

# POLICY & PROCEDURE



<b>TITLE: Prescriptive Authority</b>				
<b>Scope/Purpose: To ensure proper supervision of Advanced Practice Registered Nurses and Physician Assistance with Prescriptive Authority.</b>				
<b>Division/Department:</b> All Clinics			<b>Policy/Procedure #:</b>	
<b>Original Date:</b> August 14, 2014			<input checked="" type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Replacement for:</b>	
<b>Date Reviewed:</b>	<b>Date Revised:</b>	<b>Implementation:</b>	<b>CPIC Approved:</b>	<b>Board Approved:</b>
		10/01/2014	09/05/2014	
<b>Responsible Party: Chief Medical Officer; Director of Compliance/QA</b>				

## DEFINITIONS:

Prescriptive Authority – authority delegated to Advanced Practice Registered Nurses (APRNs) or Physician Assistants (PAs) to order and prescribe nonprescription drugs, prescription drugs and medical devices (legally designated as “dangerous drugs”), and durable medical equipment in accordance to TMB 193.6.

Prescriptive Authority Agreement (PAA) – written document through which physicians delegate authority to an APRN and/or PA. The requirements for physicians, APRNs and PAs are contained in Texas Medical Board (TMB) Rule 193.7. The rules specific to APRNs party to a PAA are in Texas Board of Nursing (BON) Rule 222.5.

## POLICY:

In accordance to SB 406 physicians may delegate Prescriptive Authority to Advanced Practice Registered Nurses (APRNs) in Texas. Prescriptive Authority must be delegated by a physician through a written document prescribed by law. Also, certain limitations apply to prescribing Controlled Substances.

Physicians may also delegate ordering and prescribing Schedules III-V Controlled substances to APRNs or PAs subject to the following four limitations.

1. The duration of the prescription, including refills of the original prescription may not exceed 90 days;
2. Continued treatment with the same controlled substance beyond 90 days requires consultation with the delegating physician prior to writing another prescription or refilling the original prescription;
3. Treating a child under age two years requires prior consultation with the delegating physician; and
4. Consultation with the physician must be noted in the patient’s medical record.

Physicians may also delegate ordering and prescribing Schedule II Controlled Substances to a narrow range of APRN's and PAs who are treating patient who are terminally ill and cared for through a qualified hospice care provider.

A physician may delegate Prescriptive Authority up a maximum of seven APRNs and/or PAs. All prescriptive delegation requires adequate supervision under the Medical Practice Act. As such, a physician delegating to an APRN or PA must adequately supervise those individuals. The supervising physician does not have to be physically present at all times to be considered to have adequate supervision. Adequate supervision includes face to face meetings and chart reviews.

According to TMB Rule 193.11, physicians must have a method to track prescriptions written by the APRNs and PAs to whom the physician delegates.

#### PROCEDURE:

- I. Prescriptive Authority Agreements will be completed for each APRN or PA by the supervising physician.
  - A. Prescriptive Authority Agreements will include the following elements:
    - Name, address, and all professional license numbers of all parties to the agreement (APRNs must have a valid prescriptive authorization number issued by the Board of Nursing (BON));
    - State the nature of the practice, practice location or practice settings;
    - Identify the types of categories or drugs or devices that may be prescribed **OR** the types or categories of drugs or devices that may not be prescribed;
    - Provide a general plan for addressing consultations and referrals;
    - Provide a plan for addressing patient emergencies;
    - State the general process for communication and sharing information related to the care and treatment of patients; and
    - Describe a quality assurance and improvement plan and how it will be implemented. The plan must include plans for chart reviews and periodic face to face meetings.
  - B. The physicians will provide the following information:
    - **Prior to** signing a PAA, the physician must disclose to the other party/parties to the prescriptive authority agreement if he/she has been disciplined in the past. This includes disciplinary action taken by licensing boards in other states.
    - **After** entering into a PAA, the physician is required to immediately notify the other party/parties to the agreement if notice is received that he/she is the subject of an investigation.

- C. The APRN will provide the following information:
- The APRN must be in good standing. (Both the license and the prescriptive authorization number are not encumbered by a disciplinary action and the BON is not currently prohibiting the APRN from executing a PAA.)
  - **Prior to** signing a PAA, the APRN must disclose any previous or current disciplinary action against the APRNs license.
  - **After** entering into a PAA, the APRN must immediately disclose if the BON is investigating the APRN.
- D. The PAA must be reviewed, and as necessary revised, at least annually. Upon annual review, all parties must sign and date the agreement.
- E. The PAA will designate who may serve as an alternate physician if alternate physician supervision is utilized. If an alternate physician(s) will participate in the quality assurance and improvement meetings with the APRN or PA, this information will be included in the PAA.
- F. In the event a licensing board requests the PAA, a copy must be sent to the board that requested it within three business days. Each licensing board has the authority to request this information.
- G. The PAA and any amendments should be maintained for at least four years after the date the agreement is terminated or for at least four years after a person is terminated as a party to the agreement.

## II. Quality Assurance and Improvement Plan

### A. Meetings

1. The meetings must occur at least monthly until the third anniversary of the date the agreement is executed. However, if the APRN or PA was in a prescriptive authority agreement with required physician supervision for at least five of the last seven years, face to face meetings must occur at least monthly until the first anniversary of the date the agreement is signed.
2. Once the required period of time for monthly face to face meetings has been completed, the parties to the prescriptive agreement must have face to face meetings at least quarterly with monthly meetings held between the quarterly meetings via remote electronic communication systems such as video-conferencing technology or the internet.
3. If for any reason the APRN's or PA's delegating physician changes, face to face meetings will be required at least monthly as indicated.
4. Face-to-face meetings are required even if the physician and the APRN or PA practice together in the same location.
5. Meetings between PAA parties are for purposes of sharing information related to patient treatment and care, needed changes in patient care plans, issues related to referrals and patient care improvement.
6. Meetings must be documented utilizing the ***Prescriptive Authority Quality Assurance and Improvement Record*** form. Copies of the monthly meeting documentation must be submitted to the Chief Medical Officer.

## B. Chart Reviews

1. The number of charts to be reviewed is determined by the parties to the prescriptive authority agreement and with approval by the Chief Medical Officer.
  - The number may vary from one practice setting to another but a minimum of four charts per month must be reviewed. Factors such as the length of time the APRN or PA has been in practice, the length of time the parties have practiced together, whether the parties to the PAA agreement practice together in the same practice setting, and the complexity of patient care needs should be given consideration when making this determination.
  - The law requires that a physician must provide adequate supervision of delegates. The number or percentage of charts reviewed is an important factor in determining the quality of the physician's supervision.

### RELATED POLICY:

HealthPoint Quality Management Plan  
Credentialing Process P&P

### REFERENCES:

Texas Medical Board [www.tmb.state.tx.us/page/prescriptive-delegation](http://www.tmb.state.tx.us/page/prescriptive-delegation)  
Coalition for Nurses in Advanced Practices [www.cnaptexas.org](http://www.cnaptexas.org)

### REQUIRED BY:

Texas Medical Board Rule 193.7  
Texas Board of Nursing (BON) Rule 222.5  
Senate Bill 406  
Texas Occupational Code §157.051 (14)  
Texas Occupational Code §157.0512  
Texas Occupational Code §157.054

### ATTACHMENTS/ENCLOSURES:

Prescriptive Authority Agreement  
Prescriptive Authority Quality Assurance and Improvement Record form

**POLICY/PROCEDURE TRACKING FORM**

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