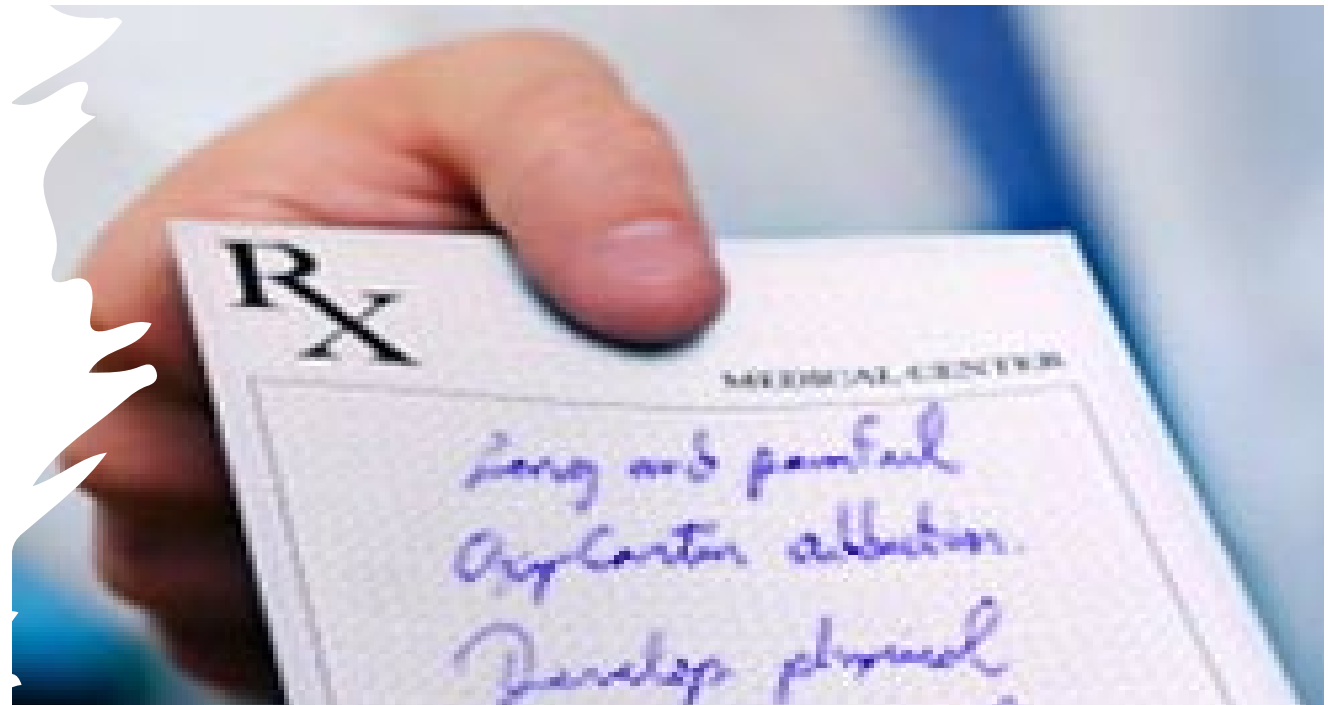


Independent Prescriptive Authority

2021 Massachusetts APRN Laws and Regulations



- **What CRNAs need to know**
- **Why CRNAs should register for Prescriptive Authority**
- **How CRNAs can utilize Prescriptive Authority**



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Let's review what is considered a "Prescription" in Massachusetts

1. Written Prescriptions

- Traditional prescriptions written on prescription pad and given to patient OR filed & transmitted electronically to be fulfilled at a pharmacy



2. Oral Prescription (verbal order)

- A registered prescriber verbally requests in person or by phone that a certain medication is given or test to be performed



Let's review what is considered a "Prescription" in Massachusetts

3. Written (or in EMR) Orders in patient chart (inpatient or out-patient duration)

- The Federal Drug Enforcement Agency (DEA) specifically **EXCLUDES medication and/or test and therapeutic orders written in patient bedside charts** (or via Electronic Medical Record) as a prescriptive practice requiring registration for an MCSR and/or DEA registration
- **HOWEVER, Massachusetts law DOES require registration for prescriptive authority for prescribers to provide orders written (or electronic) in bedside charts**
 - For this reason, CRNAs in Massachusetts cannot write pre-op or post-op orders without a **Massachusetts Controlled Substance Registration (MCSR)** and if ordering narcotics, a **DEA registration**
 - A "co-signature" is neither required nor does it exempt CRNAs from obtaining a MCSR and DEA to write orders (written or EMR)

