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





CITY HOSPITAL			ATIENT NAME:	Thompson, Linda
Athens, GA 3	30600	A	DDRESS:	2345 Oak Circle
		С	ITY, STATE:	Athens, GA
		A	GE/SEX:	35 Female
		P	HYSICIAN:	J. Hardmer
		H	OSP.NO:	900612345
		S	ERVICE:	Medicine
		R	OOM:	220 East
PHYSICIAN	SORDER	~		
DATE	TIME	ORDERS		
02/01/yy 1200	1200	1. Propranolol 40 m	ng po QID	
		2. Furosemide 20 mg po q AM		
		3. Flurazepam 30 mg at HS prn slee		эр
		4. D-5-W + 20 mEq kcl/L at 84 mL/hr		
		Hardmer, MD		
-				

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)



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 (CNPs) 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 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

- 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 <u>Supervising</u> <u>Physician Change Form for Advanced Practice Providers</u>
- 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. CNP and PCNP guidelines shall be signed. The guidelines will be kept on file in the workplace



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.



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 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.





MANA has created a guideline form for CRNAs and their QHPs for use instead of developing their own. The guideline form can be downloaded here:

Massachusetts CRNA Prescriptive Practice Guidelines

commencing upon the issuance of the CRNA's	tice Registered Nurses Eligible to Engage in Prescriptive Practice, initial Massachusetts Controlled Substance Registration (MCSR), more than 2 years, expiring on: Date; the following ween:				
Printed name:	CRNA				
And					
Qualified Healthcare Professional (QH	iP)				
Printed name:	CRNA (see supervising CRNA criteria checklist below)				
Or					
Printed name:	MD/DO (see supervising physician checklist below)				
Sup	pervising 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					
	Public Health (MCSR - Massachusetts Controlled Substance Registration) ation (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					
	practice (either in Massachusetts or another state)				
OR					
	rvising Physician criteria checklist				
Holds an unrestricted full license in Mas	sachusetts.				
	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				
Holds valid registration(s) to issue written or oral prescriptions or medication orders for controlled substances					
from the Massachusetts Department of	Public Health and the U.S. Drug Enforcement Administration				
 is unfamiliar with or has questions/concer If the primary QHP is unavailable or unabl primary supervising QHP may call upon ar in all aspects of the circumstances in whic 	or the pharmacologic treatment of medical conditions when the supervised CRNA ins with any aspect of prescribing a medication or requesting a test or therapeutic. e to assist the CRNA for prescriptive practice consultation, either the CRNA or id keep record of a designated alternate QHP to assume the role of primary QHP h QHP consultation or referral is required for the pharmacologic treatment of ne duration of the alternative QHP supervision will continue until the primary QHP				

• 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 ***



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)

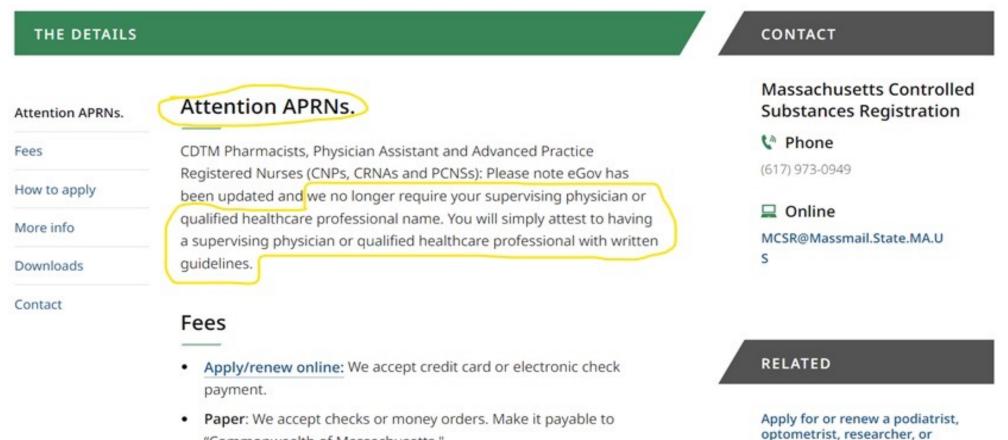
But my facility restricts me from utilizing prescriptive practice

