westlaw through 2010 2nd Reg. Sess.)

(c) "Nurse practitioner" means a licensed professional nurse who has graduated from a nationally accredited nurse practitioner program, passed a qualifying examination recognized by the board, and has current initial certification or current recertification from a national group recognized by the board. Any person authorized by the board to practice nursing as a nurse practitioner in this state as of July 1, 1998, shall be licensed as a nurse practitioner under the provisions of this act and shall be eligible for renewal of such license under the conditions and standards prescribed in this act. Nurse practitioners who meet these qualifying requirements and are licensed by the board may perform comprehensive health assessments, diagnosis, health promotion and the direct management of acute and chronic illness and disease which may include the prescribing of pharmacologic and nonpharmacologic treatments as defined by rules of the board. The nurse practitioner collaborates with other health professionals in providing health care.

Administrative Regulations: Idaho Admin. Code r. 23.01.01.315 (2010)

01. Initial Authorization. An application for the authority to prescribe and dispense pharmacologic and non-pharmacologic agents may be made as part of initial licensure application or by separate application at a later date. (7-1-99)

- a. An advanced practice professional nurse who applies for authorization to prescribe pharmacologic and non-pharmacologic agents within the scope of practice for the

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advanced practice category, shall: (7-1-99)

- i. Be currently licensed as an advanced practice professional nurse in Idaho; and (7-1-99)
- ii. Provide evidence of completion of thirty (30) contact hours of post-basic education in pharmacotherapeutics obtained as part of study within a formal educational program or continuing education program, which are related to the applicant's advanced practice category scope of practice and include: (7-1-99)

(1) Pharmacokinetic principles and their clinical application; (7-1-99)

(2) The use of pharmacologic agents in the prevention of illness, restoration, and maintenance of health; (7-1-99)

(3) Federal and state laws relating to the purchasing, possessing, prescribing, administering, and disposing of pharmacologic and nonpharmacologic agents; (7-1-99)

(4) Prescription writing; (7-1-99)

(5) Drug selection, dosage and route of administration; and (7-1-99)

(6) Drug interactions. (7-1-99)

iii. Submit a completed, notarized application form provided by the board; and (7-1-99)

iv. Remit fees prescribed in Subsection 901.05 of these rules. (3-30-07)

b. Exceptions to the pharmacotherapeutic education may be approved by the board. (7-1-99)

c. Prescriptions written by authorized advanced practice professional nurses shall comply with all applicable state and federal laws and be signed by the prescriber with the abbreviation for the applicable category of advanced nursing practice, the identification number assigned by the board and where applicable, the Idaho controlled substance registration number and the federal Drug Enforcement Agency registration number. (7-1-99)

05. Dispensing Authorization. All authorized advanced practice professional nurses may dispense pharmacologic and non-pharmacologic agents pursuant to applicable state and federal laws, subject to the following conditions: (7-1-99)

a. Valid Advanced Practice Professional Nurse/Patient Relationships. An advanced practice professional nurse shall not dispense pharmacologic agents except in the course of his professional practice and when a bona fide advanced practice professional

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nurse/patient relationship has been established. A valid relationship will exist when the advanced practice professional nurse has obtained sufficient knowledge of the patient's medical condition through examination and has assumed responsibility for the health care of the patient. (7-1-99)

b. Restrictions on the Dispensing of Controlled Substances. Dispensing of Schedule II controlled substances shall be limited to emergency periods to be determined on the basis of individual circumstances. The emergency period will extend only until the Schedule II prescription can be filled from a pharmacy. (7-1-99)

06. Accountability. The advanced practice professional nurse when exercising prescriptive and dispensing authority is accountable for: (7-1-99)

a. Patient selection; (7-1-99)

b. Problem identification through appropriate assessment; (7-1-99)

c. Medication and device selection; (7-1-99)

d. Patient education for use of therapeutics; (7-1-99)

e. Knowledge of interactions of therapeutics; (7-1-99)

f. Evaluation of outcome; and (7-1-99)

g. Recognition and management of complications and untoward reactions. (7-1-99)

Additional Information from the Idaho Board of Nursing: n/a



Illinois

Definitions

State Statute: 225 Ill. Comp. Stat. Ann. § 65/65-30 (West, Westlaw through 2010 Reg. Sess.)

(a) Advanced practice nursing by certified nurse practitioners, certified nurse anesthetists, certified nurse midwives, or clinical nurse specialists is based on knowledge and skills acquired throughout an advanced practice nurse's nursing education, training, and experience.

(b) Practice as an advanced practice nurse means a scope of nursing practice, with or without compensation, and includes the registered nurse scope of practice.

(c) The scope of practice of an advanced practice nurse includes, but is not limited to, each of the following:

(1) Advanced nursing patient assessment and diagnosis.

(2) Ordering diagnostic and therapeutic tests and procedures, performing those tests and procedures when using health care equipment, and interpreting and using the results of diagnostic and therapeutic tests and procedures ordered by the advanced practice nurse or another health care professional.

(3) Ordering treatments, ordering or applying appropriate medical devices, and using nursing medical, therapeutic, and corrective measures to treat illness and improve health status.

(4) Providing palliative and end-of-life care.

(5) Providing advanced counseling, patient education, health education, and patient advocacy.

(6) Prescriptive authority as defined in Section 65-40 of this Act.

(7) Delegating selected nursing activities or tasks to a licensed practical nurse, a registered professional nurse, or other personnel.

Administrative Regulations: n/a

Exemptions and Consultation Exceptions

State Statute: n/a

Administrative Regulations: n/a

Reciprocity Guidelines

State Statute: 225 Ill. Comp. Stat. Ann. §§ 65/60-10, 65-5 (West, Westlaw through 2010 Reg. Sess.)

§ 65-5. Qualifications for APN licensure.

(f) An applicant for registered professional nurse licensure by endorsement who is a registered professional nurse licensed by examination under the laws of another state or territory of the United States must do each of the following:

- (1) Submit a completed written application, on forms supplied by the Department, and fees as established by the Department.
- (2) Have graduated from a registered professional nursing education program approved by the Department.
- (3) Submit verification of licensure status directly from the United States jurisdiction of licensure, if applicable, as defined by rule.
- (4) Submit to the criminal history records check required under Section 50-35 of this Act.
- (5) Meet all other requirements as established by the Department by rule.

Administrative Regulations: n/a

Additional Information from the Illinois Board of Nursing: n/a

Prescriptive Authority Guidelines

State Statute: 225 Ill. Comp. Stat. Ann. § 65/65-40 (West, Westlaw through 2010 Reg. Sess.)

Prescriptive authority.

- (a) A collaborating physician or podiatrist may, but is not required to, delegate

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prescriptive authority to an advanced practice nurse as part of a written collaborative agreement. This authority may, but is not required to, include prescription of, selection of, orders for, administration of, storage of, acceptance of samples of, and dispensing over the counter medications, legend drugs, medical gases, and controlled substances categorized as any Schedule III through V controlled substances, as defined in Article II of the Illinois Controlled Substances Act, [FN1] and other preparations, including, but not limited to, botanical and herbal remedies. The collaborating physician or podiatrist must have a valid current Illinois controlled substance license and federal registration to delegate authority to prescribe delegated controlled substances.

(b) To prescribe controlled substances under this Section, an advanced practice nurse must obtain a mid-level practitioner controlled substance license. Medication orders shall be reviewed periodically by the collaborating physician or podiatrist.

(c) The collaborating physician or podiatrist shall file with the Department notice of delegation of prescriptive authority and termination of such delegation, in accordance with rules of the Department. Upon receipt of this notice delegating authority to prescribe any Schedule III through V controlled substances, the licensed advanced practice nurse shall be eligible to register for a mid-level practitioner controlled substance license under Section 303.05 of the Illinois Controlled Substances Act. [FN2]

(d) In addition to the requirements of subsections (a), (b), and (c) of this Section, a collaborating physician may, but is not required to, delegate authority to an advanced practice nurse to prescribe any Schedule II controlled substances, if all of the following conditions apply:

(1) No more than 5 Schedule II controlled substances by oral dosage may be delegated.

(2) Any delegation must be controlled substances that the collaborating physician prescribes.

(3) Any prescription must be limited to no more than a 30-day oral dosage, with any continuation authorized only after prior approval of the collaborating physician.

(4) The advanced practice nurse must discuss the condition of any patients for whom a controlled substance is prescribed monthly with the delegating physician.

(e) Nothing in this Act shall be construed to limit the delegation of tasks or duties by a physician to a licensed practical nurse, a registered professional nurse, or other persons.

Administrative Regulations: n/a

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Additional Information from the Illinois Board of Nursing: n/a



Indiana

Definitions

State Statute: Ind. Code Ann. § 25-23-1-1 (West, Westlaw through 2nd Reg. Sess.)

(b) “Advanced practice nurse” means:

(1) a nurse practitioner;

(2) a nurse midwife; or

(3) a clinical nurse specialist;

who is a registered nurse qualified to practice nursing in a specialty role based upon the additional knowledge and skill gained through a formal organized program of study and clinical experience, or the equivalent as determined by the board, which does not limit but extends or expands the function of the nurse which may be initiated by the client or provider in settings that shall include hospital outpatient clinics and health maintenance organizations.

Administrative Regulations: n/a

Exemptions and Consultation Exceptions

State Statute: n/a

Administrative Regulations: n/a

Reciprocity Guidelines

State Statute: Ind. Code Ann. §§ 25-23-1-11, 25-23.3-2-11 (West, Westlaw through 2nd Reg. Sess.)

25-23-1-11 Registered nurse; application for license to practice; qualifications; examination; foreign applicants; issuance of license; fees

(c) The board may issue by endorsement a license to practice as a registered nurse to an applicant who has been licensed as a registered nurse, by examination, under the laws of another state if the applicant presents proof satisfactory to the board that, at the time that the applicant applies for an Indiana license by endorsement, the applicant holds a current license in another state and possesses credentials and qualifications that are

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substantially equivalent to requirements in Indiana for licensure by examination. The board may specify by rule what constitutes substantial equivalence under this subsection.

(d) The board may issue by endorsement a license to practice as a registered nurse to an applicant who:

(1) has completed the English version of the:

(A) Canadian Nurse Association Testing Service Examination (CNAT); or

(B) Canadian Registered Nurse Examination (CRNE);

(2) achieved the passing score required on the examination at the time the examination was taken;

(3) is currently licensed in a Canadian province or in another state; and

(4) meets the other requirements under this section.

(f) Any person who holds a license to practice as a registered nurse in:

(1) Indiana; or

(2) a party state (as defined in IC 25-23.3-2-11);

may use the title "Registered Nurse" and the abbreviation "R.N.". No other person shall practice or advertise as or assume the title of registered nurse or use the abbreviation of "R.N." or any other words, letters, signs, or figures to indicate that the person using same is a registered nurse.

25-23.3-2-11 "Party state"

Sec. 11. "Party state" means any state that has adopted this compact.

Administrative Regulations: n/a

Additional Information from the Indiana Board of Nursing: n/a

Prescriptive Authority Guidelines

State Statute: Ind. Code Ann. § 25-23-1-19.5 (West, Westlaw through 2nd Reg. Sess.)

Advanced practice nurses; authority to prescribe legend drugs

Indiana Cont'd

Sec. 19.5. (a) The board shall establish a program under which advanced practice nurses who meet the requirements established by the board are authorized to prescribe legend drugs, including controlled substances (as defined in IC 35-48-1).

(c) The rules adopted under section 7 of this chapter concerning the authority of advanced practice nurses to prescribe legend drugs must do the following:

(1) Require an advanced practice nurse or a prospective advanced practice nurse who seeks the authority to submit an application to the board.

(2) Require, as a prerequisite to the initial granting of the authority, the successful completion by the applicant of a graduate level course in pharmacology providing at least two (2) semester hours of academic credit.

(3) Require, as a condition of the renewal of the authority, the completion by the advanced practice nurse of the continuing education requirements set out in section 19.7 of this chapter.

Administrative Regulations: 848 IN ADC 5-1-1 Current with amendments received through the Indiana Weekly Collection, dated June 23, 2010.

Sec. 1. (a) An advanced practice nurse may be authorized to prescribe legend drugs, including controlled substances, if the advanced practice nurse does the following:

(1) Submits an application on a form prescribed by the board with the required fee, including, but not limited to, the following information:

(A) Complete name, residence and office addresses with zip codes, and residence and business telephone numbers with area codes.

(B) All names used by the applicant, explaining the reasons for any name change or use.

(C) Date and place of birth.

(D) Citizenship and visa status, if applicable.

(E) A complete statement of all nursing education received, providing the following:

(i) Names and locations of all colleges, schools, or universities attended.

(ii) Dates of attendance.

(iii) Degrees obtained or received.

Indiana Cont'd

(F) Whether the applicant has ever had any disciplinary action taken against the applicant's nursing license by the board or by the licensing agency of any other state or jurisdiction and the details and dates thereof.

(G) A complete list of all places of employment, including the following:

- (i) The names and addresses of employers.
- (ii) The dates of each employment.
- (iii) Employment responsibilities held or performed that the applicant had since graduation from nursing school.

(H) Whether the applicant is, or has been, addicted to any narcotic drug, alcohol, or other drugs and, if so, the details thereof.

(I) Whether the applicant has been convicted of any violation of law relating to drug abuse, controlled substances, narcotic drugs, or any other drugs.

(J) Whether the applicant has previously been licensed to practice nursing in any other state or jurisdiction and, if so, the following:

- (i) The names of such states or jurisdictions that previously licensed the applicant.
- (ii) The dates of such licensure.
- (iii) The license number.
- (iv) The current status of such licensure.

(K) Whether the applicant has been denied a license to practice nursing by any state or jurisdiction and, if so, the details thereof, including the following:

- (i) The name and location of the state or jurisdiction denying licensure.
- (ii) The date of denial of such licensure.
- (iii) The reasons relating thereto.

(L) A certified statement that the applicant has not been convicted of a criminal offense (excluding minor traffic violations) or a certified statement listing all criminal offenses of which the applicant has been convicted. This listing must include the following:

- (i) The offense of which the applicant was convicted.
- (ii) The court in which the applicant was convicted.
- (iii) The cause number in which the applicant was convicted.

(M) All information in the application shall be submitted under oath or affirmation,

Indiana Cont'd

subject to the penalties for perjury.

(2) Submits proof of holding an active, unrestricted:

(A) Indiana registered nurse license; or

(B) registered nurse license in another compact state and having filed a Multi-state Privilege Notification Form with the health professions bureau.

(3) Submits proof of having met the requirements of all applicable laws for practice as an advanced practice nurse in the state of Indiana.

(4) Submits proof of a baccalaureate or higher degree in nursing.

(5) If the applicant holds a baccalaureate degree only, submits proof of certification as a nurse practitioner or certified nurse-midwife by a national organization recognized by the board and which requires a national certifying examination.

(6) Submits proof of having successfully completed a graduate level pharmacology course consisting of at least two (2) semester hours of academic credit from a college or university accredited by the Commission on Recognition of Postsecondary Accreditation:

(A) within five (5) years of the date of application; or

(B) if the pharmacology course was completed more than five (5) years immediately preceding the date of filing the application, the applicant must submit proof of the following:

(i) Completing at least thirty (30) actual contact hours of continuing education during the two (2) years immediately preceding the date of the application, including a minimum of at least eight (8) actual contact hours of pharmacology, all of which must be approved by a nationally approved sponsor of continuing education for nurses.

(ii) Prescriptive experience in another jurisdiction within the five (5) years immediately preceding the date of the application.

(7) Submits proof of collaboration with a licensed practitioner in the form of a written practice agreement that sets forth the manner in which the advanced practice nurse and licensed practitioner will cooperate, coordinate, and consult with each other in the provision of health care to patients. Practice agreements shall be in writing and shall also set forth provisions for the type of collaboration between the advanced practice nurse and the licensed practitioner and the reasonable and timely review by the licensed practitioner of the prescribing practices of the advanced practice nurse. Specifically, the

Indiana Cont'd

written practice agreement shall contain at least the following information:

(A) Complete names, home and business addresses, zip codes, and telephone numbers of the licensed practitioner and the advanced practice nurse.

(B) A list of all other offices or locations besides those listed in clause (A) where the licensed practitioner authorized the advanced practice nurse to prescribe.

(C) All specialty or board certifications of the licensed practitioner and the advanced practice nurse.

(D) The specific manner of collaboration between the licensed practitioner and the advanced practice nurse, including how the licensed practitioner and the advanced practice nurse will:

(i) work together;

(ii) share practice trends and responsibilities;

(iii) maintain geographic proximity; and

(iv) provide coverage during absence, incapacity, infirmity, or emergency by the licensed practitioner.

(E) A description of what limitation, if any, the licensed practitioner has placed on the advanced practice nurse's prescriptive authority.

(F) A description of the time and manner of the licensed practitioner's review of the advanced practice nurse's prescribing practices. The description shall include provisions that the advanced practice nurse must submit documentation of the advanced practice nurse's prescribing practices to the licensed practitioner within seven (7) days. Documentation of prescribing practices shall include, but not be limited to, at least a five percent (5%) random sampling of the charts and medications prescribed for patients.

(G) A list of all other written practice agreements of the licensed practitioner and the advanced practice nurse.

(H) The duration of the written practice agreement between the licensed practitioner and the advanced practice nurse.

(8) Written practice agreements for advanced practice nurses applying for prescriptive authority shall not be valid until prescriptive authority is granted by the board.

(b) When the board determines that the applicant has met the requirements under subsection (a), the board shall send written notification of authority to prescribe to the

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advanced practice nurse, including the identification number and designated authorized initials to be used by the advanced practice nurse.

(c) Advanced practice nurses who have been granted prescriptive authority will immediately notify the board in writing of any changes in, or termination of, written practice agreements, including any changes in the prescriptive authority of the collaborating licensed practitioner. Written practice agreements shall terminate automatically if the advanced practice nurse or licensed practitioner no longer has an active, unrestricted license.

(d) Advanced practice nurses wishing to prescribe controlled substances must obtain an Indiana controlled substances registration and a federal Drug Enforcement Administration registration.

Additional Information from the Indiana Board of Nursing:

<http://www.in.gov/pla/2503.htm>

Additional information and an application pertaining to the prescriptive authority for advanced practice nurses can be found here.



Iowa

Definitions

State Statute: n/a

Administrative Regulations: Iowa Admin. Code r. 655-7.1 (152) (2010)

“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.

Exemptions and Consultation Exceptions

State Statute: n/a

Administrative Regulations: n/a

Reciprocity Guidelines

State Statute: Iowa Code Ann. §§ 152E.3, 152.8 (West, Westlaw through 2010)

152.8. Reciprocity

Notwithstanding the provisions of sections 147.44, 147.48, 147.49, and 147.53, the following shall apply regarding applicants for nurse licensure possessing a license from another state:

1. A license possessed by an applicant from a state which has not adopted the nurse licensure compact contained in section 152E.1 or the advanced practice registered nurse compact contained in section 152E.3 shall be recognized by the board under conditions specified which indicate that the licensee meets all the qualifications required under section 152.7. If a foreign license is recognized, the board may issue a license by endorsement without an examination being required. Recognition shall be based on whether the foreign licensee is qualified to practice nursing. The board may issue a temporary license to a natural person who has completed the requirements of and

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applied for licensure by endorsement. The board shall determine the length of time a temporary license shall remain effective.

2. A license possessed by an applicant and issued by a state which has adopted the nurse licensure compact contained in section 152E.1 or the advanced practice registered nurse compact contained in section 152E.3 shall be recognized pursuant to the provisions of that section. 152E.3. Form of advanced practice registered nurse compact

I.C.A. § 152E.3

The advanced practice registered nurse compact is entered into and enacted into law with all jurisdictions legally joining therein, in the form substantially as follows:

3. Article III--General provisions and jurisdiction.

a. All party states shall participate in the nurse licensure compact for registered nurses and licensed practical or vocational nurses in order to enter into the advanced practice registered nurse compact.

b. A state shall not enter the advanced practice registered nurse compact until the state adopts, at a minimum, the advanced practice registered nurse uniform license or authority to practice requirements for each advanced practice registered nurse role and title recognized by the state seeking to enter the advanced practice registered nurse compact.

c. Advanced practice registered nurse license or authority to practice issued by a home state to a resident in that state shall be recognized by each party state as authorizing a multistate advanced practice privilege to the extent that the role and title are recognized by each party state. To obtain or retain advanced practice registered nurse licensure and practice requirements as an advanced practice registered nurse, an applicant must meet the home state's qualifications for authority or renewal of authority as well as all other applicable state laws.

d. The advanced practice registered nurse multistate advanced practice privilege does not include prescriptive authority, and does not affect any requirements imposed by states to grant to an advanced practice registered nurse initial and continuing prescriptive authority according to state practice laws. However, a party state may grant prescriptive authority to an individual on the basis of a multistate advanced practice privilege to the extent permitted by state practice laws.

g. Individuals not residing in a party state may apply for an advanced practice

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registered nurse license or authority to practice as an advanced practice registered nurse under the laws of a party state. However, the authority to practice granted to these individuals shall not be recognized as granting the privilege to practice as an advanced practice registered nurse in any other party state unless explicitly agreed to by that party state.

Administrative Regulations: n/a

Additional Information from the Iowa Board of Nursing:

<http://www.iowa.gov/nursing/faq/ARNP.html#2>

Q. How do I apply for an Advanced Registered Nurse Practitioner registration if I already have an active RN license in Iowa?

A. You can obtain the forms on the website at nursing.iowa.gov by going to Licensure within the index items. There you will see the Instructions for ARNP, Application for ARNP and ARNP Request for Nursing Transcript form. You will have to print the paper copies of the forms and submit your application by mail with a copy of your certification or the certification results if you are newly certified and have not received your actual certification certificate or card. The fee of \$81.00 can be paid with a personal check or money order made payable to the Iowa Board of Nursing.

Q. How do I apply for an Advanced Registered Nurse Practitioner registration if I reside and hold active RN licensure in another compact state and need only the ARNP registration in Iowa?

A. The same process applies as the question above, except, that you must also include a photocopy of your active RN License from your primary state of residence.

Prescriptive Authority Guidelines

State Statute: Iowa Code Ann. §§ 152E.3 (West, Westlaw through 2010)

The advanced practice registered nurse compact is entered into and enacted into law with all jurisdictions legally joining therein, in the form substantially as follows:

d. The advanced practice registered nurse multistate advanced practice privilege does not include prescriptive authority, and does not affect any requirements imposed by states to grant to an advanced practice registered nurse initial and continuing prescriptive authority according to state practice laws. However, a party state may grant prescriptive authority to an individual on the basis of a multistate advanced practice privilege to the extent permitted by state practice laws.

Administrative Regulations: n/a

Iowa Cont'd

Additional Information from the Iowa Board of Nursing:

http://www.iowa.gov/nursing/nursing_practice/arnp.html

A registered nurse in Iowa may practice at the level of his/her advanced preparation without registration as an advanced registered nurse practitioner. Without registration, they may not use the title ARNP, and they do not have prescriptive authority. The nurse, employer and the physician make the determination regarding policies and procedures to make prescriptive substances and devices available to clients.



Kansas

Definitions

State Statute: Kan. Stat. Ann. § 65-1113 (West, Westlaw through 2009 Reg. Sess.)

(g) “Advanced registered nurse practitioner” or “ARNP” means a professional nurse who holds a certificate of qualification from the board to function as a professional nurse in an expanded role, and this expanded role shall be defined by rules and regulations adopted by the board in accordance with K.S.A. 65-1130.

Administrative Regulations: Kan. Admin. Regs. § 60-11-101 (2010)

(a) Each “advanced registered nurse practitioner” (ARNP), as defined by K.S.A. 65-1113 and amendments thereto, shall function in an expanded role to provide primary, secondary, and tertiary health care in the ARNP's category of advanced practice. Each ARNP shall be authorized to make independent decisions about advanced practice nursing needs of families, patients, and clients and medical decisions based on the authorization for collaborative practice with one or more physicians. This regulation shall not be deemed to require the immediate and physical presence of the physician when care is given by an ARNP. Each ARNP shall be directly accountable and responsible to the consumer.

Exemptions and Consultation Exceptions

State Statute: n/a

Administrative Regulations: Kan. Admin. Regs. § 60-11-12 (2010)

Exempt certificate.

(a) An exempt certificate shall be granted only to an advanced registered nurse practitioner who meets these requirements:

(1) Is not regularly engaged in advanced registered nurse practice in Kansas, but volunteers advanced practice registered nurse services or is a charitable health care provider as defined by K.S.A. 75-6102 and amendments thereto; and

(2)(A) Has been certified in Kansas for the five years previous to applying for an exempt certificate; or

(B) has been licensed, authorized, or certified in another jurisdiction for the five years previous to applying for an exempt license and meets all requirements for endorsement

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into Kansas.

(b) The expiration date of the exempt certificate shall be in accordance with K.A.R. 60-3-108.

(c) Each application for renewal of an exempt certificate shall be submitted upon a form furnished by the board and shall be accompanied by the fee in accordance with K.A.R. 60-11-119.

Reciprocity Guidelines

State Statute: Kan. Stat. Ann. § 65-1131 (West, Westlaw through 2009 Reg. Sess.)

(2) The board may issue a certificate to practice nursing as an advanced registered nurse practitioner to an applicant who has been duly licensed or certified as an advanced registered nurse practitioner under the laws of another state or territory if, in the opinion of the board, the applicant meets the qualifications required of an advanced registered nurse practitioner in this state. Verification of the applicant's licensure or certification status shall be required from the original state of licensure or certification.

Administrative Regulations: n/a

Additional Information from the Kansas Board of Nursing: n/a

Prescriptive Authority Guidelines

State Statute: Kan. Stat. Ann. § 65-1130 (West, Westlaw through 2009 Reg. Sess.)

(d) An advanced registered nurse practitioner may prescribe drugs pursuant to a written protocol as authorized by a responsible physician. Each written protocol shall contain a precise and detailed medical plan of care for each classification of disease or injury for which the advanced registered nurse practitioner is authorized to prescribe and shall specify all drugs which may be prescribed by the advanced registered nurse practitioner. Any written prescription order shall include the name, address and telephone number of the responsible physician. The advanced registered nurse practitioner may not dispense drugs, but may request, receive and sign for professional samples and may distribute professional samples to patients pursuant to a written protocol as authorized by a responsible physician. In order to prescribe controlled substances, the advanced registered nurse practitioner shall (1) register with the federal drug enforcement administration; and (2) notify the board of the name and address of the responsible physician or physicians. In no case shall the scope of authority of the advanced registered nurse practitioner exceed the normal and customary practice of the responsible physician. An advanced registered nurse practitioner certified in the

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category of registered nurse anesthetist while functioning as a registered nurse anesthetist under K.S.A. 65-1151 to 65-1164, inclusive, and amendments thereto, shall be subject to the provisions of K.S.A. 65-1151 to 65-1164, inclusive, and amendments thereto, with respect to drugs and anesthetic agents and shall not be subject to the provisions of this subsection. For the purposes of this subsection, "responsible physician" means a person licensed to practice medicine and surgery in Kansas who has accepted responsibility for the protocol and the actions of the advanced registered nurse practitioner when prescribing drugs.

(e) As used in this section, "drug" means those articles and substances defined as drugs in K.S.A. 65-1626 and 65-4101 and amendments thereto.

Administrative Regulations: Kan. Admin. Regs. § 60-11-104a (2010)

Protocol requirements; prescription orders.

(a) Each written protocol that an advanced registered nurse practitioner is to follow when prescribing, administering, or supplying a prescription-only drug shall meet the following requirements:

(1) Specify for each classification of disease or injury the corresponding class of drugs that the advanced registered nurse practitioner is permitted to prescribe;

(2) be maintained in either a loose-leaf notebook or a book of published protocols. The notebook or book of published protocols shall include a cover page containing the following data:

(A) The names, telephone numbers, and signatures of the advanced registered nurse practitioner and a responsible physician who has authorized the protocol; and

(B) the date on which the protocol was adopted or last reviewed; and

(3) be kept at the advanced registered nurse practitioner's principal place of practice.

(b) Each advanced registered nurse practitioner shall ensure that each protocol is reviewed by the advanced registered nurse practitioner and physician at least annually.

(c) Each prescription order in written form shall meet the following requirements:

(1) Include the name, address, and telephone number of the practice location of the advanced registered nurse practitioner;

(2) include the name, address, and telephone number of the responsible physician;

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(3) be signed by the advanced registered nurse practitioner with the letters A.R.N.P.;

(4) be from a class of drugs prescribed pursuant to protocol; and

(5) contain any D.E.A. registration number issued to the advanced registered nurse practitioner when a controlled substance, as defined in K.S.A. 65-4101(e) and amendments thereto, is prescribed.

(d) Nothing in this regulation shall be construed to prohibit any registered nurse or licensed practical nurse or advanced registered nurse practitioner from conveying a prescription order orally or administering a drug if acting under the lawful direction of a person licensed to practice either medicine and surgery or dentistry, or certified as an advanced registered nurse practitioner.

(e) When used in this regulation, terms shall be construed to have the meanings set forth in the pharmacy act of the state of Kansas, K.S.A. 65-1626, and amendments thereto.

Additional Information from the Kansas Board of Nursing: n/a



Kentucky

Definitions

State Statute: Ky. Rev. Stat. Ann. § 314.011 (West, Westlaw through 2010 Extraordinary Sess.)

As used in this chapter, unless the context thereof requires otherwise:

(7) "Advanced practice registered nurse" means a certified nurse practitioner, certified nurse anesthetist, certified nurse midwife, or clinical nurse specialist, who is licensed to engage in advance practice registered nursing pursuant to KRS 314.042 and certified in at least one (1) population focus;

Administrative Regulations: 201 Ky. Admin. Regs. 20:057 (2010)

Section 4. Advanced registered nursing practice shall include prescribing medications and ordering treatments, devices, and diagnostic tests which are consistent with the scope and standard of practice of the advanced registered nurse practitioner.

Exemptions and Consultation Exceptions

State Statute: Ky. Rev. Stat. Ann. § 314.101 (West, Westlaw through 2009)

314.101 Excepted activities and practices; work permits; withdrawal of temporary work permits

(1) This chapter does not prohibit the following:

(a) The practice of any currently licensed nurse of another state practicing in this state during an emergency occurring in this state or any other state declared by the President of the United States or the Governor of Kentucky. The duration and conditions of the practice shall be determined by the board;

(c) The practice of any legally qualified nurse of another state who is employed by the United States government or any bureau, division, or agency thereof while in the discharge of his or her official duties;

(d) The practice of any currently licensed nurse of another state who is in this state on a nonroutine basis to:

1. Provide care to a patient being transported into, out of, or through this state;
2. Provide nursing consulting services; or
3. Present a continuing nursing education program; or

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(e) Notwithstanding the provisions of paragraph (a) of this subsection, the practice of volunteer health practitioners under KRS 39A.350 to 39A.366.

Administrative Regulations: n/a

Reciprocity Guidelines

State Statute: Ky. Rev. Stat. Ann. § 314.470 (West, Westlaw through 2010 Extraordinary Sess.)

314.470 Nurse Licensure Compact.

The Nurse Licensure Compact is hereby enacted and entered into with all other jurisdictions that legally join in the compact, which is, in form, substantially as follows:

ARTICLE III

General Provisions and Jurisdiction

d. This Compact does not affect additional requirements imposed by states for advanced practice registered nursing. However, a multistate licensure privilege to practice registered nursing granted by a party state shall be recognized by other party states as a license to practice registered nursing if one is required by state law as a precondition for qualifying for advanced practice registered nurse authorization.

Administrative Regulations: n/a

Additional Information from the Kentucky Board of Nursing: n/a

Prescriptive Authority Guidelines

State Statute: Ky. Rev. Stat. Ann. § 314.011, .042 (West, Westlaw through 2010 Extraordinary Sess.)

KRS § 314.011

(8) "Advanced practice registered nursing" means the performance of additional acts by registered nurses who have gained added knowledge and skills through an approved organized postbasic program of study and clinical experience; who are certified by the American Nurses' Association or other nationally established organizations or agencies recognized by the board to certify registered nurses for advanced practice registered

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nursing as a certified nurse practitioner, certified nurse anesthetist, certified nurse midwife, or clinical nurse specialist; and who certified in at least one

(1) population focus. The additional acts shall, subject to approval of the board, include but not be limited to prescribing treatment, drugs, devices, and ordering diagnostic tests. Advanced practice registered nurses who engage in these additional acts shall be authorized to issue prescriptions for and dispense nonscheduled legend drugs as defined in KRS 217.905 and to issue prescriptions for but not to dispense Schedules II through V controlled substances as classified in KRS 218A.060, 218A.070, 218A.080, 218A.090, 218A.100, 218A.110, 218A.120, and 218A.130, under the conditions set forth in KRS 314.042 and regulations promulgated by the Kentucky Board of Nursing on or before August 15, 2006.

(a) Prescriptions issued by advanced practice registered nurses for Schedule II controlled substances classified under KRS 218A.060 shall be limited to a seventy-two (72) hour supply without any refill. Prescriptions issued under this subsection for psychostimulants may be written for a thirty (30) day supply only by an advanced practice registered nurse certified in psychiatric- mental health nursing who is providing services in a health facility as defined in KRS Chapter 216B or in a regional mental health-mental retardation services program as defined in KRS Chapter 210.

(b) Prescriptions issued by advanced practice registered nurses for Schedule III controlled substances classified under KRS 218A.080 shall be limited to a thirty (30) day supply without any refill. Prescriptions issued by advanced practice registered nurses for Schedules IV and V controlled substances classified under KRS 218A.100 and 218A.120 shall be limited to the original prescription and refills not to exceed a six (6) month supply.

(c) Limitations for specific controlled substances which are identified as having the greatest potential for abuse or diversion, based on the best available scientific and law enforcement evidence, shall be established in an administrative regulation promulgated by the Kentucky Board of Nursing. The regulation shall be based on recommendations from the Controlled Substances Formulary Development Committee, which is hereby created. The committee shall be composed of two (2) advanced practice registered nurses appointed by the Kentucky Board of Nursing, one (1) of whom shall be designated as a committee co-chair; two (2) physicians appointed by the Kentucky Board of Medical Licensure, one (1) of whom shall be designated as a committee co- chair; and one (1) pharmacist appointed by the Kentucky Board of Pharmacy. The initial regulation shall be promulgated on or before August 15, 2006, and shall be reviewed at least annually thereafter by the committee.

Kentucky Cont'd

314.042 Registration and designation as an advanced practice registered nurse -- Use of "APRN" -- Prescriptive authority under CAPA-NS and CAPA-CS -- Renewal -- Reinstatement.

(8) Before an advanced practice registered nurse engages in the prescribing or dispensing of nonscheduled legend drugs as authorized by KRS 314.011(8), the advanced practice registered nurse shall enter into a written "Collaborative Agreement for the Advanced Practice Registered Nurse's Prescriptive Authority for Nonscheduled Legend Drugs" (CAPA-NS) with a physician that defines the scope of the prescriptive authority for nonscheduled legend drugs.

(9) Before an advanced practice registered nurse engages in the prescribing of Schedules II through V controlled substances as authorized by KRS 314.011(8), the advanced practice registered nurse shall enter into a written "Collaborative Agreement for the Advanced Practice Registered Nurse's Prescriptive Authority for Controlled Substances" (CAPA-CS) with a physician that defines the scope of the prescriptive authority for controlled substances.

(a) The advanced practice registered nurse shall notify the Kentucky Board of Nursing of the existence of the CAPA-CS and the name of the collaborating physician and shall, upon request, furnish to the board or its staff a copy of the completed CAPA-CS. The Kentucky Board of Nursing shall notify the Kentucky Board of Medical Licensure that a CAPA-CS exists and furnish the collaborating physician's name.

(b) The CAPA-CS shall be in writing and signed by both the advanced practice registered nurse and the collaborating physician. A copy of the completed collaborative agreement shall be available at each site where the advanced practice registered nurse is providing patient care.

(c) The CAPA-CS shall describe the arrangement for collaboration and communication between the advanced practice registered nurse and the collaborating physician regarding the prescribing of controlled substances by the advanced practice registered nurse.

(d) The advanced practice registered nurse who is prescribing controlled substances and the collaborating physician shall be qualified in the same or a similar specialty.

(e) The CAPA-CS is not intended to be a substitute for the exercise of professional judgment by the advanced practice registered nurse or by the collaborating physician.

Kentucky Cont'd

(f) Before engaging in the prescribing of controlled substances, the advanced practice registered nurse shall:

1. Have been licensed to practice as an advanced practice registered nurse for one (1) year with the Kentucky Board of Nursing; or
2. Be nationally certified as an advanced practice registered nurse and be registered, certified, or licensed in good standing as an advanced practice registered nurse in another state for one (1) year prior to applying for licensure by endorsement in Kentucky.

(g) Prior to prescribing controlled substances, the advanced practice registered nurse shall obtain a Controlled Substance Registration Certificate through the U.S. Drug Enforcement Agency.

(h) The CAPA-CS shall be reviewed and signed by both the advanced practice registered nurse and the collaborating physician and may be rescinded by either party upon written notice via registered mail to the other party, the Kentucky Board of Nursing, and the Kentucky Board of Medical Licensure.

(i) The CAPA-CS shall state the limits on controlled substances which may be prescribed by the advanced practice registered nurse, as agreed to by the advanced practice registered nurse and the collaborating physician. The limits so imposed may be more stringent than either the schedule limits on controlled substances established in KRS 314.011(8) or the limits imposed in regulations promulgated by the Kentucky Board of Nursing thereunder.

Administrative Regulations: 201 Ky. Admin. Regs. 20:059 (2010)

201 KAR 20:059. Advanced Registered Nurse Practitioner Controlled Substances Prescriptions

Section 1. Specific Controlled Substances.

The following controlled substances have been identified as having the greatest potential for abuse or diversion:

- (1) Diazepam (Valium), a Schedule IV medication;
- (2) Clonazepam (Klonopin), a Schedule IV medication;
- (3) Lorazepam (Ativan), a Schedule IV medication;
- (4) Alprazolam (Xanax), a Schedule IV medication;
- (5) Carisoprodol (Soma), a Schedule IV medication;
- (6) Combination Hydrocodone products in liquid or solid dosage form, Schedule III medications.

Kentucky Cont'd

Section 2. Limitations.

(1) Prescriptions for the medications listed in Section 1(1), (2), (3), and (4) of this administrative regulation shall be limited to a fourteen (14) day supply without any refills.

(2) Prescriptions for the medication listed in Section 1 (5) of this administrative regulation shall be limited to a thirty (30) day supply without any refills.

(3) Prescriptions for the medications listed in Section 1(6) of this administrative regulation shall be limited to a fourteen (14) day supply without any refills.

Additional Information from the Kentucky Board of Nursing: n/a



Louisiana

Definitions

State Statute: La. Rev. Stat. Ann. § 37:913 (West, Westlaw through 2009 Reg. Sess.)

(1) “Advanced practice registered nurse” or “APRN” means a licensed registered nurse who is certified by a nationally recognized certifying body, such as the American Nurses Credentialing Center, as having an advanced nursing specialty as described in this Part and who meets the criteria for an advanced practice registered nurse as established by the board. In the absence of the availability of a national certification examination in a selected clinical area, the board may establish commensurate requirements. An advanced practice registered nurse shall include, but not be limited to, the following:

(d) Nurse practitioner or “NP” who is an advanced practice registered nurse educated in a specified area of care and certified according to the requirements of a nationally recognized accrediting agency such as the American Nurses Association's American Nurses Credentialing Center, National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties, or the National Certification Board of Pediatric Nurse Practitioners and Nurses, or as approved by the board and who is authorized to provide primary, acute, or chronic care as an advanced nurse practitioner acting within his scope of practice to individuals, families, and other groups in a variety of settings including, but not limited to, homes, institutions, offices, industry, schools, and other community agencies.

Administrative Regulations: n/a

Exemptions and Consultation Exceptions

State Statute: La. Rev. Stat. Ann. § 37:929 (West, Westlaw through 2009 Reg. Sess.)

§ 929. Exceptions

The provisions of this Part shall not apply to:

(1) Gratuitous nursing by friends or members of the family.

(3) The rendering of nursing assistance by any individual in the case of immediate emergency. The rendering of nursing assistance by any individual in a disaster in accordance with the rules and regulations established by the board.

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(5) The practice of nursing in this state by any legally qualified nurse of another state who accompanies and cares for a patient temporarily residing in this state during a period not to exceed six months, if such nurse does not represent or hold himself out as a nurse licensed to practice in this state.

(7) The practice of nursing by a legally qualified registered nurse or advanced practice registered nurse of another state who is employed by the United States government, or any bureau, division, or agency thereof, while in the discharge of his or her official duties.

(8) The practice of any currently licensed registered nurse or advanced practice registered nurse of another state who is employed by an individual, agency, or corporation located in another state and whose employment responsibilities include transporting clients to, from, or throughout the state.

(9) The practice of any currently licensed registered nurse or advanced practice registered nurse of another state who provides or attends educational programs or provides consultative services within the state for a period as determined by the board. Neither the education nor consultation may include providing or directing nursing care or developing or revising nursing care policies.

(10) The performance of advanced practice nursing functions by licensed registered nurses who are advanced practice registered nurse students under the supervision of a qualified instructor or preceptor as a part of a program of study preparing individuals for the advanced practice of registered nursing.

Administrative Regulations: n/a

Reciprocity Guidelines

State Statute: n/a

Administrative Regulations: n/a

Additional Information from the Louisiana Board of Nursing: n/a

Prescriptive Authority Guidelines

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State Statute: La. Rev. Stat. Ann. § 37:913 (West, Westlaw through 2009 Reg. Sess.)

(3)(b) Advanced practice registered nursing may include certain acts of medical diagnosis, in accordance with R.S. 37:913(8) and (9), or medical prescriptions of therapeutic or corrective nature, prescribing assessment studies, legend and certain controlled drugs, therapeutic regimens, medical devices and appliances, receiving and distributing a therapeutic regimen of prepackaged drugs prepared and labeled by a licensed pharmacist, and free samples supplied by a drug manufacturer, and distributing drugs for administration to and use by other individuals within the scope of practice as defined by the board and in accordance with this Paragraph.

(8) "Collaborative practice" means the joint management of the health care of a patient by an advanced practice registered nurse performing advanced practice registered nursing and one or more consulting physicians or dentists. Except as otherwise provided in R.S. 37:930, acts of medical diagnosis and prescription by an advanced practice registered nurse shall be in accordance with a collaborative practice agreement.

Administrative Regulations: La. Admin. Code tit. 46 § 4513 (2010)

2. Prescriptive Authority

a. Prescribing Controlled Substances and Legend Drugs

i. The LSBN shall review the application, reapplication or renewal, the collaborative practice agreement for prescriptive authority and all related materials and shall approve, modify, or deny the application, reapplication or renewal for prescriptive authority. An APRN with prescriptive authority approved by the board may prescribe drugs and therapeutic devices as recommended by clinical practice guidelines and the parameters of the collaborative practice agreement.

ii. Prior to granting an APRN prescriptive authority the collaborating physician or physicians shall be approved by the Louisiana State Board of Medical Examiners.

iii. Prescription Guidelines--All Medications

(a). The following guidelines apply to all prescriptions, whether or not said prescriptions are for legend drugs, controlled substances or any other medication. An APRN granted prescriptive authority shall comply with all federal and state laws and rules in prescribing, distributing, and administering drugs.

iv. The APRN who has been given proper authority to prescribe whether in person or by an electronic means or over the Internet or over telephone lines must meet the following

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requirements:

(a). perform and appropriately document a history and physical examination, and make a diagnosis based upon the examination and all diagnostic and laboratory tests;

(b). formulate a therapeutic plan that is discussed with the patient;

(c). state the availability of the APRN or coverage for the patient for follow-up care;

(d). all of the above must be included in the collaborative practice agreement.

v. Each order for a prescription, whether written or oral shall include the following information.

(a). The prescription form shall not be less than 4 inches by 5 inches, and shall bear a single printed signature line.

(b). The prescription form shall clearly indicate the authorized prescriber's name, licensure designation, address, telephone number, and if applicable Drug Enforcement Administration (DEA) registration number. In the event multiple practitioners are identified on the prescription form, the authorizing prescriber's specific identity shall be clear and unambiguous. This identification may be indicated by any means, including but not limited to a marked check box next to, or circling the authorizing prescriber's printed name.

