4.06: continued

midwifery, including interpretation of laboratory and diagnostic data, only within the CNM's scope of practice and in accordance with ACNM standards. A CNM practices within a healthcare system and develops clinical relationships with obstetrician-gynecologists to provide care in diverse settings, including, but not limited to, home, hospital, birth center, and a variety of ambulatory care settings including private offices, community and public health clinics.

(3) Certified Nurse Practitioner (CNP).

(a) A CNP will only practice in the clinical category(s) for which the CNP has attained and maintained certification. A CNP may attain additional competencies within his or her category(s) consistent with the scope and standards of CNP practice.

(b) The scope of CNP practice is reflective of standards for the provision of health care services to individuals throughout the lifespan, including health promotion, disease prevention, health education, counseling and making referrals to other members of the health care team, as well as the diagnosis and management of acute and chronic illness and disease. A CNP provides care in diverse settings, including, but not limited to, home, hospital, nursing facilities, and a variety of ambulatory care settings including private offices, community and public health clinics.

(c) Pursuant to M.G.L.c. 112 § 80I, when a law or rule requires a signature, certification, stamp, verification, affidavit or endorsement by a physician, when relating to physical or mental health, that requirement may be fulfilled by a CNP, provided that the signature, certification, stamp, verification, affidavit, or endorsement is consistent with established scope of practice standards and does not expand the scope of practice of the CNP.

(d) Pursuant to St. 2012, c. 369 and M.G.L. c. 112 § 80I, CNPs are authorized to issue written certifications of marijuana for medical use as provided pursuant to the mutually agreed upon guidelines between the NP and the physician supervising the CNP's prescriptive practice.

(4) Psychiatric Clinical Nurse Specialist (PCNS).

(a) A PCNS will only practice in the clinical category(s) for which the PCNS has attained and maintained certification. A PCNS may attain additional competencies within his or her category(s) consistent with the scope and standards of PCNS practice.

(b) The scope of PCNS practice is reflective of standards for the provision of psychiatric health care services to individuals throughout the lifespan, including health promotion, disease prevention, health education, counseling and making referrals to other members of the health care team, as well as the diagnosis and management of acute and chronic psychiatric illness and psychiatric disease. A PCNS provides care in diverse settings, including, but not limited to, home, hospital, nursing facilities, and a variety of ambulatory care settings including private offices, community and public health clinics.

(5) Clinical Nurse Specialist (CNS).

(a) A CNS will only practice in the clinical category(s) for which the CNS has attained and maintained certification. A CNS may attain additional competencies within his or her category(s) consistent with the scope and standards of CNS practice.

(b) The scope of CNS practice is reflective of standards for the integration of an advanced level of direct and indirect nursing care beyond the scope of RN practice. In addition to the provision of assistance to other nurses and health professionals in establishing and meeting health goals of individuals and groups, a CNS may provide health care services to individuals throughout the lifespan, including health promotion, disease prevention, health education, counseling and making referrals to other members of the health care team, as well as the diagnosis and management of illness and disease. A CNS provides care in diverse settings, including, but not limited to home, hospital, nursing facilities, and a variety of ambulatory care settings including private offices, community and public health clinics.

4.07: APRN Eligible to Engage in Prescriptive Practice

(1) Purpose. The purpose of 244 CMR 4.07 is to establish, pursuant to M.G.L. c. 112, §§ 80B, 80C, 80E, 80G and 80H, regulations governing the practice of those APRNs who are registered prescribers.

4.07: continued

The following APRN are eligible to register with the Department of Public Health pursuant to M.G.L. c. 94C and the U.S. Drug Enforcement Administration to engage in prescriptive practice.

(a) A Certified Nurse Midwife means an RN authorized to practice within a healthcare system as a nurse midwife by the Board pursuant to M.G.L. c. 112, §§ 80B, 80C and 80G, and 244 CMR 4.00.

(b) A Certified Nurse Practitioner means an RN authorized to practice as a nurse practitioner by the Board pursuant to M.G.L. c. 112, §§ 80B, and 80E and 244 CMR 4.00.

(c) A Psychiatric Clinical Nurse Specialist means an RN authorized to practice as a psychiatric nurse mental health clinical specialist by the Board pursuant to M.G.L. c. 112, §§ 80B, and 80E and 244 CMR 4.00.

(d) A Certified Registered Nurse Anesthetist means an RN authorized to practice as a nurse anesthetist by the Board pursuant to M.G.L. c. 112, §§ 80B, and 80H and the regulations of the Board at 244 CMR 4.00. The prescriptive practice of a CRNA is limited to the immediate perioperative care of a patient.

(2) Development, Approval, and Review of Prescriptive Practice Guidelines.

(a) Except for the CNM who does not require guidelines for prescriptive practice, an APRN engaged in prescriptive practice will do so in accordance with written guidelines mutually developed and agreed upon with the APRN and the physician supervising the APRN's prescriptive practice.

(b) In all cases, the written guidelines will:

1. identify the supervising physician and APRN;
2. include a defined mechanism for the delegation of supervision to another physician including, but not limited to, duration and scope of the delegation;
3. describe the nature and scope of the APRN's prescribing practice;
4. identify any limitations on medications or intravenous therapy to be prescribed;
5. describe circumstances in which physician consultation or referral is required for the pharmacologic treatment of medical conditions or for managing emergencies;
6. include a defined mechanism and time frame to monitor prescribing practices;
7. specify that the initial prescription of Schedule II drugs must be reviewed within 96 hours;
8. be kept on file in the workplace and be reviewed and re-executed every two years; and
9. conform to M.G.L. c. 94C, the regulations of the Department of Public Health at 105 CMR 700.000: *Implementation of M.G.L. c. 94C*, 105 CMR 721.000: *Standards for Prescription Format and Security in Massachusetts*, M.G.L. c. 112, §§ 80B, 80E, 80H, 80I, the regulations of the Board of Registration in Nursing at 244 CMR 4.00 and the regulations of the Board of Registration in Medicine at 243 CMR 2.10: *Advanced Practice Nurse (APN) Eligible to Engage in Prescriptive Practice*.

The Board may request at any time an opportunity to review the APRN prescriptive practice guidelines. Failure to provide guidelines to the Board is a basis for and may result in disciplinary action. The Board may require changes in the guidelines if it determines that they do not comply with 244 CMR 4.00 and accepted standards of nursing practice.

(3) Prescribing Hydrocodone-only Extended Release Medication.

Prior to prescribing a hydrocodone-only extended release medication that is not in an abuse deterrent form, an APRN engaged in prescriptive practice must:

(a) Thoroughly assess the patient, including an evaluation of the patient's risk factors, substance abuse history, presenting condition(s), current medication(s), a determination that other pain management treatments are inadequate, and a check of the patient's data through the online Prescription Monitoring Program;

(b) Discuss the risks and benefits of the medication with the patient;

(c) Enter into a Pain Management Treatment Agreement with the patient that shall appropriately address drug screening, pill counts, safe storage and disposal and other requirements based on the patient's diagnoses, treatment plan, and risk assessment unless a Pain Management Treatment Agreement in not clinically indicated due to the severity of the patient's medical condition;