CITY HOSPITAL Athens, GA 30600		PATIENT NAME: Thompson, Linda
		ADDRESS: 2345 Oak Circle
		CITY, STATE: Athens, GA
		AGE/SEX: 35 Female
		PHYSICIAN: J. Hardmer
		HOSP.NO: 900612345
		SERVICE: Medicine
		ROOM: 220 East
PHYSICIAN'S ORDER		
DATE	TIME	ORDERS
02/01/yy	1200	1. Propranolol 40 mg po QID
		2. Furosemide 20 mg po q AM
		3. Flurazepam 30 mg at HS prn sleep
		4. D-5-W + 20 mEq kcl/L at 84 mL/hr
		Hardmer, MD
Unless "No substitution permitted" is clearly written after the order, a generic or therapeutic equivalent drug may be dispensed according to the Formulary policies of this hospital.		



Advanced Practice Registered Nurse (APRN) Prescriptive Authority background



- **March 26, 2020:** APRNs with a minimum of 2 years of supervised prescriptive practice were granted independent prescriptive authority by Executive Order during the COVID State of Emergency
 - Eligible APRNs are Certified Registered Nurse Anesthetists (CRNAs), Certified Nurse Practitioners (CNP) and Psychiatric Clinical Nurse Specialists (PCNSs)
- **January 1, 2021:** The emergency authorization became permanent when Governor Charlie Baker signed into law the ***Acts of 2020 Chapter 260 Section 36 An Act Promoting a Resilient Health Care System that Puts Patients First***
- **June 9, 2021:** Pending promulgation of updated APRN regulations to implement provisions of the new law, the Board of Registration in Nursing (BORN) approved emergency amendments to existing regulations for Advanced Practice Registered Nursing
 - Regulations for APRNs are found in the Code of Massachusetts Regulations (CMRs) at 244 CMR 4.00
 - This interim step was taken so that the independent prescriptive practice authorized during the COVID State of Emergency would not expire when the State of Emergency ended on June 15, 2021
- **September 3, 2021:** The BORN approved amendments the emergency regulations and updated the regulations at 244 CMR 4.00 were published as final

Acts of 2020 Chapter 260 Section 36 An Act Promoting a Resilient Health Care System that Puts Patients First

- For purposes of 244 CMR 4.07, a Qualified Healthcare Professional means a person who meets the following criteria:

1. A physician who:

- a) holds an unrestricted full license issued by the Board of Registration in Medicine (BORIM) that is in good standing;
- b) is Board-certified in a specialty area appropriately related to the APRN's area of practice, or has hospital admitting privileges in a specialty area appropriately related to the APRN's area of practice; and
- c) holds a valid controlled substances registration issued by the U.S. Drug Enforcement Administration, or the Department of Public Health, or both.

2. A CRNA, CNP or PCNS who holds:

- a) a valid Registered Nurse license in good standing issued by the Board; and
- b) advanced practice authorization issued by the Board that it is in the same clinical category as the person being supervised or advanced practice authorization in an area appropriately related to the practice of the person being supervised; and
- c) a controlled substance registration issued by the U.S. Drug Enforcement Administration, or the Department of Public Health (MCSR), or both, for a minimum of one year;

AND either:

- a) a combination of supervised practice for a minimum of two years plus independent practice authority for a minimum of one year; or
- b) three years of independent practice authority.



Independent Prescribing Authority for APRNs with 2 years of supervised prescriptive practice

APRNs with 2 years of supervised prescriptive practice or equivalent

- No longer require supervision of prescriptive practice
- May submit an attestation that the CRNA has completed 2 years of supervised prescriptive practice online
- May remove previous supervising physicians by submitting the [Supervising Physician Change Form for Advanced Practice Providers](#)
- Equivalent to 2 years of supervised prescriptive practice refers to CRNAs from other states who have had at least 2 years of independent prescriptive practice
- CRNAs who have had 2 years of supervised prescriptive practice **plus** one year of independent prescriptive practice qualify to serve as QHPs to supervise other APRNs in the same or related category



Prescribing Authority for CRNAs

with **LESS THAN** 2 years of supervised prescriptive practice

- CRNAs with less than two years of supervised prescriptive practice experience, or its equivalent, may engage in prescriptive practice with supervision by a Qualified Healthcare Professional (as previously described)
- CRNAs with less than two years supervised prescriptive practice will develop mutually agreed upon guidelines with the Qualified Healthcare Professional which will:
 - a) identify the supervising Qualified Healthcare Professional, including a mechanism for ongoing supervision by another Qualified Healthcare Professional, including but not limited to, duration and scope of the supervision
 - b) describe circumstances in which Qualified Healthcare Professional consultation or referral is required
 - c) **CRNA guidelines do not need to be signed.** CNP and PCNP guidelines shall be signed. The guidelines will be kept on file in the workplace



