

Massachusetts CRNA Prescriptive Practice: A Step-by-Step Guide

Board of Registration in Nursing (BORN)
Board of Registration in Medicine (BORiM)
Code of Massachusetts Regulations (CMR)
Department of Public Health (DPH)
Drug Enforcement Administration (DEA)
Massachusetts Controlled Substance Registration (MCSR)
- aka "Massachusetts DEA"
Massachusetts Prescription Awareness Tool (MassPAT) -

online tool for the PMP

Drug Control Program (DCP) - a program within the Massachusetts Department of Public Health; Program has statutory responsibility to set standards for the control of prescribing, dispensing and administration of pharmaceuticals by health care providers as well as distribution of pharmaceuticals by health care facilities (e.g. hospitals, clinics, long-term care) and other entities

Prescription Monitoring Program (PMP) The MA PMP collects dispensing information
on Massachusetts Schedule II through V
controlled substances dispensed pursuant to
a written prescription. Although most CRNAs
do not usually write prescriptions that are
filled by a pharmacy, all registered
prescribers in Massachusetts are required to
register for the PMP on the Massachusetts
Prescription Awareness Tool (MassPAT)

- 1. CRNAs and appropriate Hospital Administrators (i.e.; Chair of Anesthesia Department, Chief CRNA, Director of Nursing, etc.) agree to establish utilization of CRNA Prescriptive Practice
- 2. CRNAs and Supervising physicians <u>jointly</u> develop prescriptive practice guidelines that conform to the BORN regulations found at 244 CMR 4.07 and BORM regulations found at 243 CMR 2.10 (4) -(7):
 - 1. Identify the CRNA and supervising physician
 - 2. Include dated signatures of the CRNA and supervising physician
 - 3. Include a defined mechanism for the delegation of supervision to another physician including, but not limited to, duration and scope of the delegation (may be important for CRNA prescriptive practice as physician supervision changes often and Schedule II orders must be reviewed with 96 hrs. see requirement #8))
 - 4. Describe the nature and scope of the CRNAs prescribing practice
 - 5. Identify any limitations on medications or intravenous therapy to be prescribed
 - 6. Describe circumstances in which physician consultation or referral is required for the pharmacologic treatment of medical conditions
 - 7. Include a defined mechanism and time frame to monitor prescribing practices (i.e.; 10 charts bi-annually or quarterly)

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8. Specify that the initial prescription of Schedule II drugs must be reviewed within 96 hours (i.e.; consider adding check-box to physician attestation of TEFRA compliance – see notes at step #3)

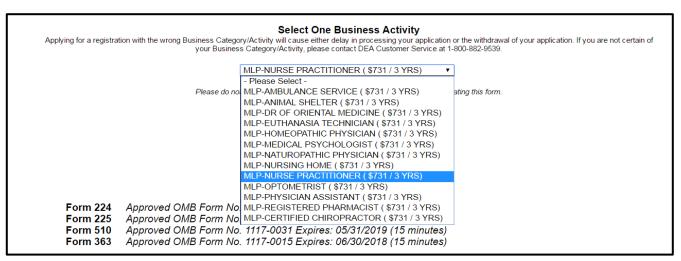
Take note:

- Guidelines must be in place BEFORE CRNAs apply for MCSR and DEA (see last question on page 2 of MCSR application in Box #13)
- The BORN may request a copy of prescriptive practice guidelines at any time to assess compliance
- Guidelines are public documents, and a CRNA that is mandated by statute to have prescriptive guidelines must make a copy of the guidelines available to any person upon request
- Guidelines remain current for the two (2) year period from which they were originally signed and dated and must be kept on file in the workplace
- Should the supervising physician with whom the CRNA developed and signed prescriptive
 practice guidelines change prior to the end of the two (2) year period, the new physician with
 whom guidelines are established must review sign, and date the existing guidelines;
 Alternatively, the CRNA and physician may agree to create a new document
- Changes in physician supervision must be reported to the Massachusetts Department of Public Health – Drug Control Program (DCP) by submitting a request to amend your Massachusetts Controlled Substances Registration (MCSR). The amendment form can be found on the DCP web site. http://www.mass.gov/eohhs/docs/dph/quality/drugcontrol/app-apn-pa-amended.pdf
- **3.** CRNAs apply for a Massachusetts Controlled Substance Registration (MCSR) <u>by mail only</u> (renewed yearly) http://www.mass.gov/eohhs/docs/dph/quality/drugcontrol/app-advanced-pn-pa-new-renew.pdf

| CRNAs who DO NOT have a DEA number | CRNAs who DO have a DEA number from another state |
|--|---|
| complete the application for MCSR, leaving box #3 blank WAIT to receive a CONDITIONAL acceptance for MCSR - MCSR number will be assigned once the CRNA receives his/her MCSR number, proceed to step #4 (apply for DEA number) | complete the application for MCSR provide DEA number in box #3 consider providing letter of explanation of out-of-state DEA number (see page 3 of MCSR application Question #3) Once you receive your MCSR number, skip to step #7 |

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- **4.** CRNAs apply for DEA number <u>online only</u> (renewed every 3 years) https://apps.deadiversion.usdoj.gov/webforms/
 - CRNAs fill out "Form 244"
 - Select "Nurse Practitioner" from the drop-down menu YES, THAT'S CORRECT, SELECT NURSE PRACTITIONER FROM DROP DOWN MENU (see screen shot below)
 - follow the prompts to complete the application



- **5.** The DEA number will arrive with a certificate and instructions for submission to update the conditional MCSR
- **6.** Complete Mandatory Education training (required upon initial MCSR and then yearly with MCSR renewal)
 - Web-based program developed by Boston University School of Medicine
 - Entitled SCOPE of Pain
 - Training is free
 - Meets BORN CEU requirements
 - http://www.opioidprescribing.com/overview
 - Click on "SCOPE of Pain"
 - under "what is SCOPE of Pain", click "Online training"
 - Follow steps 1-5 under "Overview" (step 1 is creating an account)
 - There are 2 other ways to complete this training, either "Training using printed materials" or select a "Live webinar" follow the prompts to complete this training
- 7. Enroll in the PMP on the MassPat website; https://massachusetts.pmpaware.net/login
- 8. CRNAs and supervising physicians confirm MCSR and DEA applications are complete, all appropriate hospital policies and bylaws are updated as needed and approved, and select effective date of CRNA Prescriptive Practice

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