(c). The prescription form shall clearly indicate the authorized prescriber's practice affiliation, and the collaborating physician's name, address, and telephone number shall appear on the prescription form.

(d). No prescription form shall contain more than four prescription drug orders.

(e). Each prescription drug order on the form shall provide the following:

(i). a check box labeled "dispense as written" or DAW or both; and

(ii). the number of refills, if any; and

(iii). for prescriptions reimbursable by Medicare and Medicaid, the APRN may only inhibit equivalent drug product interchange by handwriting the words "brand necessary" or "brand medically necessary" on the face of the prescription order or on a separate sheet attached to the prescription order as specified in LAC 46:LIII.2511.

b. Controlled Substances. The board may authorize an APRN with prescriptive authority to prescribe or distribute controlled substances as defined, enumerated or included in federal or state statutes or regulations 21 C.F.R.1308.11-15., R.S 40:964, on an individual

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practice basis. An APRN who is so authorized shall provide their Drug Enforcement Administration registration number on all written prescriptions and be furnished on all oral prescriptions and shall comply with all scheduled drug prescription requirements in accordance with LAC 46:LIII.2511:

i. an APRN granted authority to prescribe or distribute controlled substances shall not utilize such substances in connection with the treatment of:

(a). chronic or intractable pain, as defined in LAC 46:XLV.6515-6923;

(b). obesity, as defined in LAC 46:XLV.6901-6913; or

(c). oneself, a spouse, child or any other family member;

ii. any APRN authorized to prescribe controlled substances shall provide to the board a copy of his or her Louisiana Controlled Dangerous Substance permit and Drug Enforcement Administration registration number prior to prescribing or distributing controlled substances;

iii. controlled substances which may be prescribed by an APRN shall include Schedule III, IV and V. Schedule II shall be approved by the board on an individual basis. Controlled substances shall be limited to, consistent with, and exclusively within the parameters of the practice specialty of the collaborating physician and in the APRN's licensed category and area of specialization. The APRN must have been approved by the board to prescribe and distribute noncontrolled substances. The applicant must submit a collaborative practice agreement that clearly states that the controlled substances prescribed have been jointly agreed upon with the collaborating physician;

iv. the APRN must submit a collaborative practice agreement which delineates controlled substances utilization, which specifies the circumstances, limitations and extent to which such substances may be prescribed or distributed;

v. the APRN must submit evidence of 500 hours of practice with a collaborating physician immediately preceding the initial request for controlled substances;

vi. the APRNs application must state an identified need for controlled substances within the patient population served by the collaborative practice;

vii. the collaborative practice agreement must contain acknowledgment of responsibility by the collaborating physician to ensure that the controlled substance authority of an APRN is utilized in a manner that is consistent with any rule or regulation imposed

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upon the APRNs practice;

viii. the APRN who is authorized to prescribe controlled substances must determine the type, dosage form, frequency of application of controlled substances prescribed to a patient. This responsibility must never be delegated to any other personnel;

ix. the APRN shall insure that the complete name and address of the patient to whom the APRN is prescribing the controlled substance appears on the prescription;

x. the APRN shall not permit any prescription for controlled substances to be signed by any other person in the place of or on behalf of the APRN;

xi. the APRN may utilize telefaxes as original prescriptions for Schedule III-V as long as it has a true electronic signature;

xii. no more than one controlled substance shall be issued on a single prescription blank; and

xiii. no APRN shall prescribe any controlled substance or other drug having addiction-forming or addiction-sustaining liability without a good faith prior examination and medical indication.

3. Maintenance of Patient Records (controlled substances)

a. Patient Record. An APRN who prescribes a controlled substance shall maintain a complete record of the examination, evaluation and treatment of the patient which must include documentation of the diagnosis and reason for prescribing controlled substances. The name, dose, strength, quantity of the controlled substance and the date that the controlled substance was prescribed must be documented in the record.

b. The Louisiana State Board of Nursing has the authority to conduct random audits of patient records at practice sites where APRNs have been granted approval for prescribing controlled substances.

4. Drug Maintenance, Labeling and Distribution Requirements

a. APRNs shall not receive samples of controlled substances. An APRN may receive and distribute pre-packaged medications or samples of non-controlled substances for which the APRN has prescriptive authority.

b. An APRN must distribute the medication. For the purpose of this regulation

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“distribute” shall mean hand the pre-packaged medication to the patient or the patient's authorized agent.

c. All drug products which are maintained/stored at the site of practice of an APRN, shall be maintained/stored in the manufacturer's or re-packager's original package. The label of any container in which drugs are maintained must bear the drug name, strength, the manufacturer's control lot number and the expiration date.

d. All drug products shall be maintained, stored and distributed in such a manner as to maintain the integrity of the product.

5. Continued Competency for Prescriptive Authority. Each year an APRN with prescriptive authority shall obtain six contact hours of continuing education in pharmacotherapeutics in their category and area of specialization. Documentation of completion of the continuing education contact hours required for prescriptive authority shall be submitted at the request of the board in a random audit procedure at the time of the APRN's license renewal. In order for the continuing education program to be approved by the board, the program shall:

a. be provided by a board approved national certifying organization or provider approved by the board;

b. include content relevant to advanced practice nursing and the use of pharmacological agents in the prevention of illness, and the restoration and maintenance of health;

6. APRN prescriptive authority may be renewed after review and approval by the board;

7. changes in prescriptive authority. Prior to changes with the collaborating physician, or physicians or coverage physician, when applicable, the APRN shall notify the board in writing requesting approval of such changes and submit a new collaborative practice agreement. The APRN shall notify the board in writing within 30 days of all changes regarding practice sites. Failure to notify the board may result in disciplinary action;

8. the board shall be responsible for maintaining a current up-to-date public list of APRNs who have authority to prescribe in the state;

9. the board shall supply whatever data is needed by the Office of Narcotics and Dangerous Drugs of the Department of Health and Hospitals of the State of Louisiana;

10. an APRN shall demonstrate compliance with the board's rules relating to authorized practice, section LAC 46:XLVII.4513.C;

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11. limitation:

a. an APRN's prescriptive and distributing authority is personal to that individual APRN and is not delegable. An APRN shall not enter into any agreement, arrangement or contract with another health care provider, practitioner, person or individual which in any manner transfers any of the prescribing or distributing authority that the APRN derives as a result of approval by the board;

b. only registered practitioners of medicine, dentistry, or veterinary medicine are authorized to compound and dispense drugs in accord with R.S.37:1201;

c. exclusion. Nothing herein shall require a CRNA to have prescriptive authority to provide anesthesia care, including the administration of drugs or medicine necessary for anesthesia care;

d. continuance. Those APRNs who have previously been granted prescriptive and distributing authority by the Joint Administrative Committee or the LSBN shall continue under these rules;

e. reinstatement. An APRN who has been granted approval by the board for prescriptive and distributive authority and who has ceased practicing with prescriptive authority for more than 12 months may apply for reinstatement of such authority;

f. in the event that the time period is greater than 12 months but less than four years the APRN shall:

i. meet the requirements as set forth in LAC 46:XLVII.4513.D.1.a, b., and c; and

ii. provide evidence of six contact hours of continuing education in pharmacotherapeutics for each 12 month period of non-prescribing in their category and area of specialization. The APRN may obtain the required advanced pharmacotherapeutic hours through continuing education offerings. The required advanced pharmacotherapeutic hours may be non-lecture offerings or Continuing Medical Education Units (CMEs) provided that the offering documents the number of advanced pharmacotherapeutic hours in the educational offering. Pharmacotherapeutics hours must be delineated on the certificate. In order for the continuing education program to be approved by the board, the program shall:

(a). be provided by a board approved national certifying organization or provider approved by the board; and

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(b). include content relevant to advanced practice nursing and the use of pharmacological agents in the prevention of illness, and the restoration and maintenance of health;

g. in the event that the time period is greater than four years the APRN shall meet the requirements as set forth in LAC 46:XLVII.4513.D.1.a, b, c, and d;

12. termination of prescriptive privileges:

a. prescriptive privileges may be terminated for violation of any rules and regulations of the board;

b. prescriptive authority will be designated as "Inactive" when an APRN has no current collaborative practice agreement with a collaborating physician;

c. prescriptive authority will be designated as "Inactive" in the event the RN and/or APRN license is revoked, suspended, made inactive or becomes delinquent;

13. financial disclosure:

a. the APRN is subject to the rules LAC 46:XLVII.3605, "Disclosure of Financial Interest";

14. freedom of choice:

a. an APRN shall not be influenced in the prescribing of drugs, devices or appliances by a direct or indirect financial interest in a pharmaceutical firm, pharmacy or other supplier or other health care related business;

b. patients are entitled to the same freedom of choice in selecting who will fill their prescription needs as they are in the choice of an APRN. The prescription is a written direction for a therapeutic or corrective agent. A patient is entitled to a copy of the APRN's prescription for drugs or other devices. The patient has a right to have the prescription filled wherever the patient wishes.

Additional Information from the Louisiana Board of Nursing: n/a



Maine

Definitions

State Statute: Me. Rev. Stat. tit. 32 § 2102 (West, Westlaw through 2009 2nd Reg. Sess.)

2-A. Advanced practice registered nursing. “Advanced practice registered nursing” means the delivery of expanded professional health care by an advanced practice registered nurse that is:

A. Repealed. Laws 2003, c. 204, § H-1.

B. Within the advanced practice registered nurse's scope of practice as specified by the board by rulemaking, taking into consideration any national standards that exist; and

C. In accordance with the standards of practice for advanced practice registered nurses as specified by the board by rulemaking, taking into consideration any national standards that may exist. Advanced practice registered nursing includes consultation with or referral to medical and other health care providers when required by client health care needs.

A certified nurse practitioner or a certified nurse midwife who qualifies as an advanced practice registered nurse may prescribe and dispense drugs or devices, or both, in accordance with rules adopted by the board.

Administrative Regulations: 02-380-8 ME. Code R. § 1 (2010)

B. Certified nurse practitioner. “Certified nurse practitioner” (C.N.P.) means a registered professional nurse who has received post-graduate education designed to prepare the nurse for advanced practice registered nursing in a specialty area in nursing that has a defined scope of practice and has been certified in the clinical specialty by a national certifying organization acceptable to the Board.

Exemptions and Consultation Exceptions

State Statute: Me. Rev. Stat. tit. 32 § 2103 (West, Westlaw through 2009 2nd Reg. Sess.)

4. Licensure in another state or jurisdiction. The practice of:

A. Nursing by a registered nurse or a licensed practical nurse currently licensed in another state or United States territory for a period of 90 days pending licensure in the State if the nurse, upon employment, has furnished the employer with satisfactory evidence of current licensure in another state or United States territory and the nurse furnishes a letter of authorization to the prospective employer of having submitted

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proper application and fees to the board for licensure prior to employment;

B. A currently licensed nurse of another United States jurisdiction or foreign country who is providing educational programs or consultative services within this State for a period not to exceed a total of 21 days per year;

C. A currently licensed nurse of another state who is transporting patients into, out of or through this State. The exemption is limited to a period not to exceed 48 hours for each transport;

D. Nursing in this State by a currently licensed nurse whose employment was contracted outside this State but requires the nurse to accompany and care for the patient while in this State. This practice is limited to the particular patient to 3 months within one year and is at the discretion of the board; or

E. Nursing by a registered nurse or licensed practical nurse currently licensed in a jurisdiction outside the United States or its territories for a period not to exceed 90 days pending receipt of a United States social security number as long as all other requirements for licensure have been submitted and verified and the registered or licensed nurse has furnished upon employment satisfactory evidence of current licensure in another jurisdiction and the nurse furnishes a letter of authorization to the prospective employer of having submitted proper application and fees to the board for licensure prior to employment;

Administrative Regulations: n/a

Reciprocity Guidelines

State Statute: Me. Rev. Stat. tit. 32 § 2205-A (West, Westlaw through 2009 2nd Reg. Sess.)

The board may issue a license to practice professional nursing as a registered professional nurse under the following circumstances.

1. Applicants licensed by other states, United States territories and Canadian provinces. The board may issue a license without examination of the applicant by the board to an applicant licensed to practice by a state or territory of the United States or a province of Canada if the applicant:

A. Has graduated from an educational program approved by the official approving authority of a state or territory of the United States or a province of Canada, which at the

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time of graduation had standards considered by the board to be equivalent to those of Maine schools;

B. Has been duly licensed by examination by the nursing board of a state or territory of the United States or a province of Canada, provided that the examination is considered by the board to be equivalent in all essentials to Maine's examination and provided that the license of the applicant is in good standing and that there is no cause for suspension or revocation of that license. Acceptable examinations include the State Board Examination, State Board Test Pool Examination, the National Council Licensure Examination and, for a person licensed prior to December 31, 2006, the Canadian Nurses' Association Testing Service Examination; and

C. If licensed in the other jurisdiction by passing an examination in a language other than English, has passed the Test of English as a Foreign Language. The board shall provide information regarding the test to applicants who are required to take that test.

2. Applicants licensed by other jurisdictions. The board may issue a license to an applicant licensed to practice by a jurisdiction other than those listed in subsection 1, if the applicant:

A. Has graduated from an educational program approved by the official approving authority of a jurisdiction other than those listed in subsection 1, which at the time of graduation had standards considered by the board to be equivalent to those of Maine schools;

B. Has been duly licensed by examination by the nursing board of a jurisdiction other than those listed in subsection 1, provided that the examination is considered by the board to be equivalent in all essentials to Maine's examination and provided that the license of the applicant is in good standing and that there is no cause for suspension or revocation of that license;

C. Has passed the National Council Licensure Examination for registered nurses; and

D. If licensed in the other jurisdiction by passing an examination in a language other than English, has either passed the Test of English as a Foreign Language or fulfilled the requirements of paragraph C by passing a test given in English.

Administrative Regulations: 02-380-1 ME. Code R. (2010)

REGULATIONS RELATING TO THE NURSE LICENSURE COMPACT, ARTICLE III.
GENERAL PROVISIONS AND JURISDICTION

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D. This Compact does not affect additional requirements imposed by states for advanced practice registered nursing. However, a multistate licensure privilege to practice registered nursing granted by a party state shall be recognized by other party states as a license to practice registered nursing if one is required by state law as a precondition for qualifying for advanced practice registered nurse authorization.

Additional Information from the Maine Board of Nursing:

n/a

Prescriptive Authority Guidelines

State Statute: n/a

Administrative Regulations: 02-380-8 ME. Code R. § 6-7 (2010)

Sec. 6. General Regulations Relating to Prescriptive and Dispensing Authority for Certified Nurse Practitioners and Certified Nurse-Midwives

1. Requirements for prescriptive authority for certified nurse practitioners and certified nurse-midwives

A. If the applicant has not prescribed drugs within the past 2 years, the applicant shall provide evidence of satisfactory completion of 15 contact hours of pharmacology within the 2 years prior to applying for approval to practice.

B. If the applicant has not prescribed drugs within the past 5 years, the applicant shall provide evidence of satisfactory completion of 45 contact hours (or 3 credits) of pharmacology within the 2 years prior to applying for approval to practice.

2. Provision for certified nurse practitioners and certified nurse-midwives with prescriptive authority in other U.S. jurisdictions

A. A certified nurse practitioner or certified nurse-midwife who holds prescriptive authority in another U.S. jurisdiction must submit evidence of the following:

(1) minimum of 200 hours of practice in an expanded specialty role within the preceding 2 years

(2) 45 contact hours (or 3 credits) of pharmacology equivalent to the requirements set

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forth in Section 6(3)(A) and (B).

B. If the applicant has not prescribed drugs within the past 2 years, the applicant shall provide evidence of satisfactory completion of 15 contact hours of pharmacology within the 2 years prior to applying for approval to practice.

C. If the applicant has not prescribed drugs within the past 5 years, the applicant shall provide evidence of satisfactory completion of 45 contact hours (or 3 credits) of pharmacology within the 2 years prior to applying for approval to practice.

3. Pharmacology course requirements

A. The required 45 contact hours (or 3 credits) of pharmacology may be obtained in a formal academic setting as a discrete offering or as non-credit continuing education offerings.

B. A pharmacology course acceptable to the Board shall include:

- (1) applicable federal/state laws
- (2) prescription writing
- (3) drug selection, dosage and route
- (4) drug interactions
- (5) information resources
- (6) clinical application of pharmacology related to specific scope of practice]

C. The applicant shall submit evidence of successful completion of the course and/or continuing education offering in pharmacology.

4. Requirements for authorized prescription and dispensing

A. In addition to the required client and drug information, a written prescription shall include the date, printed name, legal signature, specialty category, business address, and telephone number of the prescribing certified nurse practitioner or certified nurse-midwife.

B. Prescriptions may be written for medical appliances and devices and for over-the-counter drugs.

C. Drugs in the formulary may be prescribed, administered, dispensed, or distributed in combination.

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D. Any product name drug may be prescribed, administered, dispensed, or distributed as long as the generic name or category for the drug is in the formulary.

E. The certified nurse practitioner and certified nurse-midwife shall comply with all applicable laws and rules in prescribing, administering, dispensing, and distributing drugs, including compliance with the labeling requirements and all other applicable requirements of the Board of Commissioners of the Profession of Pharmacy.

F. For the administration, dispensing, and distribution of controlled substances, the certified nurse practitioner and certified nurse-midwife shall comply with the requirements in the Code of Federal Regulations, 21 CFR Chapter II, Sections 1301, 1304.03 and 1304.04.

5. Termination of prescriptive or dispensing authority

A. The Board may restrict, deny, suspend, or revoke prescriptive and/or dispensing authority for violations of 32 M.R.S.A. Chapter 31 (Law Regulating the Practice of Nursing) or evidence of abuse of such authority.

B. Abuse of prescriptive or dispensing authority constitutes conduct derogatory to nursing standards and is defined as:

(1) prescribing, dispensing, administering, or distributing drugs not listed in the Formulary

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

(3) prescribing or distributing drugs to individuals who are not clients of the certified nurse practitioner or certified nurse-midwife or who are not within that nurse's specialty area of certification

(4) prescribing, dispensing, administering, or distributing drugs in an unsafe manner or without adequate instructions to clients according to acceptable and prevailing standards of practice

(5) selling, purchasing, trading, or offering to sell, purchase, or trade drug samples.

(6) failing to inform the client that s/he has the freedom to select the source from which prescriptions may be filled.

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C. The Board will notify the Board of the Commissioners of the Profession of Pharmacy when an advanced practice registered nurse's prescriptive authority has been restricted, denied, suspended or revoked.

6. Distribution of drug samples

A. Certified nurse practitioners or certified nurse-midwives may receive prepackaged complimentary samples of drugs included in the formulary for prescription writing and may distribute these samples to clients.

B. Distribution of drug samples shall be in accordance with D.E.A. laws, regulations, and guidelines.

Sec. 7. Formulary for Certified Nurse Practitioners and Certified Nurse-Midwives with Prescriptive Authority

1. General regulations relating to the formulary

A. Certified nurse practitioners and certified nurse-midwives are authorized to prescribe the following:

- (1) over-the-counter drugs
- (2) appliances and devices
- (3) drugs related to the specialty area of certification.
- (4) drugs prescribed off label according to common and established standards of practice.

B. Regardless of the schedules indicated on the certificate issued by the Drug Enforcement Administration, the certified nurse practitioner and certified nurse-midwife shall prescribe only those controlled drugs from schedules II, III, IIN, IV, and V. A Drug Enforcement Agency (D.E.A.) number is required to prescribe these Drugs.

Additional Information from the Maine Board of Nursing:

<http://www.maine.gov/boardofnursing/questions/index.html#schedule>

Schedule II Drug Prescriptive Authority by Nurse Practitioners and Certified Nurse-Midwives (NP and CNM)

Purpose: To clarify the roles and responsibilities of physicians, nurse practitioners, and nurse midwives regarding the prescription of Schedule II



Maryland

Definitions

State Statute: n/a

Administrative Regulations: MD. Code Regs. 10.27.07.01 (2010)

(4) “Nurse practitioner” means a registered nurse who by reason of certification under these regulations may engage in the activities authorized by these regulations.

Exemptions and Consultation Exceptions

State Statute: n/a

Administrative Regulations: n/a

Reciprocity Guidelines

State Statute: Md. Code Ann., Health Occ. § 8-7A-01 (West, Westlaw through 2010 Reg. Sess.)

The Nurse Multistate Licensure Compact is hereby enacted and entered into with all other jurisdictions that legally join in the Compact in the form substantially as the Compact appears in this section as follows:

Article III. General Provisions and Jurisdiction.

(6)(b) This Compact does not affect additional requirements imposed by states for advanced practice registered nursing. However, a multistate licensing privilege to practice registered nursing granted by a party state shall be recognized by other party states as a license to practice registered nursing if one is required by state law as a precondition for qualifying for advanced practice registered nurse authorization.

Administrative Regulations: MD. Code Regs. 10.27.07.03, .09 (2010)

.03 Certification. A. An applicant for certification as a nurse practitioner shall:

- (1) Hold a current license to practice registered nursing in the State;
- (2) Complete in full the application for certification as a nurse practitioner for each area in which certification is sought;
- (3) Pay all fees established by the Nursing Board;

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(4) Complete a program for preparation of nurse practitioners approved by the Nursing Board; and

(5) Pass an examination as designated by the Nursing Board.

.09 Licensure by Endorsement.

A. An applicant licensed to practice registered nursing or practical nursing in another state, territory, or country is eligible for licensure without examination if the applicant:

(1) Submits an application on a form the Board requires;

(2) Pays the required fee;

(3) Submits the following verifications directly to the Board from the appropriate authority:

(a) That at the time that applicant graduated from the nursing education program, it was approved as a registered nurse or practical nurse education program in that state, territory, or country;

(b) That the educational qualifications of this State at that time were met;

(c) Verification of successful completion of the licensure examination under the laws of another state, territory, or country;

(d) That the examination used for licensure was the:

(i) "State Board Test Pool Examination-Registered Nurse or Practical Nurse", from 1952-1982;

(ii) "National Council Licensure Examination-Registered Nurse or Practical Nurse", from 1982 to the present;

(iii) "National League for Nursing State-Constructed Board Examination, Registered Nurse or Practical Nurse", before 1952; or

(iv) "Canadian Nurses Association Test Service Examination for Registered Nurses" taken before 1982;

(e) Oral competency in the English language;

(f) Written, verified evidence that the applicant has:

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(i) Submitted to a criminal history records check under Regulation .05 of this chapter;
or

(ii) Completed a criminal history records check in accordance with Regulation .05 of this chapter through another state board of nursing within the 5 years preceding the date of application; and

(g) The criminal history records information for the applicant provided by either the Central Repository under §A(3)(f)(i) of this regulation or the other state under §A(3)(f)(ii) of this regulation;

(4) Whose basic nursing education was completed in another country, has the applicant's transcript evaluated by the Commission on Graduates of Foreign Nursing Schools; and

(5) Presents evidence of 1,000 hours of active nursing practice within the last 5 years or successful completion of a Board-approved refresher course or preceptor program.

B. Applicants unable to obtain certification of oral competency in the English language, which is required in §A(3)(e) of this regulation, from the school of nursing or the state of original licensure, may submit evidence of competency by obtaining a minimum passing score, as determined by the Board, on the Test of Spoken English administered by the Educational Testing Service before applying for licensure.

C. Those applicants who cannot present evidence of 1,000 hours of active nursing practice within the last 5 years, or successful completion of a Board-approved refresher course or preceptor program, may apply for inactive license.

D. A license may not be issued until the Board has:

(1) Received and reviewed the criminal history records information; and

(2) Approved the application.

Additional Information from the Maryland Board of Nursing: n/a

Prescriptive Authority Guidelines

State Statute: Md. Code Ann., Health Occ. § 8-508 (West, Westlaw through 2010 Reg. Sess.)

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(a)(1) In this section the following words have the meanings indicated.

(2) "Nurse practitioner" means a registered nurse who is:

(i) Certified as a nurse practitioner; and

(ii) Authorized to prescribe drugs under regulations jointly adopted by the State Board of Nursing and the State Board of Physicians.

(3) "Starter dosage" means an amount of drug sufficient to begin therapy:

(i) Of short duration of 72 hours or less; or

(ii) Prior to obtaining a larger quantity of the drug to complete therapy.

(4) "Personally prepare and dispense" means that a nurse practitioner:

(i) Is physically present on the premises where the prescription is filled; and

(ii) Performs a final check of the prescription before it is provided to the patient.
Starter dosages

(b) A nurse practitioner may personally prepare and dispense a starter dosage of any drug the nurse practitioner is authorized to prescribe to a patient of the nurse practitioner if:

(1) The starter dosage complies with the labeling requirements of § 12-509 of this article;

(2) No charge is made for the starter dosage; and

(3) The nurse practitioner enters an appropriate record in the patient's medical record.
Facilities covered by section]

(c) In accordance with the provisions of subsection (d) of this section, a nurse practitioner may personally prepare and dispense any drug that a nurse practitioner may prescribe to the extent permitted by law in the course of treating a patient at:

(1) A medical facility or clinic that specializes in the treatment of medical cases reimbursable through workers' compensation insurance;

(2) A medical facility or clinic that is operated on a nonprofit basis;

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- (3) A health center that operates on a campus of an institution of higher education;
- (4) A public health facility, a medical facility under contract with a State or local health department, or a facility funded with public funds; or
- (5) A nonprofit hospital or a nonprofit hospital outpatient facility as authorized under the policies established by the hospital.

Dispensing requirements

(d) A nurse practitioner who personally prepares and dispenses a drug in the course of treating a patient as authorized under subsection (c) of this section shall:

- (1) Comply with the labeling requirements of § 12-509 of this article;
- (2) Record the dispensing of the prescription drug on the patient's chart;
- (3) Allow the Division of Drug Control to enter and inspect the nurse practitioner's office at all reasonable hours; and
- (4) Except for starter dosages or samples dispensed without charge, provide the patient with a written prescription, maintain prescription files, and maintain a separate file for Schedule II prescriptions for a period of at least 5 years.

Administrative Regulations: MD. Code Regs. 10.27.07.08 (2010)

A. A nurse practitioner may personally prepare and dispense any drug that a nurse practitioner is authorized to prescribe in the course of treating a patient at:

- (1) A medical facility or clinic that specializes in the treatment of medical cases reimbursable through workers' compensation insurance;
- (2) A medical facility or clinic that is operated on a nonprofit basis;
- (3) A health center that operates on a campus of an institution of higher education;
- (4) A public health facility, a medical facility under contract with a State or local health department, or a facility funded with public funds; or
- (5) A nonprofit hospital or a nonprofit hospital out-patient facility as authorized under the policies established by the hospital.

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B. A nurse practitioner who personally prepares and dispenses a drug in the course of treating a patient shall:

- (1) Comply with the labeling requirements of Health Occupations Article, §12-509, Annotated Code of Maryland;
- (2) Record the dispensing of the prescription drug on the patient's chart;
- (3) Allow the Division of Drug Control to enter and inspect the nurse practitioner's office at all reasonable hours;
- (4) Except for starter dosages or samples dispensed without charge, provide the patient with a written prescription; and
- (5) Stamp all Schedule III, IV, and V prescriptions with the letter "C" in red ink, not less than 1 inch high in the lower right hand corner.

C. A nurse practitioner shall:

- (1) Maintain two separate files, one for Schedule II prescriptions and another file for all other prescriptions; and
- (2) Maintain all prescriptions for 5 years.

D. A nurse practitioner may personally prepare and dispense a starter dosage of any drug the nurse practitioner is authorized to prescribe. The nurse practitioner shall:

- (1) Label the starter dosage in compliance with the labeling requirements of Health Occupations Article, §12-509, Annotated Code of Maryland;
- (2) Provide the starter dose free of charge; and
- (3) Enter the starter dose dispensed in the patient's medical record.

Additional Information from the Maryland Board of Nursing: n/a



Massachusetts

Definitions

State Statute: n/a

Administrative Regulations: 244 Mass. Code Regs. § 4.26 (2010)

(2) Nurse Practitioner. The area of practice of a nurse practitioner includes:

(a) Assessing the health status of individuals and families by obtaining health and medical histories, performing physical examinations, diagnosing health and developmental problems, and caring for patients suffering from acute and chronic diseases by managing therapeutic regimens according to guidelines approved and developed in compliance with 244 CMR 4.22.

(b) Such other additional professional activities as authorized by the guidelines under which a particular nurse practitioner practices.

Exemptions and Consultation Exceptions

State Statute: n/a

Administrative Regulations: n/a

Reciprocity Guidelines

State Statute: n/a

Administrative Regulations: 244 Mass. Code Regs. § 8.04 (2010)

The Board may license by reciprocity (without examination) an applicant who is, or has been, licensed as a Registered Nurse or Practical Nurse in another state, the District of Columbia, a U.S. Territory, or Canada under laws which, in the opinion of the Board, maintain standards substantially the same as those required for licensure as a Registered Nurse or Practical Nurse in Massachusetts, as applicable.

For the purposes of 244 CMR 8.04, the Board may find an applicant for licensure by reciprocity has met “standards substantially the same” as those required for licensure as a Registered Nurse or Practical Nurse in Massachusetts if the applicant meets all the requirements set forth under 244 CMR 8.04(1), (2), or (3), as applicable.

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(1) Registered Nurse Licensed in Another State, the District of Columbia, or a U.S. Territory. The Board may license as a Registered Nurse by reciprocity an applicant who is, or has been, licensed as a Registered Nurse in another state, the District of Columbia, or a U.S. Territory after receipt, review, and approval by the Board or its designee of the following documentation:

(a) proof satisfactory to the Board of the applicant's good moral character as required by M.G.L. c. 112, § 74, and as established by Board policy;

(b) proof satisfactory to the Board of the applicant's graduation from an approved nursing education program for Registered Nurses as evidenced by the applicant's licensure as a Registered Nurse by examination in another state, the District of Columbia, or a U.S. Territory;

(c) proof satisfactory to the Board that the applicant has achieved a minimum score as specified by the Board on a Board-designated test of English proficiency where the applicant graduated from a nursing education program whose language of instruction or textbooks, or both, was not English;

(d) proof satisfactory to the Board that the applicant has passed the NCLEX-RN or the SBTPE for Registered Nurses as evidenced by the applicant's licensure as a Registered Nurse by examination in another state, the District of Columbia, or a U.S. Territory;

(e) proof satisfactory to the Board that the applicant is, or has been, licensed as a Registered Nurse by examination in another state, the District of Columbia, or a U.S. Territory; and

(f) payment of all required fees.

(3) Registered Nurse Licensed in Canada. The Board may license as a Registered Nurse by reciprocity an applicant who is, or has been, licensed as a Registered Nurse in Canada after receipt, review, and approval by the Board or its designee of the following documentation:

(a) proof satisfactory to the Board of the applicant's good moral character as required by M.G.L. c. 112, § 76B, and as established by Board policy;

(b) proof satisfactory to the Board of the applicant's graduation from a nursing education program for Registered Nurses approved by the nursing board or corresponding body in the province of Canada where the applicant was licensed as a Registered Nurse by

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examination;

(c) proof satisfactory to the Board that the applicant has passed one of the following Canadian licensure examinations:

1. if examined before August 1, 1970, the SBTPE;
2. if examined after August 1, 1970, the Canadian Nurses Association Testing Service (CNATS) Examination with a score greater than 400 in each component of the examination; or
3. if examined in August 1980 or thereafter, the CNATS Comprehensive Examination with a comprehensive score of greater than 400;

(d) if the applicant took the CNATS Examination or the CNATS Comprehensive Examination in French, proof satisfactory to the Board that the applicant has achieved a minimum score of 550 on the Test of English as a Foreign Language (TOEFL) or has achieved a minimum score as specified by the Board on a Board-designated test of English proficiency;

(e) proof satisfactory to the Board of the applicant's licensure as a Registered Nurse in Canada; and

(f) payment of all required fees.

Additional Information from the Massachusetts Board of Nursing: n/a

Prescriptive Authority Guidelines

State Statute: Mass. Gen. Law Ann. ch.112 § 80E (West, Westlaw through 2010 2nd Ann. Sess.)

§ 80E. Nurse practitioners or psychiatric nurse mental health clinical specialists; power to order therapeutics and tests; issuance of written prescriptions

A nurse practitioner or psychiatric nurse mental health clinical specialist may issue written prescriptions and order tests and therapeutics pursuant to guidelines mutually developed and agreed upon by the nurse and the supervising physician in accordance with regulations promulgated jointly by the board and the board of registration in medicine after consultation with the board of registration in pharmacy. A prescription

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made by a nurse practitioner or psychiatric nurse mental health clinical specialist shall include the name of the physician with whom such nurse has developed and signed mutually agreed upon guidelines approved by said board and said board of registration in medicine pursuant to section eighty B.

Administrative Regulations: 244 Mass. Code Regs. §§ 4.05, 4.27, 9.04 (2010)

244 4.05: Definitions

Nurse engaged in prescriptive practice means a nurse with:

- (a) authorization to practice in the expanded role;
- (b) a minimum of 24 contact hours in pharmacotherapeutics which are beyond those acquired through a generic nursing education program; after December 1, 1992, this requirement shall be met prior to application for registration with the Massachusetts Department of Public Health; nurses registered to prescribe prior to December 1, 1992, shall meet this requirement no later than January 1, 1995; and
- (c) valid registration(s) to issue written or oral prescriptions or medication orders for controlled substances from the Massachusetts Department of Public Health in accordance with M.G.L. c. 94C, § 7(g) and, where required, by the U.S. Drug Enforcement Administration....

Prescriptive practice means the issuance of written or oral prescriptions for medication orders for controlled substances or other medications.

244 9.04: Standards of Conduct for Advanced Practice Nurses (APNs)

In addition to the Standards of Conduct set forth in 244 CMR 9.03(1) through (47), the standards set forth in 244 CMR 9.04(1) through (6) shall govern all nurses grante APN authorization by the Board.

An APN's failure to comply with the Standards of Conduct for Advanced Practice Nurses may serve as the basis for disciplinary action against the APN's authorization in accordance with M.G.L. c. 112, §§ 61 and 74. Such failure may also serve as the basis for disciplinary action against the APN's Registered Nurse license.

(3) Controlled Substance Registration. An APN who is an authorized prescriber shall:

- (a) comply with 244 CMR 4.00 governing prescriptive practice by an APN and with all federal and state laws and regulations governing prescriptive practice and the handling of controlled substances; and

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(b) notify the Board in writing of any surrender, suspension, revocation, or other action affecting the APN's federal or state controlled substance registration, or both, within 30 days of such action. In the case of the surrender, suspension, or revocation of either registration, or both, the APN shall immediately cease all prescriptive practice.

4.27: Self-Prescribing and Prescribing for Family Members

A nurse authorized to prescribe medication is prohibited from prescribing drugs in Schedules II, III, and IV for personal use. Except in an emergency, such nurse is prohibited from prescribing Schedule II drugs to a member of her immediate family, including spouse or equivalent, a parent, child, sibling, parent-in-law, son/daughter-in-law, brother/sister-in-law, step-parent, step-child, step-sibling, and any other relative residing in the same household.

Additional Information from the Massachusetts Board of Nursing: n/a



Michigan

Definitions

State Statute: Mich. Comp. Law Ann. § 333.17210 (West, Westlaw through 2010 Reg. Sess.)

Sec. 17210. The board of nursing may issue a specialty certification to a registered professional nurse who has advanced training beyond that required for initial licensure and who has demonstrated competency through examination or other evaluative processes and who practices in 1 of the following health profession specialty fields: nurse midwifery, nurse anesthetist, or nurse practitioner.

Administrative Regulations: n/a

Exemptions and Consultation Exceptions

State Statute: n/a

Administrative Regulations: n/a

Reciprocity Guidelines

State Statute: n/a

Administrative Regulations: n/a

Additional Information from the Michigan Board of Nursing: n/a

Prescriptive Authority Guidelines

State Statute: Mich. Comp. Law Ann. § 333.17212 (West, Westlaw through 2010 Reg. Sess.)

Sec. 17212. (1) In addition to acts, tasks, and functions delegated under section 16215, 17745, 17745a, or 17745b, [FN1] a supervising physician may delegate in writing to a registered professional nurse the ordering, receipt, and dispensing of complimentary starter dose drugs other than controlled substances as defined by article 7 [FN2] or federal law. When the delegated ordering, receipt, or dispensing of complimentary starter dose drugs occurs, both the registered professional nurse's name and the supervising physician's name shall be used, recorded, or otherwise indicated in

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connection with each order, receipt, or dispensing. As used in this subsection, "complimentary starter dose" means that term as defined in section 17745.

(2) It is the intent of the legislature in enacting this section to allow a pharmaceutical manufacturer or wholesale distributor, as those terms are defined in part 177, [FN3] to distribute complimentary starter dose drugs to a registered professional nurse, as described in subsection (1), in compliance with section 503(d) of the federal food, drug, and cosmetic act, chapter 675, 52 Stat. 1051, 21 U.S.C. 353.

Administrative Regulations: n/a

Additional Information from the Michigan Board of Nursing:

http://www.michigan.gov/mdch/0,1607,7-132-27417_27529_27542-225568--,00.html

If I obtain my nurse specialty certification, am I eligible for a controlled substance license in Michigan?

Licensed nurse specialists are prohibited from independently prescribing controlled substances in Michigan. A licensed nurse anesthetist cannot prescribe controlled substances in any circumstance. Under the delegation of a supervising licensed physician, a licensed nurse practitioner or nurse midwife may prescribe controlled substances in Schedules 3-5. The prescription of Schedule 2 controlled substances can be delegated if the physician and the nurse practitioner or nurse midwife are both practicing within a hospital, surgical outpatient facility, or hospice.



Minnesota

Definitions

State Statute: Minn. Stat. Ann. § 148.171 (West, Westlaw through 2010 Reg. Sess.)

Subd. 3. Advanced practice registered nurse. “Advanced practice registered nurse,” abbreviated APRN, means an individual licensed as a registered nurse by the board and certified by a national nurse certification organization acceptable to the board to practice as a clinical nurse specialist, nurse anesthetist, nurse-midwife, or nurse practitioner.

Subd. 11. Nurse practitioner practice. “Nurse practitioner practice” means, within the context of collaborative management: (1) diagnosing, directly managing, and preventing acute and chronic illness and disease; and (2) promoting wellness, including providing nonpharmacologic treatment. The certified nurse practitioner is certified for advanced registered nurse practice in a specific field of nurse practitioner practice.

Administrative Regulations: n/a

Exemptions and Consultation Exceptions

State Statute: Minn. Stat. Ann. § 148.234 (West, Westlaw through 2010 Reg. Sess.)

A nurse may perform medical care procedures and techniques at the direction of a physician, podiatrist, or dentist licensed in another state, United States territory, or Canadian province if the physician, podiatrist, or dentist gave the direction after examining the patient and issued the direction in that state, United States territory, or Canadian province.

Nothing in this section allows a nurse to perform a medical procedure or technique at the direction of a physician, podiatrist, or dentist that is illegal in this state.

Administrative Regulations: n/a

Reciprocity Guidelines

State Statute: n/a

Administrative Regulations: n/a

Additional Information from the Minnesota Board of Nursing: n/a

Prescriptive Authority Guidelines

State Statute: Minn. Stat. Ann. § 148.235 (West, Westlaw through 2010 Reg. Sess.)

Subd. 2. Certified nurse practitioners. A certified nurse practitioner who has a written agreement with a physician based on standards established by the Minnesota Nurses Association and the Minnesota Medical Association that defines the delegated responsibilities related to the prescription of drugs and therapeutic devices, may prescribe and administer drugs and therapeutic devices within the scope of the written agreement and within practice as a certified nurse practitioner. The written agreement required under this subdivision shall be based on standards established by the Minnesota Nurses Association and the Minnesota Medical Association as of January 1, 1996, unless both associations agree to revisions.

Subd. 4b. Dispensing authority. An advanced practice registered nurse who is authorized under this section to prescribe drugs is authorized to dispense drugs subject to the same requirements established for the prescribing of drugs. This authority to dispense extends only to those drugs described in the written agreement entered into under this section. The authority to dispense includes, but is not limited to, the authority to receive and dispense sample drugs.

Subd. 6. Standards for written agreements; review and filing. Written agreements required under this section shall be maintained at the primary practice site of the advanced practice registered nurse and of the collaborating physician. The written agreement does not need to be filed with the Board of Nursing or the Board of Medical Practice.

Subd. 7. Federal registration. Any advanced practice registered nurse who applies to the federal Drug Enforcement Administration for a registration number shall submit to the board:

- (1) proof that requirements of this section are met; and
- (2) a processing fee of \$50.

Subd. 8. Prescription by protocol. A registered nurse may implement a protocol that does not reference a specific patient and results in a prescription of a legend drug that has been predetermined and delegated by a licensed practitioner as defined under section 151.01, subdivision 23, when caring for a patient whose condition falls within the protocol and when the protocol specifies the circumstances under which the drug is to be prescribed or administered.

Administrative Regulations: n/a

Additional Information from the Minnesota Board of Nursing:

http://www.state.mn.us/portal/mn/jsp/content.do?rc_layout=bottom&subchannel=-536893079&programid=536898474&sc3=null&sc2=null&id=-536893073&agency=NursingBoard

Who may practice advanced practice registered nursing?

If you are a Minnesota registered nurse and certified as a clinical nurse specialist, nurse anesthetist, nurse-midwife, or nurse practitioner, you may practice advanced practice registered nursing and prescribe drugs without obtaining a separate license. However, you must determine whether you meet the statutory requirements and have the knowledge and ability to practice and prescribe competently.

You must practice within a health care system that provides for consultation, collaborative, management, and referral as indicated by the status of the patient.

Current certification by a national nurse certification organization acceptable to the Board is required to practice as a clinical nurse specialist, nurse anesthetist, nurse-midwife, or nurse practitioner.



Mississippi

Definitions

State Statute: Miss. Code Ann. § 73-15-5 (West, Westlaw through 2009)

(4) “Advanced nursing practice” means, in addition to the practice of professional nursing, the performance of advanced-level nursing approved by the board which, by virtue of graduate education and experience are appropriately performed by an advanced practice registered nurse. The advanced practice registered nurse may diagnose, treat and manage medical conditions. This may include prescriptive authority as identified by the board. Advanced practice registered nurses must practice in a collaborative/consultative relationship with a physician or dentist with an unrestricted license to practice in the State of Mississippi and advanced nursing must be performed within the framework of a standing protocol or practice guidelines, as appropriate.

(11) An “advance practice registered nurse” is a person who is licensed or holds the privilege to practice under this article and who is certified in advanced practice registered nurse or specialized nursing practice and includes certified registered nurse midwives, certified registered nurse anesthetists and certified nurse practitioners. “C.N.M” is the abbreviation for the title of Certified Nurse Midwife, “C.R.N.A.” is the abbreviation for the title of Certified Registered Nurse Anesthetist. “C.N.P.” is the abbreviation for the title of Certified Nurse Practitioner.

Administrative Regulations: n/a

Exemptions and Consultation Exceptions

State Statute: Miss. Code Ann. § 73-15-7 (West, Westlaw through 2009)

The following shall be excepted from the provisions of this article:

- (a) Gratuitous nursing by friends and members of the family.
- (b) The furnishing of nursing assistance in an emergency.
- (e) The practice of nursing by any legally qualified nurse of another state who is employed by the United States Government or any bureau, division or agency thereof while in the discharge of his or her official duties.
- (f) The practice of nursing by a registered nurse or a licensed practical nurse for a period of not more than ninety (90) days pending licensure in Mississippi, provided the nurse

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upon employment has furnished the employer with satisfactory evidence of current registration and licensure in another state, and provided such nurse furnishes evidence to the prospective employer of having submitted proper application and fees to the board prior to employment and holds a temporary permit to practice nursing in Mississippi.

Administrative Regulations: n/a

Reciprocity Guidelines

State Statute: Miss. Code Ann. § 73-15-22 (West, Westlaw through 2009)

The Nurse Licensure Compact is enacted into law and entered into by this state with any and all states legally joining in the compact in accordance with its terms, in the form substantially as follows:

(d) This Compact does not affect additional requirements imposed by states for advanced practice registered nursing. However, a multistate licensure privilege to practice registered nursing granted by a party state shall be recognized by other party states as a license to practice registered nursing if one is required by state law as a precondition for qualifying for advanced practice registered nurse authorization.