Requirements for APRNs to serve as QHP prescriptive practice supervisors for other APRNs

- CRNAs, Certified Nurse Practitioners (CNP) or Psychiatric Clinical Nurse Specialists (PCNS) who hold:
 - a) a valid Registered Nurse license in good standing issued by the Board; and
 - b) advanced practice authorization issued by the Board that it is in the same clinical category as the person being supervised or advanced practice authorization in an area appropriately related to the practice of the person being supervised; and
 - c) a controlled substance registration issued by the U.S. Drug Enforcement Administration, or the Department of Public Health (MCSR), or both, for a minimum of one year;

AND either:

- a) a combination of supervised practice for a minimum of two years plus independent practice authority for a minimum of one year **BEGINNING on MARCH 26, 2020, by Executive Order during the COVID State Of Emergency** ; or
 - b) three years of independent practice authority (i.e., an APRN from another jurisdiction that did not require prescriptive authority supervision)
- Minimum criteria for the mutually agreed upon guidelines which must be in place during the period of supervised prescriptive practice.



Why EVERY CRNA should obtain a Massachusetts Controlled Substance Registration (MCSR)

From CRNA Regulations at 244 CMR 4.06 (1)(C)

“A CRNA who does not register for prescriptive authority administers anesthesia pursuant to the signed order of a registered prescriber. Such CRNA may select anesthetic agents based upon protocols that are mutually developed with a registered prescriber responsible for the perioperative care of a patient, as appropriate for the practice setting”



- **This section is not meant to indicate that CRNAs require supervision**
- **It is meant to ensure that all dispensed medications are associated with an individuals' MCSR (not the facility MCSR)**

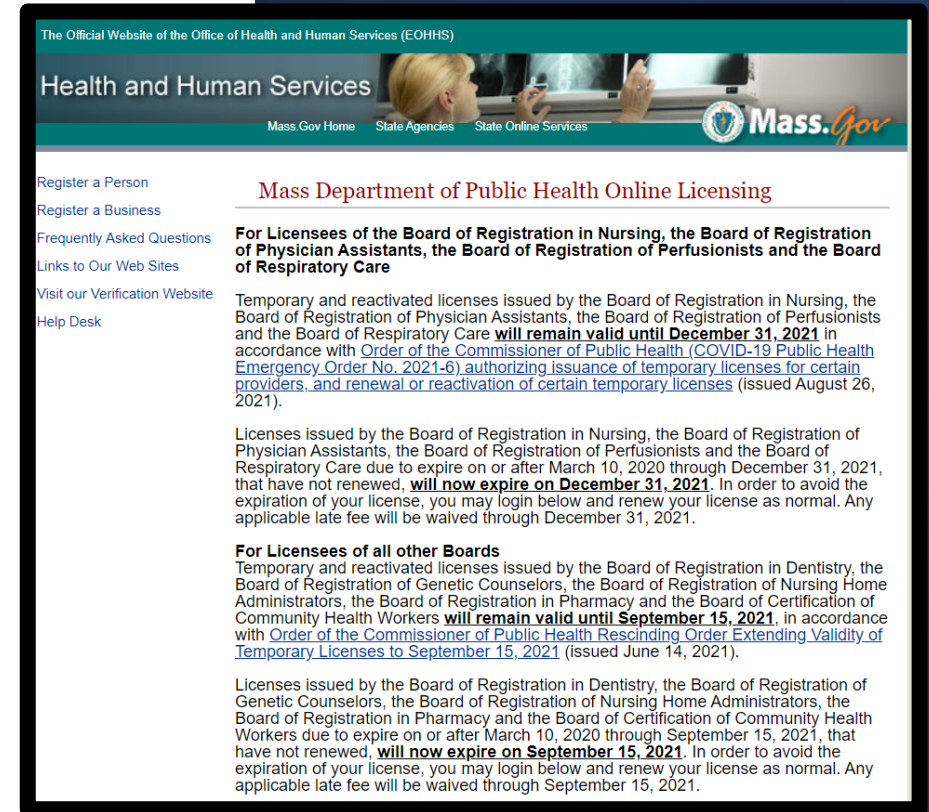
But my facility restricts me from utilizing prescriptive practice

