

## 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	
	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)

**OR**

Supervising Physician criteria checklist	
	Holds an unrestricted full license in Massachusetts.
	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

- 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 \*\*\***