Administrative Regulations: n/a

Additional Information from the Mississippi Board of Nursing: n/a

Prescriptive Authority Guidelines

State Statute: n/a

Administrative Regulations: 30-18-1 Miss. Code R. §IV-2 (2010)

2.4 Prescribing Controlled Substances and Medications by Nurse Practitioners

a. Scope.

These regulations apply to all individuals authorized to practice as a nurse practitioner in the State of Mississippi. Pursuant to these regulations, authorized nurse practitioners may prescribe Schedules II-V.

b. Definitions.

(1) The words “administer”, “controlled substances”, and “ultimate user”, shall have the same meaning as set forth in Miss. Code Ann. § 41-29-105, unless the context otherwise

requires.

(3) The word “prescribe” shall mean to designate or order by means of either a written or oral prescription, the delivery of a controlled substance or legend drug to an ultimate user.

(4) The word “distribute” shall mean to deliver a non-controlled pre-packaged device, medication or manufacturer's starter pack, other than by administration or prescription, to a patient for whom the nurse practitioner has prescribed such device or medication in accordance with the nurse practitioner's Board of Nursing approved protocol.

(5) The words “prescription drug” or “legend drug” shall mean a drug required under federal law to be labeled with the following statement prior to being dispensed or delivered; “Caution: Federal law prohibits dispensing without prescription,” or a drug which is required by any applicable federal or state law or regulation to be dispensed on prescription only or is restricted to use only by those authorized to prescribe.

c. Registration for Controlled Substances Certificate Prescriptive Authority.

(1) Every nurse practitioner authorized to practice in Mississippi who prescribes any controlled substance within Mississippi or who proposes to engage in the prescribing of any controlled substance within Mississippi must be registered with the U.S. Drug Enforcement Administration in compliance with Title 21 CFR Part 1301 Food and Drugs.

(2) Pursuant to authority granted in Miss. Code Ann. § 41-29-125, the Mississippi Board of Nursing hereby adopts, in addition to required regulations with the Board, the registration with the U.S. Drug Enforcement Administration as required in Sub-paragraph 2.4 c.(1) above. In the event, however, a nurse practitioner has had limitations or other restrictions placed upon his license wherein he is prohibited from handling controlled substances in any or all schedules, said nurse practitioner shall be prohibited from registering with the U.S. Drug Enforcement Administration for a Uniform Controlled Substances Registration Certificate without first being expressly authorized to do so by order of the Mississippi Board of Nursing.

(3) Persons registered to prescribe controlled substances may order, possess, prescribe, administer, distribute or conduct research with those substances to the extent authorized by their registration and in conformity with the other provisions of these regulations and in conformity with provisions of the Mississippi Uniform Controlled Substances Law, Miss. Code Ann. § 41-29-101 et seq.

d. Maintenance of Patient Records.

(1) Patient Record. A nurse practitioner who prescribes a controlled substance shall maintain a complete record of his examination, evaluation and treatment of the patient which must include documentation of the diagnosis and reason for prescribing controlled substances; the name, dose, strength, quantity of the controlled substance and the date that the controlled substance was prescribed. The record required by this subsection shall be maintained in the patient's medical records, provided that such medical records are maintained at the practice site of the nurse practitioner and are available for inspection by the representatives of the Mississippi Board of Nursing pursuant to authority granted in Miss. Code Ann. § 41-29-125 (Supp. 1986). The Mississippi Board of Nursing has the authority to conduct random audits of patient records at practice sites where those nurse practitioners have protocols allowing for prescribing of controlled substances.

(2) No nurse practitioner shall prescribe any controlled substance or other drug having addiction-forming or addiction-sustaining liability without a good faith prior examination and medical indication therefore.

(3) A nurse practitioner shall not sell or trade any medication which he receives as prepackaged samples or starter packs, whether or not said samples are controlled substances, legend drugs or other medication.

(4) The Patient Record required by these regulations shall be maintained in the office of the nurse practitioner for a period of seven (7) years from the date that the record is completed or the controlled substances, legend drugs or other medications are prescribed and shall be made available for inspection by representatives of the Mississippi Board of Nursing pursuant to authority granted in Miss. Code Ann. § 41-29-125 (Supp. 1986).

e. Use Of Diet Medication.

(1) As to the prescription of controlled substance anorectics in Schedules III, IV and V, use of said medications in the treatment of obesity or weight loss should be done with caution. A nurse practitioner may prescribe said medications for the purpose of weight loss in the treatment of obesity only as an adjunct to a regimen of weight reduction based on caloric restriction, provided, that all of the following conditions are met:

(a) Before initiating treatment utilizing a Schedule III, IV or V controlled substance, the nurse practitioner determines through review of his own records of prior treatment, or through review of the records of prior treatment which a treating physician or weight-loss program has provided to the nurse practitioner, that the patient has made a substantial good-faith effort to lose weight in a treatment program utilizing a regimen of

weight reduction based on caloric restriction, nutritional counseling, behavior modification, and exercise, without the utilization of controlled substances, and that said treatment has been ineffective.

(b) Before initiating treatment utilizing a Schedule III, IV or V controlled substance, the nurse practitioner obtains a thorough history, performs a thorough physical examination of the patient, and rules out the existence of any recognized contraindications to the use of the controlled substance to be utilized. "Recognized contraindication" means any contraindication to the use of a drug which is listed in the United States Food and Drug Administration (hereinafter, "F.D.A.") approved labeling for the drug.

(c) The nurse practitioner shall not utilize any Schedule III, IV or V controlled substance when he knows or has reason to believe that a recognized contraindication to its use exists.

(d) The nurse practitioner shall not utilize any Schedule III, IV or V controlled substance in the treatment of a patient whom he knows or should know is pregnant.

(e) As to those controlled substances in Schedules III, IV or V which are classified as amphetamine or amphetamine-like anorectics and/or central nervous system stimulants, hereinafter referred to as "stimulant", the nurse practitioner shall not initiate or shall discontinue utilizing said controlled substance stimulant immediately upon ascertaining or having reason to believe:

(i) That the patient has failed to lose weight while under treatment with said stimulant over a period of thirty (30) days, which determination shall be made by weighing the patient at least every thirtieth (30th) day, except that a patient who has never before received treatment for obesity utilizing a stimulant, and who fails to lose weight during his first such treatment attempt may be treated with a different controlled substance for an additional thirty (30) days, or

(ii) That the patient has developed tolerance (a decreasing contribution of the drug toward further weight loss) to the anorectic effects of said stimulant being utilized, or

(iii) That the patient has a history of or shows a propensity for alcohol or drug abuse, or

(iv) That the patient has consumed or disposed of any controlled substance other than in strict compliance with the treating nurse practitioner's directions.

In addition to the above, the nurse practitioner shall not issue a prescription for a

stimulant for any greater than a thirty-day supply; and a patient's use of stimulants by prescription shall be limited to no more than two (2) thirty-day supplies during any twelvemonth period of time. For the purposes of this paragraph, a twelve-month period would be considered to begin on the first day of the initial thirty-day supply.

(f) As to all other legend drugs or controlled substances in Schedules III, IV and V which are not considered stimulants but which have received FDA approved indication for long term use for weight loss, the nurse practitioner shall prescribe said medications in strict compliance with the FDA-approved labeling. In addition to the requirements enumerated at sub-paragraphs 1 through 4 above, each prescription shall be issued for no more than a total of three months supply (including refills) and further, before subsequent new prescriptions can be issued the patient shall receive a thorough reevaluation of the effectiveness of the medication, including a physical examination to document any potential harmful side effects.

(2) A nurse practitioner shall not utilize a Schedule III, IV or V controlled substance or legend drug for purposes of weight loss unless it has an F.D.A. approved indication for this purpose and then only in accordance with all of the above enumerated conditions. The purpose of this rule is to prohibit the use of such drugs as diuretics and thyroid medications for the sole purpose of weight loss.

f. Drug Maintenance, Labeling and Distribution Requirements.

(1) Nurse practitioners may not receive samples of controlled substances. A nurse practitioner may receive and distribute pre-packaged medications or samples of non-controlled substances for which the nurse practitioner has prescriptive authority.

(2) A nurse practitioner or delegated licensed nurse must distribute the medication. For the purpose of this regulation "distribute" shall mean hand the prepackaged medication to the patient or the patients authorized agent.

(3) All drug products which are maintained/stored in the office of a nurse practitioner, shall be maintained/stored in the manufacturer's or re-packager's original package. The label of any container in which drugs are maintained must bear the drug name, strength, the manufacturer's control lot number and the expiration date. Drugs which are pre-counted and pre-packaged for purposes of distributing shall be identifiable as to expiration date and manufacturer's control lot number. The packages in which drug products are maintained shall not be labeled in any false or misleading manner. The labeling requirements of this Section are in addition to, and not in lieu of, other labeling requirements of the laws of the State of Mississippi, Rules and Regulations of the Mississippi State Board of Nursing, and laws of the United States or Federal

Regulations.

(4) A nurse practitioner shall not distribute out-of-date pre-packaged samples or store out-of-date prepackaged samples intermixed with the stock of current pre-packaged samples. Out-of-date pre-packaged samples shall be promptly removed from current stock and stored separately until proper disposal shall be made. When distributing a product in a manufacturer's original package or container, the labeling of which bears an expiration date, a manufacturer's control lot number or other information which may be of value to the patient, the nurse practitioner shall distribute the product with this information intact.

(5) The drug storage area shall be maintained in a sanitary fashion.

(6) A nurse practitioner shall not accept the return for subsequent resale or exchange any drugs after such items have been taken from the premises where sold, distributed and from the control of the nurse practitioner.

(7) All drug products shall be maintained, stored and distributed in such a manner as to maintain the integrity of the product.

g. Prescription Regulation - Controlled Substances.

(1) It is the ultimate responsibility of the nurse practitioner who is authorized to prescribe controlled substances to determine the type, dosage form, frequency of application and number of refills of controlled substances prescribed to a patient. This responsibility must never be delegated to any other personnel.

(2) The following requirements apply to all prescriptions for controlled substances:

(a) All prescriptions for controlled substances must be written in strict compliance with Miss. Code Ann. § 41-29-101 through § 41-29-311 as amended and Title 21 of U.S. Code of Federal Regulations, Part 1306.

(b) On all prescriptions of controlled substances II, III, IV and V wherein refills are permitted, nurse practitioners shall indicate the appropriate refills, not to exceed five (5), or mark "none."

(c) Each nurse practitioner shall insure that the complete name and address of the patient to whom the nurse practitioner is prescribing the controlled substance appears on the prescription.

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(d) A nurse practitioner shall not permit any prescription for controlled substances to be signed by any other person in the place of or on behalf of the nurse practitioner.

(e) A nurse practitioner shall not pre-sign blank prescription pads or order forms under any circumstances.

(f) A nurse practitioner shall not utilize blank prescription pads or order forms upon which the signature of the nurse practitioner or controlled substance prescribed has been mechanically or photostatically reproduced. This prohibition includes the telefaxing or e-mailing of any controlled substance prescription.

(g) No more than one (1) controlled substance shall be issued on a single prescription blank.

h. Prescription Guidelines - All Medications.

(1) In addition to any other requirements set forth in these regulations pertaining to the issuance of prescriptions of controlled substances, the following additional requirements apply to all prescriptions, whether or not said prescriptions are for controlled substances, legend drugs or any other medication:

(a) Every written prescription delivered to a patient, or delivered to any other person on behalf of a patient, must be manually signed on the date of issuance by the nurse practitioner. This does not prohibit, however, the transmission of electronically telefaxed (but not E-Mail) prescriptions for non-controlled drugs to the pharmacy of the patient's choice. Such telefaxed prescriptions shall bear the signature of the prescribing nurse practitioner and shall be issued in accordance with all other provisions of this section. No prescriptions for brand name or generic equivalents of Nalbuphine Hcl, Carisoprodol, Butalbital compounds, or Tramadol Hcl shall be telefaxed.

(b) All prescriptions shall be on forms containing two lines for the nurse practitioner's signature. There shall be a signature line in the lower right hand corner of the prescription form beneath which shall be clearly imprinted the words "substitution permissible." There shall be a signature line in the lower left corner of the prescription form beneath which shall be clearly imprinted the words "dispense as written." The nurse practitioner's signature on either signature line shall validate the prescription and designate approval or disapproval of product selection.

(c) If the nurse practitioner uses a prescription form which does not contain two

signature lines required above, he shall write in his own handwriting the words "dispense as written" thereupon to prevent product selection.

(d) Every written prescription issued by a nurse practitioner for a legend drug should clearly state whether or not the prescription should be refilled, and if so, the number of authorized refills and/or the duration of therapy. Nurse practitioners should avoid issuing prescriptions refillable on "prn" basis. If a nurse practitioner chooses to issue a prescription refillable "prn", the life of the prescription or time limitation must clearly be set forth on the prescription. In no case shall a prescription which is refillable on a "prn" basis be refilled after the expiration of one (1) year. Regardless of whether a prescription is refillable on a "prn" basis or the prescription expressly states the number of authorized refills, the use of said medication should be re-evaluated on at least an annual basis. Upon the expiration of one (1) year, a prescription becomes invalid, regardless of the number of refills indicated or "prn" designation. Thereafter, a new prescription, if indicated, must be issued.

Every written prescription issued by a nurse practitioner, bearing more than one non-controlled medication, shall clearly indicate the intended refill instructions for each medication. Lack of clearly indicated refill instructions prohibit the refilling of the medications. All unused lines on a multi-line prescription blank shall be clearly voided by the issuing nurse practitioner.

(e) A prescription shall no longer be valid after the occurrence of any one of the following events:

(i) Thirty (30) days after the death of the issuing nurse practitioner;

(ii) Thirty (30) days after the issuing nurse practitioner has moved or otherwise changed the location of his practice so as to terminate the nurse practitioner/patient relationship. Termination of the nurse practitioner/patient relationship results when a patient is no longer able to seek personal consultation or treatment from the issuing nurse practitioner;

(iii) Insofar as controlled substances are concerned, immediately after loss of D.E.A. Controlled Substances Privilege by the issuing nurse practitioner; or

(iv) Immediately after revocation, suspension or surrender of the nurse practitioner's authorization to practice.

(f) A nurse practitioner shall not permit any prescription to be signed by any other person in the place of or on behalf of the nurse practitioner.

Mississippi Cont'd

(g) A nurse practitioner shall not pre-sign blank prescription pads or order forms under any circumstances.

(h) A nurse practitioner shall not utilize blank prescription pads or order forms upon which the signature of the nurse practitioner or medication prescribed have been mechanically or photostatically reproduced. This prohibition includes the telefaxing or e-mailing of any prescription.

i. Freedom of Choice.

(1) A nurse practitioner shall not be influenced in the prescribing of drugs, devices or appliances by a direct or indirect financial interest in a pharmaceutical firm, pharmacy or other supplier. Whether the firm is a manufacturer, distributor, wholesaler, or repackager of the product involved is immaterial. Reputable firms rely on quality and efficacy to sell their products under competitive circumstances and do not appeal to nurse practitioners to have financial involvements with the firm in order to influence their prescribing, administering or distributing.

(2) A nurse practitioner may own or operate a pharmacy if there is no resulting exploitation of patients. A nurse practitioner shall not give a patient prescriptions in code or enter into agreements with pharmacies or other suppliers regarding the filling of prescriptions by code. Patients are entitled to the same freedom of choice in selecting who will fill their prescription needs as they are in the choice of a nurse practitioner. The prescription is a written direction for a therapeutic or corrective agent. A patient is entitled to a copy of the nurse practitioner's prescription for drugs or other devices as required by the principles of medical ethics. The patient has a right to have the prescription filled wherever the patient wishes. Where medication is to be distributed or a prescription, excluding refills, called in to a pharmacist for medication, a nurse practitioner shall inform each patient of that patient's right to a written prescription and the right to have the prescription filled wherever the patient wishes.

(3) Patients have an ethically and legally recognized right to prompt access to the information contained in their individual medical records. The prescription is an essential part of the patient's medical record. If a patient requests a written prescription in lieu of an oral prescription, this request shall be honored. Nurse practitioners shall not discourage patients from requesting a written prescription or urge, suggest or direct in any manner that a patient fill a prescription at an establishment which has a direct telephone line or which has entered into a business or other preferential arrangement with the nurse practitioner with respect to the filling of the nurse practitioner's

Mississippi Cont'd

prescriptions.

j. Other Drugs Having Addiction-Forming Liability.

All nurse practitioners shall maintain patient records in the same format as that required by Section 2.4 d. when administering or distributing the drug Nalbuphine Hydrochloride (Nubain) or its generic equivalent

k. Violation of Regulations.

(1) The prescribing of any controlled substance in violation of the above rules and regulations shall constitute a violation of Miss. Code Ann. 73-15-29(1)(f), (k) and (1) and shall be grounds for disciplinary action.

(2) The prescribing, administering or distributing of any legend drug or other medication in violation of the above rules and regulations shall constitute a violation of Miss. Code Ann. 73-15-29(1) (f), (k) and (1), and shall be grounds for disciplinary action.

Additional Information from the Mississippi Board of Nursing:

<http://www.msbn.state.ms.us/aprnfaq.htm>

17. 5/14/08

Q. How can the advanced practice nurse obtain permission to dispense controlled substances?

A. The APRN needs to apply for a DEA number and then apply to the board for permission to prescribe II-IV drugs. This process is also overseen by the BOM in that II and III can only be approved by the whole board and thus if this is something you wish to incorporate in your practice you will need to allow sufficient time for this to be accomplished.



Missouri

Definitions

State Statute: Mo. Ann. Stat. § 335.016 (West, Westlaw through 2010)

(2) “Advanced practice registered nurse”, a nurse who has education beyond the basic nursing education and is certified by a nationally recognized professional organization as a certified nurse practitioner, certified nurse midwife, certified registered nurse anesthetist, or a certified clinical nurse specialist. The board shall promulgate rules specifying which nationally recognized professional organization certifications are to be recognized for the purposes of this section. Advanced practice nurses and only such individuals may use the title “Advanced Practice Registered Nurse” and the abbreviation “APRN”;

(7) “Certified nurse practitioner”, a registered nurse who is currently certified as a nurse practitioner by a nationally recognized certifying body approved by the board of nursing;

Administrative Regulations: Mo. Code Regs. Ann. tit. 20 § 2200-4.100 (2010)

(C) Advanced practice nurse--A registered professional nurse as defined in section 335.016(2), RSMo and who is a nurse anesthetist, nurse midwife, nurse practitioner, or clinical nurse specialist.

Exemptions and Consultation Exceptions

State Statute: Mo. Ann. Stat. § 336.081 (West, Westlaw through 2010)

So long as the person involved does not represent or hold himself or herself out as a nurse licensed to practice in this state, no provision of sections 335.011 to 335.096 shall be construed as prohibiting:

(3) The providing of nursing care by friends or members of the family of the person receiving such care;

(5) The furnishing of nursing assistance in the case of an emergency situation;

(6) The practice of nursing under proper supervision:

(7) The practice of nursing in this state by any legally qualified nurse duly licensed to practice in another state whose engagement requires such nurse to accompany and care for a patient temporarily residing in this state for a period not to exceed six months;

Missouri Cont'd

(8) The practice of any legally qualified nurse who is employed by the government of the United States or any bureau, division or agency thereof, while in the discharge of his or her official duties or to the practice of any legally qualified nurse serving in the armed forces of the United States while stationed within this state;

Administrative Regulations: n/a

Reciprocity Guidelines

State Statute: Mo. Ann. Stat. § 335.310 (West, Westlaw through 2010 Reg. Sess.)

4. This compact does not affect additional requirements imposed by states for advanced practice registered nursing. However, a multistate licensure privilege to practice registered nursing granted by a party state shall be recognized by other party states as a license to practice registered nursing if one is required by state law as a precondition for qualifying for advanced practice registered nurse authorization.

Administrative Regulations: n/a

Additional Information from the Missouri Board of Nursing: n/a

Prescriptive Authority Guidelines

State Statute: Mo. Ann. Stat. § 335.019 (West, Westlaw through 2010)

The board of nursing may grant a certificate of controlled substance prescriptive authority to an advanced practice registered nurse who:

(1) Submits proof of successful completion of an advanced pharmacology course that shall include preceptorial experience in the prescription of drugs, medicines and therapeutic devices; and

(2) Provides documentation of a minimum of three hundred clock hours preceptorial experience in the prescription of drugs, medicines, and therapeutic devices with a qualified preceptor; and

(3) Provides evidence of a minimum of one thousand hours of practice in an advanced practice nursing category prior to application for a certificate of prescriptive authority. The one thousand hours shall not include clinical hours obtained in the advanced practice nursing education program. The one thousand hours of practice in an advanced

Missouri Cont'd

practice nursing category may include transmitting a prescription order orally or telephonically or to an inpatient medical record from protocols developed in collaboration with and signed by a licensed physician; and

(4) Has a controlled substance prescribing authority delegated in the collaborative practice arrangement under section 334.104, RSMo, with a physician who has an unrestricted federal Drug Enforcement Administration registration number and who is actively engaged in a practice comparable in scope, specialty, or expertise to that of the advanced practice registered nurse.

Administrative Regulations: n/a

Additional Information from the Missouri Board of Nursing: n/a



Montana

Definitions

State Statute: Mont. Code Ann. § 37-8-102 (West, Westlaw through 2009)

Unless the context requires otherwise, in this chapter, the following definitions apply:

(1) “Advanced practice registered nurse” means a registered professional nurse who has completed educational requirements related to the nurse's specific practice role, in addition to basic nursing education, as specified by the board pursuant to 37-8-202.

Administrative Regulations: Mont. Admin. R. 24.159.1470 (2009)

1) Nurse practitioner (NP) practice means the independent and/or collaborative management of primary and/or acute health care of individuals, families, and communities including:

(a) assessing the health status of individuals and families using methods appropriate to the client population and area of practice such as health history taking, physical examination, and assessing developmental health problems.

(b) instituting and facilitating continuity of health care to clients, including:

(i) ordering durable medical equipment, treatments and modalities, and diagnostic tests;
(ii) receiving and interpreting results of diagnostic procedures;
(iii) making medical and nursing diagnoses; and
(iv) working with clients to promote their understanding of and compliance with therapeutic regimens.

(c) promoting wellness and disease prevention programs;

(d) referring clients to a physician or other health care provider, when appropriate;

(e) providing instruction and counseling to individuals, families, and groups in the areas of health promotion and maintenance, including involving such persons in planning for their health care; and

(f) working in collaboration with other health care providers and agencies to provide and, where appropriate, coordinate services to individuals and families.

(2) Every licensed NP shall abide by the practice standards and guidelines established by a NP national professional organization as identified by the NP.

Exemptions and Consultation Exceptions

State Statute: Mont. Code Ann. § 37-8-103 (West, Westlaw through 2009)

(1) This chapter may not be construed as prohibiting:

(a) gratuitous nursing by friends or members of the family;

(c) nursing assistance in the case of an emergency;

(e) the practice of nursing in this state by any legally qualified nurse of another state whose engagement requires the nurse to accompany and care for a patient temporarily residing in this state during the period of one engagement not to exceed 6 months in length, provided that person does not represent to the public that the person is a nurse licensed to practice in this state;

(f) the practice of any legally qualified nurse of another state who is employed by the United States government or any bureau, division, or agency of the United States while in the discharge of that nurse's official duties;

Administrative Regulations: n/a

Reciprocity Guidelines

State Statute: n/a

Administrative Regulations: Mont. Admin. R. 24.159.1418 (2009)

(1) An applicant for APRN licensure by endorsement shall submit to the board:

(a) completed applications for both RN and APRN licensure in Montana;

(b) transcript from an advanced nursing education program, which must be sent to the board directly from the program and must indicate date of completion and degree conferred;

(c) verification of APRN licensure status from all jurisdictions for preceding two years;

(d) completed application for prescriptive authority, if applicable;

(e) verification of prescriptive authority from all jurisdictions for preceding two years, if applicable;

(f) proof of completion of a minimum of 10 contact hours of continuing education within the preceding two years that meets the requirements of ARM 24.159.1468;

(g) the required fees for APRN licensure by endorsement and prescriptive authority, if applicable, as specified by ARM 24.159.401.

(2) The board may, on a case-by-case basis, issue a license to an applicant for APRN licensure by endorsement whose license is under investigation or in disciplinary action of a board in another jurisdiction or to an applicant who is under investigation for a felony criminal offense.

(3) An applicant for APRN licensure by endorsement in Montana may be granted a temporary APRN permit concurrent with a temporary permit to practice registered nursing, pursuant to ARM 24.159.1221.

Additional Information from the Montana Board of Nursing: n/a

Prescriptive Authority Guidelines

State Statute: n/a

Administrative Regulations: Mont. Admin. R. 24.159.1461, 1463-64 (2009)

24.159.1461. PRESCRIPTIVE AUTHORITY FOR ELIGIBLE APRNS

(1) An APRN granted prescriptive authority by the board may prescribe and dispense drugs pursuant to applicable state and federal laws. NPs, CRNAs, CNMs, and psychiatric CNSs with unencumbered licenses may hold prescriptive authority.

(2) Prescriptive authority permits the APRN to receive pharmaceutical samples and to prescribe, dispense, and administer prescription drugs in the prevention of illness, the restoration of health, and/or the maintenance of health in accordance with 37-2-104, MCA.

(3) The board notifies the Board of Pharmacy in a timely manner when the status of an APRN's prescriptive authority changes.

Montana Cont'd

24.159.1463. INITIAL APPLICATION FOR PRESCRIPTIVE AUTHORITY

(1) The APRN shall submit a completed application for prescriptive authority and a nonrefundable fee as specified in ARM 24.159.401. The application for all APRNs except practicing CRNAs must include:

(a) evidence of successful completion of a graduate level course that provides a minimum of the equivalent of three academic semester credit hours (equaling a minimum of 45 contact hours) from an accredited program in pharmacology, pharmacotherapeutics, and the clinical management of drug therapy related to the applicant's area of specialty. The academic credits must be obtained within a three-year period immediately prior to the date the application is received at the board office and must meet the following requirements:

(i) no more than six of the 45 contact hours may concern the study of herbal or complementary therapies;

(ii) a minimum of 18 of the 45 contact hours must have been obtained within one year immediately prior to the date of application; and

(iii) a minimum of one-third of all contact hours must be face-to-face or interactive instruction.

(b) evidence of the course content and clinical preceptorship;

(c) a copy of the current certification from the APRN's national certifying body;

(d) a description of the proposed practice sites and typical caseload; and

(e) an updated quality assurance plan, if needed, as required by ARM 24.159.1466.

(2) Practicing CRNAs may qualify for prescriptive authority by meeting the continuing education requirements of ARM 24.159.1418.

(3) If an applicant fails to complete the requirements for application within one year of submission of an application, the applicant shall submit a new application and fee.

(4) The board may deny the application if the applicant has a license encumbered by disciplinary action.

Montana Cont'd

24.159.1464. PRESCRIBING PRACTICES

- (1) Prescriptions must comply with all applicable state and federal laws.
- (2) All written prescriptions must include the following information:
 - (a) name, title, address, and phone number of the APRN who is prescribing;
 - (b) name of client;
 - (c) date of prescription;
 - (d) the full name of the drug, dosage, route, amount to be dispensed, and directions for its use;
 - (e) Drug Enforcement Administration (DEA) number of the prescriber on all scheduled drugs; and
 - (f) all requirements of state and federal regulations regarding prescriptions.
- (3) Records of all prescriptions must be documented in client records.
- (4) An APRN with prescriptive authority shall comply with federal DEA requirements for controlled substances and shall file DEA registrations and numbers with the board.
- (5) An APRN with prescriptive authority may not prescribe controlled substances for self or members of the APRN's immediate family.
- (6) In an emergency situation, Schedule II drugs may be phoned in to the pharmacist pursuant to 21 CFR 1306.11(d).
- (7) An APRN with prescriptive authority may not delegate the prescribing or dispensing of drugs to any other person.

Additional Information from the Montana Board of Nursing: n/a



Nebraska

Definitions

State Statute: Neb. Rev. St. § 38-2315 (West, Westlaw through 2010)

(1) A nurse practitioner may provide health care services within specialty areas. A nurse practitioner shall function by establishing collaborative, consultative, and referral networks as appropriate with other health care professionals. Patients who require care beyond the scope of practice of a nurse practitioner shall be referred to an appropriate health care provider.

(2) Nurse practitioner practice means health promotion, health supervision, illness prevention and diagnosis, treatment, and management of common health problems and chronic conditions, including:

(a) Assessing patients, ordering diagnostic tests and therapeutic treatments, synthesizing and analyzing data, and applying advanced nursing principles;

(b) Dispensing, incident to practice only, sample medications which are provided by the manufacturer and are provided at no charge to the patient; and

(c) Prescribing therapeutic measures and medications relating to health conditions within the scope of practice. Any limitation on the prescribing authority of the nurse practitioner for controlled substances listed in Schedule II of section 28-405 shall be recorded in the integrated practice agreement established pursuant to section 38-2310.

(3) A nurse practitioner who has proof of a current certification from an approved certification program in a psychiatric or mental health specialty may manage the care of patients committed under the Nebraska Mental Health Commitment Act. Patients who require care beyond the scope of practice of a nurse practitioner who has proof of a current certification from an approved certification program in a psychiatric or mental health specialty shall be referred to an appropriate health care provider.

Administrative Regulations: 172 Neb. Admin. Code § 98-002 (2010)

APRN (Advanced Practice Registered Nurse) means a registered nurse who holds a current APRN license as a Certified Nurse Midwife, Certified Registered Nurse Anesthetist, Clinical Nurse Specialist, or Nurse Practitioner.

APRN-NP means a registered nurse who holds a current APRN license as a Nurse Practitioner.

Exemptions and Consultation Exceptions

State Statute: Neb. Rev. St. § 38-2316 (West, Westlaw through 2010)

The Nurse Practitioner Practice Act does not prohibit the performance of activities of a nurse practitioner by an unlicensed person if performed:

- (1) In an emergency situation;
- (2) By a legally qualified person from another state employed by the United States Government and performing official duties in this state;
- (3) By a person enrolled in an approved nurse practitioner program for the preparation of nurse practitioners as part of that approved program; and
- (4) By a person holding a temporary license pursuant to section 38-2318.

Administrative Regulations: n/a

Reciprocity Guidelines

State Statute: Neb. Rev. St. § 38-2317 (West, Westlaw through 2010)

(1) An applicant for licensure under the Advanced Practice Registered Nurse Practice Act to practice as a nurse practitioner shall have:

- (a) A license as a registered nurse in the State of Nebraska or the authority based upon the Nurse Licensure Compact to practice as a registered nurse in Nebraska;
- (b) Evidence of having successfully completed a graduate-level program in the clinical specialty area of nurse practitioner practice, which program is accredited by a national accrediting body;
- (c) Evidence of having successfully completed thirty contact hours of education in pharmacotherapeutics; and
- (d) Proof of having passed an examination pertaining to the specific nurse practitioner role in nursing adopted or approved by the board with the approval of the department. Such examination may include any recognized national credentialing examination for nurse practitioners conducted by an approved certifying body which administers an approved certification program.

Nebraska Cont'd

(2) If more than five years have elapsed since the completion of the nurse practitioner program or since the applicant has practiced in the specific nurse practitioner role, the applicant shall meet the requirements in subsection (1) of this section and provide evidence of continuing competency as required by the board.

Administrative Regulations: n/a

Additional Information from the Nebraska Board of Nursing: n/a

Prescriptive Authority Guidelines

State Statute: Neb. Rev. St. § 38-2315 (West, Westlaw through 2010)

(1) A nurse practitioner may provide health care services within specialty areas. A nurse practitioner shall function by establishing collaborative, consultative, and referral networks as appropriate with other health care professionals. Patients who require care beyond the scope of practice of a nurse practitioner shall be referred to an appropriate health care provider.

(2) Nurse practitioner practice means health promotion, health supervision, illness prevention and diagnosis, treatment, and management of common health problems and chronic conditions, including:

(a) Assessing patients, ordering diagnostic tests and therapeutic treatments, synthesizing and analyzing data, and applying advanced nursing principles;

(b) Dispensing, incident to practice only, sample medications which are provided by the manufacturer and are provided at no charge to the patient; and

(c) Prescribing therapeutic measures and medications relating to health conditions within the scope of practice. Any limitation on the prescribing authority of the nurse practitioner for controlled substances listed in Schedule II of section 28-405 shall be recorded in the integrated practice agreement established pursuant to section 38-2310.

(3) A nurse practitioner who has proof of a current certification from an approved certification program in a psychiatric or mental health specialty may manage the care of patients committed under the Nebraska Mental Health Commitment Act. Patients who require care beyond the scope of practice of a nurse practitioner who has proof of a current certification from an approved certification program in a psychiatric or mental health specialty shall be referred to an appropriate health care provider.

Administrative Regulations: 172 Neb. Admin. Code § 129-003 (2010)

Every person who manufactures, prescribes, distributes, administers, dispense, conducts research, conducts research and instruction, or conducts chemical analysis of any controlled substance within this state or who proposes to engage in such activities shall obtain a Nebraska Controlled Substances Registration. The criteria for issuance of a registration and documentation required by the Department and the Board are set forth below.

003.01 An applicant for a Nebraska Controlled Substances Registration must:

003.01A Have not been convicted of a felony under any law of the United States or of any state or have not been convicted of a violation relating to any substances defined in the Uniform Controlled Substances Act as a controlled substance under any law of the United States or any state, except that such fact in itself shall not be an automatic bar to registration;

003.01B Have a current Nebraska license or permit in one of the following categories; pharmacy or pharmacist, hospital, medicine and surgery, osteopathic medicine and surgery, dentistry, podiatry, optometry, and veterinary medicine; or

003.01C Be a manufacturer of controlled substances; or

003.01D Be a distributor of controlled substances; or

003.01E Be a researcher who conducts research with narcotic or non-narcotic controlled substances listed in Schedule II through V; or

003.01F Be a chemist who conducts chemical analysis with controlled substances in any schedule; or

003.01G Be a practitioner who wishes to conduct research with Schedule I controlled substances;

003.01H Inform the Bureau of Examining Boards if the applicant's federal Registration has ever been suspended or revoked or if the applicant is no longer authorized by federal law to engage in the manufacturing, distribution, or dispensing of controlled substances; and

003.01I Have a separate Nebraska Controlled Substances Registration for each location from which controlled substances are dispensed, administered, stored, manufactured, or distributed.

003.01J Submit to the Department:

003.01J1 A complete application on a form provided by the Department, a copy of which is attached hereto as Attachment A or A1, and incorporated in these regulations by this reference. Only applications which are complete will be considered;

003.01J1a Any person who wishes to register as a researcher shall submit to the Department a copy of all proposals for research using controlled substances that were submitted to the Drug Enforcement Administration.

003.01J2 Proof that the applicant's federal registration has not been suspended or revoked and that the applicant is authorized by federal law to engage in the manufacturing, distribution, or dispensing of controlled substances.

003.01J3 The required fee as follows:

003.01J3a \$25.00 annually for any practitioner or institution as listed in Subpart 003.01B of these regulations;

003.01J3b \$125.00 annually for a manufacturer or distributor as listed in Subparts 003.01C and 003.01D of these regulations; and

003.01J3c \$65.00 annually for a researcher or chemist as listed in Subparts 003.01E,

003.01F and 003.01G of these regulations.

003.01K The Department shall:

003.01K1 Review the application to determine its completeness;

003.01K2 Issue a Nebraska Controlled Substances Registration when the applicant meets the requirements as defined in Section 003 of these regulations.

003.02 The following persons shall not be required to register and may lawfully possess controlled substances:

003.02A When acting as an agent or an employee of any practitioner, registered manufacturer, distributor, or dispenser in the usual course of his business or employment;

003.02B A common or contract carrier or warehouseman or an employee thereof, whose

possession of any controlled substance is in the usual course of his business or employment; and

003.02C An ultimate user or person in possession of any controlled substance pursuant to a lawful order of a practitioner.

Additional Information from the Nebraska Board of Nursing:

<http://www.dhhs.ne.gov/crl/nursing/APRN/substance.htm>

APRNs may prescribe controlled substances Schedules II through V. APRNs may receive samples.

All APRNs who intend to prescribe controlled substances must obtain a federal controlled substance registration. APRNs may not prescribe under a collaborating physician registration. Nebraska does not issue a state controlled substance registration. You may obtain an application by contacting:

U.S. Department of Justice
DEA
St Louis Field Division
317 So. 16th
St Louis MO 63103

If you have a question regarding Nebraska regulation, please contact Vonda Apking by e-mail, vonda.apking@dhhs.ne.gov or at (402) 471-2118.



Nevada

Definitions

State Statute: Nev. Rev. Stat. Ann. § 632.012 (West, Westlaw through 2009)

“Advanced practitioner of nursing” means a registered nurse who:

1. Has specialized skills, knowledge and experience; and
2. Is authorized by the Board to provide services in addition to those that other registered nurses are authorized to provide.

Administrative Regulations: Nev. Admin. Cod. § 632.020 (West, Westlaw through March 31, 2010)

“Advanced practitioner of nursing” means a registered professional nurse who has specialized skill, knowledge and experience obtained from an organized formal program of training and who is authorized in special conditions as set forth in NAC 632.255 to 632.295, inclusive, to provide designated services in addition to those which a registered nurse is authorized to perform.

Exemptions and Consultation Exceptions

State Statute: n/a

Administrative Regulations: n/a

Reciprocity Guidelines

State Statute: n/a

Administrative Regulations: n/a

Additional Information from the Nevada Board of Nursing: n/a

Prescriptive Authority Guidelines

State Statute: Nev. Rev. Stat. Ann. §§ 632.237, 639.2351, 454.695 (West, Westlaw through 2009)

1. The Board may grant a certificate of recognition as an advanced practitioner of

nursing to a registered nurse who has completed an educational program designed to prepare a registered nurse to:

- (a) Perform designated acts of medical diagnosis;
- (b) Prescribe therapeutic or corrective measures; and
- (c) Prescribe controlled substances, poisons, dangerous drugs and devices, and who meets the other requirements established by the Board for such certification.

2. An advanced practitioner of nursing may:

- (a) Engage in selected medical diagnosis and treatment; and
- (b) If authorized pursuant to NRS 639.2351, prescribe controlled substances, poisons, dangerous drugs and devices, pursuant to a protocol approved by a collaborating physician. A protocol must not include and an advanced practitioner of nursing shall not engage in any diagnosis, treatment or other conduct which the advanced practitioner of nursing is not qualified to perform.

632.237. Advanced practitioner of nursing: Certificate of recognition; regulations

3. The Board shall adopt regulations:

- (a) Specifying the training, education and experience necessary for certification as an advanced practitioner of nursing.
- (b) Delineating the authorized scope of practice of an advanced practitioner of nursing.
- (c) Establishing the procedure for application for certification as an advanced practitioner of nursing.

639.2351. Prescription by advanced practitioner of nursing; certification by State Board of Pharmacy

1. An advanced practitioner of nursing may prescribe, in accordance with NRS 454.695 and 632.237, controlled substances, poisons, dangerous drugs and devices if the advanced practitioner of nursing:

- (a) Is authorized to do so by the State Board of Nursing in a certificate issued by that Board; and

(b) Applies for and obtains a certificate of registration from the State Board of Pharmacy and pays the fee set by a regulation adopted by the Board.

2. The State Board of Pharmacy shall consider each application from an advanced practitioner of nursing separately, and may:

(a) Issue a certificate of registration; or

(b) Refuse to issue a certificate of registration, regardless of the provisions of the certificate issued by the State Board of Nursing.

454.695. Prescriptions by advanced practitioners of nursing

1. An advanced practitioner of nursing may prescribe poisons, dangerous drugs and devices for legitimate medical purposes in accordance with:

(a) The certificates he or she holds from the Board and the State Board of Nursing; and

(b) The protocol which is approved by the State Board of Nursing.

2. For the purposes of this section, "protocol" means the written agreement between a physician and an advanced practitioner of nursing which sets forth matters including the:

(a) Patients which the advanced practitioner of nursing may serve;

(b) Specific poisons, dangerous drugs and devices which the advanced practitioner of nursing may prescribe; and

(c) Conditions under which the advanced practitioner of nursing must directly refer the patient to the physician.

Administrative Regulations: Nev. Admin. Cod. §§ 632.257, 259, 2595 (West, Westlaw through March 31, 2010)

NAC 632.257 Authorization to issue written prescriptions for controlled substances, poisons, dangerous drugs and devices. (NRS 632.120, 632.237)

1. An applicant for a certificate of recognition as an advanced practitioner of nursing will be authorized to issue written prescriptions for controlled substances, poisons, dangerous drugs and devices only if he:

(a) Is authorized to do so by the Board;

(b) Submits an application for authority to issue written prescriptions for controlled substances, poisons, dangerous drugs or devices to the Board; and

(c) Has successfully completed:

(1) A program that complies with the requirements set forth in paragraph (a) of subsection 1 of NAC 632.260 and includes an advanced course in pharmacotherapeutics; or

(2) A program of academic study that:

(I) Is approved by the Board;

(II) Consists of at least 2 semester credits or an equivalent number of quarter credits in advanced pharmacotherapeutics; and

(III) Is completed within the 2 years immediately preceding the date the application is submitted to the Board.

2. In addition to the information contained in the application for a certificate of recognition as an advanced practitioner of nursing, an applicant who completes, before June 1, 2005, a program designed to prepare an advanced practitioner of nursing and who does not hold a master's degree with a major in nursing or a related health field approved by the Board must, in his application for authority to write a prescription for controlled substances, poisons, dangerous drugs and devices, include documentation of 1,000 hours of active practice in the immediately preceding 2 years as an advanced practitioner of nursing under a collaborating physician. The documentation must consist of a signed statement from the collaborating physician indicating to the Board that the applicant is competent to prescribe those drugs listed in his protocols.

3. Except as otherwise provided in subsection 4, if an advanced practitioner of nursing who is authorized to prescribe certain controlled substances, poisons, dangerous drugs and devices changes his medical specialty, he must submit an application to the Board for authority to prescribe those controlled substances, poisons, dangerous drugs and devices which are currently within the standard of medical practice in that specialty. In addition to the information contained in an application submitted pursuant to this subsection, an advanced practitioner of nursing who completes, before June 1, 2005, a program designed to prepare an advanced practitioner of nursing and who does not

hold a master's degree with a major in nursing or a related health field approved by the Board must include in his application documentation of 1,000 hours of active practice in the new medical specialty as an advanced practitioner of nursing under a collaborating physician.

4. An advanced practitioner of nursing who:

(a) Is authorized to prescribe certain controlled substances, poisons, dangerous drugs and devices; and

(b) Changes his medical specialty to a medical specialty that is substantially similar to his former medical specialty, is not required to submit to the Board the application required pursuant to subsection 3 if the Board has authorized him to prescribe controlled substances, poisons, dangerous drugs and devices in the practice of his former medical specialty.

NAC 632.259 Controlled substances, poisons, dangerous drugs or devices that may be prescribed. (NRS 632.120, 632.237)

An advanced practitioner of nursing may only prescribe controlled substances, poisons, dangerous drugs or devices which are currently within the standard of practice in his identified medical specialty.

NAC 632.2595 Certification to dispense controlled substances, poisons, dangerous drugs and devices. (NRS 632.120, 632.237)

1. The State Board of Nursing will issue a certificate to dispense controlled substances, poisons, dangerous drugs and devices to an advanced practitioner of nursing if the practitioner:

(a) Successfully completes an examination administered by the State Board of Nursing on Nevada law relating to pharmacy; and

(b) Submits to the State Board of Nursing his affidavit verifying that he has made application with the State Board of Pharmacy for a certificate of registration.

2. An advanced practitioner of nursing who receives a certificate of registration from the State Board of Pharmacy shall, upon receipt, submit a copy of the certificate to the State Board of Nursing.

Additional Information from the Nevada Board of Nursing: n/a

Definitions

State Statute: N.H. Rev. Stat. § 326-B:11 (West, Westlaw through 2010 Reg. Sess.)