- CRNAs no longer need to request facility-based physicians to allow them to register for prescriptive authority; **APRN prescriptive authority is now licensure-based**
- However, Hospitals/facilities **may restrict CRNAs** from prescribing in the facility, but they **CANNOT restrict APRNs** from registering for prescriptive practice and obtaining an 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. Please contact MANA if you are in need of a CRNA to serve as your QHP
- MANA has created a template for use for Prescriptive Practice Guidelines located on the MANA website at <u>www.masscrna.com</u>;
 - Professional Practice > Prescriptive Practice > CRNA Prescriptive Practice Guidelines Template
 - 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





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



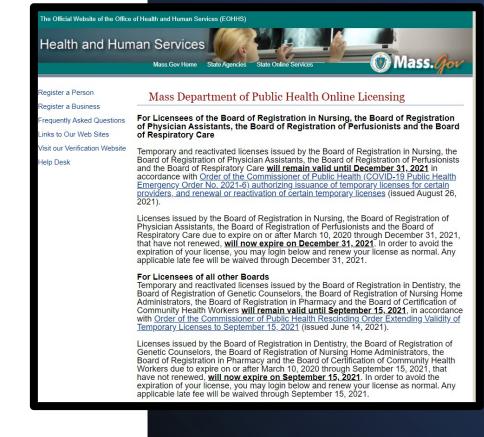
"Commonwealth of Massachusetts."

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

veterinarian MCSR >

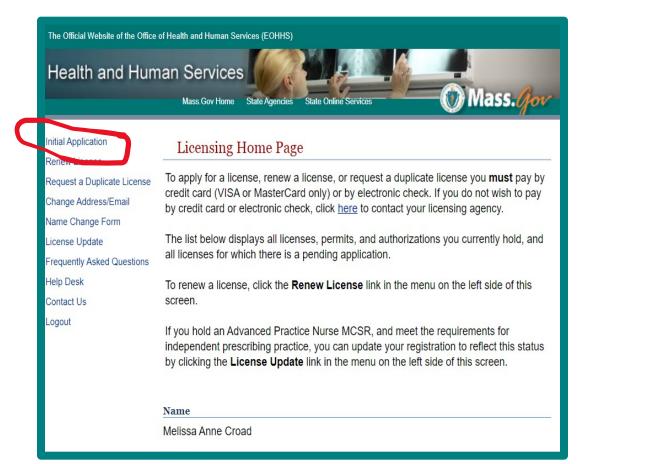
How do I register for prescriptive practice and obtain an MCSR?

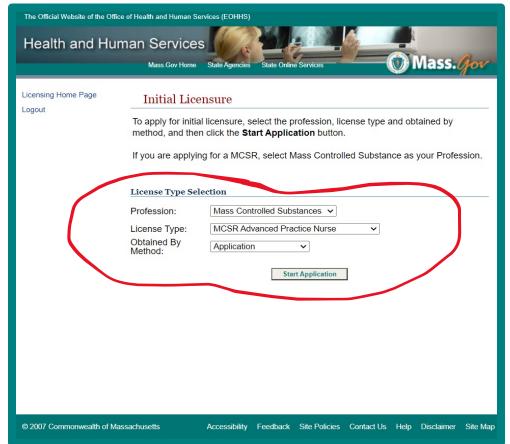
- Apply online in the <u>eGOV</u> account (where you renew your RN & APRN licenses) here: <u>https://www.mass.gov/how-to/apply-for-or-</u> <u>renew-a-physician-dentist-advanced-practice-</u> <u>nurse-practitioner-physician-assistant-or-cdtm-</u> <u>pharmacist-mcsr</u>
- By mail: <u>https://www.mass.gov/doc/advanced-practice-nurse-physician-assistant-and-cdtm-pha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



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

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





How do I amend my existing MCSR and remove previous physician supervisors? Online instructions can be found here: https://www.mass.gov/how-to/amend-yourmcsr

Download the correct form here:

https://www.mass.gov/doc/attestation-withsupervisor-physician-removal-form/download

This must be done by email, fax, or mail – those instructions are at the bottom of the form.

Now...

GO GET YOUR MCSR!!!!



References

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https://madph.mylicense.com/eGov/Login.aspx?ReturnUrl=%2FeGov%2F