- Hospitals/facilities **CAN restrict APRNs** from prescribing in the facility, but they **CANNOT restrict APRNs** from registering for prescriptive practice and obtaining a MCSR
- **MANA will help CRNAs find supervising CRNAs** – there is no requirement that a supervising CRNA has to be in the same group or facility
- The BORN is preparing an “Audit Tool” that can be utilized to meet required criteria in developing the “guidelines” to remain in place during the 2-year supervision period
 - CRNA and supervising APRN names must be listed, but do not need to be signed
 - Other criteria are minimal
- **Register for your prescriptive authority and obtain MCSR to get the clock ticking – after 2 years your MCSR card will state “independent practitioner”!!!!**
- **REMINDER: There are NO LAWS OR REGULATIONS that require supervision of CRNAs to administer anesthesia**



How do I register for prescriptive practice and obtain an MCSR?

- Apply online in the [eGOV](https://www.mass.gov) account (where you renew your RN & APRN licenses) here:
<https://www.mass.gov/how-to/apply-for-or-renew-a-physician-dentist-advanced-practice-nurse-practitioner-physician-assistant-or-cdtm-pharmacist-mcsr>
- By mail: <https://www.mass.gov/doc/advanced-practice-nurse-physician-assistant-and-cdtm-pharmacist-mcsr-application-initial-0/download>
- By email: email downloaded application to MCSR@massmail.state.ma.us



How do I register for prescriptive practice and obtain an MCSR?

- Apply online here: <https://www.mass.gov/how-to/apply-for-or-renew-a-physician-dentist-advanced-practice-nurse-practitioner-physician-assistant-or-cdtm-pharmacist-mcsr>

The Official Website of the Office of Health and Human Services (EOHHS)

Health and Human Services

Mass.Gov Home State Agencies State Online Services

Initial Application

Licensing Home Page

To apply for a license, renew a license, or request a duplicate license you **must** pay by credit card (VISA or MasterCard only) or by electronic check. If you do not wish to pay by credit card or electronic check, click [here](#) to contact your licensing agency.

The list below displays all licenses, permits, and authorizations you currently hold, and all licenses for which there is a pending application.

To renew a license, click the **Renew License** link in the menu on the left side of this screen.

If you hold an Advanced Practice Nurse MCSR, and meet the requirements for independent prescribing practice, you can update your registration to reflect this status by clicking the **License Update** link in the menu on the left side of this screen.

Name

Melissa Anne Croad

The Official Website of the Office of Health and Human Services (EOHHS)

Health and Human Services

Mass.Gov Home State Agencies State Online Services

Licensing Home Page

Initial Licensure

To apply for initial licensure, select the profession, license type and obtained by method, and then click the **Start Application** button.

If you are applying for a MCSR, select Mass Controlled Substance as your Profession.

License Type Selection

Profession:

License Type:

Obtained By Method:

Start Application

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How do I amend my existing MCSR?

2 step process

- First – online or by mail
 - <https://www.mass.gov/doc/attestation-for-advance-practice-providers/download>
 - Attest that you have had 2 years of supervised prescriptive practice
 - OR attest that you do not have 2 years of supervised prescriptive practice and that you have a Qualifying Health Care Professional supervisor (Either a physician or another APRN) and mutually-developed guidelines
 - Reminder: you do not have to name your supervisor, just attest that you no longer need one or that you have one
- Second – by mail only – remove previous physician supervisor from your MCSR by submitting the “**Supervising Physician Change Form for Advanced Practice Providers**” **see page 3**
 - <https://www.mass.gov/doc/mcsr-addremove-supervising-physician-form/download>

Now...

GO GET
YOUR
MCSR!!!!!!



References

- 105 CMR 700.00: Implementation of MGL c.94C. (2021, November 3). *Department of Public Health*. Retrieved from Mass.gov: <https://www.mass.gov/doc/105-cmr-700-implementation-of-mgl-c94c/download>
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- *General Laws, Part I, Title XV, Chapter 94C*. (2021, October 11). Retrieved from The 192nd General Court of the Commonwealth of Massachusetts: <https://malegislature.gov/laws/generallaws/parti/titlexv/chapter94c>
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- The Official Website of the Office of Health and Human Services (EOHHS). (2021, November 5). *Health and Human Services*. Retrieved from Massachusetts Department of Public Health Online Licensing: <https://madph.mylicense.com/eGov/Login.aspx?ReturnUrl=%2FeGov%2F>