I. Advanced practice registered nursing by nurse practitioners shall consist of a combination of knowledge and skills acquired in basic nursing education. The APRN scope of practice, with or without compensation or personal profit, shall be limited to:

(a) Performing acts of advanced assessment, diagnosing, prescribing, selecting, administering, and providing therapeutic measures and treatment regimes;

(b) Obtaining consultation, planning, and implementing collaborative management, referral, or transferring the care of the client as appropriate; and

(c) Providing such functions common to a nurse practitioner for which the APRN is educationally and experientially prepared and which are consistent with standards established by a national credentialing or certification body recognized by the National Council of State Boards of Nursing and approved by the board in the appropriate APRN role and specialty.

II. An APRN shall practice within standards consistent with standards established by a national credentialing or certification body recognized by the National Council of State Boards of Nursing and approved by the board in the appropriate APRN role and specialty. The board shall not approve a new advanced practice specialty category that has not been developed by a national credentialing or certifying body recognized by the National Council of State Board of Nursing without approval of the legislature under RSA 332-G:6. Each APRN shall be accountable to clients and the board:

(a) For complying with this chapter and the quality of advanced nursing care rendered;

(b) For recognizing limits of knowledge and experience and planning for the management of situations beyond the APRN's expertise; and

(c) For consulting with or referring clients to other health care providers as appropriate.

III. An APRN shall have plenary authority to possess, compound, prescribe, administer, and dispense and distribute to clients controlled and non-controlled drugs within the scope of the APRN's practice as defined by this chapter. Such authority may be denied, suspended, or revoked by the board after notice and the opportunity for hearing, upon proof that the authority has been abused.

IV. Any expansion of the scope of practice shall be adopted by legislation in accordance with RSA 332-G:6.

Administrative Regulations: N.H. Code Admin. R. Ann. HE-W 534.01 (2010)

(a) 'Advanced registered nurse practitioner' (ARNP) means a registered nurse currently licensed by the New Hampshire board of nursing under RSA 326-B:18 or, in states other than New Hampshire, a registered professional nurse practitioner who, in accordance with 42 CFR 440.166, meets that state's advanced educational and clinical practice requirements, if any, beyond the 2 to 4 years of basic nursing education required of all registered nurses.

Exemptions and Consultation Exceptions

State Statute: N.H. Rev. Stat. § 326-B:43 (West, Westlaw through 2010 Reg. Sess.)

The provisions of this chapter shall not prohibit or limit:

I. The employment in federal government institutions and agencies of nurses who are members of federal agencies and are currently licensed in some state of the United States.

III. The furnishing of nursing assistance in an emergency.

V. The practice of nursing in this state by any nurse currently licensed by another state engaged to accompany and care for a person passing through or temporarily residing in this state, during the period of one visit not to exceed 2 months.

VII. The practice of any nurse currently licensed in another state who is in this state on a non-routine basis to provide nursing consulting services.

Administrative Regulations: n/a

Reciprocity Guidelines

State Statute: N.H. Rev. Stat. Ann. § 326-B:46 (West, Westlaw through 2010 Reg. Sess.)

The nurse licensure compact is adopted and entered into with all other jurisdictions that legally join the compact, which is substantially as follows:

ARTICLE III

General Provisions and Jurisdiction

(d) This compact does not affect additional requirements imposed by states for advanced practice registered nursing. However, a multistate licensure privilege to practice registered nursing granted by a party state shall be recognized by other party states as a license to practice registered nursing if one is required by state law as a precondition for qualifying for advanced practice registered nurse authorization.

Administrative Regulations: N.H. Code Admin. R. Ann. HE-W 534.01 (2010)

(a) 'Advanced registered nurse practitioner' (ARNP) means a registered nurse currently licensed by the New Hampshire board of nursing under RSA 326-B:18 or, in states other than New Hampshire, a registered professional nurse practitioner who, in accordance with 42 CFR 440.166, meets that state's advanced educational and clinical practice requirements, if any, beyond the 2 to 4 years of basic nursing education required of all registered nurses.

Additional Information from the New Hampshire Board of Nursing: n/a

Prescriptive Authority Guidelines

State Statute: N.H. Rev. Stat. § 326-B:11 (West, Westlaw through 2010 Reg. Sess.)

I. Advanced practice registered nursing by nurse practitioners shall consist of a combination of knowledge and skills acquired in basic nursing education. The APRN scope of practice, with or without compensation or personal profit, shall be limited to:

- (a) Performing acts of advanced assessment, diagnosing, prescribing, selecting, administering, and providing therapeutic measures and treatment regimes;
- (b) Obtaining consultation, planning, and implementing collaborative management, referral, or transferring the care of the client as appropriate; and
- (c) Providing such functions common to a nurse practitioner for which the APRN is educationally and experientially prepared and which are consistent with standards established by a national credentialing or certification body recognized by the National Council of State Boards of Nursing and approved by the board in the appropriate APRN role and specialty.

II. An APRN shall practice within standards consistent with standards established by a national credentialing or certification body recognized by the National Council of State Boards of Nursing and approved by the board in the appropriate APRN role and specialty. The board shall not approve a new advanced practice specialty category that has not been developed by a national credentialing or certifying body recognized by the National Council of State Board of Nursing without approval of the legislature under RSA 332-G:6. Each APRN shall be accountable to clients and the board:

- (a) For complying with this chapter and the quality of advanced nursing care rendered;
- (b) For recognizing limits of knowledge and experience and planning for the management of situations beyond the APRN's expertise; and
- (c) For consulting with or referring clients to other health care providers as appropriate.

III. An APRN shall have plenary authority to possess, compound, prescribe, administer, and dispense and distribute to clients controlled and non-controlled drugs within the scope of the APRN's practice as defined by this chapter. Such authority may be denied, suspended, or revoked by the board after notice and the opportunity for hearing, upon proof that the authority has been abused.

IV. Any expansion of the scope of practice shall be adopted by legislation in accordance with RSA 332-G:6.

Administrative Regulations: n/a

Additional Information from the New Hampshire Board of Nursing: n/a



New Jersey

Definitions

State Statute: N.J. Stat. Ann. § 45:11-23 (West, Westlaw through 2010)

d. “Advanced practice nurse” means a person who holds a certification in accordance with section 8 or 9 of P.L.1991, c. 377 (C.45:11-47 or 45:11-48).

Administrative Regulations: n/a

Exemptions and Consultation Exceptions

State Statute: n/a

Administrative Regulations: n/a

Reciprocity Guidelines

State Statute: n/a

Administrative Regulations: N.J. Admin. Code § 13:37-7.6 (2010)

(a) An advanced practice nurse certified in another state shall be eligible for certification in this State without meeting the examination requirements of N.J.A.C. 13:37-7.4 if the educational requirements of the state in which he or she is certified are substantially similar to the educational requirements of this State.

(b) An applicant for advanced practice nurse certification who is certified in another state shall submit to the Board:

1. A completed application form, which contains biographical, educational and experiential data concerning the applicant;
2. Verification of certification as an advanced practice nurse in good standing in another state;
3. Proof that the applicant has successfully completed the educational requirements of an advanced practice nurse as set forth in N.J.A.C. 13:37-7.2. The applicant shall submit to the Board a transcript showing successful completion of an advanced practice nurse program from the school(s) where the applicant completed the educational requirements. An applicant applying for certification through endorsement shall not be

required to meet the requirements of N.J.A.C. 13:37-7.2(b);

4. Proof that the applicant is currently certified by a national certifying agency that is accredited by the American Board of Nursing Specialties and/or the National Commission for Certifying Agencies; and

5. The application fee set forth in N.J.A.C. 13:37-5.5(e).

Additional Information from the New Jersey Board of Nursing:

n/a

Prescriptive Authority Guidelines

State Statute: n/a

Administrative Regulations: N.J. Admin. Code §§ 13:37-6.3, 7.9-.10 (2010)

NJ ADC 13:37-6.3

(b) Advance practice nurses who seek to prescribe or order medications or devices and the collaborating physician(s) with whom they are in collaboration shall develop a joint protocol, which shall be:

1. In writing;
2. Signed by both the advanced practice nurse and the physician, with an acknowledgment that any inappropriate professional behavior or violation of the protocol on the part of either the physician or the advanced practice nurse will be reported to his or her respective licensing board;]
3. Maintained on the premises of every office in which the advanced practice nurse practices;
4. Updated on an ongoing basis to reflect changes in the practice, office personnel, skills of the advanced practice nurse, frequency of record review, and reference materials containing practice guidelines or accepted standards of practice; and
5. Reviewed at least on an annual basis.

(c) The content of a joint protocol under (b) above shall address:

1. The nature of the practice, the patient population (for example, pediatric patients) and settings (for example, inpatient, nursing home, patient residences or other alternative care environments);
 2. Any particular circumstances for which, prior to prescribing, a specific examination is to be performed or a definitive diagnosis made;
 3. The recordkeeping methodology to be used in the practice (for example, the protocol might indicate that records should contain subjective complaints, objective findings, an assessment and a plan of treatment);
 4. A list of categories of medications appropriate to the practice;
 5. A delineation of specific medications and the specific number of refills, to be prescribed pursuant to the direction of the physician;
 6. Specific requirements with respect to the recordation, in the patient record and/or in separate logs, of medications prescribed or dispensed, dosages, frequency, duration, instructions for use and authorizations for refills;
 7. Any medical conditions or findings within the nature of the practice which should require direct consultation prior to the prescribing or ordering of medications or devices;
 8. The frequency and methodology to be employed to ensure periodic review of patient records;
 9. Identification of the means by which the advanced practice nurse and collaborating physician can be in direct communication, as well as a description of arrangements which will assure that the collaborating physician or peer coverage is accessible and available;
 10. Procedures for the use of medications in emergency situations; and
 11. Identification of reference materials containing practice guidelines or accepted standards of practice.
- (d) Failure to establish and implement joint protocols consistent with the standards set forth in this section and any violation of the joint protocol by an advanced practice nurse or physician may be deemed professional misconduct or other grounds for disciplinary sanction within the meaning of N.J.S.A. 45:1-21 by his or her respective licensing board.

New Jersey Cont'd

13:37-7.9 Prescriptive practice

(a) An advanced practice nurse may prescribe or order medication and devices and shall do so in conformity with the provisions of this subchapter, N.J.S.A. 45:11-45 et seq., and written protocols for the prescription of medications and devices jointly developed by the advanced practice nurse and the collaborating physician in accordance with the standards of N.J.S.A. 45:11-51 and N.J.A.C. 13:37-6.3.

(b) An advanced practice nurse may prescribe or order treatments, including referrals, and shall do so in conformity with the provisions of this subchapter and N.J.S.A. 45:11-45 et seq.

(c) An advanced practice nurse who issues prescriptions in any setting other than in a licensed acute care or long-term care facility may issue written prescriptions for medications to patients only on New Jersey Prescription Blanks in accordance with N.J.S.A. 45:14-55.

10. If the prescription is for a controlled dangerous substance, the advanced practice nurse's DEA number and instructions as to the frequency of use.

(e) An advanced practice nurse who prescribes medication or devices shall advise patients by a sign or pamphlets in the waiting room of the office, that a patient may request a generic drug as a substitute for a brand name drug prescribed.

(f) An advanced practice nurse may use only prescription blanks that are imprinted with the words "substitution permissible" and "do not substitute," with a space for the prescribing advanced practice nurse's initials next to the chosen option. The prescription blanks shall not include preprinted information designed to discourage or prohibit substitution.

(g) When using health care facility or multi-prescriber prescription blanks, the full name and certificate number of the advanced practice nurse shall be legibly printed at the top of the prescription blank or the identity of the advanced practice nurse shall be designated by a checkmark or other legible means.

(h) Each prescription for a controlled dangerous substance shall be written on a separate New Jersey Prescription Blank.

NJ ADC 13:37-7.10

(a) An advanced practice nurse may dispense a medication directly to a patient pursuant to a joint protocol. An advanced practice nurse who dispenses medications shall assure that follow-up care is provided and that the effects of the medication are properly evaluated and integrated into the treatment plan of the patient.

(b) An advanced practice nurse who dispenses medications in the office shall maintain those medications in accordance with pharmaceutical standards and manufacturer recommendations concerning storage conditions. An advanced practice nurse shall not maintain in inventory any medications, which are outdated, misbranded, deteriorated, adulterated, recalled, unlabeled, damaged, discontinued or which were previously dispensed to a patient.

(c) When an advanced practice nurse dispenses a medication to a patient, he or she shall record the dispensing in the patient's record.

(d) All medications dispensed, except for those dispensed as pharmaceutical samples shall be recorded in a permanent, contemporaneous dispensing log...

(h) An advanced practice nurse shall not charge a fee for a medication packaged and labeled by a manufacturer as a sample.

(i) An advanced practice nurse may charge a fee for dispensing any medication that is not packaged and labeled by a manufacturer as a sample. This fee shall not exceed the actual acquisition cost for the medication plus an administrative amount which shall not exceed 10 percent of the actual acquisition cost.

(j) Except as exempted by (k) below, an advanced practice nurse who dispenses a medication for a fee shall:

1. Not dispense the medication or a substantially equivalent medication in a quantity or in dosages greater than that which would allow the patient a seven-day supply;

2. Not dispense the medication or a substantially equivalent medication more than once every 30 days:

3. Assure that information is given to the patient regarding the availability of the medication outside of the advanced practice nurse's office; and

4. Disclose to the patient in advance of purchase and again on the bill the actual acquisition cost of the medication.

(k) An advanced practice nurse need not comply with (j) above if:

1. The office at which the dispensing occurs is situated 10 or more miles from the nearest licensed pharmacy;
 2. The medication is dispensed pursuant to an oncological or AIDS protocol;
 3. The medication dispensed is a salve, ointment or drops; or
 4. The medication is dispensed in, and directly related to, the services rendered to the patient at:
 - i. A hospital emergency room;
 - ii. A student health center at an institution of higher education; or
 - iii. A publicly subsidized community health center, family planning clinic or prenatal clinic.
- (l) The requirements set forth in (d) through (g) above shall not apply to the dispensing of nonprescription substances.

Additional Information from the New Jersey Board of Nursing: n/a



New Mexico

Definitions

State Statute: N.M. Stat. Ann. § 61-3-23.2 (West, Westlaw through 2010)

A. The board may license for advanced practice as a certified nurse practitioner an applicant who furnishes evidence satisfactory to the board that the applicant:

(1) is a registered nurse;

(2) has successfully completed a program for the education and preparation of nurse practitioners; provided that if the applicant is initially licensed by the board or a board in another jurisdiction after January 1, 2001, the program shall be at the master's level or higher;

(3) has successfully completed the national certifying examination in the applicant's specialty area; and

(4) is certified by a national nursing organization.

B. Certified nurse practitioners may:

(1) perform an advanced practice that is beyond the scope of practice of professional registered nursing;

(2) practice independently and make decisions regarding health care needs of the individual, family or community and carry out health regimens, including the prescription and distribution of dangerous drugs and controlled substances included in Schedules II through V of the Controlled Substances Act; and

(3) serve as a primary acute, chronic long-term and end of life health care provider and as necessary collaborate with licensed medical doctors, osteopathic physicians or podiatrists.

C. Certified nurse practitioners who have fulfilled requirements for prescriptive authority may prescribe in accordance with rules, regulations, guidelines and formularies for individual certified nurse practitioners promulgated by the board.

D. Certified nurse practitioners who have fulfilled requirements for prescriptive authority may distribute to their patients dangerous drugs and controlled substances

included in Schedules II through V of the Controlled Substances Act, that have been prepared, packaged or fabricated by a registered pharmacist or doses of drugs that have been prepackaged by a pharmaceutical manufacturer in accordance with the Pharmacy Act and the New Mexico Drug, Device and Cosmetic Act.

E. Certified nurse practitioners licensed by the board on and after December 2, 1985 shall successfully complete a national certifying examination and shall maintain national professional certification in their specialty area. Certified nurse practitioners licensed by a board prior to December 2, 1985 are not required to sit for a national certification examination or be certified by a national organization.

Administrative Regulations: N.M. Code R. § 16.12.2 (2010)

A. Definitions beginning with the letter A:

(3) 'advanced practice nurse', a master's prepared registered nurse who has completed a program of study in a specialty area in an accredited nursing program, taken a certification examination in the same area, and been granted a license to practice as an advanced practice nurse with an expanded scope of practice; subcategories include certified nurse practitioner (CNP), certified registered nurse anesthetist (CRNA) and clinical nurse specialist (CNS);

Exemptions and Consultation Exceptions

State Statute: n/a

Administrative Regulations: n/a

Reciprocity Guidelines

State Statute: N.M. Stat. Ann. § 61-3-24.1 (West, Westlaw through 2010)

The Nurse Licensure Compact is entered into law and entered into with all other jurisdictions legally joining therein in a form substantially as follows:

Article 3--General Provisions and Jurisdiction

D. The Nurse Licensure Compact does not affect additional requirements imposed by a party state for advanced practice registered nursing. However, a multistate licensure privilege to practice registered nursing granted by a party state shall be recognized by other party states as a license to practice registered nursing if one is required by state law as a precondition for qualifying for advanced practice registered nurse

authorization.

Administrative Regulations: N.M. Code R. § 16.12.2 (2010)

16.12.2.13 CERTIFIED NURSE PRACTITIONER (CNP):

E. Exclusion: Nurse practitioners with lapsed national certification are not eligible for a permit to practice.

F. Prerequisites for licensure of CNP by endorsement.

(1) Verification DIRECTLY from the licensing authority, which shall include graduation from a nurse practitioner program.

(2) In lieu of verification of advanced practice licensure for the licensing authority the board will accept:

(a) documentation directly from that licensing authority that the state does not issue advanced practice licensure;

(b) a sworn affidavit from applicant that they practice as an advance practice nurse with year practice began, and;

(c) if applicant was licensed by another board after January 1, 2001, submit a transcript from the program directly to the board documenting completion of a nurse practitioner program on the master's or higher level.

(3) Verification from applicant of national certification as a nurse practitioner.

(4) Nurse practitioners who are requesting prescriptive authority must comply with the requirements for prescriptive authority as outlined in these rules.

(5) Complete and submit the required application from licensure by endorsement in accordance with all instructions including the required fee.

Additional Information from the New Mexico Board of Nursing: n/a

Prescriptive Authority Guidelines

State Statute: N.M. Stat. Ann. § 61-3-23.2 (West, Westlaw through 2010)

C. Certified nurse practitioners who have fulfilled requirements for prescriptive

authority may prescribe in accordance with rules, regulations, guidelines and formularies for individual certified nurse practitioners promulgated by the board.

D. Certified nurse practitioners who have fulfilled requirements for prescriptive authority may distribute to their patients dangerous drugs and controlled substances included in Schedules II through V of the Controlled Substances Act, that have been prepared, packaged or fabricated by a registered pharmacist or doses of drugs that have been prepackaged by a pharmaceutical manufacturer in accordance with the Pharmacy Act and the New Mexico Drug, Device and Cosmetic Act.

Administrative Regulations: N.M. Code R. § 16.12.2 (2010)

16.12.2.13 CERTIFIED NURSE PRACTITIONER (CNP):

O. Nurse practitioner practice.]

(1) The CNP makes independent decisions regarding the health care needs of the client and also makes independent decisions in carrying out health care regimens.

(2) The CNP provides primary or acute, or chronic, or long-term, or end of life health care to meet the health care needs of individuals, families and communities in any health care setting.

(3) The CNP may assume specific functions or perform specific procedures which are beyond the advanced educational preparation and certification for the CNP provided the knowledge and skills required to perform the function or procedure emanates from a recognized body of knowledge or advanced practice of nursing and the function or procedure is not prohibited by any law or statute. When assuming specific functions and performing specific procedures, which are beyond the CNP's advanced educational preparation and certification, the CNP is responsible for obtaining the appropriate knowledge, skills and supervision to ensure he/she can perform the function/procedure safely and competently and recognize and respond to any complications that may arise.

(4) The CNP collaborates as necessary with other healthcare providers. Collaboration includes discussion of diagnosis and cooperation in managing and delivering healthcare.

(5) CNPs who have fulfilled requirements for prescriptive authority may prescribe and distribute dangerous drugs including controlled substances contained in Schedules II through V of the Controlled Substances Act within their clinical specialty and practice setting.

(a) Requirements for prescriptive authority: In accordance with applicable state and federal laws, the CNP who fulfills the following requirements may prescribe and distribute dangerous drugs including controlled substances included in Schedules II through V of the Controlled Substance Act.

(i) Verifies 400 hours of work experience in which prescribing dangerous drugs has occurred within the two (2) years immediately preceding the date of the application. Individuals who have not fulfilled this requirement must provide documentation of successful completion of 400 hours of prescribing dangerous drugs in a preceptorship with a licensed CNP, CNS or physician. The preceptorship must be completed within six (6) months and a letter of authorization will be issued for the duration of the preceptorship.

(ii) In order to prescribe controlled substances, the CNP must provide the board of nursing with verification of current state controlled substances registration and current DEA number, unless the CNP has met registration waiver criteria from the New Mexico board of pharmacy (Subsection I 16.19.20.8 NMAC). CNPs may not possess, prescribe or distribute controlled substances until they have both a current state controlled substances registration and a current DEA registration.

(iii) Once prescriptive authority requirements are met, the board will notify the board of pharmacy of completion of prescriptive authority requirements.

(b) Formulary. It is the CNP's responsibility to maintain a formulary of dangerous drugs and controlled substances that may be prescribed; the only drugs to be included in the formulary are those relevant to the CNP's specialty and practice setting. The board of nursing reserves the right to audit the formulary of the CNP. Licensees may be subject to disciplinary action by the board of nursing if non compliant with the audit.

(c) Prescription pads. The CNP's name, address, and telephone number must be imprinted on the prescription pad. In the event that a CNP is using a prescription pad printed with the names of more than one CNP, the name of the CNP for the individual prescription shall be indicated.

(d) Distributing: CNPs, who have fulfilled requirements for prescriptive authority as stated in these rules, may distribute to their patients dangerous drugs including controlled substances contained in Schedules II through V of the Controlled Substances Act, which have been prepared, packaged, or fabricated by the registered pharmacist or doses which have been pre-packaged by a pharmaceutical manufacturer in accordance with the Pharmacy Act [61-11-22] and the Drug, Device and Cosmetic Act for the benefit

of the public good.

(e) Labeling: CNPs may label only those drugs which the CNP prescribes and distributes to patients under the CNP's care. The medication shall be properly labeled with the patient's name, date of issue, drug name and strength, instructions for use, drug expiration date, number dispensed and name, address and telephone number of the CNP. Labeling may be handwritten or a pre-printed fill-in label may be used. All information shall be properly documented in the patient record.

(f) CNPs who do not plan to prescribe controlled substances but do plan to prescribe dangerous drugs must meet the requirements relative to prescriptive authority except those specifically required for controlled substances.

Additional Information from the New Mexico Board of Nursing: n/a



New York

Definitions

State Statute: n/a

Administrative Regulations: n/a

Exemptions and Consultation Exceptions

State Statute: N.Y. Educ. Law § 6908 (West, Westlaw through 2010)

1. This article shall not be construed:

d. As prohibiting or preventing the practice of nursing in this state by any legally qualified nurse or practical nurse of another state, province, or country whose engagement requires him or her to accompany and care for a patient temporarily residing in this state during the period of such engagement provided such person does not represent or hold himself or herself out as a nurse or practical nurse registered to practice in this state;

e. As prohibiting or preventing the practice of nursing in this state during an emergency or disaster by any legally qualified nurse or practical nurse of another state, province, or country who may be recruited by the American National Red Cross or pursuant to authority vested in the state civil defense commission for such emergency or disaster service, provided such person does not represent or hold himself or herself out as a nurse or practical nurse registered to practice in this state;

f. As prohibiting or preventing the practice of nursing in this state, in obedience to the requirements of the laws of the United States, by any commissioned nurse officer in the armed forces of the United States or by any nurse employed in the United States veterans administration or United States public health service while engaged in the performance of the actual duties prescribed for him or her under the United States statutes, provided such person does not represent or hold himself or herself out as a nurse registered to practice in this state; or

Administrative Regulations: n/a

Reciprocity Guidelines

New York Cont'd

State Statute: n/a

Administrative Regulations: n/a

Additional Information from the New York Board of Nursing: n/a

Prescriptive Authority Guidelines

State Statute: N.Y. Educ. Law § 6902 (West, Westlaw through 2010)

(b) Prescriptions for drugs, devices and immunizing agents may be issued by a nurse practitioner, under this subdivision and section six thousand nine hundred ten of this article, in accordance with the practice agreement and practice protocols. The nurse practitioner shall obtain a certificate from the department upon successfully completing a program including an appropriate pharmacology component, or its equivalent, as established by the commissioner's regulations, prior to prescribing under this subdivision. The certificate issued under section six thousand nine hundred ten of this article shall state whether the nurse practitioner has successfully completed such a program or equivalent and is authorized to prescribe under this subdivision.

Administrative Regulations: n/a

Additional Information from the New York Board of Nursing: n/a



North Carolina

Definitions

State Statute: n/a

Administrative Regulations: 21 N.C. Admin. Code 32M.0101 (2010)

(4) “Nurse Practitioner” or “NP” means a currently licensed registered nurse approved to perform medical acts consistent with the nurse's area of nurse practitioner academic educational preparation and national certification under an agreement with a licensed physician for ongoing supervision, consultation, collaboration and evaluation of medical acts performed. Such medical acts are in addition to those nursing acts performed by virtue of registered nurse (RN) licensure. The NP is held accountable under the RN license for those nursing acts that he or she may perform.

Exemptions and Consultation Exceptions

State Statute: N.C. Gen. Stat. Ann. § 90-171.43 (West, Westlaw through 2009 Reg. Sess.)

No person shall practice or offer to practice as a registered nurse or licensed practical nurse, or use the word “nurse” as a title for herself or himself, or use an abbreviation to indicate that the person is a registered nurse or licensed practical nurse, unless the person is currently licensed as a registered nurse or licensed practical nurse as provided by this Article. If the word “nurse” is part of a longer title, such as “nurse's aide”, a person who is entitled to use that title shall use the entire title and may not abbreviate the title to “nurse”. This Article shall not, however, be construed to prohibit or limit the following:

(1) The performance by any person of any act for which that person holds a license issued pursuant to North Carolina law;

(3) The performance of nursing performed by persons who hold a temporary license issued pursuant to G.S. 90-171.33;

(4) The delegation to any person, including a member of the patient's family, by a physician licensed to practice medicine in North Carolina, a licensed dentist or registered nurse of those patient-care services which are routine, repetitive, limited in scope that do not require the professional judgment of a registered nurse or licensed practical nurse;

(5) Assistance by any person in the case of emergency.

Any person permitted to practice nursing without a license as provided in subdivision

(2) or (3) of this section shall be held to the same standard of care as any licensed nurse.

Administrative Regulations: n/a

Reciprocity Guidelines

State Statute: N.C. Gen. Stat. Ann. § 90-171.83 (West, Westlaw through 2010 Reg. Sess.)

General provisions and jurisdiction

(d) The Compact does not affect additional requirements imposed by states for advanced-practice registered nursing. A multistate licensure privilege to practice registered nursing granted by a party state shall be recognized by other party states as a license to practice registered nursing if a license to practice registered nursing is required by state law as a precondition for qualifying for advanced-practice registered nurse authorization.

Administrative Regulations: 1 N.C. Admin. Code 32M.0103 (2010)

(a) The Board of Nursing shall register an applicant who:

(1) has an unrestricted license to practice as a registered nurse in North Carolina and, when applicable, an unrestricted approval, registration or license as a nurse practitioner in another state, territory, or possession of the United States;

(2) has successfully completed a nurse practitioner education program as outlined in Rule .0105 of this Subchapter;

(3) is certified as a nurse practitioner by a national credentialing body consistent with 21 NCAC 36 .0120(7) and (9); and

(4) has supplied additional information necessary to evaluate the application as requested.

Additional Information from the North Carolina Board of Nursing: n/a

Prescriptive Authority Guidelines

State Statute: n/a

Administrative Regulations: 21 N.C. Admin. Code 32M.010, 26.0810 (2010)

21 NC ADC 36.0809 PRESCRIBING AUTHORITY

(a) The prescribing stipulations contained in this Rule apply to writing prescriptions and ordering the administration of medications.

(b) Prescribing and dispensing stipulations are as follows:

(1) Drugs and devices that may be prescribed by the nurse practitioner in each practice site shall be included in the collaborative practice agreement as outlined in Rule .0110(b) of this Section.

(2) Controlled Substances (Schedules II, IIN, III, IIIN, IV, V) defined by the State and Federal Controlled Substances Acts may be procured, prescribed or ordered as established in the collaborative practice agreement, providing all of the following requirements are met:

(A) the nurse practitioner has an assigned DEA number which is entered on each prescription for a controlled substance;

(B) dosage units for schedules II, IIN, III and IIIN are limited to a 30 day supply; and

(C) the prescription or order for schedules II, IIN, III and IIIN may not be refilled.

(3) The nurse practitioner may prescribe a drug or device not included in the collaborative practice agreement only as follows:

(A) upon a specific written or verbal order obtained from a primary or back-up supervising physician before the prescription or order is issued by the nurse practitioner; and

(B) the written or verbal order as described in Part (b)(3)(A) of this Rule shall be entered into the patient record with a notation that it is issued on the specific order of a primary or back-up supervising physician and signed by the nurse practitioner and the physician.

(4) Refills may be issued for a period not to exceed one year except for schedules II, IIN, III and IIIN which may not be refilled.

(5) Each prescription shall be noted on the patient's chart and include the following

information:

- (A) medication and dosage;
- (B) amount prescribed;
- (C) directions for use;
- (D) number of refills; and
- (E) signature of nurse practitioner.

(6) Prescription Format:

(A) All prescriptions issued by the nurse practitioner shall contain the supervising physician(s) name, the name of the patient, and the nurse practitioner's name, telephone number, and approval number.

(B) The nurse practitioner's assigned DEA number shall be written on the prescription form when a controlled substance is prescribed as defined in Subparagraph (b)(2) of this Rule.

(c) The nurse practitioner may obtain approval to dispense the drugs and devices other than samples included in the collaborative practice agreement for each practice site from the Board of Pharmacy, and dispense in accordance with 21 NCAC 46 .1700, that is hereby incorporated by reference including subsequent amendments of the referenced materials.

.0810 QUALITY ASSURANCE STANDARDS FOR A COLLABORATIVE PRACTICE AGREEMENT

The following are the quality assurance standards for a collaborative practice agreement:

(1) Availability: The primary or back-up supervising physician(s) and the nurse practitioner shall be continuously available to each other for consultation by direct communication or telecommunication.

(2) Collaborative Practice Agreement:

(a) shall be agreed upon and signed by both the primary supervising physician and the nurse practitioner, and maintained in each practice site;

(b) shall be reviewed at least yearly. This review shall be acknowledged by a dated signature sheet, signed by both the primary supervising physician and the nurse practitioner, appended to the collaborative practice agreement and available for

inspection by members or agents of either Board;

(c) shall include the drugs, devices, medical treatments, tests and procedures that may be prescribed, ordered and performed by the nurse practitioner consistent with Rule .0809 of this Section; and

(d) shall include a pre-determined plan for emergency services.

(3) The nurse practitioner shall demonstrate the ability to perform medical acts as outlined in the collaborative practice agreement upon request by members or agents of either Board.

(4) Quality Improvement Process.

(a) The primary supervising physician and the nurse practitioner shall develop a process for the ongoing review of the care provided in each practice site including a written plan for evaluating the quality of care provided for one or more frequently encountered clinical problems.

(b) This plan shall include a description of the clinical problem(s), an evaluation of the current treatment interventions, and if needed, a plan for improving outcomes within an identified time-frame.

(c) The quality improvement process shall include scheduled meetings between the primary supervising physician and the nurse practitioner at least every six months. Documentation for each meeting shall:

(i) identify clinical problems discussed, including progress toward improving outcomes as stated in Sub-item (4)(b) of this Rule, and recommendations, if any, for changes in treatment plan(s);

(ii) be signed and dated by those who attended; and

(iii) be available for review by members or agents of either Board for the previous five calendar years and be retained by both the nurse practitioner and primary supervising physician.

(5) Nurse Practitioner-Physician Consultation. The following requirements establish the minimum standards for consultation between the nurse practitioner and primary supervising physician(s):

(a) During the first six months of a collaborative practice agreement between a nurse practitioner and the primary supervising physician, there shall be monthly meetings for the first six months to discuss practice relevant clinical issues and quality improvement measures.

(b) Documentation of the meetings shall:

- (i) identify clinical issues discussed and actions taken;
- (ii) be signed and dated by those who attended; and
- (iii) be available for review by members or agents of either Board for the previous five calendar years and be retained by both the nurse practitioner and primary supervising physician.

Additional Information from the North Carolina Board of Nursing: n/a



North Dakota

Definitions

State Statute: N.D. Cent. Code Ann. § 43-12.1-02 (West, Westlaw through 2009 Reg. Sess.)

In this chapter, unless the context otherwise requires:

1. “Advanced practice registered nurse” means an individual who holds a current license to practice in this state as an advanced practice registered nurse.

Administrative Regulations: N.D. Admin. Code 54-05-03.1-03.1 (2010)

The standards of practice for the registered nurse found in chapter 54-05-02 are the core standards of practice for all categories of advanced practice registered nurses. The advanced practice registered nurse has evolved into the roles of clinical nurse specialist, nurse anesthetist, nurse midwife, and nurse practitioner.

The advanced practice registered nurse functions in any setting as a member of the interdisciplinary team and provides care to the fullest extent of the scope of practice which includes:

1. Complete the assessment of the health status and health needs based on interpretation of health-related data and preventive health practices;
2. Analyze multiple sources of data, identify alternative possibilities as to the nature of a health care problem and select appropriate treatment;
3. Coordinate human and material resources for the provision of care;
4. Maintain accountability and responsibility for the quality of nursing care provided; and
5. Collaborate with the interdisciplinary team.

Exemptions and Consultation Exceptions

State Statute: N.D. Cent. Code Ann. § 43-12.1-04 (West, Westlaw through 2009 Reg. Sess.)

This chapter does not apply to a person that is not licensed or registered under this chapter and is:

3. A licensed nurse of another state who is in good standing and who is employed in this state by the United States government or any of its bureaus, divisions, or agencies.
4. A nurse licensed by another state or Canada, whose employment requires the nurse to accompany and care for a patient in transit for health care.
10. A nurse currently licensed to practice nursing by another jurisdiction:
 - a. Whose practice in another state requires that nurse to attend orientation, meetings, or continuing education in North Dakota;
 - b. Who serves as a guest lecturer or short-term consultant; or
 - c. Who provides evaluation undertaken on behalf of an accrediting organization.

Administrative Regulations: n/a

Reciprocity Guidelines

State Statute: N.D. Cent. Code Ann. § 43-12.1-09 (West, Westlaw through 2009 Reg. Sess.)

Initial licensure and registration

b. An applicant for licensure by endorsement to practice as a registered nurse or licensed practical nurse shall:

- (1) Submit a completed application and appropriate fee as established by the board.
- (2) Submit an official transcript showing completion of a nursing education program preparing for the level of licensure sought.
- (3) Submit proof of initial licensure by examination with the examination meeting North Dakota requirements for licensure examinations in effect at the time the applicant qualified for initial licensure.
- (4) Submit evidence of current unencumbered licensure in another state or meet continued competency requirements as established by the board.
- (5) Notwithstanding the foregoing requirements of this subdivision, if an applicant for

licensure as a licensed practical nurse has been licensed in another state as a licensed practical nurse based upon completion of a registered nurse education program and has had at least twenty-four months of unencumbered practice as a licensed practical nurse in another state within the five-year period preceding the application, then the applicant is not required to meet any additional educational requirements for licensure as a licensed practical nurse.

c. An applicant for licensure as an advanced practice registered nurse shall:

(1) Submit a completed application and appropriate fee as established by the board.

(2) Submit evidence of appropriate education and current certification in an advanced nursing role by a national nursing organization meeting criteria as established by the board. An advanced practice registered nurse applicant must have a graduate degree with a nursing focus or must have completed the educational requirements in effect when the applicant was initially licensed.

(3) Possess or show evidence of application for a current unencumbered registered nurse license.

d. An applicant for licensure as an advanced practice registered nurse who completed an advanced nursing education program and was licensed or certified in advanced practice by another state before January 1, 2001, or who completed an advanced nursing education program and was licensed or certified as a women's health care nurse practitioner by another state before January 1, 2007, may apply for and receive an advanced practice license if that applicant meets the requirements that were in place in this state at the time the applicant qualified for initial advanced practice licensure in that state.

e. An applicant for unlicensed assistive person registration shall:

(1) Submit a completed application and the appropriate fee as established by the board.

(2) Provide verification of appropriate training or evidence of certification or evaluation in the performance of basic nursing interventions.

f. An applicant for licensure as a specialty practice registered nurse shall:

(1) Submit a completed application and appropriate fee as established by the board.

(2) Submit evidence of appropriate education and current certification in a specialty

nursing role by a national nursing organization meeting criteria as established by the board. A specialty practice registered nurse applicant must have the educational preparation and national certification within a defined area of nursing practice.

(3) Possess or show evidence of application for a current unencumbered registered nurse license.

Administrative Regulations: N.D. Admin. Code 54-05-03.1-04 (2010)

Applicants for advanced practice registered nurse licensure must:

1. Possess a current license to practice as a registered nurse in North Dakota or in a compact state;
2. Submit evidence of completion of an advanced practice track within the nursing education program accredited by a national accrediting body;
3. Submit evidence of current certification by a national nursing certifying body in the specialty appropriate to educational preparation;
4. Submit a completed notarized application and pay the fee of one hundred dollars; and
5. Submit a scope of practice statement according to established board guidelines for review and approval by the board of nursing.

Applicants who have been issued a registered nurse temporary permit and meet all of the qualifications for advanced licensure may be issued a temporary advanced practice registered nurse license with the same date of expiration. The advanced practice registered nurse license will be issued to coincide with the renewal date of the initial registered nurse license.

Applicants for whom there is no appropriate certifying examination may submit other evidence verifying initial competence as established by the board. Evidence of an equivalent mechanism will not be accepted after January 1, 2005, and individuals will no longer be licensed without an approved advanced practice registered nurse examination.

Additional Information from the North Dakota Board of Nursing: n/a

Prescriptive Authority Guidelines

North Dakota Cont'd

State Statute: N.D. Cent. Code Ann. § 43-12.1-18 (West, Westlaw through 2009 Reg. Sess.)

The board shall adopt rules establishing standards for nursing practice. The board shall consult with the medical profession in the establishment of prescriptive practice standards for advanced practice registered nurses. Prescriptive practices must be consistent with the scope of practice of the advanced practice registered nurse and include evidence of a collaborative agreement with a licensed physician.

Administrative Regulations: N.D. Admin. Code 54-05-03.1-09-11 (2010)

54-05-03.1-09. Requirements for prescriptive authority.

Applicants for prescriptive authority shall:

1. Be currently licensed as an advanced practice registered nurse in North Dakota.
2. Submit a complete, notarized prescriptive authority application and pay the fee of fifty dollars.
3. Provide evidence of completion of thirty contact hours of education or equivalent in pharmacotherapy related to the applicant's scope of advanced practice that:
 - a. Have been obtained within a three-year period of time immediately prior to the date of application for prescriptive authority; or
 - b. Other methods that may be approved by the board.
4. Submit an affidavit from the licensed physician who will be participating in the collaborative prescriptive agreement acknowledging the manner of review and approval of the planned prescriptive practices. Information in the affidavit must also indicate that the advanced practice registered nurse's scope of prescriptive practice is appropriately related to the collaborating physician's medical specialty or practice. The affidavit must address all of the following areas:
 - a. Broad classifications of drugs or devices to be commonly prescribed by the advanced practice registered nurse;
 - b. Methods and frequency of the collaboration for prescriptive practices, which must occur as client needs dictate, but no less than once every two months;

- c. Methods of documentation of the collaboration process regarding prescriptive practices; and
- d. Alternative arrangements for collaboration regarding prescriptive practices in the temporary or extended absence of the physician.

54-05-03.1-10. Authority to prescribe.

1. A permanent advanced practice registered nurse license with the addition of prescriptive authority shall be issued following review and approval of the completed application by the board.
2. Between meetings of the board, board staff may review the prescriptive authority application and grant a temporary permit to prescribe if all the requirements are met.
3. The advanced practice registered nurse with prescriptive authority may prescribe drugs as defined by chapter 43-15-01 pursuant to applicable state and federal laws. Notice of the prescriptive authority granted will be forwarded to the board of pharmacy.
4. A prescriptive authority license does not include drug enforcement administration authority for prescribing controlled substances. Each licensee must apply for and receive a drug enforcement administration number before writing prescriptions for scheduled drugs.
5. The licensee may prescribe, administer, sign for, dispense, and procure pharmaceutical samples following state and federal regulations.
6. The signature on documents related to prescriptive practices must clearly indicate that the licensee is an advanced practice registered nurse.
7. The advanced practice registered nurse with prescriptive authority may not prescribe, sell, administer, distribute, or give to oneself or to one's spouse or child any drug legally classified as a controlled substance or recognized as an addictive or dangerous drug.
8. Notwithstanding any other provision, a practitioner who diagnoses a sexually transmitted disease, such as chlamydia, gonorrhea, or any other sexually transmitted infection, in an individual patient may prescribe or dispense, and a pharmacist may dispense, prescription antibiotic drugs to that patient's sexual partner or partners, without there having been an examination of that patient's sexual partner or partners.

54-05-03.1-11. Prescriptive authority renewal.

Prescriptive authority is valid for the same period of time as the applicant's advanced practice registered nurse and registered nurse license. The applicant for renewal must:

1. Renew the applicant's registered nurse license.
2. Submit verification of current certification by a national nursing certification body in the specific area of nursing practice.
3. Submit a completed advanced practice registered nurse with prescriptive authority renewal application.
4. Pay the advanced practice registered nurse renewal fee of forty dollars and the fifty dollar renewal fee for prescriptive authority.
5. Provide evidence of completion of fifteen contact hours of education during the previous two years in pharmacotherapy related to the scope of practice. These contact hours may fulfill the registered nurse renewal continuing education requirement. The education or its equivalent as approved by the board may include academic credits, attendance at approved seminars and courses, or participation in approved correspondence or home study continuing education courses.
6. Submit a verification of affidavit from the licensed physician who will be participating in the collaborative prescriptive agreement acknowledging the manner of review and approval of the planned prescriptive practices. Information in the affidavit must also indicate that the advanced practice registered nurse's scope of prescriptive practice is appropriately related to the collaborating physician's medical specialty or practice. The affidavit must address all of the following areas:
 - a. Broad classifications of drugs or devices to be commonly prescribed by the advanced practice registered nurse;
 - b. Methods and frequency of the collaboration for prescriptive practices, which must occur as client needs dictate, but no less than once every two months;
 - c. Methods of documentation of the collaboration process regarding prescriptive practices; and
 - d. Alternative arrangements for collaboration regarding prescriptive practices in the temporary or extended absence of the physician.

Additional Information from the North Dakota Board of Nursing:

<http://www.ndbon.org/faq%20lists/APRN%20FAQ.asp>

How many continuing education hours are required for renewal of prescriptive authority?

You must have 15 contact hours of education in pharmacology related to the scope of practice within the two-year renewal cycle. For example, if you are renewing in 2008 for the 2009-2010 cycle, the contact hours must have been obtained in 2007 or 2008. See Section 54-05-03.1-11(5) for further details.

How many physicians can sign a collaborative agreement with you for prescriptive authority?]

The board recommends you have only one physician agreement unless you have more than one practice site. If you are working in two sites with two different physicians, then you should have two agreements. Remember that you can consult with physicians other than the one you have a signed collaborative agreement.

When can I apply for prescriptive authority or a DEA number?

You can apply for prescriptive privileges after you have passed your certification examination and meet the requirements listed in Section 54-05-03.1-09. Once you have been approved by the board for prescriptive authority, you can apply for a DEA number.

Can I write prescriptions for myself or a family member?

According to Section 54-05-03.1-10 (7) you may not prescribe to oneself, spouse, or child any drug legally classified as a controlled substance or recognized as an addictive or dangerous drug. The Board discourages writing prescriptions of any kind to family members.



