

Independent Prescriptive Authority

2021 Massachusetts APRN Laws and Regulations

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



MANA
Massachusetts Association
of Nurse Anesthesiology



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This is confusing but important to understand CRNAs have 2 choices with regard to Prescriptive Authority

- **CRNAs are INDIVIDUALLY RESPONSIBLE TO REGISTER FOR PRESCRIPTIVE AUTHORITY!!!**
- CRNAs are not *explicitly* required to obtain prescriptive authority to administer anesthesia

HOWEVER

CRNAs who <u>DO NOT</u> register for prescriptive authority	CRNAs who <u>DO</u> register for prescriptive authority
Administers anesthesia pursuant to the signed order of a registered prescriber	Do NOT need to administer anesthetics according to “protocols”
Selects anesthetic agents based upon protocols that are mutually developed with a registered prescriber (see slide #3)	Facility <i>cannot</i> restrict CRNAs from registering
CRNAs CANNOT write orders (i.e.; pre or post-op orders) or issue prescriptions <i>of any kind whatsoever – a “co-signature” does not exempt a CRNA from the requirement to obtain prescriptive authority</i>	Facility may or may not allow CRNAs to actually use it (i.e., write pre or post op orders, or issue any other prescriptions)

[Massachusetts Regulations: APRN Eligible to Engage in Prescriptive Practice 244 CMR 4.07](#)

- **Facilities cannot prevent and are not involved in CRNAs registering for prescriptive authority- It is YOUR RESPONSIBILITY**
- Facilities can restrict CRNAs from utilizing prescriptive authority to write orders/issue prescriptions, even if they have an MCSR

Why EVERY CRNA should register for a Massachusetts Controlled Substance Registration (MCSR) and Federal Drug Enforcement Administration Registration (DEA)

If a CRNA DOES NOT register for prescriptive authority you have to choose your anesthetic medications by “PROTOCOL”

From the BORN regulations:

“A CRNA who does not register for prescriptive authority (obtains MCSR and DEA) 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 individual’s MCSR and DEA (NOT the facility MCSR and DEA)**

The Basics (details ahead)

- All Massachusetts CRNAs are eligible to register for prescriptive authority.
- It is an **individual responsibility** – Facilities are not involved in CRNAs registering for prescriptive authority and **CANNOT** prevent and are not involved in CRNAs registering for prescriptive authority
- CRNAs who have had 2 years of supervised prescriptive authority in Massachusetts are now independent prescribers.
- CRNAs who have had prescriptive authority outside of Massachusetts are independent prescribers.
- CRNAs who have NOT had 2 years of supervised prescriptive authority need a Qualified Healthcare Provider (QHP) supervisor for 2 years. The QHP can be another CRNA. **The QHP DOES NOT have to be on site.**
- CRNAs who **DO NOT** register for prescriptive authority must develop mutually agreed-upon “**protocols**” with a “physician responsible for the care of the patient” to administer anesthesia and **CANNOT** write orders in the patient chart

<https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXVI/Chapter112/Section80H>

[Board of Registration in Nursing CRNA Regulations at 244 CMR 4.06 \(1\)\(C\)](#)

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

1. **Written Prescriptions (to be filled at a pharmacy)**
2. **Oral Prescription (verbal order)**
3. **Written Orders (Bedside charts/EMR)**



What about the Federal Drug Enforcement Administration (DEA) Registration?

If CRNAs write orders for medications in DEA classifications II-IV, they are required to obtain a DEA registration

- [Schedule II](#): Narcotics (i.e. Fentanyl, Dilaudid, Morphine)
- [Schedule IV](#): Benzodiazepines (i.e. Versed, Ativan)





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 (aka the Patients First Act)***
- **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 the amendments to the emergency regulations, updated the regulations at 244 CMR 4.00 and published them as final.

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

APRNs with 2 years of supervised prescriptive practice or equivalent (i.e. Rx authority in another state)



- 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](#) on page 3
- Equivalent to 2 years of supervised prescriptive practice refers to CRNAs from other states who have had at least 2 years of supervised or independent prescriptive practice
- CRNAs who have had 2 years of supervised prescriptive practice **plus** one year of independent prescriptive practice qualify to serve as Qualified Healthcare Professionals (QHPs) eligible to supervise other APRNs in the same or related category

Prescribing Authority for CRNAs with **LESS THAN 2** years of supervised prescriptive practice (see next 2 slides)

- 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
- 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**



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 (QHP)** 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.



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

- CRNAs, Certified Nurse Practitioners (CNPs) 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; or
 - a) 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.



