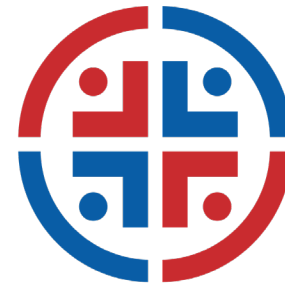


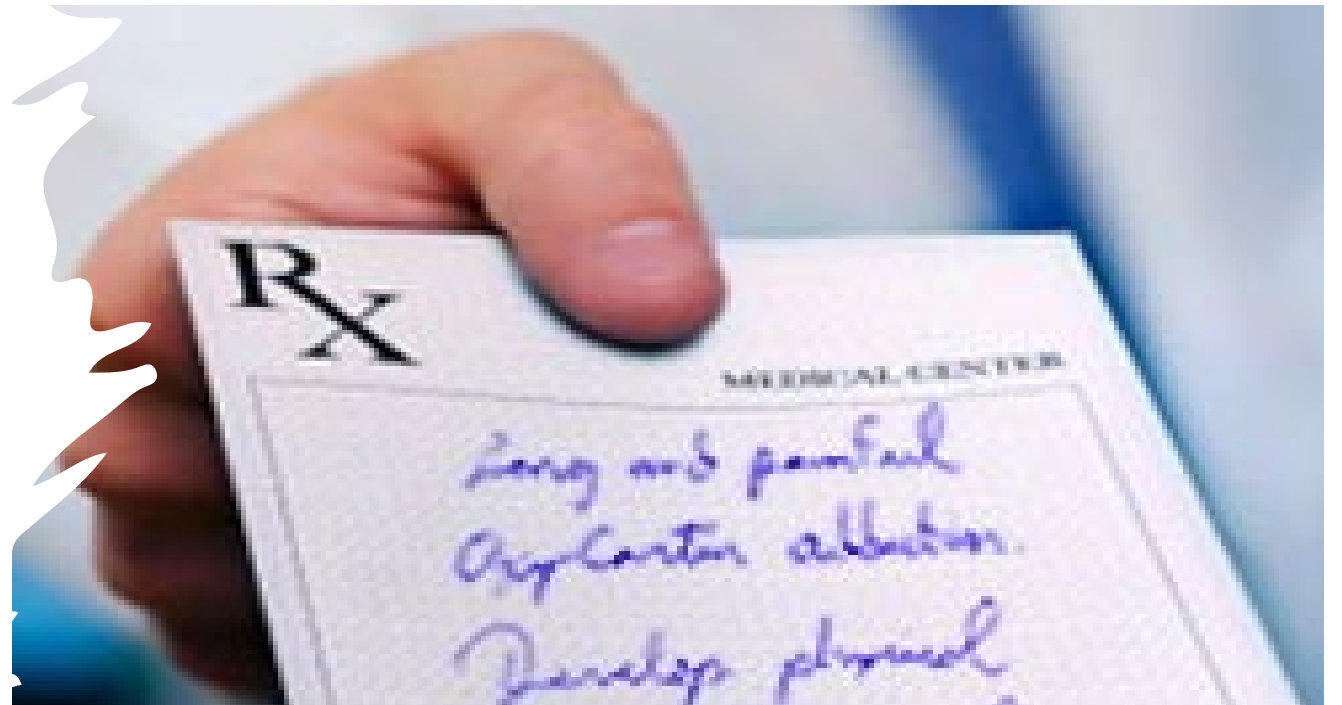
# Independent Prescriptive Authority

## 2021 Massachusetts APRN Laws and Regulations

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



**MANA**  
MASSACHUSETTS ASSOCIATION  
OF NURSE ANESTHETISTS



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

## From Board of Registration in Nursing 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)**

# 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

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.

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 *all prescribers* (including MDs and APRNs) to provide orders written (or electronic) in bedside charts**
    - For this reason, *all prescribers* in Massachusetts (including MDs and APRNs) cannot write orders AT ALL (including pre-op or post-op) without a **Massachusetts Controlled Substance Registration (MCSR) and if ordering narcotics, a DEA registration (see slide 19)**
    - 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 (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](#) (use 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.** 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 (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 (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; 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

### 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

**Qualified Healthcare Professional (QHP)**

Printed name: \_\_\_\_\_ CRNA (see supervising CRNA criteria checklist below)

Or

Printed name: \_\_\_\_\_ MD/DO (see supervising physician checklist below)