Ohio

Definitions

State Statute: Ohio Rev. Code Ann. § 4723.01 (West, Westlaw through 2010)

(J) “Certified nurse practitioner” means a registered nurse who holds a valid certificate of authority issued under this chapter that authorizes the practice of nursing as a certified nurse practitioner in accordance with section 4723.43 of the Revised Code and rules adopted by the board of nursing.

Administrative Regulations: Ohio Admin. Code 4723-8-01 (2010)

As used in this chapter:

(A) “Advanced practice nurse” means a certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner as provided in division (O) of section 4723.01 of the Revised Code.

Exemptions and Consultation Exceptions

State Statute: n/a

Administrative Regulations: n/a

Reciprocity Guidelines

State Statute:

Administrative Regulations: n/a

Additional Information from the Ohio Board of Nursing: n/a

Prescriptive Authority Guidelines

State Statute: Ohio Rev. Code Ann. § 4723.43, 481 (West, Westlaw through 2010)

4723.43 Supervision by doctor; restrictions

A certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner may provide to individuals and groups nursing care that requires knowledge and skill obtained from advanced formal education and clinical experience. In this capacity as an advanced practice nurse, a certified nurse-midwife is

subject to division (A) of this section, a certified registered nurse anesthetist is subject to division (B) of this section, a certified nurse practitioner is subject to division (C) of this section, and a clinical nurse specialist is subject to division (D) of this section. C) A nurse authorized to practice as a certified nurse practitioner, in collaboration with one or more physicians or podiatrists, may provide preventive and primary care services and evaluate and promote patient wellness within the nurse's nursing specialty, consistent with the nurse's education and certification, and in accordance with rules adopted by the board. A certified nurse practitioner who holds a certificate to prescribe issued under section 4723.48 of the Revised Code may, in collaboration with one or more physicians or podiatrists, prescribe drugs and therapeutic devices in accordance with section 4723.481 of the Revised Code.

When a certified nurse practitioner is collaborating with a podiatrist, the nurse's scope of practice is limited to the procedures that the podiatrist has the authority under section 4731.51 of the Revised Code to perform.

4723.481 Conditions of certificate to prescribe Under a certificate to prescribe issued under section 4723.48 of the Revised Code, a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner is subject to all of the following:

(A) The nurse shall not prescribe any drug or therapeutic device that is not included in the types of drugs and devices listed on the formulary established in rules adopted under section 4723.50 of the Revised Code.

(B) The nurse's prescriptive authority shall not exceed the prescriptive authority of the collaborating physician or podiatrist.

(C) The nurse may prescribe a schedule II controlled substance as specified in division (A)(2) of section 3719.06 of the Revised Code, but shall not prescribe a schedule II controlled substance in collaboration with a podiatrist.

(D) The nurse may personally furnish to a patient a sample of any drug or therapeutic device included in the types of drugs and devices listed on the formulary, subject to all of the following:

(1) The amount of the sample furnished shall not exceed a seventy-two-hour supply, except when the minimum available quantity of the sample is packaged in an amount that is greater than a seventy-two-hour supply, in which case the nurse may furnish the sample in the packaged amount.

(2) No charge may be imposed for the sample or for furnishing it.

(3) Samples of controlled substances may not be personally furnished.

(E) The nurse may personally furnish to a patient a complete or partial supply of a drug or therapeutic device included in the types of drugs and devices listed on the formulary, subject to all of the following:

(1) The nurse shall personally furnish only antibiotics, antifungals, scabicides, contraceptives, prenatal vitamins, antihypertensives, drugs and devices used in the treatment of diabetes, drugs and devices used in the treatment of asthma, and drugs used in the treatment of dyslipidemia.

(2) The nurse shall not furnish the drugs and devices in locations other than a health department operated by the board of health of a city or general health district or the authority having the duties of a board of health under section 3709.05 of the Revised Code, a federally funded comprehensive primary care clinic, or a nonprofit health care clinic or program.

(3) The nurse shall comply with all safety standards for personally furnishing supplies of drugs and devices, as established in rules adopted under section 4723.50 of the Revised Code.

Administrative Regulations: Ohio Admin. Code 4723-9-06, 08, 09 (2010)

4723-9-06 Standards and procedures for obtaining a certificate to prescribe

(A) To obtain a certificate to prescribe a certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist, who meets the qualifications set forth in section 4723.482 of the Revised Code and this chapter shall:

(1) Submit a completed application on a form specified by the board which includes, but is not limited to:

(a) Evidence of having successfully completed the advanced pharmacology course of study as set forth in rule 4723-9-03 of the Administrative Code; or

(b) Evidence of having held authority to prescribe as an advanced practice nurse under section 4723.56 of the Revised Code on May 17, 2000;

(2) Submit evidence of holding both a current, valid license to practice nursing as a registered nurse and a current, valid certificate of authority issued under section 4723.41 of the Revised Code to practice as a certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist;

(3) Submit evidence of either:

(a) Having completed the externship required by rule 4723-9-04 of the Administrative Code which includes a statement from a supervising physician attesting to the applicant's successful completion of the externship; or

(b) Having held authority to practice as an advanced practice nurse under section 4723.56 of the Revised Code on May 17, 2000; and

(4) Submit an application fee of fifty dollars.

If through no fault of the board, an applicant for a certificate to prescribe is not determined eligible for a certificate to prescribe within one year from receipt of the application, the application shall be considered void and the fee forfeited. The application shall state the circumstances under which this forfeiture may occur.

(B) An initial certificate to prescribe is considered current until the next scheduled renewal period for registered nurse licensure. However, when a certificate to prescribe is issued by the board on or after the first of March of an odd numbered year, that certificate to prescribe shall be current through the thirty-first of August of the next odd numbered year.

(C) A certificate to prescribe shall be considered inactive or lapsed in accordance with section 4723.47 of the Revised Code when a license to practice as a registered nurse or a certificate of authority is inactive or expires due to failure to renew. The certificate to prescribe shall remain inactive or lapsed until the license to practice as a registered nurse and the certificate of authority are reactivated or reinstated.

(D) A certificate to prescribe shall be automatically revoked in accordance with section 4723.47 of the Revised Code if the nurse's certificate of authority is revoked under section 4723.28 and 4723.281 of the Revised Code.

(E) A certificate to prescribe shall be automatically suspended in accordance with section 4723.47 of the Revised Code if the nurse's certificate of authority is suspended under section 4723.28 or 4723.281 of the Revised Code.

(F) In accordance with section 4723.47 of the Revised Code, if a restriction is placed on a nurse's certificate of authority under section 4723.28 of the Revised Code, the same restriction shall be automatically placed on the nurse's certificate to prescribe. The restriction shall remain on the certificate to prescribe as long as the certificate of

authority remains restricted.

(G) The holder of an inactive, lapsed, revoked, or suspended certificate to prescribe shall immediately return the certificate to the board.

(H) A holder of a current valid certificate to prescribe who does not intend to prescribe drugs or therapeutic devices in Ohio may request that the certificate to prescribe be placed on inactive status:

(1) At time of renewal, by checking the appropriate box on the certificate to prescribe renewal application that indicates the holder wishes to be placed on inactive status; or

(2) At any other time, by submitting to the board a written statement requesting inactive status, and the holder's current certificate to prescribe.

(I) While on inactive status, a nurse shall not represent or imply to the public that the nurse is authorized to prescribe drugs or therapeutic devices.

(J) An inactive or lapsed certificate to prescribe may be reactivated or reinstated pursuant to a written request which shall be accompanied by:

(1) A completed certificate to prescribe renewal application on a form specified by the board; and

(2) Payment of the renewal fee of fifty dollars.

(K) If the certificate to prescribe has lapsed or been placed on inactive status for three years or longer, the nurse seeking to reinstate or reactivate the certificate shall first obtain an externship certificate to prescribe and shall meet all requirements of externship including completion of the pharmacology course in accordance with rule 4723-9-03 of the Administrative Code.

4723-9-08 Safety standards for personally furnishing drugs and therapeutic devices

(A) In accordance with section 3719.81 of the Revised Code, a nurse who holds a current, valid certificate to prescribe issued by the board may personally furnish to a patient a sample of a drug or therapeutic device included among the types of drugs and devices set forth in the formulary established in rule 4723-9-10 of the Administrative Code, subject to all of the following:

(1) The amount of the sample furnished shall not exceed a seventy-two-hour supply,

except when the minimum available quantity of the sample is packaged in an amount that is greater than a seventy-two-hour supply, in which case the nurse may furnish the sample in the packaged amount;

(2) Samples may not be sold as set forth in section 4729.01 of the Revised Code;

(3) Samples of controlled substances may not be personally furnished;

(4) Where the directions for use by a particular patient are different from the directions on or in the sample container, the nurse shall also provide, in written format, the following:

(a) The name of the prescribing nurse;

(b) The name of the patient; and

(c) Directions for use of the drug or therapeutic device; and

(5) The nurse shall maintain a written record of all drugs and devices personally furnished by the nurse.

(B) A nurse who holds a current, valid certificate to prescribe issued by the board may personally furnish to a patient a complete or partial supply of a drug or therapeutic device included in the types of drugs and devices listed on the formulary established in rule 4723-9-10 of the Administrative Code, subject to all of the following:

(1) Those drugs that may be personally furnished are limited to those set forth in section 4723.481 of the Revised Code;

(2) The nurse shall affix to the container a label showing:

(a) The name and address of the prescribing nurse;

(b) The name of the patient for whom the drug is intended;

(c) Name and strength of the drug;

(d) Directions for use; and

(e) Date furnished;

(3) The nurse shall maintain a written record of all drugs and devices personally furnished by the nurse; and

(4) The nurse may personally furnish the drug or device only in the locations set forth in section 4723.481 of the Revised Code.

(C) A nurse who personally furnishes a drug or therapeutic device shall do so only in accordance with this rule and any other applicable state or federal laws or rules relative to personally furnishing drugs and therapeutic devices, including, but not limited to, rules adopted by the Ohio board of pharmacy.

4723-9-09 Standards of prescribing for nurses with a certificate to prescribe

(A) A nurse who holds a current valid certificate to prescribe may prescribe a drug or therapeutic device provided the prescription is in accordance with:

- (1) The nurse's standard care arrangement;
- (2) The scope of practice in the nurse's specialty area;
- (3) The requirements of the formulary as set forth in section 4723.50 of the Revised Code; and
- (4) The requirements of this chapter.

(B) The nurse's prescriptive authority shall not exceed the prescriptive authority of the collaborating physician, including but not limited to, any restrictions imposed on the physician's practice by action of the United States drug enforcement administration or the state medical board.

(C) A nurse who holds a current valid certificate to prescribe shall prescribe in a valid prescriber-patient relationship. This includes, but is not limited to:

- (1) Obtaining a thorough history of the patient;
- (2) Conducting a physical examination of the patient;
- (3) Rendering a diagnosis;
- (4) Prescribing medication, ruling out the existence of any recognized contraindications;
- (5) Consulting with the collaborating physician when necessary; and
- (6) Properly documenting these steps in the patient's medical records.

(D) Except in an emergency situation, a nurse holding a current, valid certificate to prescribe shall not prescribe for a family member or other individual for whom the nurse's personal or emotional involvement may render the nurse unable to exercise detached professional judgment in making diagnostic or therapeutic decisions.

(E) A nurse holding a current valid certificate to prescribe a controlled substance shall apply for, and obtain, the United States drug enforcement administration registration prior to prescribing any controlled substances.

(F) A nurse holding a current valid certificate to prescribe shall not prescribe any drug or device to perform or induce an abortion.

(G) All drugs and therapeutic devices shall be prescribed in accordance with the standard care arrangement and Chapter 4723. of the Revised Code and rules of the board.

(H) A nurse holding a current valid certificate to prescribe may prescribe drugs for purposes other than food and drug administration (FDA) indications when both of the following apply:

(1) The prescribing is in accordance with provisions of the formulary established pursuant to section 4723.50 of the Revised Code; and

(2) The prescribing is consistent with the standard care arrangement required by section 4723.431 of the Revised Code.

(I) A nurse holding a current valid certificate to prescribe shall: satisfy all requirements for prescribing set forth in rule 4729-5-30 of the Administrative Code, and shall include the nurse's prescriber number on each prescription.

Additional Information from the Ohio Board of Nursing:

<http://www.nursing.ohio.gov/PDFS/AdvPractice/SB89-websummary.pdf>

Prescriptive Authority For Out-Of-State Applicants

SB 89 was enacted on December 28, 2009 and will be effective March 29, 2010....Senate Bill 89 permits an out-of-state or federally employed advanced practice nurse with prescriptive authority that includes controlled substances to obtain prescriptive authority in Ohio without completing an externship.



Oklahoma

Definitions

State Statute: Okla. Stat. Ann. tit. 59, § 5 (West, Westlaw through 2010)

5. “Advanced practice nurse” means a licensed registered nurse who:

- a. has successfully completed a formal program of study approved by the Board which is designed to prepare registered nurses to perform in an expanded role in the delivery of health care,
- b. is nationally certified by an appropriate certifying body, recognized by the Board, and
- c. has received a certificate of recognition from the Board.

The term “advanced practice nurse” shall include advanced registered nurse practitioners, clinical nurse specialists, nurse-midwives and certified registered nurse anesthetists.

6. “Advanced registered nurse practitioner” means a licensed registered nurse who has met the requirements of paragraph 5 of this section. The advanced registered nurse practitioner performs in an expanded role in the delivery of health care that is:

- a. consistent with advanced educational preparation as an advanced practice nurse in an area of specialty,
- b. functions within the advanced registered nurse practitioner scope of practice denoted for the area of specialization, and
- c. is in accord with the standards for advanced practice nurses as identified by the certifying body and approved by the Board.

An advanced registered nurse practitioner in accordance with the scope of practice of the advanced registered nurse practitioner shall be eligible to obtain recognition as authorized by the Board to prescribe, as defined by the rules promulgated by the Board pursuant to this section and subject to the medical direction of a supervising physician. This authorization shall not include dispensing drugs, but shall not preclude, subject to federal regulations, the receipt of, the signing for, or the dispensing of professional samples to patients.

The advanced registered nurse practitioner accepts responsibility, accountability, and obligation to practice in accordance with usual and customary advanced practice

nursing standards and functions as defined by the scope of practice/role definition statements for the advanced registered nurse practitioner.

Any person who is recognized by the Board as an advanced registered nurse practitioner and wishes to practice as an advanced registered nurse practitioner in this state shall have the right to use the title “Advanced Registered Nurse Practitioner” and to the abbreviation “ARNP”. No other person shall assume such title or use such abbreviation or any other words, letters, signs, or figures to indicate that the person using the same is an advanced registered nurse practitioner;

Administrative Regulations: Okla. Admin. Code § 485:10-1-2 (2010)

“Advanced practice nurse” is a term that includes Advanced Registered Nurse Practitioners (ARNP), Clinical Nurse Specialists (CNS), Certified Nurse Midwives (CNM), and Certified Registered Nurse Anesthetists (CRNA).

Exemptions and Consultation Exceptions

State Statute: n/a

Administrative Regulations: n/a

Reciprocity Guidelines

State Statute: Okla. Stat. Ann. tit. 59, § 567 (West, Westlaw through 2010)

§ 567.5. Registered nurses, licensing--Applications--Qualifications--Examinations--Licensure without examination--Use of titles and abbreviations—Violations

B. The Board may issue a license to practice nursing as a registered nurse without examination to an applicant who has been duly licensed as a registered nurse under the laws of another state, territory, the District of Columbia or a foreign country, if such applicant meets the qualifications required for licensing as a registered nurse in this state.

§ 567.3a. Definitions

5. “Advanced practice nurse” means a licensed registered nurse who:
a. has successfully completed a formal program of study approved by the Board which is designed to prepare registered nurses to perform in an expanded role in the delivery of health care,

- b. is nationally certified by an appropriate certifying body, recognized by the Board, and
- c. has received a certificate of recognition from the Board.

The term “advanced practice nurse” shall include advanced registered nurse practitioners, clinical nurse specialists, nurse-midwives and certified registered nurse anesthetists.

Administrative Regulations: n/a

Additional Information from the Oklahoma Board of Nursing: n/a

Prescriptive Authority Guidelines

State Statute: Okla. Stat. Ann. tit. 59, § 5 (West, Westlaw through 2010)

59 Okl.St. Ann. § 5

5. “Advanced practice nurse” means a licensed registered nurse who:

- a. has successfully completed a formal program of study approved by the Board which is designed to prepare registered nurses to perform in an expanded role in the delivery of health care,
- b. is nationally certified by an appropriate certifying body, recognized by the Board, and
- c. has received a certificate of recognition from the Board.

The term “advanced practice nurse” shall include advanced registered nurse practitioners, clinical nurse specialists, nurse-midwives and certified registered nurse anesthetists.

6. “Advanced registered nurse practitioner” means a licensed registered nurse who has met the requirements of paragraph 5 of this section. The advanced registered nurse practitioner performs in an expanded role in the delivery of health care that is:

- a. consistent with advanced educational preparation as an advanced practice nurse in an area of specialty,
- b. functions within the advanced registered nurse practitioner scope of practice denoted

for the area of specialization, and

c. is in accord with the standards for advanced practice nurses as identified by the certifying body and approved by the Board.

An advanced registered nurse practitioner in accordance with the scope of practice of the advanced registered nurse practitioner shall be eligible to obtain recognition as authorized by the Board to prescribe, as defined by the rules promulgated by the Board pursuant to this section and subject to the medical direction of a supervising physician. This authorization shall not include dispensing drugs, but shall not preclude, subject to federal regulations, the receipt of, the signing for, or the dispensing of professional samples to patients.

The advanced registered nurse practitioner accepts responsibility, accountability, and obligation to practice in accordance with usual and customary advanced practice nursing standards and functions as defined by the scope of practice/role definition statements for the advanced registered nurse practitioner.

Any person who is recognized by the Board as an advanced registered nurse practitioner and wishes to practice as an advanced registered nurse practitioner in this state shall have the right to use the title "Advanced Registered Nurse Practitioner" and to the abbreviation "ARNP". No other person shall assume such title or use such abbreviation or any other words, letters, signs, or figures to indicate that the person using the same is an advanced registered nurse practitioner;

567.4a. Prescriptive authority recognition—Rules

The rules regarding prescriptive authority recognition promulgated by the Oklahoma Board of Nursing pursuant to paragraphs 6 through 9, 11 and 12 of Section 567.3a of this title shall:

1. Define the procedure for documenting supervision by a physician licensed in Oklahoma to practice by the State Board of Medical Licensure and Supervision or the State Board of Osteopathic Examiners. Such procedure shall include a written statement that defines appropriate referral, consultation, and collaboration between the advanced practice nurse, recognized to prescribe as defined in paragraphs 6 through 9, 11 and 12 of Section 567.3a of this title, and the supervising physician. The written statement shall include a method of assuring availability of the supervising physician through direct contact, telecommunications or other appropriate electronic means for consultation, assistance with medical emergencies, or patient referral. The written statement shall be part of the initial application and the renewal application submitted to the Board for

recognition for prescriptive authority for the advanced practice nurse. Changes to the written statement shall be filed with the Board within thirty (30) days of the change and shall be effective on filing;

2. Define minimal requirements for initial application for prescriptive authority which shall include, but not be limited to, evidence of completion of a minimum of forty-five (45) contact hours or three (3) academic credit hours of education in pharmacotherapeutics, clinical application, and use of pharmacological agents in the prevention of illness, and in the restoration and maintenance of health in a program beyond basic registered nurse preparation, approved by the Board. Such contact hours or academic credits shall be obtained within a time period of three (3) years immediately preceding the date of application for prescriptive authority;

3. Define minimal requirements for application for renewal of prescriptive authority which shall include, but not be limited to, documentation of a minimum of fifteen (15) contact hours or one (1) academic credit hour of education in pharmacotherapeutics, clinical application, and use of pharmacological agents in the prevention of illness, and in the restoration and maintenance of health in a program beyond basic registered nurse preparation, approved by the Board, within the two-year period immediately preceding the effective date of application for renewal of prescriptive authority;

4. Require that beginning July 1, 2002, an advanced practice nurse shall demonstrate successful completion of a master's degree in a clinical nurse specialty in order to be eligible for initial application for prescriptive authority under the provisions of this act;

5. Define the method for communicating authority to prescribe or termination of same, and the formulary to the Board of Pharmacy, all pharmacies, and all registered pharmacists;

6. Define terminology used in such rules;

7. Define the parameters for the prescribing practices of the advanced practice nurse;

8. Define the methods for termination of prescriptive authority for advanced practice nurses; and

9. a. Establish a Formulary Advisory Council that shall develop and submit to the Board recommendations for an exclusionary formulary that shall list drugs or categories of drugs that shall not be prescribed by advanced practice nurses recognized to prescribe by the Oklahoma Board of Nursing. The Formulary Advisory Council shall also develop and submit to the Board recommendations for practice-specific prescriptive standards

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for each category of advanced practice nurse recognized to prescribe by the Oklahoma Board of Nursing pursuant to the provisions of the Oklahoma Nursing Practice Act. The Board shall either accept or reject the recommendations made by the Council. No amendments to the recommended exclusionary formulary may be made by the Board without the approval of the Formulary Advisory Council.

b. The Formulary Advisory Council shall be composed of twelve (12) members as follows:

(1) four members, to include a pediatrician, an obstetrician-gynecological physician, a general internist, and a family practice physician; provided that three of such members shall be appointed by the Oklahoma State Medical Association, and one shall be appointed by the Oklahoma Osteopathic Association,

(2) four members who are registered pharmacists, appointed by the Oklahoma Pharmaceutical Association, and

(3) four members, one of whom shall be an advanced registered nurse practitioner, one of whom shall be a clinical nurse specialist, one of whom shall be a certified nurse-midwife, and one of whom shall be a current member of the Oklahoma Board of Nursing, all of whom shall be appointed by the Oklahoma Board of Nursing.

c. All professional members of the Formulary Advisory Council shall be in active clinical practice, at least fifty percent (50%) of the time, within their defined area of specialty. The members of the Formulary Advisory Council shall serve at the pleasure of the appointing authority for a term of three (3) years. The terms of the members shall be staggered. Members of the Council may serve beyond the expiration of their term of office until a successor is appointed by the original appointing authority. A vacancy on the Council shall be filled for the balance of the unexpired term by the original appointing authority.

d. Members of the Council shall elect a chair and a vice-chair from among the membership of the Council. For the transaction of business, at least seven members, with a minimum of two members present from each of the identified categories of physicians, pharmacists and advanced practice nurses, shall constitute a quorum. The Council shall recommend and the Board shall approve and implement an initial exclusionary formulary on or before January 1, 1997. The Council and the Board shall annually review the approved exclusionary formulary and shall make any necessary revisions utilizing the same procedures used to develop the initial exclusionary formulary.

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CREDIT(S)

Administrative Regulations: Okla. Admin. Code § 485:10-16-5, 10-16-8 (2010)

485:10-16-5. Maintenance

(a) The advanced practice nurse may prescribe in writing, orally, or by other means of telecommunication, drugs or medical supplies which are not listed on the exclusionary formulary approved by the Board, and which are within the scope of practice for the advanced practice nurse, and that are not otherwise prohibited by law.

(b) The advanced practice nurse must have a supervising physician on file with the Board prior to prescribing drugs or medical supplies. Changes to the written statement between the advanced practice nurse and supervising physician shall be filed with the Board within 30 days of the change and shall be effective upon filing.

(c) The advanced practice nurse with prescriptive authority who prescribes Schedule III-V drugs will comply with state and Federal Drug Enforcement Administration (DEA) requirements prior to prescribing controlled substances.

(1) The advanced practice nurse with prescriptive authority will submit in writing the assigned DEA number to the Board of Nursing within fourteen (14) days of receipt.

(2) No more than a 30-day supply for Schedule III-V drugs shall be prescribed by the advanced practice nurse with prescriptive authority.

485:10-16-8. Information which must be included on the prescription

(a) Prescriptions will comply with all applicable state and federal laws.

(b) All prescriptions will include the following information:

(1) Name, title, address, and telephone number of the advanced practice nurse who is prescribing.

(2) Name of physician supervising prescriptive authority.

(3) Name of the client.

(4) Date of the prescription.

(5) Full name of the drug, dosage, route and specific directions for administration.

(6) DEA number of advanced practice nurse, if required.

(c) Written prescriptions shall include the signature of the advanced practice nurse.

(d) Records of all prescriptions will be documented in client records.

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Additional Information from the Oklahoma Board of Nursing:

<http://www.ok.gov/nursing/prac-exclusfrm.pdf>

Advanced Practice Nurses (Advanced Registered Nurse Practitioner, Clinical Nurse Specialist and Certified

Nurse Midwife) in accordance with Oklahoma Nursing Practice Act, may prescribe medications that are within the advanced practice nurses' scope of p



Oregon

Definitions

State Statute: Or. Rev. Stat. Ann. § 678.375 (West, Westlaw through 2009 Reg. Sess.)

(1) The Oregon State Board of Nursing is authorized to issue certificates of special competency to licensed registered nurses to practice as nurse practitioners if they meet the requirements of the board pursuant to ORS 678.380.

(2) No person shall practice as a nurse practitioner or hold oneself out to the public or to an employer, or use the initials, name, title, designation or abbreviation as a nurse practitioner until and unless such person is certified by the board.

(3) A registered nurse, certified as a nurse practitioner, is authorized to complete and sign death certificates. Death certificates signed by a certified nurse practitioner shall be accepted as fulfilling all the requirements of the laws dealing with death certificates. A certified nurse practitioner who signs a death certificate must comply with all provisions of ORS 432.307.

(4) A registered nurse, certified as a nurse practitioner, is authorized to prescribe drugs for the use of and administration to other persons if approval has been given under ORS 678.390. The drugs which the nurse practitioner is authorized to prescribe shall be included within the certified nurse practitioner's scope of practice as defined by rules of the board.

(5) A licensed pharmacist may fill and a licensed pharmacist or an employee of the licensed pharmacist may dispense medications prescribed by a nurse practitioner in accordance with the terms of the prescription. The filling of such a prescription does not constitute evidence of negligence on the part of the pharmacist if the prescription was dispensed within the reasonable and prudent practice of pharmacy.

Administrative Regulations: Or. Admin. R. 851-050-0000 (2010)

(21) "Nurse Practitioner" (NP) means an advanced practice registered nurse who is certified by the Board to independently assume responsibility and accountability for the care of clients. The title nurse practitioner and population foci of practice shall not be used unless the individual is certified by the Board.

Exemptions and Consultation Exceptions

State Statute: n/a

Administrative Regulations: n/a

Reciprocity Guidelines

State Statute: n/a

Administrative Regulations: n/a

Additional Information from the Oregon Board of Nursing: n/a

Prescriptive Authority Guidelines

State Statute: Or. Rev. Stat. Ann. § 678.390 (West, Westlaw through 2009 Reg. Sess.)

678.390. Power of nurse practitioner or certified clinical nurse specialist to write prescriptions or dispense drugs; application; rules; revocation

(1) The Oregon State Board of Nursing may grant to a certified nurse practitioner or certified clinical nurse specialist the privilege of writing prescriptions, including prescriptions for controlled substances listed in schedules II, III, III N, IV and V.

(2) A certified nurse practitioner or certified clinical nurse specialist may submit an application to the Oregon State Board of Nursing to dispense prescription drugs. The Oregon State Board of Nursing shall provide immediate notice to the State Board of Pharmacy upon receipt and upon approval of an application from a certified nurse practitioner or certified clinical nurse specialist for authority to dispense prescription drugs to the patients of the applicant.

(3) An application for the authority to dispense prescription drugs as authorized under subsection (1) of this section must include:

(a) Evidence of completion of a prescription drug dispensing training program jointly developed and adopted by rule by the Oregon State Board of Nursing and the State Board of Pharmacy.

(b) Except when a certified nurse practitioner is seeking authority to dispense prescription drugs at a qualified institution of higher education as defined in ORS 399.245, demonstration of a lack of readily available access to pharmacy services in the practice area of the applicant and that the lack of access would be corrected by granting authority to dispense prescription drugs by the applicant. Lack of readily available access to pharmacy services for patients may be established by evidence:

(A) That the patients of the applicant are located:

(i) Outside the boundaries of a metropolitan statistical area;

(ii) Thirty or more highway miles from the closest hospital within the major population center in a metropolitan statistical area; or

(iii) In a county with a population of less than 75,000; or

(B) Of financial barrier to access, including but not limited to receiving services from a health care safety net clinic or eligibility for participation in a patient assistance program of a pharmaceutical company.

(c) Any other information required by the Oregon State Board of Nursing.

(4) Prescription drugs dispensed by a certified nurse practitioner or certified clinical nurse specialist shall be personally dispensed by the certified nurse practitioner or certified clinical nurse specialist, except that nonjudgmental dispensing functions may be delegated to staff assistants when:

(a) The accuracy and completeness of the prescription is verified by the certified nurse practitioner or certified clinical nurse specialist; and

(b) The prescription drug is labeled with the name of the patient to whom it is being dispensed.

(5) The Oregon State Board of Nursing shall adopt rules requiring:

(a) Drugs dispensed by certified nurse practitioners and certified clinical nurse specialists to be either prepackaged by a manufacturer registered with the State Board of Pharmacy or repackaged by a pharmacist licensed by the State Board of Pharmacy under ORS chapter 689;

(b) Labeling requirements for drugs dispensed by certified nurse practitioners and certified clinical nurse specialists that are the same as labeling requirements required of pharmacies licensed under ORS chapter 689;

(c) Record keeping requirements for prescriptions and drug dispensing by a certified nurse practitioner and a certified clinical nurse specialist that are the same as the record keeping requirements required of pharmacies licensed under ORS chapter 689;

- (d) A dispensing certified nurse practitioner and a dispensing certified clinical nurse specialist to have available at the dispensing site a hard copy or electronic version of prescription drug reference works commonly used by professionals authorized to dispense prescription medications; and
- (e) A dispensing certified nurse practitioner and a dispensing certified clinical nurse specialist to allow representatives of the State Board of Pharmacy, upon receipt of a complaint, to inspect a dispensing site after prior notice to the Oregon State Board of Nursing.
- (6) The Oregon State Board of Nursing has sole disciplinary authority regarding certified nurse practitioners and certified clinical nurse specialists who have drug dispensing authority.
- (7) The privilege of writing prescriptions and dispensing drugs may be denied, suspended or revoked by the Oregon State Board of Nursing upon proof that the privilege has been abused. The procedure shall be a contested case under ORS chapter 183. Disciplinary action under this subsection is grounds for discipline of the certified nurse practitioner or certified clinical nurse specialist in the same manner as a licensee may be disciplined under ORS 678.111.

Administrative Regulations: Or. Admin. R. 851-056-0004, 0010, 0018 (2010)

851-056-0004 Prescriptive Authority Scope of Practice

- (1) Prescribing, procuring or authorizing use of legend drugs, controlled substances, therapeutic devices, and other measures, and dispensing drugs consistent with the individual's scope of specialty practice, and competency.
- (2) Standing orders, protocols, or written prescriptions may also be given for over-the-counter medications as clinically necessary.

851-056-0010 Prescription Requirements

- (1) A written prescription shall include the date, printed name, legal signature, specialty category/title, business address, and telephone number of the prescribing nurse practitioner or clinical nurse specialist in addition to the required patient and drug information.
- (2) An electronically transmitted prescription as defined in OAR 855-006-0015 of the Pharmacy Act shall include the name and immediate contact information of the prescriber and be electronically encrypted or in some manner protected by up-to-date technology from unauthorized access, alteration or use. Controlled substances have

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additional restrictions as defined by the DEA which shall be followed.

(3) A tamper resistant prescription shall meet criteria as defined in OAR 855-006-0015 of the Pharmacy Act.

(4) Prescriptions may be written for over the counter drugs, durable medical equipment (DME) and devices.

(5) Prescriptions shall be signed by the prescriber with the abbreviated specialty title of the nurse practitioner as per OAR 851-050-0005(9) or the title CNS as per 851-054-0015.

(6) The nurse practitioner or clinical nurse specialist shall comply with all applicable laws and rules in prescribing, administering, and distributing drugs, including compliance with the labeling requirements of ORS Chapter 689.

(7) A nurse practitioner or clinical nurse specialist shall only prescribe controlled substances in conjunction with their own valid and current DEA registration number appropriate to the classification level of the controlled substance.

(8) Clinical nurse specialists and nurse practitioners with prescriptive authority are authorized to prescribe:

- (a) Over-the-counter drugs;
- (b) Appliances and devices;
- (c) Orphan drugs; and
- (d) Limited access drugs;
- (e) Antibiotics to partner(s) of patients diagnosed with a sexually transmitted infection without first examining the partner of the patient, consistent with Department of Human Services guidelines regarding Expedited Partner Therapy.

851-056-0018 Distributing Drug Samples

(1) Any clinical nurse specialist or nurse practitioner who has prescription writing authority may receive prepackaged complimentary samples of drugs and distribute these samples to clients.

(2) Drug samples which are controlled substances must be maintained in accordance with OAR 851-056-0026 and any applicable state and federal requirements.

(3) All sample distribution shall be clearly documented in the patient's chart and the

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patient shall be provided with information needed for safe use.

Additional Information from the Oregon Board of Nursing:

http://www.osbn.state.or.us/OSBN/pdfs/publications/prescriptive_booklet.pdf

The Oregon State Board of Nursing has issued a comprehensive booklet for nurse practitioners and clinical nurse specialists addressing the laws and regulations regarding prescriptive privileges.



Pennsylvania

Definitions

State Statute: 63 Pa. Cons. Stat. Ann. § 212 (West, Westlaw through 2010)

(12) “Certified registered nurse practitioner” means a registered nurse licensed in this Commonwealth who is certified by the board in a particular clinical specialty area.

Administrative Regulations: 49 Pa. Code § 18.21 (2010)

Certified Registered Nurse Practitioner (C.R.N.P.)--A registered nurse licensed in this Commonwealth who is certified by the Boards in a particular clinical specialty area and who, while functioning in the expanded role as a professional nurse, performs acts of medical diagnosis or prescription of medical therapeutic or corrective measures in collaboration with and under the direction of a physician licensed to practice medicine in this Commonwealth. Nothing in this subchapter limits or prohibits a nurse from engaging in activities which normally constitute the practice of nursing as defined in section 2 of The Professional Nursing Law (63 P. S. § 212).

Exemptions and Consultation Exceptions

State Statute: n/a

Administrative Regulations: n/a

Reciprocity Guidelines

State Statute: n/a

Administrative Regulations: n/a

Additional Information from the Pennsylvania Board of Nursing: n/a

Prescriptive Authority Guidelines

State Statute: 63 Pa. Cons. Stat. Ann. § 218.3 (West, Westlaw through 2010)

§ 218.3. Prescriptive authority for certified registered nurse practitioners

(a) A certified registered nurse practitioner may prescribe medical therapeutic or corrective measures if the nurse:

(1) has successfully completed at least forty-five (45) hours of coursework specific to advanced pharmacology at a level above that required by a professional nursing

education program;

(2) is acting in collaboration with a physician as set forth in a written agreement which shall, at a minimum, identify the following:

- (i) the area of practice in which the nurse is certified;
- (ii) the categories of drugs from which the nurse may prescribe or dispense; and
- (iii) the circumstances and how often the collaborating physician will personally see the patient; and

(3) is acting in accordance with regulations promulgated by the board.

(b) A certified registered nurse practitioner who satisfies the requirements of subsection (a) may prescribe and dispense those categories of drugs that certified registered nurse practitioners were authorized to prescribe and dispense by board regulations in effect on the effective date of this section, subject to the restrictions on certain drug categories imposed by those regulations. The board shall add to or delete from the categories of authorized drugs in accordance with the provisions of section 8.4.

Administrative Regulations: 49 Pa. Code §§ 18.53-54, 21.285 (2010)

§ 18.53. Prescribing and dispensing drugs.

A CRNP may prescribe and dispense drugs if the following requirements are met:

(1) The CRNP has completed a CRNP program which is approved by the Boards or, if completed in another state, is equivalent to programs approved by the Boards.

(2) The CRNP has successfully completed at least 45 hours of course work specific to advanced pharmacology in accordance with the following:

(i) The course work in advanced pharmacology may be either part of the CRNP education program or, if completed outside of the CRNP education program, an additional course or courses taken from an educational program or programs approved by the Boards.

(ii) The course work in advanced pharmacology must be at an advanced level above a pharmacology course required by a professional nursing (RN) education program.

(3) A CRNP who has prescriptive authority shall complete at least 16 hours of State Board of Nursing approved continuing education in pharmacology in the 2 years prior to the biennial renewal date of the CRNP certification. The CRNP shall show proof that

the CRNP completed the continuing education when submitting a biennial renewal.

(4) In prescribing and dispensing drugs, a CRNP shall comply with standards of the State Board of Medicine in §§ 16.92--16.94 (relating to prescribing, administering and dispensing controlled substances; packaging; and labeling of dispensed drugs) and the Department of Health in 28 Pa. Code §§ 25.51--25.58, 25.61--25.81 and 25.91--25.95.

§ 18.54. Prescribing and dispensing parameters.

(a) The Board adopts the American Hospital Formulary Service Pharmacologic-Therapeutic Classification to identify drugs which the CRNP may prescribe and dispense subject to the parameters identified in this section.

(b) A CRNP may prescribe and dispense a drug relevant to the area of practice of the CRNP from the following categories if that authorization is documented in the collaborative agreement (unless the drug is limited or excluded under this or another subsection):

- (1) Antihistamines.
- (2) Anti-infective agents.
- (3) Antineoplastic agents, unclassified therapeutic agents, devices and pharmaceutical aids if originally prescribed by the collaborating physician and approved by the collaborating physician for ongoing therapy.
- (4) Autonomic drugs.
- (5) Blood formation, coagulation and anticoagulation drugs, and thrombolytic and antithrombolytic agents.
- (6) Cardiovascular drugs.
- (7) Central nervous system agents, except that the following drugs are excluded from this category:
 - (i) General anesthetics.
 - (ii) Monoamine oxidase inhibitors.
- (8) Contraceptives including foams and devices.
- (9) Diagnostic agents.
- (10) Disinfectants for agents used on objects other than skin.
- (11) Electrolytic, caloric and water balance.
- (12) Enzymes.
- (13) Antitussive, expectorants and mucolytic agents.
- (14) Gastrointestinal drugs.
- (15) Local anesthetics.

(16) Eye, ear, nose and throat preparations.

(17) Serums, toxoids and vaccines.

(18) Skin and mucous membrane agents.

(19) Smooth muscle relaxants.

(20) Vitamins.

(21) Hormones and synthetic substitutes.

(c) A CRNP may not prescribe or dispense a drug from the following categories:

(1) Gold compounds.

(2) Heavy metal antagonists.

(3) Radioactive agents.

(4) Oxytocics

(d) If a collaborating physician determines that the CRNP is prescribing or dispensing a drug inappropriately, the collaborating physician shall immediately take corrective action on behalf of the patient and notify the patient of the reason for the action and advise the CRNP as soon as possible. This action shall be noted by the CRNP or the collaborating physician, or both, in the patient's medical record.

(e) Restrictions on CRNP prescribing and dispensing practices are as follows:

(1) A CRNP may write a prescription for a Schedule II controlled substance for up to a 72 hour dose. The CRNP shall notify the collaborating physician as soon as possible but in no event longer than 24 hours.

(2) A CRNP may prescribe a Schedule III or IV controlled substance for up to 30 days. The prescription is not subject to refills unless the collaborating physician authorizes refills for that prescription.

(f) A CRNP may not:

(1) Prescribe or dispense a Schedule I controlled substance as defined in section 4 of the Controlled Substance, Drug, Device and Cosmetic Act (35 P. S. § 780-14).

(2) Prescribe or dispense a drug for a use not approved by the United States Food and Drug Administration without approval of the collaborating physician.

(3) Delegate prescriptive authority specifically assigned to the CRNP by the collaborating physician to another health care provider.

(g) A prescription blank shall bear the certification number of the CRNP, name of the

CRNP in printed format at the top of the blank and a space for the entry of the DEA registration number, if appropriate. The collaborating physician shall also be identified as required in § 16.91 (relating to identifying information on prescriptions and orders for equipment and service).

(h) The CRNP shall document in the patient's medical record the name, amount and dose of the drug prescribed, the number of refills, the date of the prescription and the CRNP's name.

§ 21.285. Prescriptive authority collaborative agreements.

(a) The prescriptive authority collaborative agreement between a physician and a CRNP who will prescribe and dispense drugs and other medical therapeutic or corrective measures, as set forth in § 21.283(a) (relating to authority and qualifications for prescribing, dispensing and ordering drugs) must satisfy the following requirements. The agreement must:

(1) Be in writing, identify the parties, including the collaborating physician, the CRNP, and at least one substitute physician who will provide collaboration if the collaborating physician is unavailable, include the signature of the CRNP and the collaborating physician, and contain the date that the agreement is signed and the date that the agreement is effective.

(2) Identify the specialty in which the CRNP is certified.

(3) Identify the categories of drugs from which the CRNP may prescribe or dispense in accordance with section 8.3 (a)(2)(ii) of the act (63 P. S. § 218.3(a)(2)(ii)).

(4) Specify the circumstances and how often the collaborating physician will personally see the patient.

(5) Be kept at the primary practice location of the CRNP and a copy filed with the Bureau of Professional and Occupational Affairs.

(6) Be made available for inspection to anyone who requests it and be provided, without charge, to any licensed pharmacist or pharmacy upon request.

(7) Be reviewed and updated by the parties at least once every 2 years or whenever the agreement is changed.

(8) Specify the amount of professional liability insurance that covers the CRNP.

(b) The CRNP shall notify the Board, in writing, whenever a prescriptive authority collaborative agreement is updated or terminated, and, when appropriate, shall file the "Change Of Prescriptive Authority Collaborative Agreement" form and the amended prescriptive authority collaborative agreement with the Board and pay the fee set forth in § 21.253 (relating to fees).

Additional Information from the Pennsylvania Board of Nursing: n/a



Rhode Island

Definitions

State Statute: R.I. Gen. Laws Ann. § 5-34-3 (West, Westlaw through Jan. 2009)

(1) “Advanced practice nurse” means the status of qualified individuals who hold an active license as a registered nurse and an active license as a nurse in an advanced role as defined under the provisions of this chapter or chapter 5-34.2.

(3) “Certified registered nurse practitioner” is an advanced practice nurse utilizing independent knowledge of physical assessment and management of health care and illnesses. The practice includes prescriptive privileges. The practice includes collaboration with other licensed health care professionals including, but not limited to, physicians, pharmacists, podiatrists, dentists and nurses.

Administrative Regulations: RI ADC 31-5-28:1.0, Current with amendments through April 1, 2010.

1.2 “Advanced practice nurse” means the status of qualified individuals who hold an active license as a registered nurse and an active license as a nurse in an advanced role as defined under the provision of the Act or Chapter 5-34.2 of the Rhode Island General Laws, as amended.

1.9 “Certified registered nurse practitioner (RNP)” means an advanced practice nurse utilizing independent knowledge of physical assessment and management of health care and illnesses. The practice includes prescriptive privileges, and collaboration with other licensed health care professionals, including, but not limited to, physicians, pharmacists, podiatrists, dentists and nurses.

Exemptions and Consultation Exceptions

State Statute: R.I. Gen. Laws Ann. § 5-34-31 (West, Westlaw through Jan. 2009)

No provisions of this chapter shall be construed as prohibiting:

(3) The practice of nursing in this state by any legally qualified nurse of another state whose engagement requires him or her to accompany and care for a patient temporarily residing in this state during the period of this engagement not to exceed six (6) months in length, provided that person does not represent or hold himself or herself out as a nurse licensed to practice in this state;

(4) The practice of any legally qualified nurse of another state who is employed by the

United States government or any bureau, division, or agency of the government while in the discharge of his or her official duties;

Administrative Regulations: n/a

Reciprocity Guidelines

State Statute: R.I. Gen. Laws Ann. §§ 5-34-35, 34.3-5(West, Westlaw through Jan. 2009)

§ 5-34-35

(a) An applicant for licensure to practice as a certified registered nurse practitioner shall submit to the board of nurse registration and nursing education written evidence on forms furnished by the division of professional regulation, verified by oath, that:

(1) The applicant is a registered nurse who has completed an accredited educational program resulting in a master's degree in nursing and/or an approved nurse practitioner course of study. This curriculum must include both a didactic component and supervised clinical experience. Effective January 1, 2004, all applicants for initial licensure must complete an accredited educational program resulting in a master's degree with a major in nursing.