The MA BORN offers an [audit tool](#) to help develop guidelines for APRN Supervising QHPs.

HOWEVER, MANA has created a guideline form for CRNAs and their QHPs for use instead of developing their own. The guideline form can be downloaded from the MANA website under the Prescriptive Practice tab <https://www.masscrna.com/prescriptive-practice>

Massachusetts CRNA Prescriptive Practice Guidelines

In accordance with CMR 4.07: **Advanced Practice Registered Nurses Eligible to Engage in Prescriptive Practice**, commencing upon the issuance of the CRNA's initial Massachusetts Controlled Substance Registration (MCSR), Date: _____, for a period of not more than 2 years, expiring on: Date _____; the following Guidelines have been Mutually Developed between:

Printed name: _____ CRNA

And


CRNA Qualified Healthcare Professional (QHP)

Printed name: _____ CRNA (see supervising QHP CRNA criteria checklist below)

Supervising QHP CRNA Criteria checklist	
	Holds a valid registered nurse license in Massachusetts
	Holds advanced practice authorization in Massachusetts in the same or related clinical category as the person being supervised
	Holds valid registration(s) to issue written or oral prescriptions or medication orders for controlled substances from the Massachusetts Department of Public Health (MCSR - Massachusetts Controlled Substance Registration) or the U.S. Drug Enforcement Administration (DEA), or both for a minimum of one year
Has completed either;	
	A combination of supervised prescriptive practice for a minimum of two years plus one year of independent prescriptive practice
Or	
	Three years of independent prescriptive practice (either in Massachusetts or another state)

- QHP consultation or referral is required for the pharmacologic treatment of medical conditions when the supervised CRNA is unfamiliar with or has questions/concerns with any aspect of prescribing a medication or requesting a test or therapeutic.
- If the primary QHP is unavailable or unable to assist the CRNA for prescriptive practice consultation, either the CRNA or primary supervising QHP may call upon and keep record of a designated alternate QHP to assume the role of primary QHP in all aspects of the circumstances in which QHP consultation or referral is required for the pharmacologic treatment of medical conditions as described above. The duration of the alternative QHP supervision will continue until the primary QHP becomes available once again.
- The Board of Registration in Nursing may ask to review these guidelines at any time and request changes.

***** CRNA Prescriptive Authority guidelines do not need to be signed *****


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Rev. 11/28/2023

Facilities **CANNOT** prevent CRNAs from obtaining an MCSR but **CAN** restrict them from using it

- Prescriptive Authority is the responsibility of the individual. Your **facility does not have to permit you, and cannot prevent you from obtaining an MCSR & DEA**
- Hospitals/facilities **may restrict CRNAs** from prescribing in the facility, but they **CANNOT restrict** from registering for prescriptive practice and obtaining an MCSR & DEA
- **MANA will help CRNAs find supervising CRNAs** – your CRNA QHP DOES NOT HAVE TO BE IN YOUR PRACTICE OR ONSITE
- MANA has created a **template** for use for **Prescriptive Practice Guidelines** located on the MANA website at www.masscrna.com;
 - Professional Practice > Prescriptive Practice > CRNA Prescriptive Practice Guidelines Template
 - CRNA and supervising CRNA names must be listed, but the application will not ask for the names, and the guidelines do not require signatures
 - Other criteria are minimal
- **Register for your prescriptive authority and obtain MCSR to get the 2-year clock ticking**

REMINDER: There are **NO LAWS OR REGULATIONS** that require supervision of CRNAs to administer anesthesia, and Massachusetts is an opt-out state as of June 4, 2025



If my facility restricts me from utilizing an MCSR to write orders/prescriptions, why should I get one?

Remember...

“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”

The MA Board of Registration in Nursing can hold CRNAs responsible for this requirement

CRNAs have 2 choices with regard to Prescriptive Authority

CRNA **with** MCSR & DEA

- Facility *cannot* restrict CRNAs from obtaining it
- Facility may or may not allow CRNAs to actually use it (i.e., write pre or post op orders, or issue any other prescriptions)
- Do NOT need to administer anesthetics according to “protocols”

CRNA **without** MCSR & DEA

- CRNAs **CANNOT** write orders (i.e.; pre or post-op orders) or issue prescriptions *of any kind whatsoever* – a “co-signature” does not exempt a CRNA from the requirements to obtain an MCSR and DEA
- Administers anesthesia pursuant to the signed order of a registered prescriber
- Selects anesthetic agents based upon protocols that are mutually developed with a registered prescriber (see slide #4)


APRN Prescriptive Authority is no longer facility-based; it is now *licensure-based*, meaning that **CRNAs do not require permission from physicians or facilities to obtain an MCSR**


THE DETAILS

- Attention APRNs.
- Fees
- How to apply
- More info
- Downloads
- Contact

CONTACT

Massachusetts Controlled Substances Registration

 Phone
(617) 973-0949

 Online
MCSR@Massmail.State.MA.US

RELATED

[Apply for or renew a podiatrist, optometrist, researcher, or veterinarian MCSR →](#)

Attention APRNs.