Supervising CRNA Criteria checklist	
<input type="checkbox"/>	Holds a valid registered nurse license in Massachusetts
<input type="checkbox"/>	Holds advanced practice authorization in Massachusetts in the same or related clinical category as the person being supervised
<input type="checkbox"/>	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;	
<input type="checkbox"/>	A combination of supervised prescriptive practice for a minimum of two years plus one year of independent prescriptive practice
Or	
<input type="checkbox"/>	Three years of independent prescriptive practice (either in Massachusetts or another state)

OR

Supervising Physician criteria checklist	
<input type="checkbox"/>	Holds an unrestricted full license in Massachusetts.
<input type="checkbox"/>	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
<input type="checkbox"/>	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

- 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 \*\*\*



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

- CRNAs no longer need to request facility-based physicians to allow them to register for prescriptive authority; **APRN prescriptive authority is now licensure-based – your facility does not have to grant you permission and cannot prevent you from obtaining an MCSR**
- 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 even present in the 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 [www.masscrna.com](http://www.masscrna.com);
  - 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 2-year clock ticking**

**REMINDER:** There are **NO LAWS OR REGULATIONS** that require supervision of CRNAs to administer anesthesia



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

## Remember the first slide?

“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

- 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

- CRNAs **CANNOT** write orders (i.e.; pre or post-op orders) or issue prescriptions *of any kind whatsoever*
- 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 #1)



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

CONTACT

Attention APRNs.

Fees

How to apply

More info

Downloads

Contact


**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."

Massachusetts Controlled Substances Registration

 **Phone**  
(617) 973-0949

 **Online**  
MCSR@Massmail.State.MA.US

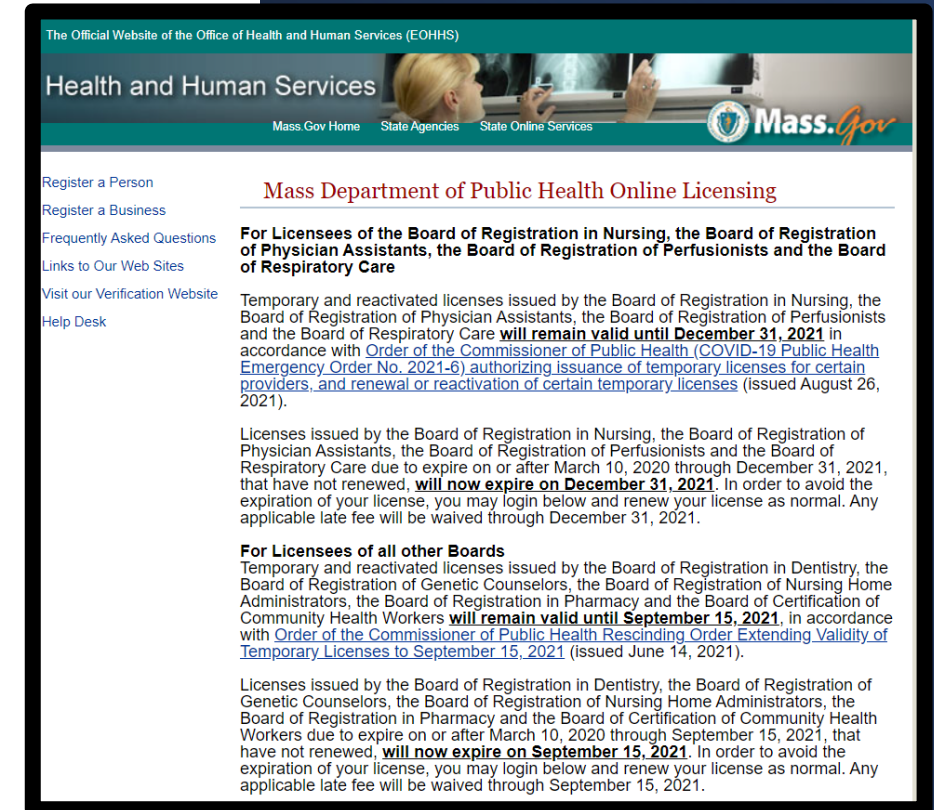
RELATED

Apply for or renew a podiatrist, optometrist, researcher, or veterinarian MCSR →

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?