(2) The applicant passed a national qualifying examination recognized by the board of nurse registration and nursing education.

(b) A license to practice as a certified registered nurse practitioner may be issued to an applicant who is licensed by examination or endorsement as a certified registered nurse practitioner under the laws of another state or territory if, in the opinion of the board, the applicant meets the qualifications required of certified registered nurse practitioners in this state.

§ 5-34.3-5 Permitted activities and jurisdiction

(d) This compact does not affect additional requirements imposed by states for advanced practice registered nursing. However, a multistate licensure privilege to practice registered nursing granted by a party shall be recognized by other party states as a license to practice registered nursing if one is required by state law as a precondition for qualifying for advanced practice registered nurse authorization.

Administrative Regulations: n/a

Additional Information from the Rhode Island Board of Nursing: n/a

Prescriptive Authority Guidelines

State Statute: R.I. Gen. Laws Ann. § 5-34-39 (West, Westlaw through Jan. 2009)

(a) Prescriptive privileges for the certified registered nurse practitioner:

(1) Shall be granted under the governance and supervision of the department, board of nurse registration and nurse education; and

(2) Shall include prescription of legend medications and prescription of controlled substances from schedules II, III, IV and V that are established in regulation; and

(3) Must not include controlled substances from Schedule I.

(b) To qualify for prescriptive privileges an applicant must submit on forms provided by the board of nurse registration and nursing education, verified by oath, that the applicant has evidence of completion of thirty (30) hours of education in pharmacology within the three (3) year period immediately prior to date of application. To maintain prescriptive privileges the certified registered nurse practitioner (R.N.P.) must submit upon request of the board of nurse registration and nursing education evidence of thirty (30) hours continuing education in pharmacology every six (6) years.

Administrative Regulations: n/a

Additional Information from the Rhode Island Board of Nursing: n/a



South Carolina

Definitions

State Statute: S.C. Code Ann. Regs. § 40-33-20 (West, Westlaw through 2009 Reg. Sess.)

(5) “Advanced Practice Registered Nurse” or “APRN” means a registered nurse who is prepared for an advanced practice registered nursing role by virtue of additional knowledge and skills gained through an advanced formal education program of nursing in a specialty area that is approved by the board. The categories of APRN are nurse practitioner, certified nurse-midwife, clinical nurse specialist, and certified registered nurse anesthetist. An advanced practice registered nurse shall hold a doctorate, a post-nursing master's certificate, or a minimum of a master's degree that includes advanced education composed of didactic and supervised clinical practice in a specific area of advanced practice registered nursing. In addition to those activities considered the practice of registered nursing, an APRN may perform delegated medical acts.

(41) “Nurse Practitioner” or “NP” means a registered nurse who has completed an advanced formal education program at the master's level acceptable to the board, and who demonstrates advanced knowledge and skill in assessment and management of physical and psychosocial health, illness status of persons, families, and groups. Nurse practitioners who perform delegated medical acts must have a supervising physician or dentist who is readily available for consultation and shall operate within the approved written protocols.

Administrative Regulations: n/a

Exemptions and Consultation Exceptions

State Statute: S.C. Code Ann. Regs. § 40-33-30 (West, Westlaw through 2009 Reg. Sess.)

(A) A person may not practice nursing without an active license issued in accordance with this chapter. A South Carolina license as an advanced practice registered nurse or registered nurse is required for a person located in another state to provide nursing services to a recipient located in this State at the time nursing services are provided. A licensee located in this State who provides nursing services to a recipient located in another state must be properly licensed in this State and comply with any applicable licensing requirements where the recipient of nursing services is located at the time the services are provided.

(B) It is unlawful for a person to practice as an advanced practice registered nurse, a

registered nurse, or a licensed practical nurse in this State, or to use the abbreviation "APRN", "RN", or "LPN" or any variation or subdesignation of these, or use any title, sign, card, or device to indicate that the person is a nurse, or that the person is practicing as a nurse, within the meaning of this chapter, unless the person is actively licensed under the provisions of this chapter.

(D) A provision of this chapter may not be construed to prohibit:

(5) the practice of nursing in this State by a legally qualified nurse of another state whose engagement requires the nurse to accompany and care for a patient temporarily residing in this State during the period of one engagement, not to exceed six months, if the person does not represent or hold herself or himself out as a nurse licensed to practice in this State;

(6) the practice of any legally qualified nurse of another state who is employed by the United States government or any bureau, division, or agency of the United States government, while in the discharge of official duties;

Administrative Regulations: n/a

Reciprocity Guidelines

State Statute: S.C. Code Ann. Regs. § 40-33-1315 (West, Westlaw through 2009 Reg. Sess.)

Recognition of multi-state licensure privilege; revocation or suspension of license; nonparty state license applicants.

(E) The compact does not effect additional requirements imposed by states for advanced-practice registered nursing. A multi-state licensure privilege to practice registered nursing granted by a party state must be recognized by other party states as a license to practice registered nursing if a license to practice registered nursing is required by state law as a precondition for qualifying for advanced-practice registered nurse authorization.

Administrative Regulations: n/a

Additional Information from the South Carolina Board of Nursing: n/a

Prescriptive Authority Guidelines

State Statute: S.C. Code Ann. Regs. § 40-33-34 (West, Westlaw through 2009 Reg. Sess.)

(E)(1) A NP, CNM, or CNS who applies for prescriptive authority:

(a) must be licensed by the board as a nurse practitioner, certified nurse- midwife, or clinical nurse specialist;

(b) shall submit a completed application on a form provided by the board;

(c) shall submit the required fee;

(d) shall provide evidence of completion of forty-five contact hours of education in pharmacotherapeutics acceptable to the board, within two years before application or shall provide evidence of prescriptive authority in another state meeting twenty hours in pharmacotherapeutics acceptable to the board, within two years before application;

(e) shall provide at least fifteen hours of education in controlled substances acceptable to the board as part of the twenty hours required for prescriptive authority if the NP, CNM, or CNS has equivalent controlled substance prescribing authority in another state;

(f) shall provide at least fifteen hours of education in controlled substances acceptable to the board as part of the forty-five contact hours required for prescriptive authority if the NP, CNM, or CNS initially is applying to prescribe in Schedules III through V controlled substances.

(2) The board shall issue an identification number to the NP, CNM, or CNS authorized to prescribe medications. Authorization for prescriptive authority is valid for two years unless terminated by the board for cause. Initial authorization expires concurrent with the expiration of the Advanced Practice Registered Nurse license.

(3) Authorization for prescriptive authority must be renewed after the applicant meets requirements for renewal and provides documentation of twenty hours acceptable to the board of continuing education contact hours every two years in pharmacotherapeutics. For a NP, CNM, or CNS with controlled substance prescriptive authority, two of the twenty hours must be related to prescribing controlled substances.

(F)(1) Authorized prescriptions by a nurse practitioner, certified nurse-midwife, or clinical nurse specialist with prescriptive authority:

- (a) must comply with all applicable state and federal laws;
 - (b) is limited to drugs and devices utilized to treat common well-defined medical problems within the specialty field of the nurse practitioner or clinical nurse specialist, as authorized by the physician and listed in the approved written protocols. The Board of Nursing, Board of Medical Examiners, and Board of Pharmacy jointly shall establish a listing of classifications of drugs that may be authorized by physicians and listed in approved written protocols;
 - (c) do not include prescriptions for Schedule II controlled substances; however, Schedules III through V controlled substances may be prescribed if listed in the approved written protocol and as authorized by Section 44-53-300;]
 - (d) must be signed by the NP, CNM, or CNS with the prescriber's identification number assigned by the board and all prescribing numbers required by law. The prescription form must include the name, address, and phone number of the NP, CNM, or CNS and physician and must comply with the provisions of Section 39-24-40. A prescription must designate a specific number of refills and may not include a nonspecific refill indication;
 - (e) must be documented in the patient record of the practice and must be available for review and audit purposes.
- (2) A NP, CNM, or CNS who holds prescriptive authority may request, receive, and sign for professional samples, except for controlled substances in Schedule II, and may distribute professional samples to patients as listed in the approved written protocol, subject to federal and state regulations.
- (G) Prescriptive authorization may be terminated by the board if a NP, CNM, or CNS with prescriptive authority has:
- (1) not maintained certification in the specialty field;
 - (2) failed to meet the education requirements for pharmacotherapeutics;
 - (3) prescribed outside the scope of the approved written protocols;
 - (4) violated a provision of Section 40-33-110; or
 - (5) violated any state or federal law or regulations applicable to prescriptions.

Administrative Regulations: n/a

Additional Information from the South Carolina Board of Nursing:

<http://www.llr.state.sc.us/pol/nursing/index.asp?file=faq.htm>

If I want prescriptive authority what must I do?

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Fill out the application for and submit evidence of 45 contact hours in pharmacotherapeutics and national certification in your specialty area. If you want to write for controlled substances, 15 of the 45 contact hours must be in controlled substance. You must also apply for a state and federal DEA number if you want to write for controlled substances.



South Dakota

Definitions

State Statute: S.D. Codified Laws § 36-9A-12 (West, Westlaw through 2010 Reg. Sess.)

A nurse practitioner may perform the following overlapping scope of advanced practice nursing and medical functions pursuant to § 36-9A-15, including:

- (1) The initial medical diagnosis and the institution of a plan of therapy or referral;
- (2) The prescription of medications and provision of drug samples or a limited supply of labeled medications, including controlled drugs or substances listed on Schedule II in chapter 34-20B for one period of not more than thirty days, for treatment of causative factors and symptoms. Medications or sample drugs provided to patients shall be accompanied with written administration instructions and appropriate documentation shall be entered in the patient's medical record;
- (3) The writing of a chemical or physical restraint order when the patient may do personal harm or harm others;
- (4) The completion and signing of official documents such as death certificates, birth certificates, and similar documents required by law; and
- (5) The performance of a physical examination for participation in athletics and the certification that the patient is healthy and able to participate in athletics.

Administrative Regulations: n/a

Exemptions and Consultation Exceptions

State Statute: n/a

Administrative Regulations: n/a

Reciprocity Guidelines

State Statute: S.D. Codified Laws § 36-2-9 (West, Westlaw through 2010 Reg. Sess.)

The Nurse Licensure Compact is enacted into law and entered into with all other

jurisdictions that legally join the compact, which is substantially as follows:

ARTICLE III

General Provisions and Jurisdiction

(d) This Compact does not affect additional requirements imposed by states for advanced practice registered nursing. However, a multistate licensure privilege to practice registered nursing granted by a party state shall be recognized by other party states as a license to practice registered nursing if one is required by state law as a precondition for qualifying for advanced practice registered nurse authorization.

Administrative Regulations: n/a

Additional Information from the South Dakota Board of Nursing: n/a

Prescriptive Authority Guidelines

State Statute: S.D. Codified Laws § 36-9A-12 (West, Westlaw through 2010 Reg. Sess.)

A nurse practitioner may perform the following overlapping scope of advanced practice nursing and medical functions pursuant to § 36-9A-15, including:

(2) The prescription of medications and provision of drug samples or a limited supply of labeled medications, including controlled drugs or substances listed on Schedule II in chapter 34-20B for one period of not more than thirty days, for treatment of causative factors and symptoms. Medications or sample drugs provided to patients shall be accompanied with written administration instructions and appropriate documentation shall be entered in the patient's medical record;

Administrative Regulations: n/a

Additional Information from the South Dakota Board of Nursing: n/a



Tennessee

Definitions

State Statute: Tenn. Code Ann. § 63-7-126 (West, Westlaw through 2010 Reg. Sess.)

(a) “Advanced practice nurse” means a registered nurse with a master's degree or higher in a nursing specialty and national specialty certification as a nurse practitioner, nurse anesthetist, nurse midwife, or clinical nurse specialist.

(b) Nurse practitioners, nurse anesthetists, nurse midwives, and clinical nurse specialists holding such education and practice credentials shall apply to the board for a certificate to practice as an advanced practice nurse including authorization to use the title “advanced practice nurse” or the abbreviation “APN”. No other person shall assume such title or use such abbreviation or any other words, letters or signs to indicate that the person using the same is an advanced practice nurse.

Administrative Regulations: Tenn. Comp. R. & Regs. 1000-04-.02 (2010)

(1) Advanced Practice Nurse (APN) - means a Tennessee licensed registered nurse who has a master's degree or higher in a nursing specialty and has national specialty certification as a nurse practitioner, nurse anesthetist, nurse midwife, or clinical nurse specialist. The four (4) recognized categories for advanced practice nurses are Clinical Nurse Specialist, Nurse Anesthetist, Nurse Midwife, and Nurse Practitioner.

(5) Nurse Practitioner - means a Tennessee licensed registered nurse with a master's degree or higher in a nursing specialty and has national specialty certification as a nurse practitioner.

Exemptions and Consultation Exceptions

State Statute: n/a

Administrative Regulations: n/a

Reciprocity Guidelines

State Statute: Tenn. Code Ann. §§ 63-7-105, 126, 302 (West, Westlaw through 2010 Reg. Sess.)

§ 63-7-105. Registered nurses; licenses

(b) Without Examination: The board may issue a license to practice professional nursing

to a professional or registered nurse who has been duly licensed in another state or territory if, in the opinion of the board, the individual meets the professional nurse qualifications that, at the time of the applicant's graduation, were in effect in this state.

§ 63-7-126. Advanced practice nurses

(a) "Advanced practice nurse" means a registered nurse with a master's degree or higher in a nursing specialty and national specialty certification as a nurse practitioner, nurse anesthetist, nurse midwife, or clinical nurse specialist.

(b) Nurse practitioners, nurse anesthetists, nurse midwives, and clinical nurse specialists holding such education and practice credentials shall apply to the board for a certificate to practice as an advanced practice nurse including authorization to use the title "advanced practice nurse" or the abbreviation "APN". No other person shall assume such title or use such abbreviation or any other words, letters or signs to indicate that the person using the same is an advanced practice nurse.

§ 63-7-302. Findings and purpose; definitions; general provisions and jurisdiction; applications for licensure; adverse actions; authority of licensing boards; licensure information system; administration; immunity; entry and withdrawal; construction

The Interstate Nurse Licensure Compact is enacted into law and entered into by this state with all states legally joining therein and in the form substantially as follows:

ARTICLE III

General Provisions and Jurisdiction

(d) This compact does not affect additional requirements imposed by states for advanced practice registered nursing. However, a multistate licensure privilege to practice registered nursing granted by a party state shall be recognized by other party states as a license to practice registered nursing if one is required by state law as a precondition for qualifying for advanced practice registered nurse authorization.

Administrative Regulations: Tenn. Comp. R. & Regs. 1000-04-.03 (2010)

1000-04-.03. ADVANCED PRACTICE NURSE CERTIFICATE.

To be issued a certificate as an advanced practice nurse with privileges to hold oneself out as an advanced practice nurse (APN), the applicant must meet all of the following requirements:

(1) A current, unencumbered license as a registered nurse under T.C.A. Title 63, Chapter 7;

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(2) Has completed preparation in advanced practice nursing at the post-basic professional nursing level and holds a master's degree or higher in a nursing specialty. A master's degree or higher in a nursing specialty is not required if:

(a) national certification in a nursing specialty and licensure in Tennessee as a registered nurse was obtained prior to July 1, 2005; or

(b) national certification in a nursing specialty and licensure as a registered nurse with the multistate licensure privilege to practice in Tennessee was obtained prior to July 1, 2005; and

(3) A current national specialty certification in the appropriate nursing specialty area.

Additional Information from the Tennessee Board of Nursing: n/a

Prescriptive Authority Guidelines

State Statute: Tenn. Code Ann. § 63-7-123 (West, Westlaw through 2010 Reg. Sess.)

(a) The board shall issue a certificate of fitness to nurse practitioners who meet the qualifications, competencies, training, education and experience, pursuant to § 63-7-207(14), sufficient to prepare such persons to write and sign prescriptions and/or issue drugs within the limitations and provisions of § 63-1-132.

(b)(1) A nurse who has been issued a certificate of fitness as a nurse practitioner pursuant to § 63-7-207 and this section shall file a notice with the board, containing the name of the nurse practitioner, the name of the licensed physician having supervision, control and responsibility for prescriptive services rendered by the nurse practitioner, and a copy of the formulary describing the categories of legend drugs to be prescribed and/or issued by the nurse practitioner. The nurse practitioner shall be responsible for updating this information.

(2) The nurse practitioner who holds a certificate of fitness shall be authorized to prescribe and/or issue controlled substances listed in Schedules II, III, IV and V of title 39, chapter 17, part 4, upon joint adoption of physician supervisory rules concerning controlled substances pursuant to subsection (d).

(3)(A) Any prescription written and signed or drug issued by a nurse practitioner under the supervision and control of a supervising physician shall be deemed to be that of the

nurse practitioner. Every prescription issued by a nurse practitioner pursuant to this section shall be entered in the medical records of the patient and shall be written on a preprinted prescription pad bearing the name, address, and telephone number of the supervising physician and of the nurse practitioner, and the nurse practitioner shall sign each prescription so written. Where the preprinted prescription pad contains the names of more than one (1) physician, the nurse practitioner shall indicate on the prescription which of those physicians is the nurse practitioner's primary supervising physician by placing a checkmark beside or a circle around the name of that physician.

(B) Any handwritten prescription order for a drug prepared by a nurse practitioner who is authorized by law to prescribe a drug must be legible so that it is comprehensible by the pharmacist who fills the prescription. The handwritten prescription order must contain the name of the prescribing nurse practitioner; the name and strength of the drug prescribed; the quantity of the drug prescribed, handwritten in both letters and numerals; instructions for the proper use of the drug; and the month and day that the prescription order was issued, recorded in letters or in numerals or a combination thereof. The prescribing nurse practitioner must sign the handwritten prescription order on the day it is issued, unless the prescription order is:

(i) Issued as a standing order in a hospital, a nursing home or an assisted care living facility as defined in § 68-11-201; or

(ii) Prescribed by a nurse practitioner in the department of health or local health departments, or dispensed by the department of health or a local health department as stipulated in § 63-10-205.

(C) Any typed or computer-generated prescription order for a drug issued by a nurse practitioner who is authorized by law to prescribe a drug must be legible so that it is comprehensible by the pharmacist who fills the prescription order. The typed or computer-generated prescription order must contain the name of the prescribing nurse practitioner; the name and strength of the drug prescribed; the quantity of the drug prescribed, recorded in letters or in numerals; instructions for the proper use of the drug; and the month and day that the typed or computer-generated prescription order was issued, recorded in letters or in numerals or a combination thereof. The prescribing nurse practitioner must sign the typed or computer-generated prescription order on the day it is issued, unless the prescription order is:

(i) Issued as a standing order in a hospital, nursing home or an assisted care living facility as defined in § 68-11-201; or

(ii) Prescribed by a nurse practitioner in the department of health or local health

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departments, or dispensed by the department of health or a local health department as stipulated in § 63-10-205.

(D) Nothing in this section shall be construed to prevent a nurse practitioner from issuing a verbal prescription order.

(E)(i) All handwritten, typed or computer-generated prescription orders must be issued on tamper-resistant prescription paper that meets the current centers for medicare and medicaid service guidance to state medicaid directors regarding § 7002(b) of the U.S. Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act of 2007, P.L. 110-28, and meets or exceeds specific TennCare requirements for tamper-resistant prescription paper.

(ii) Subdivision (b)(3)(E)(i) shall not apply to prescriptions written for inpatients of a hospital, outpatients of a hospital where the doctor, or other person authorized to write prescriptions, writes the order into the hospital medical record and then the order is given directly to the hospital pharmacy and the patient never has the opportunity to handle the written order, a nursing home or an assisted care living facility as defined in § 68-11-201 or inpatients or residents of a mental health hospital or residential facility licensed under title 33 or individuals incarcerated in a local, state or federal correctional facility.

(4) The nurse practitioner shall maintain a copy of the protocol the nurse practitioner is using at the nurse practitioner's practice location and shall make the protocol available upon request by the board of nursing, the board of medical examiners or authorized agents of either board.

(c)(1) The board may issue a temporary certificate of fitness to a registered nurse who:

(A) Is licensed to practice in Tennessee;

(B) Has a master's degree in a nursing clinical specialty area with preparation in specialized practitioner skills that includes three (3) quarter hours of pharmacology instruction or its equivalent; and

(C) Has applied for examination and/or is awaiting examination results for national certification as a first-time examinee in an appropriate nursing specialty area.

(2) Such temporary certificate shall remain valid until the examination results are obtained. The holder of a temporary certificate issued under the provisions of this

subsection (c), who has not received the results of the examination, shall work only under the supervision and control of a certified nurse practitioner or physician.

(d) Any rules that purport to regulate the supervision of nurse practitioners by physicians shall be jointly adopted by the board of medical examiners and the board of nursing.

Administrative Regulations: Tenn. Comp. R. & Regs. 1000-04-.04, .08, .09 (2010)

1000-04-.04. CERTIFICATE OF FITNESS.

(1) Certification by the Tennessee Board of Nursing to prescribe and/or issue legend drugs, pursuant to T.C.A. § 63-7-123, shall authorize a nurse practitioner to prescribe and/or issue such drugs. Any nurse who prescribes and/or issues drugs without proper certification by the Tennessee Board of Nursing shall be subject to disciplinary action by the Board of Nursing in accordance with the provisions of T.C.A. § 63-7-115.

(2) In order to be issued a certificate of fitness as a nurse practitioner with privileges to write and sign prescriptions and/or issue legend drugs, a nurse must meet all of the following requirements:

(a) A current, unencumbered license as a registered nurse under T.C.A. Title 63, Chapter 7;

(b) Preparation in specialized practitioner skills at the master's, post-master's, doctoral, or post-doctoral level, including, but not limited to, at least three (3) quarter hours of pharmacology instruction or its equivalent;

(c) A current national certification in the appropriate nursing specialty area; and

(d) Graduation from a program conferring a master's or doctoral degree in nursing.

(3) Those applicants intending to prescribe, issue or administer controlled substances pursuant to T.C.A. § 63-7-123(b)(2) shall maintain their Drug Enforcement Administration Certificate to Prescribe Controlled Substances at their practice location to be inspected by the Board or its authorized representative.

(4) A nurse who has been issued a certificate of fitness shall file a notice with the Board of Nursing containing:

(a) The nurse's full name;

(b) a copy of the formulary describing the categories of legend drugs to be prescribed

and/or issued by the nurse; and

(c) the name of the licensed physician having supervision, control and responsibility for prescriptive services rendered by the nurse.

(5) Every nurse who has been issued a certificate of fitness shall be responsible for updating the information submitted pursuant to paragraph (4) within thirty (30) days of the change.

1000-04-.08. TREATMENT OF PAIN.

The purpose of this rule is to recognize that some controlled substances are indispensable for the treatment of pain, and are useful for relieving and controlling many other related symptoms that patients may suffer. It is the position of the Board of Nursing that these drugs may be prescribed for the treatment of pain and other related symptoms after a reasonably based diagnosis has been made, in adequate doses, and for appropriate lengths of time, which in some cases may be as long as the pain or related symptoms persist. The Board recognizes that pain, including intractable pain, and many other related symptoms are subjective complaints and that the appropriateness and the adequacy of drug and dose will vary from individual to individual. The Advanced Practice Nurse, who possesses a certificate of fitness issued by the Board and possesses a Drug Enforcement Administration (DEA) Certificate to Prescribe Controlled Substances, is expected to exercise sound judgment in treating pain and related symptoms with controlled substances.

(1) Definitions. The following words and terms, as used in this rule shall have the following meanings in the context of providing medications for pain and related symptoms.

(a) Abuser of narcotic drugs / controlled substances - A person who takes a drug or drugs for other than legitimate medical purposes.

(b) Intractable pain - A pain state in which the cause of the pain cannot be removed or otherwise treated and which in the generally accepted course of medical practice no relief or cure of the cause of the pain is possible or none has been found after reasonable efforts.

(c) Non-therapeutic in nature or manner - A medical use or purpose that is not legitimate.

(d) Prescribing pharmaceuticals or practicing consistent with the public health and

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welfare - Prescribing pharmaceuticals and practicing Advanced Practice Nursing for a legitimate purpose in the usual course of professional practice.

(2) An Advanced Practice Nurse who does not choose to provide long-term pain management to patients with intractable pain shall offer the patient a referral to a practitioner whose primary practice is in the treatment of severe, chronic, intractable pain with methods including the use of opiates. If the patient requests such a referral the APN shall assist in the transition to another provider for the purpose of pain management.

(3) An Advanced Practice Nurse possessing a certificate of fitness issued by the Board and a DEA certificate who provides care for persons with intractable pain with or without opiates is expected to demonstrate current knowledge of long-term pain management.

(4) Guidelines - The Tennessee Board of Nursing will use the following guidelines to determine whether an Advanced Practice Nurse's conduct violates T.C.A. §63-7-115 (a)

(1) (A) through (G) in regard to the prescribing, administering, ordering, or dispensing of pain medications and other drugs necessary to address their side effects.

(a) The treatment of pain, including intractable pain, with controlled substances serves a legitimate purpose when done in the usual course of professional practice.

(b) An Advanced Practice Nurse duly authorized to practice in Tennessee and to prescribe controlled substances in this state shall not be subject to disciplinary action by the Board for prescribing, ordering, administering, or dispensing controlled substances for the treatment and relief of pain, including intractable pain, in the usual course of professional practice for a legitimate purpose in compliance with applicable state and federal law.

(c) Prescribing, ordering, administering, or dispensing controlled substances for pain will be considered to be for a legitimate purpose if based upon accepted scientific knowledge of the treatment of pain, including intractable pain, not in contravention of applicable state or federal law, and if prescribed, ordered, administered, or dispensed in compliance with the following guidelines where appropriate and as is necessary to meet the individual needs of the patient.

1. The record shall include a documented medical history and physical examination by the Advanced Practice Nurse who possesses a certificate of fitness and a DEA certificate

and is providing the medication. Historical data shall include pain history, any pertinent evaluations by another provider, history of and potential for substance abuse, pertinent coexisting diseases and conditions, psychological functions and the presence of a recognized medical indication for the use of a controlled substance;

2. A written treatment plan tailored for individual needs of the patient shall include objectives such as pain relief and/or improved physical and psychosocial function, and shall consider need for further testing, consultations, referrals, or use of other treatment modalities dependent on patient response;

3. The Advanced Practice Nurse who possesses a certificate of fitness and a DEA certificate shall discuss the risks and benefits of the use of controlled substances with the patient or guardian;

4. At each periodic interval in which the Advanced Practice Nurse, who possesses a certificate of fitness and a DEA certificate and is providing care, evaluates the patient for continuation or change of medications, the patient record shall include progress toward reaching treatment objectives, any new information about the etiology of the pain, and an update on the treatment plan.

(d) In determining the need for any disciplinary action in regard to the Advanced Practice Nurse who possesses a certificate of fitness and a DEA certificate, each case of prescribing for chronic pain will be evaluated on an individual basis as to whether the nurse is prescribing and practicing in a manner consistent with public health and welfare. The Board of Nursing will evaluate for proper documentation, therapeutic prescribing in a manner using drugs that are recognized to be appropriate pharmacologically for the diagnosis, treatment outcomes including improvement in functioning, and recognition that some types of pain cannot be completely relieved.

(e) Quantity of pharmaceuticals and chronicity of prescribing will be evaluated on the basis of the documented appropriate diagnosis and treatment of the recognized medical indication, documented persistence of the recognized medical indication, and properly documented follow-up evaluation with appropriate continuing care as set out in this rule.

(f) An Advanced Practice Nurse may use any number of treatment modalities for the treatment of pain, including intractable pain, which are consistent with legitimate medical purposes.

(g) These rules shall not be construed so as to apply to the treatment of acute pain with controlled substances for purposes of short-term care.

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1000-04-.09. PREREQUISITES TO PRESCRIBING OR DISPENSING MEDICATIONS.

(1) Except as provided in paragraph (2), it shall be a prima facie violation of T.C.A. § 63-7-115 (a) (1) (C) and (F) for an Advanced Practice Nurse, having proper authority to prescribe, to prescribe or dispense any drug to any individual, whether in person or by electronic means or over the Internet or over telephone lines, unless the Advanced Practice Nurse with proper authority to prescribe or the A.P.N.'s licensed supervisee and pursuant to appropriate protocols or orders, has completed and appropriately documented, for the person to whom a prescription is to be issued or drugs dispensed, all of the following:

- (a) Performed an appropriate history and physical examination; and
- (b) Made a diagnosis based upon the examinations and all diagnostic and laboratory tests consistent with good health care; and
- (c) Formulated a therapeutic plan, and discussed it, along with the basis for it and the risks and benefits of various treatments options, a part of which might be the prescription or dispensed drug, with the patient; and
- (d) Insured availability of the Advanced Practice Nurse with proper authority to prescribe, or coverage for the patient for appropriate follow-up care.

(2) An Advanced Practice Nurse having proper authority to prescribe, or the A.P.N.'s licensed supervisee and pursuant to appropriate protocols or orders, may prescribe or dispense drugs for a person not in compliance with paragraph (1) consistent with sound judgment, examples of which are as follows:

- (a) In admission orders for a newly hospitalized patient; or
- (b) For a patient of a physician or of an Advanced Practice Nurse with proper authority to prescribe for whom the prescriber is taking calls or for whom the prescriber has verified the appropriateness of the medication; or
- (c) For continuation medications on a short-term basis for a new patient prior to the patient's first appointment; or
- (d) For established patients who, based on sound practices, the Advanced Practice Nurse

having proper authority to prescribe, believes do not require a new physical examination before issuing new prescriptions.

(3) Except as provided in paragraph (2), it shall be a prima facie violation of T.C.A. § 63-7-115 (a) (1) (C) and (F) for an Advanced Practice Nurse having proper authority to prescribe, or the A.P.N.'s licensed supervisee and pursuant to appropriate protocols or orders, to prescribe or dispense any drug to any individual for whom the Advanced Practice Nurse with proper authority to prescribe, or the A.P.N.'s licensed supervisee and pursuant to appropriate protocols or orders, has not complied with the provisions of this rule based solely on answers to a set of questions regardless of whether the prescription is issued directly to the person or electronically over the Internet or telephone lines.

(4) Advanced Practice Nurses having proper authority to prescribe, who elect to dispense medication for remuneration must comply with all Federal Regulations (21 CFR 1304 through 1308) for the dispensing of controlled substances.

(5) Non-controlled drugs are to be dispensed in an appropriate container labeled with at least, the following:

- (a) Patient's name.
- (b) Date.
- (c) Complete directions for usage.
- (d) The name and address of the Advanced Practice Nurse having proper authority to prescribe.
- (e) A unique number, or the name and strength of the medication.

(6) Whenever dispensing takes place, appropriate records shall be maintained. A separate log must be maintained for controlled substances dispensing.

(7) Whenever prescribing takes place, written or electronic prescription orders shall be prepared pursuant to T.C.A. § 63-7-123 (b) (3).

(8) It is not the intention of this Rule to interfere with the individual Advanced Practice Nurses, having proper authority to prescribe, and their appropriate use of professional samples, nor is it to interfere in any way with the rights of Advanced Practice Nurses, who have proper authority to prescribe, to directly administer drugs or medications to any patient.

Additional Information from the Tennessee Board of Nursing: n/a



Texas

Definitions

State Statute: n/a

Administrative Regulations: 22 Tex. Admin. Code § 219.2 (2010)

(2) Advanced practice nurse--A registered nurse authorized by the Board to practice as an advanced practice nurse based on completing an advanced practice nursing educational program acceptable to the Board. The term includes a nurse practitioner, nurse-midwife, nurse anesthetist, and a clinical nurse specialist. The advanced practice nurse is prepared to practice in an expanded role to provide health care to individuals, families, and/or groups in a variety of settings including, but not limited to homes, hospitals, institutions, offices, industry, schools, community agencies, public and private clinics, and private practice. The advanced practice nurse acts independently and/or in collaboration with other health care professionals in the delivery of health care services.

Exemptions and Consultation Exceptions

State Statute: n/a

Administrative Regulations: n/a

Reciprocity Guidelines

State Statute: Tex. Occ. Code Ann. § 305.001 (West, Westlaw through 2009 Reg. Sess.)

§ 305.001. NCSBN Advanced Practice Registered Nurse Compact

The NCSBN Advanced Practice Registered Nurse Compact is enacted and entered into with all other jurisdictions that legally join in the compact, which is as follows:

NCSBN ADVANCED PRACTICE REGISTERED NURSE COMPACT

ARTICLE 3. GENERAL PROVISIONS AND JURISDICTION

(a) All party states shall participate in the nurse licensure compact for registered nurses and licensed practical/vocational nurses in order to enter into the APRN compact.

(b) No state shall enter the APRN compact until the state adopts, at a minimum, the APRN uniform licensure/authority to practice requirements for each APRN role and title recognized by the state seeking to enter the APRN compact.

Texas Cont'd

(c) APRN licensure/authority to practice issued by a home state to a resident in that state will be recognized by each party state as authorizing a multistate advanced practice privilege to the extent that the role and title are recognized by each party state. To obtain or retain APRN licensure/authority to practice as an APRN, an applicant must meet the home state's qualifications for authority or renewal of authority as well as all other applicable state laws.

(d) The APRN multistate advanced practice privilege does not include prescriptive authority, and does not affect any requirements imposed by states to grant to an APRN initial and continuing prescriptive authority according to state practice laws. However, a party state may grant prescriptive authority to an individual on the basis of a multistate advanced practice privilege to the extent permitted by state practice laws.

Administrative Regulations: n/a

Additional Information from the Texas Board of Nursing: n/a

Prescriptive Authority Guidelines

State Statute: Tex. Occ. Code Ann. § 305.001 (West, Westlaw through 2009 Reg. Sess.)

(d) The APRN multistate advanced practice privilege does not include prescriptive authority, and does not affect any requirements imposed by states to grant to an APRN initial and continuing prescriptive authority according to state practice laws. However, a party state may grant prescriptive authority to an individual on the basis of a multistate advanced practice privilege to the extent permitted by state practice laws.

Administrative Regulations: 22 Tex. Admin. Code §§ 222.2, .4-.7 (2010)

§ 222.2. Approval for Prescriptive Authority

(a) Credentials: To be approved by the Board to sign prescription drug orders and issued a prescription authorization number, a Registered Nurse (RN) shall:

(1) have full licensure from the Board to practice as an advanced practice registered nurse. RNs with Interim Approval to practice as advanced practice registered nurses are not eligible for prescriptive authority.

(2) file a complete application for Prescriptive Authority and submit such evidence as required by the Board to verify the following educational qualifications:

Texas Cont'd

(A) To be eligible for Prescriptive Authority, advanced practice registered nurses must have successfully completed graduate level courses in advanced pharmacotherapeutics, advanced pathophysiology, advanced health assessment, and diagnosis and management of diseases and conditions within the role and population focus area.

(i) Nurse Practitioners, Nurse-Midwives and Nurse Anesthetists will be considered to have met the course requirements of this section on the basis of courses completed in the advanced practice nursing educational program.

(ii) Clinical Nurse Specialists shall submit documentation of successful completion of separate, dedicated, graduate level courses in the content areas described in subparagraph (A) of this paragraph. These courses shall be academic courses with a minimum of 45 clock hours per course from a nursing program accredited by an organization recognized by the Board.

(iii) The Board, by policy, may determine that certain specialties of Clinical Nurse Specialists meet one or more of the course requirements on the basis of the advanced practice nursing educational program.

(B) Clinical Nurse Specialists who were previously approved by the Board as advanced practice registered nurses by petition on the basis of completion of a non-nursing master's degree shall not be eligible for prescriptive authority.

(b) Sites: Prescribing privileges are limited to eligible sites to include sites serving certain medically underserved populations, physician's primary practice sites, alternate sites, and facility-based practice sites.

(c) Exceptions Granted by the Texas Medical Board: Requirements for utilizing prescriptive authority may be modified or waived if a delegating physician has received a modification or waiver from the Texas Medical Board of any site or supervision requirements for a physician to delegate the carrying out or signing of prescription drug orders to the advanced practice registered nurse.

§ 222.4. Minimum Standards for Signing Prescriptions

(a) The advanced practice registered nurse with a valid prescription authorization number:

(1) shall sign prescription drug orders for only those drugs that are:

Texas Cont'd

(A) authorized by Protocols or other written authorization for medical aspects of patient care; and

(B) prescribed for patient populations within the accepted scope of professional practice for the advanced practice registered nurse's license; and

(2) shall comply with the requirements for adequate physician supervision published in the rules of the Texas Medical Board relating to Delegation of the Carrying Out or Signing of Prescription Drug Orders to Physician Assistants and Advanced Practice Nurses as well as other applicable laws.

(b) Protocols or other written authorization shall be defined in a manner that promotes the exercise of professional judgement by the advanced practice registered nurse commensurate with the education and experience of that person.

(1) A protocol or other written authorization:

(A) is not required to describe the exact steps that the advanced practice registered nurse must take with respect to each specific condition, disease, or symptom; and

(B) may state types or categories of medications that may be prescribed or contain the types or categories of medications that may not be prescribed.

(2) Protocols or other written authorization shall be:

(A) written, agreed upon and signed by the advanced practice registered nurse and the physician;

(B) reviewed and signed at least annually; and

(C) maintained in the practice setting of the advanced practice registered nurse.

(c) Prescription Information: The format and essential elements of the prescription shall comply with the requirements of the Texas State Board of Pharmacy. The following information must be provided on each prescription:

(1) the patient's name and address;

(2) the name, strength, and quantity of the drug to be dispensed;

- (3) directions to the patient regarding taking of the drug and the dosage;
 - (4) the intended use of the drug, if appropriate;
 - (5) the name, address, telephone number, and, if the prescription is for a controlled substance, the United States Drug Enforcement Administration number of the delegating physician;
 - (6) address and telephone number of the site at which the prescription drug order was carried out or signed;
 - (7) the date of issuance;
 - (8) the number of refills permitted; and
 - (9) the name, prescription authorization number, original signature, and, if the prescription is for a controlled substance, the Texas Department of Public Safety and United States Drug Enforcement Administration numbers of the advanced practice registered nurse signing or co-signing the prescription drug order.
- (d) Generic Substitution. The advanced practice registered nurse shall authorize or prevent generic substitution on a prescription in compliance with the current rules of the Texas State Board of Pharmacy relating to Generic Substitution.
- (e) An advanced practice registered nurse may prescribe medications for sexually transmitted diseases for partners of an established patient, if the advanced practice registered nurse assesses the patient and determines that the patient may have been infected with a sexually transmitted disease. Nothing in this subsection shall be construed to require the advanced practice registered nurse to issue prescriptions for partners of patients.
- (f) Advanced practice registered nurses may prescribe only those medications that are FDA approved unless done through protocol registration in a United States Institutional Review Board or Expanded Access authorized clinical trial. "Off label" use, or prescription of FDA-approved medications for uses other than that indicated by the FDA, is permitted when such practices are:
- (1) within the current standard of care for treatment of the disease or condition; and
 - (2) supported by evidence-based research.

§ 222.5. Prescriptions for Dangerous Drugs

Advanced practice registered nurses with full licensure and valid prescription authorization numbers are eligible to sign prescription drugs orders for dangerous drugs in accordance with the standards and requirements set forth in this chapter.

§ 222.6. Prescriptions for Controlled Substances

(a) Advanced practice registered nurses with full licensure and valid prescription authorization numbers are eligible to obtain authority to prescribe certain categories of controlled substances. The advanced practice registered nurse must comply with all federal and state laws and regulations relating to the prescribing of controlled substances in Texas, including but not limited to, requirements set forth by the Texas Department of Public Safety and the United States Drug Enforcement Administration.

(b) Advanced practice registered nurses who authorize or issue prescriptions for controlled substances shall:

(1) Limit prescriptions for controlled substances to those medications listed in Schedules

III through V as established by the commissioner of public health under Chapter 481, Health and Safety Code (Texas Controlled Substances Act);

(2) Issue prescriptions, including a refill of the prescription, for a period not to exceed 90 days;

(3) Not authorize the refill of a prescription for a controlled substance beyond the initial 90 days prior to consultation with the delegating physician and notation of the consultation in the patient's chart; and

(4) Not authorize the prescription of a controlled substance for a child less than two years of age prior to consultation with the delegating physician and notation of the consultation in the patient's chart

(c) Advanced practice registered nurses with valid prescription authorization must comply with all federal and state laws and regulations relating to the prescribing of controlled substances in Texas, including but not limited to, requirements set forth by the Texas Department of Public Safety and the United States Drug Enforcement Administration.

§ 222.7. Prescribing at Sites Serving Certain Medically Underserved Populations

Texas Cont'd

When signing prescription drug orders at a site serving a medically underserved population, the advanced practice registered nurse shall:

Texas Cont'd

- (1) maintain Protocols or other written authorization that must be reviewed and signed by both the advanced practice registered nurse and the delegating physician at least annually;
- (2) have access to the delegating physician or alternate delegating physician for consultation, assistance with medical emergencies, or patient referral;
- (3) provide a daily status report to the physician on any problems or complications encountered that are not covered by protocol; and
- (4) be available during on-site visits by the physician which shall occur at least once every 10 business days that the advanced practice registered nurse is on site providing care.

Additional Information from the Texas Board of Nursing: n/a



Utah

Definitions

State Statute: Utah Code Ann. § 58-31d-102 (West, Westlaw through 2010)

As used in this compact:

(1) “Advanced practice registered nurse” or “APRN” means a nurse anesthetist, nurse practitioner, nurse midwife, or clinical nurse specialist to the extent a party state licenses or grants authority to practice in that APRN role and title

Administrative Regulations: n/a

Exemptions and Consultation Exceptions

State Statute: Utah Code Ann. § 58-1-307 (West, Westlaw through 2010)

(1) Except as otherwise provided by statute or rule, the following individuals may engage in the practice of their occupation or profession, subject to the stated circumstances and limitations, without being licensed under this title:

(a) an individual serving in the armed forces of the United States, the United States Public Health Service, the United States Department of Veterans Affairs, or other federal agencies while engaged in activities regulated under this chapter as a part of employment with that federal agency if the individual holds a valid license to practice a regulated occupation or profession issued by any other state or jurisdiction recognized by the division;

(d) an individual residing in another state and licensed to practice a regulated occupation or profession in that state, who is called in for a consultation by an individual licensed in this state, and the services provided are limited to that consultation;

(i) an individual licensed and in good standing in another state, who is in this state:

(i) temporarily, under the invitation and control of a sponsoring entity;

(ii) for a reason associated with a special purpose event, based upon needs that may exceed the ability of this state to address through its licensees, as determined by the division; and

(iii) for a limited period of time not to exceed the duration of that event, together with any necessary preparatory and conclusionary periods; and

(2)(a) A practitioner temporarily in this state who is exempted from licensure under Subsection (1) shall comply with each requirement of the licensing jurisdiction from which the practitioner derives authority to practice.

(b) Violation of a limitation imposed by this section constitutes grounds for removal of exempt status, denial of license, or other disciplinary proceedings.

Administrative Regulations: n/a

Reciprocity Guidelines

State Statute: Utah Code Ann. § 58-31d-102 (West, Westlaw through 2010)

The Advanced Practice Registered Nurse Compact is hereby enacted and entered into with all other jurisdictions that legally join in the compact, which is, in form, substantially as follows:

Advanced Practice Registered Nurse Compact

ARTICLE III

General Provisions and Jurisdiction

(1) All party states shall participate in the Nurse Licensure Compact for registered nurses and licensed practical/vocational nurses in order to enter into the APRN Compact.

(2) No state shall enter the APRN Compact until the state adopts, at a minimum, the APRN Uniform Licensure/Authority to Practice Requirements for each APRN role and title recognized by the state seeking to enter the APRN Compact.

(3)(a) APRN Licensure/Authority to practice issued by a home state to a resident in that state will be recognized by each party state as authorizing a multistate advanced practice privilege to the extent that the role and title are recognized by each party state.

(b) To obtain or retain APRN licensure/authority to practice as an APRN, an applicant must meet the home state's qualifications for authority or renewal of authority as well as all other applicable state laws.