CDTM Pharmacists, Physician Assistant and Advanced Practice Registered Nurses (CNP, CRNAs and PCNSs): Please note eGov has been updated and we no longer require your supervising physician or qualified healthcare professional name. You will simply attest to having a supervising physician or qualified healthcare professional with written guidelines.

Fees


- **Apply/renew online:** We accept credit card or electronic check payment.
- **Paper:** We accept checks or money orders. Make it payable to "Commonwealth of Massachusetts."

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

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

- **New system launched in September 2022**
- **Online Only!!!!**
- <https://healthprofessionlicensing.mass.gov/login-register>

An official website of the Commonwealth of Massachusetts [Here's how you know](#) ▼

 **Mass.gov** | Massachusetts Health Professions Licensing System

Welcome to the Massachusetts Health Professions Licensing System

This new eLicensing system was [launched on September 28, 2022](#).

If you have not applied for or renewed your license(s) in this new eLicensing system, please do the following:

1. Create a new user account in this system by clicking the [Create Account](#) button below
2. Link all your existing Massachusetts DPH licenses to your account

For further assistance, [click here](#) for video tutorials on how to use the system.

Massachusetts Department of Public Health
eLicensing System

Sign in

Username *

Password *

SIGN IN



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Massachusetts Department of Public Health eLicensing System

sign in or create an account

Sign in

Username *

Password *

SIGN IN

CREATE ACCOUNT



Welcome Melissa Croad, please select from the following options:



Manage My Licenses and Applications

Click here to renew your license, change your name/address, print a duplicate certificate/wallet card, or submit an unfinished/reopened application. If this is your first time logging into the system, you will be prompted to link your license(s) to your account.



Apply for a New License

Click here to start a new application for licensure with the Massachusetts Department of Public Health.



Manage My Record Requests

Click here to view your open, closed, and incomplete record requests with the Massachusetts Department of Public Health.



Submit a New Record Request

Click here to start a new record request with the Massachusetts Department of Public Health.



Update My Social Security Number or Date of Birth

Only submit this request if you need to correct your Social Security Number or Date of Birth on one or more of your Massachusetts Department of Public Health (DPH) Licenses.



 [Home](#) > [Apply for a New License/Registration](#)

Please select a Licensing Board or Program from the options below.

Search Criteria:



Massachusetts Controlled Substance Registration

The MCSR registers those who manufacture, distribute, dispense, possess, prescribe, or administer controlled substances. In Massachusetts, "controlled substances" includes all prescription drug products.

For more information, please visit [the MCSR Website](#).

MCSRs are currently issued to:

- Health Care Facilities
- Manufacturers
- Distributors
- Municipalities and Public-Agencies
- Schools
- Ambulances
- Analytical Laboratories
- Medication Administration Program (MAP)
- Individual Health Care Providers and Researchers

To apply for a registration, click "View More".



[View More](#)



Please select a Licensing Board or Program from the options below.

Search Criteria:

Advanced Practice Registered Nurse Controlled Substance Registration



The controlled substance registration allows APRNs to possess, prescribe, store, and distribute controlled substances.
For more information, please visit [the MCSR Website](#).



Start Application

Certified Nurse Midwife Controlled Substance Registration

The controlled substance registration allows Certified Nurse Midwives to possess, prescribe, store, and distribute controlled substances.
For more information, please visit [the MCSR Website](#).

Start Application

Ambulance Service Controlled Substance Registration

This Massachusetts Controlled Substance Registration (MCSR) application is for ambulance services to request to carry, handle, store, and dispense controlled substances, in accordance with their level of licensure, including substances in Schedules II, IV, VI. Additionally, ambulance services can request to carry the Schedule III substance, Ketamine. Ketamine shall only be carried in an amount to be used as outlined in [the Statewide Treatment Protocols \(STP\)](#).