- Apply online in the [eGOV](#) account (where you renew your RN & APRN licenses) here: [Apply or Renew Massachusetts Controlled Substance Registration](#)
- By mail: [APRN Initial MCSR Application Form](#)
- By email: email downloaded application to [MCSR@massmail.state.ma.us](mailto: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  
and remove  
previous  
physician  
supervisors?**

**Online instructions can be found here:**

**[Remove supervising physician from CRNA MCSR](#)**

**Download the form here:**

**[Attestation with Supervisor Physician Removal Form](#)**

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

# Federal Drug Enforcement Administration (DEA) Registration

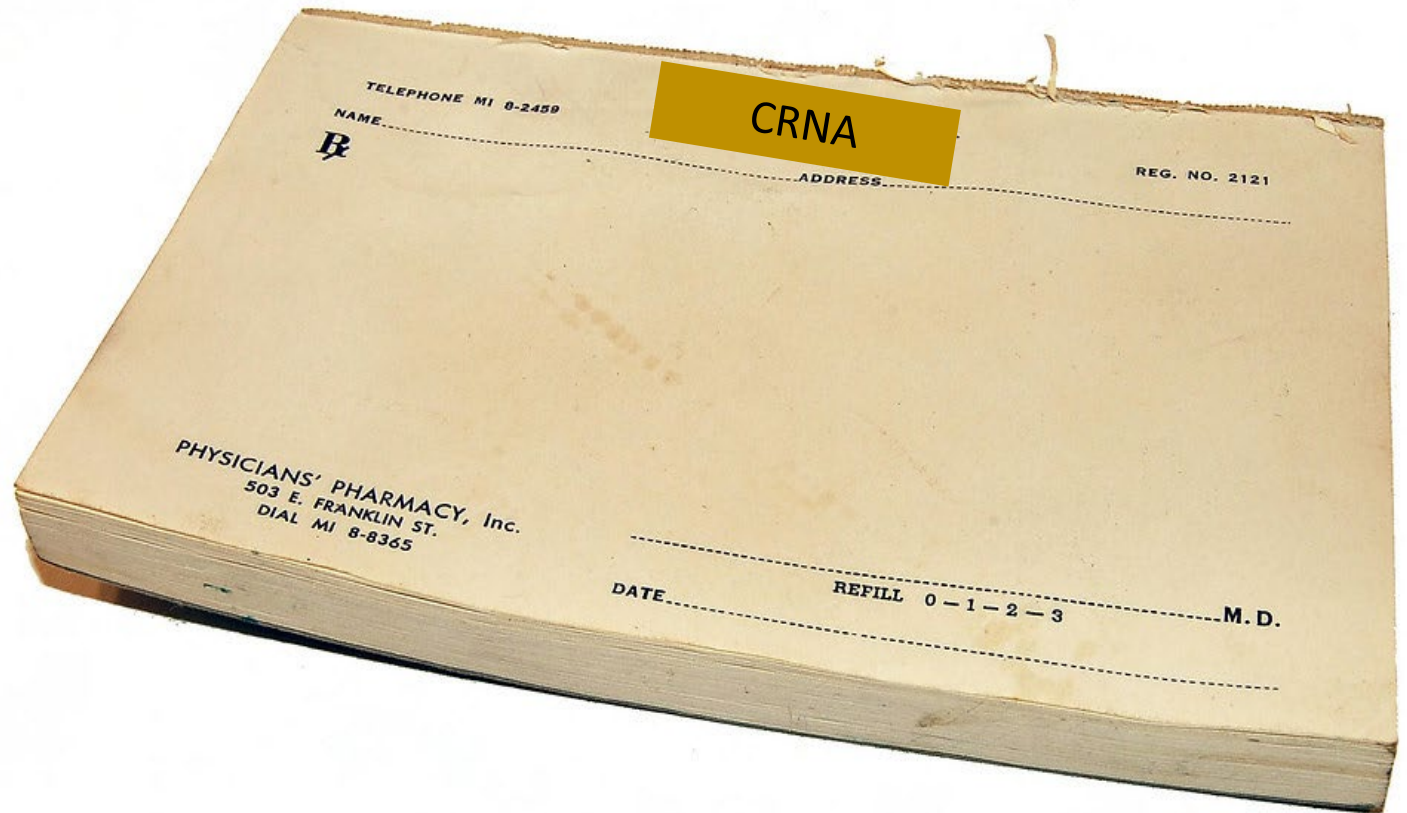
- In addition to the MCSR (issued by states), prescribers who write orders/prescriptions for controlled substances (ie Versed, Fentanyl, Ketamine, etc) are required to obtain a DEA Registration (issued by the Federal government)
  - List of controlled substances here: [DEA Controlled Substance List](#)
- **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!!!!!!





# 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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