(4)(a) The APRN multistate advanced practice privilege does not include prescriptive

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authority, and does not affect any requirements imposed by states to grant to an APRN initial and continuing prescriptive authority according to state practice laws.

(b) A party state may grant prescriptive authority to an individual on the basis of a multistate advanced practice privilege to the extent permitted by state practice laws.

Administrative Regulations: n/a

Additional Information from the Utah Board of Nursing: n/a

Prescriptive Authority Guidelines

State Statute: Utah Code Ann. § 58-31d-103 (West, Westlaw through 2010)

(4) An APRN practicing in this state under a multistate licensure privilege may only be granted prescriptive authority if that individual can document completion of graduate level course work in the following areas:

- (a) advanced health assessment;
- (b) pharmacotherapeutics; and
- (c) diagnosis and treatment.

(5)(a) An APRN practicing in this state under a multistate privilege who seeks to obtain prescriptive authority must:

- (i) meet all the requirements of Subsection (4) and this Subsection (5); and
- (ii) be placed on a registry with the division.

(b) To be placed on a registry under Subsection (5)(a)(ii), an APRN must:

- (i) submit a form prescribed by the division;
- (ii) pay a fee; and
- (iii) if prescribing a controlled substance:

(A) obtain a controlled substance license as required under Section 58-37-6; and

(B) if prescribing a Schedule II or III controlled substance, have a consultation and referral plan with a physician licensed in Utah as required under Subsection 58-31b-102(13)(c)(iii) or 58-44a-102(8)(b)(iii)(C).

Administrative Regulations: Utah Admin. Code r. 156-37 (2010)

R156-37-101. Title.

These rules are known as the “Utah Controlled Substances Act Rules.”

R156-37-301. License Classifications--Restrictions.

(1) Consistent with the provisions of law, the division may issue a controlled substance license to manufacture, produce, distribute, dispense, prescribe, obtain, administer, analyze, or conduct research with controlled substances in Schedules I, II, III, IV, or V to qualified persons. Licenses shall be issued to qualified persons in the following categories:

(i) advanced practice registered nurse or advanced practice registered nurse-certified registered nurse anesthetist;

(2) A license may be restricted to the extent determined by the division, in collaboration with appropriate licensing boards, that a restriction is necessary to protect the public health, safety or welfare, or the welfare of the licensee. A person receiving a restricted license shall manufacture, produce, obtain, distribute, dispense, prescribe, administer, analyze, or conduct research with controlled substances only to the extent of the terms and conditions under which the restricted license is issued by the division.

R156-37-302. Qualifications for Licensure--Application Requirements.

(1) An applicant for a controlled substance license shall:

(a) submit an application in a form as prescribed by the division; and

(b) shall pay the required fee as established by the division under the provisions of Section 63J-1-504.

(2) Any person seeking a controlled substance license shall:

(a) be currently licensed by the state in the appropriate professional license classification as listed in R156-37-301 and shall maintain that license classification as current at all times while holding a controlled substance license; or

(b) be engaged in the following activities which require the administration of a controlled substance but do not require licensure under Subsection (a):

(i) animal capture for transport or relocation as an employee or under contract with a state or federal government agency; or

(ii) other activity approved by the Division in collaboration with the appropriate board.

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(3) The division and the reviewing board may request from the applicant information which is reasonable and necessary to permit an evaluation of the applicant's:

- (a) qualifications to engage in practice with controlled substances; and
- (b) the public interest in the issuance of a controlled substance license to the applicant.

(4) To determine if an applicant is qualified for licensure, the division may assign the application to a qualified and appropriate licensing board for review and recommendation to the division with respect to issuance of a license.

R156-37-303. Qualifications for Licensure--Site Inspections--Investigations.

The division shall have the right to conduct site inspections, review research protocol, conduct interviews with persons knowledgeable about the applicant, and conduct any other investigation which is reasonable and necessary to determine the applicant is of good moral character and qualified to receive a controlled substance license.

R156-37-304. Qualifications for Licensure--Examinations.

Each applicant for a controlled substance license shall be required to pass an examination administered at the direction of the division on the subject of controlled substance laws.

R156-37-502. Unprofessional Conduct.

"Unprofessional conduct" includes:

- (1) a licensee with authority to prescribe or administer controlled substances:
 - (a) prescribing or administering to himself any Schedule II or III controlled substance which is not lawfully prescribed by another licensed practitioner having authority to prescribe the drug;
 - (b) prescribing or administering a controlled substance for a condition he is not licensed or competent to treat;
- (2) violating any federal or state law relating to controlled substances;
- (3) failing to deliver to the division all controlled substance license certificates issued by the division to the division upon an action which revokes, suspends or limits the license;

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- (4) failing to maintain controls over controlled substances which would be considered by a prudent practitioner to be effective against diversion, theft, or shortage of controlled substances;
- (5) being unable to account for shortages of controlled substances any controlled substance inventory for which the licensee has responsibility;
- (6) knowingly prescribing, selling, giving away, or administering, directly or indirectly, or offering to prescribe, sell, furnish, give away, or administer any controlled substance to a drug dependent person, as defined in Subsection 58-37-2(s), except for legitimate medical purposes as permitted by law;
- (7) refusing to make available for inspection controlled substance stock, inventory, and records as required under these rules or other law regulating controlled substances and controlled substance records;
- (8) failing to submit controlled substance prescription information to the database manager after being notified in writing to do so.

R156-37-601. Access to Records, Facilities, and Inventory.

Applicants for licensure and all licensees shall make available for inspection to any person authorized to conduct an administrative inspection pursuant to Title 58, Chapter 37, these rules or federal law, to the extent they exist, during regular business hours and at other reasonable times in the event of an emergency, their controlled substance stock or inventory, records required under the Utah Controlled Substances Act and these rules or under the federal controlled substance laws, and facilities related to activities involving controlled substances.

R156-37-602. Records.

- (1) Records of purchase, distribution, dispensing, prescribing, and administration of controlled substances shall be kept according to state and federal law. Prescribing practitioners shall keep accurate records reflecting the examination, evaluation and treatment of all patients. Patient medical records shall accurately reflect the prescription or administration of controlled substances in the treatment of the patient, the purpose for which the controlled substance is utilized and information upon which the diagnosis is based. Practitioners shall keep records apart from patient records of each controlled substance purchased, and with respect to each controlled substance, its disposition,

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whether by administration or any other means, date of disposition, to whom given and the quantity given.

(2) Any licensee who experiences any shortage or theft of controlled substances shall immediately file the appropriate forms with the Drug Enforcement Administration, with a copy to the division directed to the attention of the Investigation Bureau. He shall also report the incident to the local law enforcement agency.

(3) All records required by federal and state laws or rules must be maintained by the licensee for a period of five years. If a licensee should sell or transfer ownership of his files in any way, those files shall be maintained separately from other records of the new owner.

(4) Prescription records may be maintained electronically so long as:

(a) the original of each prescription, including telephone prescriptions, is maintained in a physical file and contains all of the information required by federal and state law; and

(b) an automated data processing system is used for the storage and immediate retrieval of refill information for prescription orders for controlled substances in Schedule III and IV, in accordance with federal guidelines.

(5) All records relating to Schedule II controlled substances received, purchased, administered or dispensed by the practitioner shall be maintained separately from all other records of the pharmacy or practice.

(6) All records relating to Schedules III, IV and V controlled substances received, purchased, administered or dispensed by the practitioner shall be maintained separately from all other records of the pharmacy or practice.

R156-37-603. Restrictions Upon the Prescription, Dispensing and Administration of Controlled Substances.

(1) A practitioner may prescribe or administer the Schedule II controlled substance cocaine hydrochloride only as a topical anesthetic for mucous membranes in surgical situations in which it is properly indicated and as local anesthetic for the repair of facial and pediatric lacerations when the controlled substance is mixed and dispensed by a registered pharmacist in the proper formulation and dosage.

(2) A practitioner shall not prescribe or administer a controlled substance without taking

into account the drug's potential for abuse, the possibility the drug may lead to dependence, the possibility the patient will obtain the drug for a nontherapeutic use or to distribute to others, and the possibility of an illicit market for the drug.

(3) When writing a prescription for a controlled substance, each prescription shall contain only one controlled substance per prescription form and no other legend drug or prescription item shall be included on that form.

(4) In accordance with Subsection 58-37-6(7)(f)(v)(D), unless the prescriber determines there is a valid medical reason to allow an earlier dispensing date, the dispensing date of a second or third prescription shall be no less than 30 days from the dispensing date of the previous prescription, to allow for receipt of the subsequent prescription before the previous prescription runs out.

(5) If a practitioner fails to document his intentions relative to refills of controlled substances in Schedules III through V on a prescription form, it shall mean no refills are authorized. No refill is permitted on a prescription for a Schedule II controlled substance.

(6) Refills of controlled substance prescriptions shall be permitted for the period from the original date of the prescription as follows:

(a) Schedules III and IV for six months from the original date of the prescription; and

(b) Schedule V for one year from the original date of the prescription.

(7) No refill may be dispensed until such time has passed since the date of the last dispensing that 80% of the medication in the previous dispensing should have been consumed if taken according to the prescriber's instruction.

(8) No prescription for a controlled substance shall be issued or dispensed without specific instructions from the prescriber on how and when the drug is to be used.

(9) Refills after expiration of the original prescription term requires the issuance of a new prescription by the prescribing practitioner.

(10) Each prescription for a controlled substance and the number of refills authorized shall be documented in the patient records by the prescribing practitioner.

(11) A practitioner shall not prescribe or administer a Schedule II controlled stimulant for any purpose except:

- (a) the treatment of narcolepsy as confirmed by neurological evaluation;
 - (b) the treatment of abnormal behavioral syndrome, attention deficit disorder, hyperkinetic syndrome, or related disorders;
 - (c) the treatment of drug-induced brain dysfunction;
 - (d) the differential diagnostic psychiatric evaluation of depression;
 - (e) the treatment of depression shown to be refractory to other therapeutic modalities, including pharmacologic approaches, such as tricyclic antidepressants or MAO inhibitors;
 - (f) in the terminal stages of disease, as adjunctive therapy in the treatment of chronic severe pain or chronic severe pain accompanied by depression;
 - (g) the clinical investigation of the effects of the drugs, in which case the practitioner shall submit to the division a written investigative protocol for its review and approval before the investigation has begun. The investigation shall be conducted in strict compliance with the investigative protocol, and the practitioner shall, within 60 days following the conclusion of the investigation, submit to the division a written report detailing the findings and conclusions of the investigation; or
 - (h) in treatment of depression associated with medical illness after due consideration of other therapeutic modalities.
- (12) A practitioner may prescribe, dispense or administer a Schedule II controlled stimulant when properly indicated for any purpose listed in Subsection (11), provided that all of the following conditions are met:
- (a) before initiating treatment utilizing a Schedule II controlled stimulant, the practitioner obtains an appropriate history and physical examination, and rules out the existence of any recognized contraindications to the use of the controlled substance to be utilized;
 - (b) the practitioner shall not prescribe, dispense or administer any Schedule II controlled stimulant when he knows or has reason to believe that a recognized contraindication to its use exists;
 - (c) the practitioner shall not prescribe, dispense or administer any Schedule II controlled stimulant in the treatment of a patient who he knows or should know is pregnant; and

(d) the practitioner shall not initiate or shall discontinue prescribing, dispensing or administering all Schedule II controlled stimulants immediately upon ascertaining or having reason to believe that the patient has consumed or disposed of any controlled stimulant other than in compliance with the treating practitioner's directions.

R156-37-604. Prescribing of Controlled Substances for Weight Reduction or Contro

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(1) A practitioner shall not prescribe, dispense or administer a Schedule II or Schedule III controlled substance for purposes of weight reduction or control.

(2) A prescribing practitioner may prescribe or administer a Schedule IV controlled substance in treating excessive weight leading to increased health risks only when all the following conditions are met:

(a) medication is used only as an adjunct to a comprehensive weight loss program based on supplemental weight loss activities including, but not limited to, changing lifestyle counseling, nutritional education, and a regular, individualized exercise regimen;

(b) prior to initiating treatment the prescribing practitioner shall:

(i) determine through thorough review of past medical records that the patient has made a substantial good-faith effort to lose weight in a comprehensive weight loss program without the use of controlled substances, and the previous regimen has not been effective;

(ii) obtain a complete history, perform a complete physical examination of the patient, and rule out the existence of any recognized contraindications to the use of the medication(s);

(iii) determine and document this assessment in the patient's medical record, that the health benefit to the patient greatly outweighs the possible risks of the medications prescribed; and]

(iv) discuss with the patient the possible risks associated with the medication and have on record an informed consent which clearly documents that the long term effects of using controlled substances for weight loss or weight control are not known;

(c) throughout the prescribing period, the prescribing practitioner shall:

(i) supervise, oversee, and regularly monitor the patient, including his participation in supplemental weight loss activities, efficacy of the medication, and advisability of

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continuing to prescribe the weight loss or weight control medication; and

(ii) maintain a central medical record, containing at least, the goal of treatment or target weight, the ongoing progress toward that goal or maintenance of the weight loss, the patient's supplemental weight loss activities with documentation of compliance with the comprehensive weight loss program; and

(d) the prescribing practitioner shall immediately discontinue the weight loss medication in any of the following situations:

(i) the practitioner knows or should know that the patient is pregnant;

(ii) the patient has consumed or disposed of any controlled substance other than in compliance with the prescribing practitioner's directions;

(iii) the patient is abusing the controlled substance being prescribed for weight loss;

(iv) the patient develops a contraindication during the course of therapy; or

(v) the medication is not effective or that the patient is not abiding with and following through with the agreed upon comprehensive weight loss program.

R156-37-608. Herbal Products.

The division shall not apply the provisions of the Controlled Substance Act or these rules in restricting citizens or practitioners, regardless of their license status, from the sale or use of food or herbal products that are not scheduled as controlled substances by State or Federal law.

R156-37-609. Controlled Substance Database--Procedure and Format for Submission to the Database.

(1) In accordance with Subsections 58-37-7.5(6)(a), the format in which the information required under Section 58-37-7.5 shall be submitted to the administrator of the database is:

(a) electronic data via telephone modem;

(b) electronic data stored on floppy disk or compact disc (CD);

(c) electronic data sent via electronic mail (e-mail) if encrypted and approved by the database manager;

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- (d) electronic data sent via a secured internet transfer method, including but not limited to, FTP site transfer and HyperSend; or
 - (e) any other electronic method preapproved by the database manager.
- (2) The required information may be submitted on paper, if the pharmacy or pharmacy group submits a written request to the division and receives prior approval.
- (3) The division will consider the following in granting the request:
- (a) the pharmacy or pharmacy group has no computerized record keeping system upon which the data can be electronically recorded; or
 - (b) the pharmacy or pharmacy group is unable to conform its submissions to the format required by the database administrator without incurring undue financial hardship.
- (4) As of October 1, 2008, each pharmacy or pharmacy group shall submit all data collected during the preceding seven days at least once per week. If the data is submitted by a single pharmacy entity, the data shall be submitted in chronological order according to the date each prescription was filled. If the data is submitted by a pharmacy group, the data is required to be sorted by individual pharmacy within the group, and the data of each individual pharmacy within the group is required to be submitted in chronological order according to the date each prescription was filled.
- (5) The format for submission to the database shall be in accordance with uniform formatting developed by the American Society for Automation in Pharmacy system (ASAP). The division may approve alternative formats or adjustments to be consistent with database collection instruments and contain all necessary data elements.
- (6) The pharmacist-in-charge of each reporting pharmacy shall submit a report on a form approved by the division including:
- (a) the pharmacy name;
 - (b) NABP number;
 - (c) the period of time covered by each submission of data;
 - (d) the number of prescriptions in the submission;
 - (e) the submitting pharmacist's signature attesting to the accuracy of the report; and
 - (f) the date the submission was prepared.

R156-37-609a. Controlled Substance Database--Reporting Procedure and Format for Submission to the Database for Pharmacies and Pharmacy Groups Selected by the

Utah Cont'd

Division for the Real Time Pilot Program.

(1) In accordance with Subsection 58-37-7.8(8), the information required under Section 58-37-7.5 shall be submitted to the Division's database manager by licensees designated by the Division to participate in the real time reporting pilot program in the following formats:

- (a) electronic data via telephone modem;
- (b) electronic data stored on floppy disk or compact discs (CD);
- (c) electronic data sent via electronic mail (e-mail) if encrypted and approved by the database manager;
- (d) electronic data sent via a secured internet transfer methods, including, but not limited to, FTP site transfer and HyperSend; or
- (e) any other electronic method preapproved by the database manager.

(2) Each pharmacy or pharmacy group shall enter and submit data required under Section 58-37-7.5 on a daily basis each day that the pharmacy or pharmacy group is open for business or the data reporting entity of the pharmacy or pharmacy group is open for business.

(3) The format for submission to the database shall be in accordance with the uniform formatting developed by the American Society for Automation in Pharmacy System (ASAP). The Division may approve alternative formats.

(4) The pharmacist-in-charge of each reporting pharmacy or pharmacy group shall be responsible for compliance with this rule.

(5) In accordance with Subsection 58-37-7.8(1)(a)(i), the pilot area is designated as the entire state of Utah. Any pharmacy or pharmacy group that submits information to the database based upon information available at the time of dispensing to the ultimate user is eligible and may participate in the Real Time Pilot Program.

R156-37-609b. Controlled Substance Database--Limitations on Access to Real Time Database Information--Individuals Allowed to Access--Standards and Procedures for Access to Real Time Pilot Program.

(1) In accordance with Subsection 58-37-7.8(8), access to information contained in the controlled substance database is limited to individuals who are designated by the Division to participate in the real time pilot program, as follows:

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(a) personnel employed by federal, state and local law enforcement agencies;
(b) pharmacists licensed to dispense controlled substances in Utah;
(c) practitioners licensed to prescribe controlled substances in Utah; and
(d) employees of the Department of Health who have previously been approved by the Division to access controlled substance database information in furtherance of the Pain Medication Management and Education Program.

(2) All individuals who are granted access to information in the controlled substance database via the real time pilot program shall provide any documentation requested by the Division's database manager to confirm the individual's identity. The individual will then be provided a username, password, and PIN number by which the individual will access the information contained in the database. Pursuant to Subsection 58-37-7.5 (9), (10), and (11), it is unlawful for an authorized user to allow another individual to use the authorized user's assigned username, password and PIN number.

(3) Personnel employed by federal, state, and local law enforcement agencies may access only information related to a current investigation involving controlled substances being conducted by that agency.

(4) Pharmacists licensed to dispense controlled substances in Utah may access only information related specifically to a current patient to whom that pharmacist is dispensing or is considering dispensing any controlled substance.

(5) Practitioners licensed to prescribe controlled substances in Utah may access only information related specifically to a current patient of the practitioner, to whom the practitioner is prescribing or is considering prescribing any controlled substance.

(6) Employees of the Department of Health who have been previously approved by the Division to access controlled substance database information in furtherance of the Pain Medication Management and Education Program may access only information in order to conduct scientific studies to evaluate opioid use and opioid-related morbidity and ways to reduce deaths and other harm from improper or risky prescribing and dispensing practices as codified in Section 26-1-36.

R156-37-610. Controlled Substance Database--Limitations on Access to Database Information--Standards and Procedures for Identifying Individuals Requesting Information.

(1) In accordance with Subsections 58-37-7.5(8)(a) and (b), the division director shall

Utah Cont'd

designate in writing those individuals within the division who shall have access to the information in the database.

(2) Personnel from federal, state or local law enforcement agencies may obtain information from the database if the information relates to a current investigation being conducted by such agency. The manager of the database may also provide information from the database to such agencies on his own volition when the information may reasonably constitute a basis for investigation relative to violation of state or federal law.

(3) In accordance with Subsections 58-37-7.5(5)(c), (6)(b), (7)(b), and (8)(d) and (e), the database manager may provide information from the database to licensed practitioners having authority to prescribe controlled substances and to licensed pharmacists having authority to dispense controlled substances. The database manager may provide the information on his own volition to accomplish the stated purposes set forth in Subsection 58-37-7.5(5).

(4) Any individual may request information in the database relating to that individual's controlled substances receipt history. An individuals may not request or receive an accounting of persons or entities that have requested or received information about the individual. Upon request for database information on an individual who is the recipient of a controlled substance prescription entered in the database, the manager of the database shall make available database information exclusively relating to that particular individual's controlled substance receipt history under the following limitations and conditions:

(a) The requestor seeking database information personally appears before the manager of the database, or a designee, with picture identification confirming his identity as the same person on whom database information is sought.

(b) The requestor seeking database information submits a signed and notarized request executed under the penalty of perjury verifying his identity as the same person on whom database information is sought, and providing their full name, home and business address, date of birth, and social security number.

(c) The requestor seeking database information presents a power of attorney over the person on whom database information is sought and further complies with the following:

(i) submits a signed and notarized request executed by the requestor under the penalty of perjury verifying that the grantor of the power of attorney is the same person on

whom database information is sought, including the grantor's full name, address, date of birth, and social security number; and

(ii) personally appears before the manager of the database with picture identification to verify personal identity, or otherwise submits a signed and notarized statement executed by the requestor under the penalty of perjury verifying his identity as that of the person holding the power of attorney.

(d) The requestor seeking database information presents verification that he is the legal guardian of an incapacitated person on whom database information is sought and further complies with the following:

(i) submits a signed and notarized request executed by the requestor under the penalty of perjury verifying that the incapacitated ward of the guardian is the same person on whom database information is sought, including the ward's full name, address, date of birth, and social security number; and

(ii) personally appears before the manager of the database with picture identification to verify personal identity, or otherwise submits a signed and notarized statement executed by the requestor under the penalty of perjury verifying his identity as that of the legal guardian of the incapacitated person.

(e) The requestor seeking database information shall present a release-of-records statement from the person on whom database information is sought and further complies with the following:

(i) submits a verification from the person on whom database information is sought consistent with the requirements set forth in paragraph (4)(b);

(ii) submits a signed and notarized release of records statement executed by the person on whom database information is sought authorizing the manager of the database to release the relevant database information to the requestor; and

(iii) personally appears before the manager of the database with picture identification to verify personal identity, or otherwise submits a signed and notarized statement executed by the requestor under the penalty of perjury verifying his identity as that of the requestor identified in the release of records;

(5) Before data is released upon oral request, a written request may be required and received.

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- (6) Database information may be disseminated either orally, by facsimile or by U.S. mail.
- (7) The Utah Department of Health may access Database information for purposes of scientific study regarding public health. To access information, the scientific investigator must:
- (a) show the research is an approved project of the Utah Department of Health;
 - (b) provide a description of the research to be conducted including a research protocol for the project and a description of the data needed from the Database to conduct that research;
 - (c) provide assurances and a plan that demonstrates all Database information will be maintained securely, with access only permitted by the scientific investigator;
 - (d) provide for electronic data to be stored on a secure database computer system with access only allowed by the scientific investigator; and
 - (e) pay all relevant expenses for data transfer and manipulation.

Additional Information from the Utah Board of Nursing: n/a



VERMONT

Definitions

State Statute: **Vt. Stat. Ann. tit. 26 § 1572 (West, Westlaw through 2010)**

(4) “Advanced practice registered nurse” means a licensed registered nurse authorized to practice in this state who, because of specialized education and experience is endorsed to perform acts of medical diagnosis and to prescribe medical, therapeutic or corrective measures under administrative rules adopted by the board.

Administrative Regulations: n/a

Exemptions and Consultation Exceptions

State Statute: **Vt. Stat. Ann. tit. 26 § 1583 (West, Westlaw through 2010)**

This chapter does not prohibit:

(1) The furnishing of assistance in the case of an emergency or disaster.

(3) The practice of any nurse who is employed by the United States government or any bureau, division or agency thereof, while in the discharge of her or his official duties.

(4) The practice of nursing in this state by any currently licensed nurse whose engagement was made outside of this state but required the nurse to accompany and care for the patient while in Vermont. This exception shall not exceed six months.

Administrative Regulations: n/a

Reciprocity Guidelines

State Statute: n/a

Administrative Regulations: n/a

Additional Information from the Vermont Board of Nursing: n/a

Prescriptive Authority Guidelines

State Statute: n/a

Vermont Cont'd

Administrative Regulations: n/a

Additional Information from the Vermont Board of Nursing: n/a

Definitions

State Statute: n/a

Administrative Regulations: 18 Va. Admin. Code § 90-30-10 (2010)

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise: “Licensed nurse practitioner” means a registered nurse who has met the requirements for licensure as stated in Part II (18 VAC 90-30-60 et seq.) of this chapter.

Exemptions and Consultation Exceptions

State Statute: Va. Code Ann. § 54.1-3001, Current through End of 2010 Reg. Sess.

This chapter shall not apply to the following:

1. The furnishing of nursing assistance in an emergency;
6. The practice of nursing by any nurse who holds a current unrestricted license in another state, the District of Columbia, or a United States possession or territory and is employed to provide care to any private individual while such private individual is traveling through or temporarily staying, as defined in the Board's regulations, in the Commonwealth;
11. The practice of nursing by any nurse rendering free health care to an underserved population in Virginia who (i) does not regularly practice nursing in Virginia, (ii) holds a current valid license or certification to practice nursing in another state, territory, district or possession of the United States, (iii) volunteers to provide free health care to an underserved area of this Commonwealth under the auspices of a publicly supported all volunteer, nonprofit organization that sponsors the provision of health care to populations of underserved people, (iv) files a copy of the license or certification issued in such other jurisdiction with the Board, (v) notifies the Board at least five business days prior to the voluntary provision of services of the dates and location of such service, and (vi) acknowledges, in writing, that such licensure exemption shall only be valid, in compliance with the Board's regulations, during the limited period that such free health care is made available through the volunteer, nonprofit organization on the dates and at the location filed with the Board. The Board may deny the right to practice in Virginia to any nurse whose license or certificate has been previously suspended or revoked, who has been convicted of a felony or who is otherwise found to be in violation of applicable laws or regulations. However, the Board shall allow a nurse who meets the above criteria to provide volunteer services without prior notice for a period of up to three days, provided the nonprofit organization verifies that the practitioner has a valid,

unrestricted license in another state; or

Administrative Regulations: n/a

Reciprocity Guidelines

State Statute: Va. Code Ann. § 54.1-3032 (West, Westlaw through 2010 Reg. Sess.)

D. This Compact does not affect additional requirements imposed by states for advanced practice registered nursing. However, a multistate licensure privilege to practice registered nursing granted by a party state shall be recognized by other party states as a license to practice registered nursing if one is required by state law as a precondition for qualifying for advance practice registered nurse authorization.

Administrative Regulations: 18 Va. Admin. Code § 90-30-85 (2010)

A. An applicant for licensure by endorsement as a nurse practitioner shall:

1. Provide verification of licensure as a nurse practitioner or advanced practice nurse in another U.S. jurisdiction with a license in good standing, or, if lapsed, eligible for reinstatement;
2. Submit evidence of professional certification that is consistent with the specialty area of the applicant's educational preparation issued by an agency accepted by the boards as identified in 18 VAC 90-30-90; and
3. Submit the required application and fee as prescribed in 18VAC90-30-50.

B. An applicant shall provide evidence that includes a transcript that shows successful completion of core coursework that prepares the applicant for licensure in the appropriate specialty.

Additional Information from the Virginia Board of Nursing: n/a

Prescriptive Authority Guidelines

State Statute: Va. Code Ann. § 54.1-2957.01, Current through End of 2010 Reg. Sess.

§ 54.1-2957.01. Prescription of certain controlled substances and devices by licensed nurse practitioners

A. In accordance with the provisions of this section and pursuant to the requirements of Chapter 33 (§ 54.1-3300 et seq.) of this title, a licensed nurse practitioner, other than a certified registered nurse anesthetist, shall have the authority to prescribe controlled substances and devices as set forth in Chapter 34 (§ 54.1-3400 et seq.) of this title as follows: (i) Schedules V and VI controlled substances on and after July 1, 2000; (ii) Schedules IV through VI on and after January 1, 2002; (iii) Schedules III through VI controlled substances on and after July 1, 2003; and (iv) Schedules II through VI on and after July 1, 2006. Nurse practitioners shall have such prescriptive authority upon the provision to the Board of Medicine and the Board of Nursing of such evidence as they may jointly require that the nurse practitioner has entered into and is, at the time of writing a prescription, a party to a written agreement with a licensed physician which provides for the direction and supervision by such physician of the prescriptive practices of the nurse practitioner. Such written agreements shall include the controlled substances the nurse practitioner is or is not authorized to prescribe and may restrict such prescriptive authority as deemed appropriate by the physician providing direction and supervision.

B. It shall be unlawful for a nurse practitioner to prescribe controlled substances or devices pursuant to this section unless such prescription is authorized by the written agreement between the licensed nurse practitioner and the licensed physician.

C. The Board of Nursing and the Board of Medicine, in consultation with the Board of Pharmacy, shall promulgate such regulations governing the prescriptive authority of nurse practitioners as are deemed reasonable and necessary to ensure an appropriate standard of care for patients.

The Board of Medicine and the Board of Nursing shall be assisted in this process by an advisory committee composed of two representatives of the Board of Nursing and one nurse practitioner appointed by the Board of Nursing, and four physicians, three of whom shall be members of the Board of Medicine appointed by the Board of Medicine. The fourth physician member shall be jointly appointed by the Boards of Medicine and Nursing. Regulations promulgated pursuant to this section shall include, at a minimum, (i) such requirements as may be necessary to ensure continued nurse practitioner competency which may include continuing education, testing, and/or any other requirement, and shall address the need to promote ethical practice, an appropriate standard of care, patient safety, the use of new pharmaceuticals, and appropriate communication with patients, and (ii) requirements for periodic site visits by physicians who supervise and direct nurse practitioners who provide services at a location other than where the physician regularly practices.

D. This section shall not limit the functions and procedures of certified registered nurse

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anesthetists or of any nurse practitioners which are otherwise authorized by law or regulation.

E. The following restrictions shall apply to any nurse practitioner authorized to prescribe drugs and devices pursuant to this section:

1. The nurse practitioner shall disclose to his patients the name, address and telephone number of the supervising physician, and that he is a licensed nurse practitioner.

2. Physicians, other than physicians employed by, or under contract with, local health departments, federally funded comprehensive primary care clinics, or nonprofit health care clinics or programs to provide supervisory services, shall not supervise and direct at any one time more than four nurse practitioners. In the case of nurse practitioners, other than certified nurse midwives, the supervising physician shall regularly practice in any location in which the nurse practitioner exercises prescriptive authority pursuant to this section. A separate office for the nurse practitioner shall not be established. In the case of certified nurse midwives, the supervising physician either shall regularly practice in the location in which the certified nurse midwife practices, or in the event that the certified nurse midwife has established a separate office, the supervising physician shall be required to make periodic site visits as required by regulations promulgated pursuant to this section.

3. Physicians employed by, or under contract with, local health departments, federally funded comprehensive primary care clinics, or nonprofit health care clinics or programs to provide supervisory services, shall not supervise and direct at any one time more than four nurse practitioners who provide services on behalf of such entities. Such physicians either shall regularly practice in such settings or shall make periodic site visits to such settings as required by regulations promulgated pursuant to this section.

F. This section shall not prohibit a licensed nurse practitioner from administering controlled substances in compliance with the definition of "administer" in § 54.1-3401 or from receiving and dispensing manufacturers' professional samples of controlled substances in compliance with the provisions of this section.

G. Notwithstanding any provision of law or regulation to the contrary, a nurse practitioner licensed by the Boards of Nursing and Medicine in the category of certified nurse midwife and holding a license for prescriptive authority may prescribe Schedules II through VI controlled substances without the requirement for either medical direction or supervision or a written agreement between the licensed nurse practitioner and a licensed physician while participating in a pilot program approved by the Board of

Health pursuant to § 32.1-11.5.

Administrative Regulations: 18 Va. Admin. Code §§ 90-40-40, -90, -100, -110, -120-1 (2010)

18 VAC 90-40-40. Qualifications for initial approval of prescriptive authority.

An applicant for prescriptive authority shall meet the following requirements:

1. Hold a current, unrestricted license as a nurse practitioner in the Commonwealth of Virginia; and

2. Provide evidence of one of the following:

a. Continued professional certification as required for initial licensure as a nurse practitioner; or

b. Satisfactory completion of a graduate level course in pharmacology or pharmacotherapeutics obtained as part of the nurse practitioner education program within the five years prior to submission of the application; or

c. Practice as a nurse practitioner for no less than 1000 hours and 15 continuing education units related to the area of practice for each of the two years immediately prior to submission of the application; or

d. Thirty contact hours of education in pharmacology or pharmacotherapeutics acceptable to the boards taken within five years prior to submission of the application. The 30 contact hours may be obtained in a formal academic setting as a discrete offering or as noncredit continuing education offerings and shall include the following course content:

(1) Applicable federal and state laws;

(2) Prescription writing;

(3) Drug selection, dosage, and route;

(4) Drug interactions;

(5) Information resources; and

(6) Clinical application of pharmacology related to specific scope of practice.

3. Submit a practice agreement between the nurse practitioner and the supervising physician as required in 18 VAC 90-40-90. The practice agreement must be approved by the boards prior to issuance of prescriptive authority; and

4. File a completed application and pay the fees as required in 18 VAC 90-40-70.
18 VAC 90-40-90. Practice agreement.

A. A nurse practitioner with prescriptive authority may prescribe only within the scope of a written practice agreement with a supervising physician to be submitted with the initial application for prescriptive authority.

B. At any time there are changes in the primary supervising physician, authorization to prescribe, or scope of practice, the nurse practitioner shall submit a revised practice agreement to the board.

C. The practice agreement shall contain the following:

1. A description of the prescriptive authority of the nurse practitioner within the scope allowed by law and the practice of the nurse practitioner.

2. An authorization for categories of drugs and devices within the requirements of § 54.1-2957.01 of the Code of Virginia.

3. The signatures of the primary supervising physician and any secondary physician who may be regularly called upon in the event of the absence of the primary physician.
18 VAC 90-40-100. Supervision and site visits.

A. In accordance with § 54.1-2957.01 of the Code of Virginia, physicians who enter into a practice agreement with a nurse practitioner for prescriptive authority shall supervise and direct, at any one time, no more than four nurse practitioners with prescriptive authority.

B. Except as provided in subsection C of this section, physicians shall regularly practice in any location in which the licensed nurse practitioner exercises prescriptive authority.

1. A separate practice setting may not be established for the nurse practitioner.

2. A supervising physician shall conduct a regular, random review of patient charts on which the nurse practitioner has entered a prescription for an approved drug or device.

C. Physicians who practice with a certified nurse midwife or with a nurse practitioner employed by or under contract with local health departments, federally funded comprehensive primary care clinics, or nonprofit health care clinics or programs shall:

1. Either regularly practice at the same location with the nurse practitioner or provide supervisory services to such separate practices by making regular site visits for

consultation and direction for appropriate patient management. The site visits shall occur in accordance with the protocol, but no less frequently than once a quarter.

2. Conduct a regular, random review of patient charts on which the nurse practitioner has entered a prescription for an approved drug or device.

18 VAC 90-40-110. Disclosure.

A. The nurse practitioner shall include on each prescription written or dispensed his signature and prescriptive authority number as issued by the boards and the Drug Enforcement Administration (DEA) number, when applicable.

B. The nurse practitioner shall disclose to patients that he is a licensed nurse practitioner and the name, address and telephone number of the supervising physician. Such disclosure may be included on a prescription pad or may be given in writing to the patient.

18 VAC 90-40-120. Dispensing.

A nurse practitioner may dispense only those manufacturers' samples of drugs that are included in the written practice agreement as is on file with the board. 18 VAC 90-40-121. Prescribing for self or family.

A. Treating or prescribing shall be based on a bona fide practitioner-patient relationship, and prescribing shall meet the criteria set forth in § 54.1-3303 of the Code of Virginia.

B. A nurse practitioner shall not prescribe a controlled substance to himself or a family member, other than Schedule VI as defined in § 54.1-3455 of the Code of Virginia, unless the prescribing occurs in an emergency situation or in isolated settings where there is no other qualified practitioner available to the patient, or it is for a single episode of an acute illness through one prescribed course of medication.

C. When treating or prescribing for self or family, the nurse practitioner shall maintain a patient record documenting compliance with statutory criteria for a bona fide practitioner-patient relationship.

Additional Information from the Virginia Board of Nursing: n/a

Definitions

State Statute: Wash. Rev. Code Ann. § 18.79.050 (West, Westlaw through 2010)

“Advanced registered nursing practice” means the performance of the acts of a registered nurse and the performance of an expanded role in providing health care services as recognized by the medical and nursing professions, the scope of which is defined by rule by the commission. Upon approval by the commission, an advanced registered nurse practitioner may prescribe legend drugs and controlled substances contained in Schedule V of the Uniform Controlled Substances Act, chapter 69.50 RCW, and Schedules II through IV subject to RCW 18.79.240(1) (r) or (s).

Administrative Regulations: Wash. Admin. Code § 246-840-01 (2010)

(1) An ‘advanced registered nurse practitioner (ARNP)’ is a registered nurse who has had formal graduate education and has achieved national specialty certification for the nurse practitioner, nurse anesthetist, or nurse midwife role. A nurse with this preparation may qualify as an ARNP as described in WAC 246-840-300.

(2) ‘Advanced nursing practice’ is the delivery of nursing care by registered nurses who have acquired experience and formal education that prepares them for independent practice.

Exemptions and Consultation Exceptions

State Statute: Wash. Rev. Code Ann. § 18.79.240 (West, Westlaw through 2010)

18.79.240. Construction

(1) In the context of the definition of registered nursing practice and advanced registered nursing practice, this chapter shall not be construed as:

(e) Prohibiting the practice of nursing in this state by a legally qualified nurse of another state or territory whose engagement requires him or her to accompany and care for a patient temporarily residing in this state during the period of one such engagement, not to exceed six months in length, if the person does not represent or hold himself or herself out as a registered nurse licensed to practice in this state;

(p) Permitting the prescribing of controlled substances as defined in Schedule I of the Uniform Controlled Substances Act, chapter 69.50 RCW;

(r) Prohibiting advanced registered nurse practitioners, approved by the commission as

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certified registered nurse anesthetists from selecting, ordering, or administering controlled substances as defined in Schedules II through IV of the Uniform Controlled Substances Act, chapter 69.50 RCW, consistent with their commission-recognized scope of practice; subject to facility-specific protocols, and subject to a request for certified registered nurse anesthetist anesthesia services issued by a physician licensed under chapter 18.71 RCW, an osteopathic physician and surgeon licensed under chapter 18.57 RCW, a dentist licensed under chapter 18.32 RCW, or a podiatric physician and surgeon licensed under chapter 18.22 RCW; the authority to select, order, or administer Schedule II through IV controlled substances being limited to those drugs that are to be directly administered to patients who require anesthesia for diagnostic, operative, obstetrical, or therapeutic procedures in a hospital, clinic, ambulatory surgical facility, or the office of a practitioner licensed under chapter 18.71, 18.22, 18.36, 18.36A, 18.57, 18.57A, or 18.32 RCW; “select” meaning the decision-making process of choosing a drug, dosage, route, and time of administration; and “order” meaning the process of directing licensed individuals pursuant to their statutory authority to directly administer a drug or to dispense, deliver, or distribute a drug for the purpose of direct administration to a patient, under instructions of the certified registered nurse anesthetist. “Protocol” means a statement regarding practice and documentation concerning such items as categories of patients, categories of medications, or categories of procedures rather than detailed case-specific formulas for the practice of nurse anesthesia;

(s) Prohibiting advanced registered nurse practitioners from ordering or prescribing controlled substances as defined in Schedules II through IV of the Uniform Controlled Substances Act, chapter 69.50 RCW, if and to the extent that doing so is permitted by their scope of practice.

Administrative Regulations: n/a

Reciprocity Guidelines

State Statute: n/a

Administrative Regulations: Wash. Admin. Code §§ 246-840-90, -342 (2010)

246-840-342.

ARNP application requirements for licensed advanced practice nurse applicants from other states or jurisdictions.

(1) An applicant who is currently licensed as an advanced practice nurse in another state

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or jurisdiction and who is applying for ARNP licensure in Washington, must meet the following requirements:

(a) Hold current registered nurse and advanced practice nurse licenses that are not subject to sanctions or restrictions by another state or jurisdiction licensing agency;]

(b) Have graduated from an advanced nursing educational program that:

(i) Requires a minimum of one academic year for completion if graduated on or before December 31, 1994; or

(ii) Requires a graduate degree with a concentration in advanced nursing practice if graduated on or after January 1, 1995; or

(iii) Is equivalent to that leading to a graduate degree in advanced nursing practice if the formal educational program is taken after completion of the graduate degree;

(c) Have been practicing in direct patient care as a licensed nurse practitioner, certified nurse-midwife or certified nurse anesthetist in his or her state for at least two hundred fifty hours of direct patient services within the two years prior to the date of application for ARNP licensure; and

(d) Be currently certified as a nurse practitioner, nurse midwife or registered nurse anesthetist by a commission approved certification program as identified in WAC 246-840-302(3).

(2) An out-of-state applicant for ARNP licensure must:

(a) Apply for Washington state registered nurse licensure as identified in WAC 246-840-090;

(b) Submit a completed ARNP license application to the commission;

(c) Submit a license fee as specified in WAC 246-840-990;

(d) Request the commission approved certification program as identified in WAC 246-840-302(3) to send official documentation of certification directly to the commission;

(e) Request the advanced nursing educational program to send an official transcript directly to the commission showing all courses, grades, degree or certificate granted, official seal and appropriate registrar or program director's signature;

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- (f) Submit documentation from the graduate program director or faculty identifying the area of practice, unless the area of practice is clearly indicated on the official transcript;
- (g) Submit educational program objectives and course descriptions when requested by the commission; and
- (h) Submit evidence of at least two hundred fifty hours of direct patient care services as an advanced practice nurse within the two years prior to the date of application for ARNP licensure. The two hundred fifty hours may include teaching advanced nursing practice if the faculty member is providing patient care or serving as a preceptor.

246-840-090. Licensure for nurses by interstate endorsement.

Registered nursing and practical nursing applicants for interstate endorsement as a nurse may be issued a license without examination provided the applicant meets the following requirements:

(1) The applicant has graduated and holds a credential from:

(a) A commission or state board approved program preparing candidates for licensure as a nurse; or

(b) Its equivalent as determined by the commission, which program must fulfill the minimum requirements for commission or state board approved registered nursing programs in Washington at the time of graduation.

(2) The applicant was originally licensed to practice as a nurse in another state or territory after passing a state approved examination.

(3) The applicant possesses a current active nursing license without discipline in another state or territory, or, possess an inactive or expired license in another state or territory and successfully complete a commission approved refresher course.

(a) An applicant whose license was inactive or expired must be issued a limited education authorization by the commission to enroll in the clinical portion of the refresher course.

(b) The limited education authorization is valid only while working under the direct supervision of a preceptor and is not valid for employment as a registered nurse.

- (4) For RNs: If the applicant is a graduate of a nontraditional program in nursing and:
- (a) Was licensed as a practical/vocational nurse prior to licensure as a registered nurse, the applicant must document two hundred hours of preceptorship in the role of a registered nurse as defined in WAC 246-840-035 or at least one thousand hours of practice as a registered nurse without discipline of the registered nurse license by any other state or territory.
 - (b) Was not licensed as a practical/vocational nurse prior to licensure as a registered nurse, the applicant must document at least one thousand hours of practice as a registered nurse without discipline of the registered nurse license by any other state or territory.
- (5) Complete seven clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.
- (6) Applicants must submit the following documents:
- (a) A completed licensure application with the required fee as defined in WAC 246-840-990.
 - (b) An official transcript sent directly from the applicant's nursing education program to the commission.
 - (i) The transcript must contain adequate documentation to demonstrate that the applicant has graduated from an approved nursing program or has successfully completed the prelicensure portion of an approved graduate-entry registered nursing program.
 - (ii) The transcripts shall include course names and credits accepted from other programs.
 - (c) Verification of an original registered nurse license sent directly to the commission from the state or territory of original licensure. This document must include verification that the original licensure included passing a state examination or computerized verification from NurSYS®.
 - (d) Verification of a current active or expired nurse license in another state or territory sent directly to the commission from that state's or territory's licensure agency. Verification that the applicant has successfully completed a commission approved refresher course may be accepted if the applicant's out-of-state licensure is on inactive or

expired status.