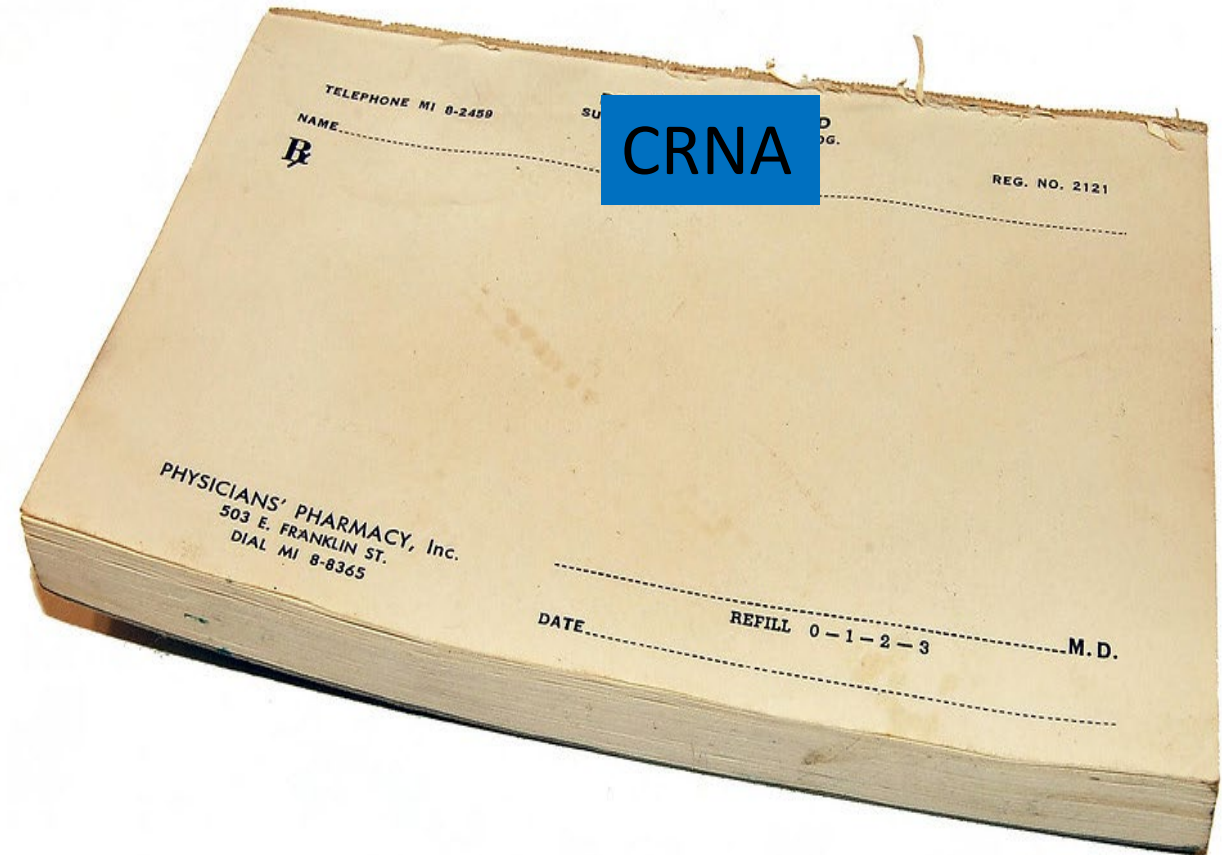
Federal Drug Enforcement Administration (DEA) Registration

- In addition to the MCSR (issued by states), prescribers who write orders/prescriptions for controlled substances (ie Versed, Fentanyl, Ketamine, etc) are required to obtain a DEA Registration (issued by the Federal government)
 - List of controlled substances here: [DEA Controlled Substance List](#)
- **Beginning on June 27, 2023**, all prescribers (including MDs and APRNs) will be required to check a box on their online DEA registration form—regardless of whether a registrant is completing their initial registration application or renewing their registration—affirming that they have completed the new training requirement.
 - The Consolidated Appropriations Act of 2023 enacted a new one-time, eight-hour training requirement for all DEA-registered practitioners on the treatment and management of patients with opioid or other substance use disorders. See details here: [DEA Training requirement](#)
- The AANA has developed an online course that satisfies this requirement: [AANA DEA Bundle](#)



Now...

GO GET YOUR
MCSR and
DEA!!!!!!



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>
- 244 CMR 4.00: Advanced practice registered nursing. (2021, November 6). *Board of Registration in Nursing*. Retrieved from Mass.gov: <https://www.mass.gov/doc/244-cmr-4-advanced-practice-registered-nursing/download>
- *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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