(e) For RNs: If the applicant is a graduate of a nontraditional program in nursing and:

(i) Was licensed as a practical/vocational nurse prior to licensure as a registered nurse, the applicant must submit documentation of two hundred hours of preceptorship in the role of a registered nurse as defined in WAC 246-840-035 or at least one thousand hours of practice as a registered nurse without discipline of the registered nurse license by any other state or territory.

(ii) Was not licensed as a practical/vocational nurse prior to licensure as a registered nurse, the applicant must submit documentation of at least one thousand hours of practice as a registered nurse without discipline of the registered nurse license by any other state or territory.

Additional Information from the Washington Board of Nursing: n/a

Prescriptive Authority Guidelines

State Statute: Wash. Rev. Code Ann. § 18.79.250 (West, Westlaw through 2010)

18.79.250. Advanced registered nurse practitioner--Activities allowed

An advanced registered nurse practitioner under his or her license may perform for compensation nursing care, as that term is usually understood, of the ill, injured, or infirm, and in the course thereof, she or he may do the following things that shall not be done by a person not so licensed, except as provided in RCW 18.79.260 and 18.79.270:

(1) Perform specialized and advanced levels of nursing as recognized jointly by the medical and nursing professions, as defined by the commission;

(2) Prescribe legend drugs and Schedule V controlled substances, as defined in the Uniform Controlled Substances Act, chapter 69.50 RCW, and Schedules II through IV subject to RCW 18.79.240(1) (r) or (s) within the scope of practice defined by the commission;

(3) Perform all acts provided in RCW 18.79.260;

(4) Hold herself or himself out to the public or designate herself or himself as an advanced registered nurse practitioner or as a nurse practitioner.

Administrative Regulations: Wash. Admin. Code §§ 246-840-400, -410, -420 (2010)

Washington Cont'd

246-840-400. ARNP prescriptive authority.

- (1) An ARNP licensed under chapter 18.79 RCW when authorized by the nursing commission may prescribe drugs, medical equipment and therapies pursuant to applicable state and federal laws.
- (2) The ARNP when exercising prescriptive authority is accountable for competency in:
 - (a) Patient selection;
 - (b) Problem identification through appropriate assessment;
 - (c) Medication or device selection;
 - (d) Patient education for use of therapeutics;
 - (e) Knowledge of interactions of therapeutics, if any;
 - (f) Evaluation of outcome; and
 - (g) Recognition and management of complications and untoward reactions.

246-840-410. Application requirements for ARNP prescriptive authority.

- (1) An ARNP who applies for prescriptive authority must:
 - (a) Have a current license as an ARNP in Washington that is not subject to sanctions or restrictions issued by the commission; and
 - (b) Complete thirty contact hours of education in pharmacotherapeutics related to the applicant's scope of practice within a two-year time period immediately prior to the date of application for prescriptive authority, unless the applicant has graduated within the past two years from a graduate program which meets the requirements identified in WAC 246-840-455 (11)(e).

The pharmacotherapeutic educational content shall include pharmacokinetic principles and their clinical application and the use of pharmacological agents in the prevention of illness, restoration, and maintenance of health.

- (2) The ARNP applying for prescriptive authority must:
 - (a) Submit a completed application on a form provided by the commission;
 - (b) Submit a fee as specified in WAC 246-840-990; and
 - (c) Submit evidence of completion of thirty contact hours of education in pharmacotherapeutics related to the applicants scope of practice.
- (3) If an ARNP does not apply for prescriptive authority within two years of graduation

from the advanced practice program, an additional thirty contact hours of pharmacotherapeutics shall be required.

(4) An ARNP who applies for a new or additional ARNP designation must send proof of pharmacology content appropriate to each designation.

(5) The thirty contact hours of pharmacotherapeutic education shall be obtained from the following:

- (a) Study within the advanced educational program; or
- (b) Continuing education programs.

(6) Applicants who hold prescriptive authority from another state at the time of application may request an exemption to subsection (1)(b) and (2)(c) of this section if he or she provides evidence of at least two hundred fifty hours of independent advanced registered nurse practice with prescriptive authority in his or her scope of practice within the two years prior to application for prescriptive authority.

246-840-420. Authorized prescriptions by ARNP with prescriptive authority.

(1) Prescriptions for drugs, medical equipment and therapies must comply with all applicable state and federal laws and be within the ARNP's scope of practice.

(2) The advanced registered nurse practitioner must sign all prescriptions and include the initials ARNP or NP.

(3) An ARNP may not, under RCW 18.79.240(1) and chapter 69.50 RCW, prescribe controlled substances in Schedule I.

(4) Any ARNP with prescriptive authority who prescribes controlled substances must be registered with the drug enforcement administration.

Additional Information from the Washington Board of Nursing: n/a



West Virginia

Definitions

State Statute: n/a

Administrative Regulations: n/a

Exemptions and Consultation Exceptions

State Statute: W. Va. Code Ann. § 30-7-12 (West, Westlaw through 2010 Reg. Sess.)

§ 30-7-12. Exceptions

This article shall not be construed to prohibit:

(a) The furnishing of nursing assistance in an emergency; or

(b) The practice of nursing incidental to a program of study by students enrolled in a nursing education program accredited by the board; or

(c) The practice of any legally qualified nurse of another state who is employed by the United States or any bureau, division or agency thereof, while in the discharge of his or her official duties.

Administrative Regulations: n/a

Reciprocity Guidelines

State Statute: n/a

Administrative Regulations: n/a

Additional Information from the West Virginia Board of Nursing: n/a

Prescriptive Authority Guidelines

State Statute: W. Va. Code Ann. §§ 30-7-15a-15c (West, Westlaw through 2010 Reg. Sess.)

§ 30-7-15a. Prescriptive authority for prescription drugs; collaborative relationship

with physician requirements; promulgation of rules; classification of drugs to be prescribed; coordination with other boards; coordination with board of pharmacy

(a) The board may, in its discretion, authorize an advanced nurse practitioner to prescribe prescription drugs in a collaborative relationship with a physician licensed to practice in West Virginia and in accordance with applicable state and federal laws. An authorized advanced nurse practitioner may write or sign prescriptions or transmit prescriptions verbally or by other means of communication.

(b) For purposes of this section an agreement to a collaborative relationship for prescriptive practice between a physician and an advanced nurse practitioner shall be set forth in writing. Verification of such agreement shall be filed with the board by the advanced nurse practitioner. The board shall forward a copy of such verification to the board of medicine. Collaborative agreements shall include, but not be limited to, the following:

(1) Mutually agreed upon written guidelines or protocols for prescriptive authority as it applies to the advanced nurse practitioner's clinical practice;

(2) Statements describing the individual and shared responsibilities of the advanced nurse practitioner and the physician pursuant to the collaborative agreement between them;

(3) Periodic and joint evaluation of prescriptive practice; and

(4) Periodic and joint review and updating of the written guidelines or protocols.

(c) The board shall promulgate legislative rules in accordance with the provisions of chapter twenty-nine-a of this code governing the eligibility and extent to which an advanced nurse practitioner may prescribe drugs. Such rules shall provide, at a minimum, a state formulary classifying those categories of drugs which shall not be prescribed by advanced nurse practitioners, including, but not limited to, Schedules I and II of the Uniform Controlled Substances Act, anticoagulants, antineoplastics, radio-pharmaceuticals and general anesthetics. Drugs listed under schedule III shall be limited to a seventy-two hour supply without refill.

(d) The board shall consult with other appropriate boards for the development of the formulary.

(e) The board shall transmit to the board of pharmacy a list of all advanced nurse practitioners with prescriptive authority. The list shall include:

West Virginia Cont'd

- (1) The name of the authorized advanced nurse practitioner;
- (2) The prescriber's identification number assigned by the board; and
- (3) The effective date of prescriptive authority.

§ 30-7-15b. Eligibility for prescriptive authority; application; fee

An advanced nurse practitioner who applies for authorization to prescribe drugs shall:

- (a) Be licensed and certified in West Virginia as an advanced nurse practitioner holding a baccalaureate degree in science or the arts;
- (b) Not be less than eighteen years of age;
- (c) Provide the board with evidence of successful completion of forty-five contact hours of education in pharmacology and clinical management of drug therapy under a program approved by the board, fifteen hours of which shall be completed within the two-year period immediately before the date of application;
- (d) Provide the board with evidence that he or she is a person of good moral character and not addicted to alcohol or the use of controlled substances; and
- (e) Submit a completed, notarized application to the board, accompanied by a fee of one hundred twenty-five dollars.

§ 30-7-15c. Form of prescriptions; termination of authority; renewal; notification of termination of authority

- (a) Prescriptions authorized by an advanced nurse practitioner must comply with all applicable state and federal laws; must be signed by the prescriber with the initials "A.N.P." or the designated certification title of the prescriber; and must include the prescriber's identification number assigned by the board or the prescriber's national provider identifier assigned by the National Provider System pursuant to 45 CFR § 162.408.
- (b) Prescriptive authorization shall be terminated if the advanced nurse practitioner has:
 - (1) Not maintained current authorization as an advanced nurse practitioner; or
 - (2) Prescribed outside the advanced nurse practitioner's scope of practice or has prescribed drugs for other than therapeutic purposes; or
 - (3) Has not filed verification of a collaborative agreement with the board.

West Virginia Cont'd

(c) Prescriptive authority for an advanced nurse practitioner must be renewed biennially. Documentation of eight contact hours of pharmacology during the previous two years must be submitted at the time of renewal.

(d) The board shall notify the Board of Pharmacy and the Board of Medicine within twenty-four hours after termination of, or change in, an advanced nurse practitioner's prescriptive authority.

Administrative Regulations: n/a

Additional Information from the West Virginia Board of Nursing: n/a



Wisconsin

Definitions

State Statute: n/a

Administrative Regulations: Wis. Admin. Code § N 8.02 (2010)

As used in this chapter:

(1) “Advanced practice nurse” means a registered nurse who possesses the following qualifications:

(a) The registered nurse has a current license to practice professional nursing in this state, or has a current license to practice professional nursing in another state which has adopted the nurse licensure compact;

(b) The registered nurse is currently certified by a national certifying body approved by the board as a nurse practitioner, certified nurse-midwife, certified registered nurse anesthetist or clinical nurse specialist; and,

(c) For applicants who receive national certification as a nurse practitioner, certified nurse-midwife, certified registered nurse anesthetist or clinical nurse specialist after July 1, 1998, the registered nurse holds a master's degree in nursing or a related health field granted by a college or university accredited by a regional accrediting agency approved by the board of education in the state in which the college or university is located.

(2) “Advanced practice nurse prescriber” means an advanced practice nurse who has been granted a certificate to issue prescription orders under s. 441.16 (2), Stats.

Exemptions and Consultation Exceptions

State Statute: Wis. Stat. Ann. § 441.11 (West, Westlaw through 2009)

441.115. Exceptions; temporary practice

(1) This chapter shall not be construed to affect nursing by friends, members of the family or undergraduates in an accredited school, nor be construed to interfere with members of religious communities or orders having charge of hospitals or taking care of the sick in their homes, except that none of such excepted persons while engaged in such activities shall represent himself or herself as a registered, trained, certified or graduate nurse unless registered under this subchapter.

(2)(a) In this subsection, “nursing credential” means a license, permit or certificate of

registration or certification that is granted to a person by another state or territory or by a foreign country or province and that authorizes or qualifies the person holding the credential to perform acts that are substantially the same as those performed by a person licensed as a registered nurse or licensed practical nurse under this subchapter. In this paragraph, "state or territory" excludes any state or territory that has adopted the nurse licensure compact under s. 441.50.

(b) A person who holds a current, valid nursing credential may practice professional or practical nursing in this state, as provided under par. (c), for not more than 72 consecutive hours each year without holding a license granted by the board under this subchapter if the board determines that the requirements for the nursing credential that the person holds are substantially equivalent to the requirements for licensure under this subchapter. Except in an emergency, the person shall provide to the board, at least 7 days before practicing professional or practical nursing for the person who is specified under par. (c)2., written notice that includes the name of the person providing notice, the type of nursing credential that the person holds and the name of the state, territory, foreign country or province that granted the nursing credential. In the event of an emergency, the person shall provide to the board written notice that includes the information otherwise required under this paragraph, as soon as practicable.

(c) A person who is permitted to practice professional or practical nursing under par. (b) may practice professional or practical nursing only for the following persons:

1. A person who is being transported through or into this state for the purpose of receiving medical care.
2. A person who is in this state temporarily, if the person is a resident of the state, territory, country or province that granted the nursing credential to the person permitted to practice professional or practical nursing under par. (b).

Administrative Regulations: n/a

Reciprocity Guidelines

State Statute: Wis. Stat. Ann. §§ 441.06, .50 (West, Westlaw through 2009)

441.50. Nurse Licensure Compact

(3) Article III--General Provisions and Jurisdiction.

(d) This compact does not affect additional requirements imposed by states for advanced

practice registered nursing. However, a multistate licensure privilege to practice registered nursing granted by a party state shall be recognized by other party states as a license to practice registered nursing if one is required by state law as a precondition for qualifying for advanced practice registered nurse authorization.

441.06. Licensure; civil liability exemptions

(1) An applicant for licensure as a registered nurse who complies with the requirements of this subchapter and satisfactorily passes an examination shall receive a license. The holder of such a license of another state or territory or province of Canada may be granted a license without examination if the holder's credentials of general and professional educational qualifications and other qualifications are comparable to those required in this state during the same period and if the board is satisfied from the holder's employment and professional record that the holder is currently competent to practice the profession. The board shall evaluate the credentials and determine the equivalency and competency in each case. The application for licensure without examination shall be accompanied by the fee prescribed in s. 440.05(2).

Administrative Regulations: Wis. Admin. Code § N 8.02 (2010)

As used in this chapter:

(1) "Advanced practice nurse" means a registered nurse who possesses the following qualifications:

(a) The registered nurse has a current license to practice professional nursing in this state, or has a current license to practice professional nursing in another state which has adopted the nurse licensure compact;

(b) The registered nurse is currently certified by a national certifying body approved by the board as a nurse practitioner, certified nurse-midwife, certified registered nurse anesthetist or clinical nurse specialist; and,

(c) For applicants who receive national certification as a nurse practitioner, certified nurse-midwife, certified registered nurse anesthetist or clinical nurse specialist after July 1, 1998, the registered nurse holds a master's degree in nursing or a related health field granted by a college or university accredited by a regional accrediting agency approved by the board of education in the state in which the college or university is located.

(2) "Advanced practice nurse prescriber" means an advanced practice nurse who has been granted a certificate to issue prescription orders under s. 441.16 (2), Stats.

Additional Information from the Wisconsin Board of Nursing: n/a

Prescriptive Authority Guidelines

State Statute: Wis. Stat. Ann. § 441.16 (West, Westlaw through 2009)

(1) In this section:

(a) "Device" has the meaning given in s. 450.01(6).

(b) "Drug" has the meaning given in s. 450.01(10) and includes all of the following:

1. Prescription drugs, as defined in s. 450.01(20)(a).

2. Controlled substances, as defined in s. 961.01(4).

(c) "Prescription order" has the meaning given in s. 450.01(21).

(2) The board shall grant a certificate to issue prescription orders to an advanced practice nurse who meets the education, training and examination requirements established by the board for a certificate to issue prescription orders, and who pays the fee specified under s. 440.05(1). An advanced practice nurse certified under this section may provide expedited partner therapy in the manner described in s. 448.035.

(3) The board shall promulgate rules necessary to administer this section, including rules for all of the following:

(a) Establishing the education, training or experience requirements that a registered nurse must satisfy to be an advanced practice nurse. The rules promulgated under this paragraph shall require a registered nurse to have education, training or experience that is in addition to the education, training or experience required for licensure as a registered nurse.

(am) Establishing the appropriate education, training and examination requirements that an advanced practice nurse must satisfy to qualify for a certificate to issue prescription orders.

(b) Defining the scope of practice within which an advanced practice nurse may issue prescription orders.

(c) Specifying the classes of drugs, individual drugs or devices that may not be prescribed by an advanced practice nurse.

(cm) Specifying the conditions to be met for a registered nurse to do the following:

1. Administer a drug prescribed by an advanced practice nurse who is certified to issue prescription orders.]

2. Administer a drug at the direction of an advanced practice nurse who is certified to issue prescription orders.

(d) Establishing procedures for maintaining a certificate to issue prescription orders, including requirements for continuing education and a requirement to complete the nursing workforce survey and submit the fee required under s. 441.01(7).

(e) Establishing the minimum amount of malpractice liability insurance coverage that an advanced practice nurse shall have if he or she is certified to issue prescription orders. The board shall promulgate rules under this paragraph in consultation with the commissioner of insurance.

(4) Every advanced practice nurse who is certified to issue prescription orders shall annually submit to the board evidence satisfactory to the board that he or she has in effect malpractice liability insurance coverage in the minimum amounts required by the rules of the board.

(5) An advanced practice nurse who is certified to issue prescription orders may not delegate the act of issuing a prescription order to any nurse who is not certified to issue prescription orders.

(6) Nothing in this section prohibits a nurse from issuing a prescription order as an act delegated by a physician.

Administrative Regulations: Wis. Admin. Code §N 8.03-04, .06-.07, .09-.10 (2010)

N 8.03 Qualifications for certification as an advanced practice nurse prescriber.

An applicant for initial certification to issue prescription orders shall be granted a certificate by the board if the applicant complies with all of the following:

(1) Has a current license to practice as a professional nurse in this state or has a current license to practice professional nursing in another state which has adopted the nurse licensure compact.

(2) Is currently certified by a national certifying body approved by the board as a nurse practitioner, certified nurse-midwife, certified registered nurse anesthetist or clinical

nurse specialist.

(3) For applicants who receive national certification as a nurse practitioner, certified nurse-midwife, certified registered nurse anesthetist or clinical nurse specialist after July 1, 1998, holds a master's degree in nursing or a related health field granted by a college or university accredited by a regional accrediting agency approved by the state board of education in the state in which the college or university is located.

(4) Has completed at least 45 contact hours in clinical pharmacology/therapeutics within 3 years preceding the application for a certificate to issue prescription orders.

(5) Has passed a jurisprudence examination for advanced practice nurse prescribers.

N 8.04 Application procedure.

An applicant for a certificate to practice as an advanced practice nurse prescriber shall file a completed notarized application on a form provided by the board. The application shall include:

(1) The signature of the applicant.

(2) The fee specified under s. 440.05 (1), Stats.

(3) Evidence of current certification by a national certifying body approved by the board as a nurse practitioner, certified nurse-midwife, certified registered nurse anesthetist or clinical nurse specialist.

(4) For applicants who receive national certification as a nurse practitioner, certified nurse-midwife, certified registered nurse anesthetist or clinical nurse specialist after July 1, 1998, certification of the grant of a master's degree in nursing or a related health field from, and submitted directly to the board by a college or university accredited by a regional accrediting agency approved by the state board of education in the state in which the college or university is located.

(5) Satisfactory evidence of completion of at least 45 contact hours in clinical pharmacology/therapeutics within 3 years preceding the application for a certificate.

WI ADC s N 8.04

An applicant for a certificate to practice as an advanced practice nurse prescriber shall file a completed notarized application on a form provided by the board. The application shall include:

- (1) The signature of the applicant.
 - (2) The fee specified under s. 440.05 (1), Stats.
 - (3) Evidence of current certification by a national certifying body approved by the board as a nurse practitioner, certified nurse-midwife, certified registered nurse anesthetist or clinical nurse specialist.
 - (4) For applicants who receive national certification as a nurse practitioner, certified nurse-midwife, certified registered nurse anesthetist or clinical nurse specialist after July 1, 1998, certification of the grant of a master's degree in nursing or a related health field from, and submitted directly to the board by a college or university accredited by a regional accrediting agency approved by the state board of education in the state in which the college or university is located.
 - (5) Satisfactory evidence of completion of at least 45 contact hours in clinical pharmacology/therapeutics within 3 years preceding the application for a certificate.
- N 8.06 Prescribing limitations.**

The advanced practice nurse prescriber:

- (1) May issue only those prescription orders appropriate to the advanced practice nurse prescriber's areas of competence, as established by his or her education, training or experience.
- (2) May not issue a prescription order for any schedule I controlled substance.
- (3) May not prescribe, dispense or administer any amphetamine, sympathomimetic amine drug or compound designated as a schedule II controlled substance pursuant to the provisions of s. 961.16 (5), Stats., to or for any person except for any of the following:
 - (a) Use as an adjunct to opioid analgesic compounds for the treatment of cancer-related pain.
 - (b) Treatment of narcolepsy.
 - (c) Treatment of hyperkinesia.
 - (d) Treatment of drug-induced brain dysfunction.
 - (e) Treatment of epilepsy.
 - (f) Treatment of depression shown to be refractory to other therapeutic modalities.
- (4) May not prescribe, order, dispense or administer any anabolic steroid for the purpose of enhancing athletic performance or for other nonmedical purpose.

(5) Shall, in prescribing or ordering a drug for administration by a registered nurse or licensed practical nurse under s. 441.16 (3) (cm), Stats., present evidence to the nurse and to the administration of the facility where the prescription or order is to be carried out that the advanced practice nurse prescriber is properly certified to issue prescription orders.

N 8.07 Prescription orders.

(1) Prescription orders issued by an advanced practice nurse prescribers shall:

- (a) Specify the date of issue.
- (b) Specify the name and address of the patient.
- (c) Specify the name, address and business telephone number of the advanced practice nurse prescriber.
- (d) Specify the name and quantity of the drug product or device prescribed, including directions for use.
- (e) Bear the signature of the advanced practice nurse prescriber.

(2) Prescription orders issued by advanced practice nurse prescribers for a controlled substance shall be written in ink or indelible pencil or shall be typewritten, and shall contain the practitioner's controlled substances number.

N 8.09 Dispensing.

(1) Except as provided in sub. (2), advanced practice nurse prescribers shall restrict their dispensing of prescription drugs to complimentary samples dispensed in original containers or packaging supplied by a pharmaceutical manufacturer or distributor.

(2) An advanced practice nurse prescriber may dispense drugs to a patient if the treatment facility at which the patient is treated is located at least 30 miles from the nearest pharmacy.

N 8.10 Case management and collaboration with other health care professionals.

(1) Advanced practice nurse prescribers shall communicate with patients through the use of modern communication techniques.

(2) Advanced practice nurse prescribers shall facilitate collaboration with other health care professionals, at least 1 of whom shall be a physician, through the use of modern communication techniques.

- (3) Advanced practice nurse prescribers shall facilitate referral of patient health care records to other health care professionals and shall notify patients of their right to have their health care records referred to other health care professionals.
- (4) Advanced practice nurse prescribers shall provide a summary of a patient's health care records, including diagnosis, surgeries, allergies and current medications to other health care providers as a means of facilitating case management and improved collaboration.
- (5) The board shall promote communication and collaboration among advanced practice nurses, physicians and other health care professionals, including notification to advanced practice nurses of mutual educational opportunities and available communication networks.
- (6) To promote case management, the advanced practice nurse prescriber may order laboratory testing, radiographs or electrocardiograms appropriate to his or her area of competence as established by his or her education, training, or experience.
- (7) Advanced practice nurse prescribers shall work in a collaborative relationship with a physician. The collaborative relationship is a process in which an advanced practice nurse prescriber is working with a physician, in each other's presence when necessary, to deliver health care services within the scope of the practitioner's professional expertise. The advanced practice nurse prescriber and the physician must document this relationship.

Additional Information from the Wisconsin Board of Nursing: n/a



Wyoming

Definitions

State Statute: Wyo. Stat. Ann. § 33-21-120 (West, Westlaw through 2010 Budget Sess.)

(a) As used in this act:]

(i) “Advanced practice registered nurse (APRN)” means a nurse who:

(A) May prescribe, administer, dispense or provide nonprescriptive and prescriptive medications including prepackaged medications, except schedule I drugs as defined in W.S. 35-7-1013 and 35-7-1014;

(B) Has responsibility for the direct care and management of patients and clients in relation to their human needs, disease states and therapeutic and technological interventions;

(C) Has a master's degree in nursing, or an advanced practice registered nurse specialty or has completed an accredited advanced practice registered nurse educational program prior to January 1, 1999; and

(D) Has completed an advanced program of study in a specialty area in an accredited nursing program, has taken and passed a national certification examination in the same area and has been granted recognition by the board to practice as an APRN.

Administrative Regulations: n/a

Exemptions and Consultation Exceptions

State Statute: Wyo. Stat. Ann. § 33-21-154 (West, Westlaw through 2010 Budget Sess.)

(a) No provisions in this act [§§ 33-21-119 through 33-21-156] prohibit:

(ii) The rendering of assistance by anyone in the case of an emergency;

(iii) The incidental health care by members of the family and friends;

(iv) The rendering of nursing services on a fee-for-service basis, or the reimbursement for nursing services directly to a registered nurse, licensed practical nurse or advanced practice registered nurse by any governmental program, commercial insurance

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company, hospital or medical services plan, or any other third-party payor;

(vi) The practice of any currently registered nurse, licensed practical nurse or advanced practice registered nurse of another state who is employed by the United States government, or any bureau, division or agency thereof while in the discharge of official duties;

(vii) The practice of any currently registered nurse, licensed practical nurse or advanced practice registered nurse of another state who is employed by an individual, agency or corporation located in another state and whose employment responsibilities include transporting patients into, out of, or through this state. The exemptions shall be limited to a period not to exceed forty-eight (48) hours for each transport;

(viii) The practice of any currently registered nurse, licensed practical nurse or advanced practice registered nurse of another state who is presenting educational programs or consultative services within this state for a period not to exceed a total of fourteen (14) days per year;

(ix) The practice of any nurse, currently licensed in another jurisdiction, in the provision of nursing care in the case of an emergency or disaster as declared by the governor.

Administrative Regulations: n/a

Reciprocity Guidelines

State Statute: n/a

Administrative Regulations: n/a

Additional Information from the Wyoming Board of Nursing: n/a

Prescriptive Authority Guidelines

State Statute: Wyo. Stat. Ann. § 33-21-120 (West, Westlaw through 2010 Budget Sess.)

(a) As used in this act:

(i) "Advanced practice registered nurse (APRN)" means a nurse who:

(A) May prescribe, administer, dispense or provide nonprescriptive and prescriptive medications including prepackaged medications, except schedule I drugs as defined in W.S. 35-7-1013 and 35-7-1014;

Wyoming Cont'd

Administrative Regulations: WY ADC AI NGEN Ch. 4 s 8, Current through June 30, 2010

Section 8. Prescriptive Authority.

(a) The board may authorize an advanced practice registered nurse to prescribe medications and devices, within the recognized scope of advanced practice registered nursing role and population focus, and in accordance with all applicable state and federal laws including, but not limited to, the Wyoming Pharmacy Act [WS 33-24-101 through 33-24-204], the Wyoming Controlled Substances Act of 1971 [WS 35-7-1001 through 35-7-1101], the Federal Controlled Substances Act [21 U.S.C. 801 et seq], and their applicable Rules and Regulations.

(b) The board shall transmit to the State Board of Pharmacy a list of all advanced practice registered nurses who have prescriptive authority.

(i) The list shall include:

(A) The name of the authorized advanced practice registered nurse;

(B) The prescriber's registered nurse license number, role and population focus of the advanced practice registered nurse recognized by the board; and

(C) The effective date of prescriptive authority authorization.

(ii) The list shall be periodically updated to identify new advanced practice registered nurses who have been granted prescriptive authority.

(c) An advanced practice registered nurse who applies for authorization to prescribe drugs shall:

(i) Be currently recognized as an advanced practice registered nurse in Wyoming;

(ii) Provide evidence of completion of a minimum of two (2) semester credit hours, three (3) quarter credit hours or thirty (30) contact hours of course work approved by the board in pharmacology and clinical management of drug therapy or pharmacotherapeutics within the five (5) year period immediately before the date of application;

(iii) Comply with the standards of nursing practice, the rules and regulations, and the

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Wyoming Nurse Practice Act; and

(iv) Submit a completed application, on a form provided by the board, accompanied by the application fee established by Chapter 5, of these rules and regulations.

(d) Authorized prescriptions by an advanced practice registered nurse shall:

(i) Comply with all current and applicable state and federal laws including, but not limited to, the Wyoming Pharmacy Act [WS 33-24-101 through 33-24-204], the Wyoming Controlled Substances Act of 1971 [WS 35-7-1001 through 35-7-1101], the Federal Controlled Substances Act [21 U.S.C. 801 et seq], and their applicable Rules and Regulations; and

(ii) Be signed by the prescribing advanced practice registered nurse with the initials "APRN" or the initials of the nationally recognized role and population focus.

(e) Prescriptive authorization will be terminated if the advanced practice registered nurse has:

(i) Not maintained current recognition as an advanced practice registered nurse;

(ii) Prescribed outside the scope of recognized advanced practice registered nursing role and population focus or for other than therapeutic purposes;

(iii) Not completed four hundred (400) hours of practice as an advanced practice registered nurse within the past two (2) years;

(iv) Not documented fifteen (15) contact hours of pharmacology and/or pharmacotherapeutics within the past two (2) years; or

(v) Violated the standards of practice, the rules and regulations, or the Wyoming Nurse Practice Act.

(f) Advanced practice registered nurse's prescriptive authority must be renewed biennially.

(g) The board will notify the State Board of Pharmacy within two working days after termination of or change in the prescriptive authority of an advanced.

Additional Information from the Wyoming Board of Nursing: n/a



American Samoa

Definitions

State Statute: Am. Samoa Code Ann. §31.0441, .0443, .0446 (2010)

31.0441 General authorization.

The advanced registered nurse may perform actions of medical diagnosis, treatment, prescription, and other functions authorized by this section in collaboration with a physician, osteopath, or dentist, who shall be responsible for the overall medical direction of the health care team. Collaboration shall be at the level required by this chapter, or at a higher level.

31.0443 Authorized acts.

Within the established protocol, an advanced registered nurse may:

- (1) monitor and alter drug therapies;
- (2) initiate appropriate therapies for certain conditions;
- (3) make referrals for physical therapy; and
- (4) perform additional functions within his or her specialty determined in accordance with 31.0444, 31.0445 and 31.0446.

31.0446 Nurse-practitioner practice.

In addition to the general functions specified in 31.0443, the nurse-practitioner may perform any or all of the following acts provided that the act is done in accordance with 31.0442:

- (1) manage selected medical problems;
- (2) initiate, monitor, or alter therapies for certain uncomplicated, acute illnesses;
- (3) initiate appropriate treatments and medications, and alter dosage; and
- (4) monitor and manage patients with stable, chronic diseases.

Administrative Regulations: n/a

Exemptions and Consultation Exceptions

State Statute: Am. Samoa Code Ann. §31.0422 (2010)

31.0422 Exemptions.

The provisions of this chapter prohibiting the practice of a health occupation without a license shall not apply:(1) to an individual who administers treatment or provides advice in any case of emergency(2) to an individual employed in the territory by the U.S. Federal Government, while he or she is acting in the official discharge of the duties of employment,(3) to an individual, licensed to practice a health occupation in a state, territory or country who is called in professional consultation by a health professional licensed in American Samoa by or on behalf of a specific patient, to visit, examine, treat, or advise the specific patient in the territory, or to give a demonstration or clinic in the territory, provided that the individual engaged in the consultation, demonstration, or clinic in performs in affiliation with a comparable health professional licensed pursuant to this rule.

Administrative Regulations: n/a

Reciprocity Guidelines

State Statute: n/a

Administrative Regulations: n/a

Additional Information from the American Samoa Board of Nursing: n/a

Prescriptive Authority Guidelines

State Statute: Am. Samoa Code Ann. §31.0441, 43, 46 (2010)

31.0441 General authorization.

The advanced registered nurse may perform actions of medical diagnosis, treatment, prescription, and other functions authorized by this section in collaboration with a physician, osteopath, or dentist, who shall be responsible for the overall medical direction of the health care team. Collaboration shall be at the level required by this chapter, or at a higher level.

31.0443 Authorized acts.

Within the established protocol, an advanced registered nurse may:

- (1) monitor and alter drug therapies;
- (2) initiate appropriate therapies for certain conditions;
- (3) make referrals for physical therapy; and
- (4) perform additional functions within his or her specialty determined in accordance

with 31.0444, 31.0445 and 31.0446.

31.0446 Nurse-practitioner practice.

In addition to the general functions specified in 31.0443, the nurse-practitioner may perform any or all of the following acts provided that the act is done in accordance with 31.0442:

- (1) manage selected medical problems;
- (2) initiate, monitor, or alter therapies for certain uncomplicated, acute illnesses;
- (3) initiate appropriate treatments and medications, and alter dosage; and
- (4) monitor and manage patients with stable, chronic diseases.

Administrative Regulations: n/a

Additional Information from the American Samoa Board of Nursing: n/a



Guam

Definitions

State Statute: 10 Guam Code Annotated Ch. 12, Article 3, §12313 (2010)

(l) The APRN, consistent with the respective National certifying body for the specific category:

1. performs acts utilizing specialized knowledge, skills, and abilities for people in a variety of settings to include nursing and

medical diagnosis and treatment, as defined by the respective National certifying body;

2. assesses the need for drugs, immunizing agents, or devices and writes prescriptions to be filled by a licensed pharmacist;

3. prescribes drugs, and nursing and medical therapeutic, corrective measures and devices not prohibited by Board rules and regulations;

4. is authorized to receive direct, third-party reimbursement from Medicare, Medicaid and other health insurance carriers; and

5. performs other acts consistent with the education and expertise recognized by the respective national certifying body.

Administrative Regulations: n/a

Exemptions and Consultation Exceptions

State Statute: n/a

Administrative Regulations: n/a

Reciprocity Guidelines

State Statute: 10 Guam Code Annotated Ch. 12, Article 3, §§12311, 12313 (2010)

§12313. Advanced Practice Registered Nurse.

(a) A registered nurse applying for certification as an Advanced Practice Registered

Nurse (APRN) under this Act shall submit documents to the Board that demonstrates:

1. that there are no disciplinary actions or violations, which bear directly on the fitness of the individual to be licensed (The Board may deny APRN certification to an applicant whose RN license and/or APRN certification was revoked or suspended in another state, if the basis of the license/certification 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 state.);
2. successful completion of an approved Board of Nursing professional nurse education program and advanced educational program designed to prepare nurse practitioners, nurse midwives, nurse anesthetists and/or clinical nurse specialists;
3. successful passage of the national examination for professional nurses and a national or state board of nursing certification examination for APRN;
4. submission of the required official transcript, notarized application and fee; and
5. meets any other requirements established by Board regulation to assure that the applicant has the proper education, expertise, experience and qualifications to practice as an APRN.

(b) A currently certified National or State Board of Nursing, Advanced Practice Registered Nurse, who has met the professional nurse temporary license requirements of the Board, may be issued by the Board a non- renewable, temporary APRN certification for three (3) months, which may be extended at the discretion of the Board, a maximum of three (3) months.

(c) A professional nurse, who meets the requirements set forth in this Act, shall be issued a certificate to practice as an APRN. The APRN shall use the title designated by the Board pursuant to the promulgation of rules and regulations through the Administrative Adjudication Law.

(d) The APRN shall submit evidence of a practice agreement to be used in the management of patients and referral of cases.

(e) The Board shall establish categories of APRN and standards that are consistent with the National certifying bodies for the particular advanced practice.

(f) The scope of practice for certified APRN shall be in accordance with the functions and standards of the respective national certifying body for each category.

(g) The APRN shall hold a current Guam license to practice as a registered nurse, a current national or state board certification in nurse practitioner, nurse midwife, nurse anesthetist or clinical nursespecialist, and a Board certification to practice as an APRN on Guam.

§ 12311. Licensure of Registered Nurses.

(b) By endorsement.

(A) Conditions. The Board shall issue a license to practice as a registered nurse without examination to an applicant who meets the following requirements by having:

(1) Graduated from a state board approved school of nursing which meets the nursing education standards of the Board; and

(2) Obtained an original license to practice as a registered nurse by examination with a passing score as set by the National Council of State Boards of Nursing, Inc.; and

(3) Been duly licensed and holding an active license as a registered nurse in one or more states or territories of the United States, or in the District of Columbia, and having no disciplinary action pending and no prior disciplinary proceedings which concluded by disciplining the applicant.

Administrative Regulations: n/a

Additional Information from the Guam Board of Nursing: n/a

Prescriptive Authority Guidelines

State Statute: 10 Guam Code Annotated Ch. 12, Article 3, §12313 (2010)

(h) The APRN shall be authorized to prescribe and dispense drugs for administration to, and use by, other persons within the national scope of practice, and the rules and regulations adopted by the Board. The Prescriptive Authority Advisory Committee shall establish the rules for the ordering and prescribing of schedule drugs.

(i) The APRN shall complete a Board-approved course of study on pharmacology and obtain a minimum of ten (10) nursing continuing education hours in pharmacology during each license renewal period, which may include other requirements as established by the Prescriptive Authority Advisory Committee.

(j) The APRN shall secure and maintain a Federal Drug Enforcement Agency (DEA)

registration number, and comply with all state and Federal laws and regulations APRN prior to prescribing Schedule Drugs II-V.

(k) The shall have collaborative agreement(s) with physician(s) or agencies as required by Board rules and regulations. The rules for the collaborative practice agreements shall be established by the Prescriptive Authority Advisory Committee.

Administrative Regulations: n/a

Additional Information from the Guam Board of Nursing: n/a



Northern Mariana Islands

Definitions

No information available at time of publication.

Exemptions and Consultation Exceptions

No information available at time of publication.

Reciprocity Guidelines

No information available at time of publication.

Prescriptive Authority Guidelines

No information available at time of publication.



Puerto Rico

Definitions

State Statute: n/a

Administrative Regulations: n/a

Exemptions and Consultation Exceptions

State Statute: n/a

Administrative Regulations: n/a

Reciprocity Guidelines

State Statute: P.R. Laws Ann. tit. 20, §203 (2010)

Every person authorized to practice nursing in the United States of America, the District of Columbia or a foreign country and is interested in practicing nursing in Puerto Rico shall take the revalidation examination offered by the Board. In order to obtain the license that authorizes him to practice nursing in Puerto Rico, he shall meet the requirements established by §§ 203--203r of this title. The Board may issue a license without an examination to those nurses who hold a license issued by the government of any state, possession or territory of the United States of America if, in the Board's judgment, these candidates meet Puerto Rico's requirements to practice nursing or those of the states or territories of the United States of America with which the Board has established reciprocity. Every female or male nurse covered by this section shall pay fifty (50) dollars in a postal or bank money order, or certified check to the order of the Secretary of the Treasury. The fees thus collected shall be covered into the Health Fund for the exclusive use of the Board of Female and Male Nurse Examiners.

Administrative Regulations: n/a

Additional Information from the Puerto Rico Board of Nursing: n/a

Prescriptive Authority Guidelines

State Statute: n/a

Administrative Regulations: n/a

Additional Information from the Puerto Rico Board of Nursing: n/a



Virgin Islands

Definitions

State Statute: V.I. Code Ann. tit. 27 § 91 (2010)

(d) Description of advanced practice registered nurse or APRN- 'Advanced practice registered nurse' or 'APRN' means a person who:

- (1) is licensed as a registered nurse under this chapter;
- (2) meets the requirements for licensure as an advanced practice registered nurse under Section 101(a)
- (3) has a written collaborative agreement with a collaborating physician in the diagnosis of illness and management of wellness and other conditions as appropriate to the level and area of his practice in accordance with Section 101(b); and
- (4) cares for patients
 - (A) by using advanced diagnostic skills, the results of diagnostic tests and procedures ordered by the advanced practice registered nurse, a physician assistant, a dentist, a podiatrist, or a physician, and professional judgment to initiate and coordinate the care of patients;
 - (B) by ordering diagnostic tests, prescribing medications and drugs in accordance with Section 101(c), and administering medications and drugs; and
 - (C) by using medical, therapeutic, and corrective measures to treat illness and improve health status. Categories include certified nurse midwife (CNM), certified nurse practitioner (CNP), certified clinical nurse specialist (CCNS) or certified registered nurse anesthetist (CRNA).

Administrative Regulations: n/a

Exemptions and Consultation Exceptions

State Statute: V.I. Code Ann. tit. 27 § 99 (2010)

§ 99 Exemptions

No provision of this subchapter shall be construed as prohibiting-

- (1) care to the sick rendered by family members, friends, non-institutionalized persons, or incidental care given by domestic hired help, as long as such care does not include the practice of nursing as defined in this subchapter;
- (2) assistance by anyone in case of an emergency;
- (4) the practice of nursing by a nurse currently licensed in one of the United States or its territories for a period of up to 90 days, after providing the employer with satisfactory evidence of current licensure, and after having submitted proper application and fees to the Board for licensure prior to employment. This time may be extended by the Board for administrative reasons when necessary;
- (5) the practice of nursing by a licensed nurse in another state by one who is employed by the United States Government, or any bureau, agency, or division thereof, while in the discharge of official duties;

Administrative Regulations: n/a

Reciprocity Guidelines

State Statute: V.I. Code Ann. tit. 27 §§ 94, 101a (2010)

§ 101a General provisions

(a) Qualifications. A person is qualified for licensure as an advanced practice registered nurse if that person:

- (1) has applied in writing in form and substance satisfactory to the Board and has not violated a provision of this chapter or the rules adopted under this chapter. The Board may take into consideration any felony conviction of the applicant, but a conviction does not operate as an absolute bar to licensure;
- (2) holds a current license to practice as a registered nurse in the Virgin Islands;
- (3) has successfully completed requirements to practice as, and holds a current, national certification as, a nurse midwife, clinical nurse specialist, nurse practitioner or nurse anesthetist from the appropriate national certifying body as determined by rule of the Board;
- (4) has paid the required fees as set by rule;

Virgin Islands Cont'd

(5) has successfully completed a post-basic, advanced- practice, formal education program in the area of his nursing specialty. The Board shall maintain a separate roster of advanced practice nurses licensed under this section and their licenses shall indicate advanced practice registered nurse;

(6) In addition to meeting the requirements of subsection (a), except paragraph (5) of that subsection, beginning July 1, 2005, or 12 months after the adoption of final rules to implement this section, whichever is sooner, applicants for initial licensure must have a graduate degree appropriate for national certification in a clinical, advanced- practice nursing specialty. The Board shall provide by rule for APRN licensure of registered nurses who apply for licensure after July 1, 2005; and

(7) submit evidence of completion of a program described in subparagraph (5) of subsection (a) or in subsection

§ 94 Registered Nurse

(c) The Board shall issue a license to practice nursing as a registered nurse without examination to an applicant who is a graduate of a school of nursing and who has been duly licensed as a registered nurse by examination under the laws of another state or jurisdiction of the United States if, in the opinion of the Board, the applicant meets the qualifications prescribed in the rules and regulations as a registered nurse in the Virgin Islands.

Administrative Regulations: n/a

Additional Information from the Virgin Islands Board of Nursing: n/a

Prescriptive Authority Guidelines

State Statute: V.I. Code Ann. tit. 27 § 101a (2010)

(c) Prescriptive authority.

(1) The APRN may prescribe and administer drugs and medical devices to the extent established by the Rules and Regulations of the Board. This authority may, but is not required to, include prescription and dispensing of legend drugs and legend controlled substances categorized as Schedule IV, or V controlled substances, as defined in title 19 Virgin Islands Code, section 595 (Virgin Islands Controlled Substances Law).

Virgin Islands Cont'd

(2) To prescribe Schedule IV, or V controlled substances under this section, an advanced practice registered nurse must obtain a mid-level practitioner controlled substance license. Medication orders must be reviewed periodically by the collaborating physician.

(3) The collaborating physician shall file with the Board and the Composite Virgin Islands Board of Medical Examiners notice of prescriptive authority in accordance with rules of the Board. Upon the Board's receipt of authority to prescribe Schedule IV, or V controlled substances, the licensed advanced practice registered nurse is eligible to register for a mid-level practitioner controlled substance license under section 599, title 19.

(4) Nothing in this subchapter may be construed to limit the delegation of tasks or duties by a physician to a licensed practical nurse, a registered professional nurse, or other personnel.

Administrative Regulations: n/a

Additional Information from the Virgin Islands Board of Nursing: n/a