

2/9/11

To: Members, Board of Registration in Nursing
From: Laurie Talarico, MS, RN, NP
Nursing Practice Coordinator
Date: February 9, 2011
Re: Proposed Revisions to 244 CMR 4.00 Relative to Advanced Nursing Practice
Update Memo

Background:

At the June 9, 2010 meeting, the Board affirmed their previous actions related to the proposed revisions to 244 CMR 4.00. The Board requested that staff continue to work with the Board of Registration in Medicine (BORIM) to reach agreement in language related to Advanced Practice Registered Nurse (APRN) prescriptive practice, and to complete the process by the end of 2010. Additionally, the Board would decide, at its December 2010 meeting, if completion appears feasible, and, if not, the next steps to take to encourage the BORIM to meet their statutory requirement and promulgate the new 244 CMR 4:00 BORN regulations. Board members, at their December 2010 meeting, then directed staff to prepare a plan for the Board's February meeting, including recommendations and timeframes for promulgating revisions to 244 CMR 4.00.

A table summarizing the Board's previous actions of September 13, 2006, December 13, 2006 and May 14, 2008, related to the proposed 244 CMR 4.00 changes is attached (Attachment 1).

Summary:

The passage of time and of new legislation (i.e., Nurse Anesthetist prescriptive practice, continuing education requirements, etc.) prompted Board staff to review the proposed revisions to 244 CMR 4.00 to ensure that the recommendations of the 244 CMR 4.00 Task Force (Task Force), were met and continued to address issues of clarity relative to current practice. Board staff reviewed the work of the Task Force, the Consensus Model for APRN Regulation from the National Council of State Boards of Nursing (NCSBN)¹, current statutes related to advanced nursing practice², and Board action³ related to the proposed revisions. It became clear that some of the proposed revisions were no longer germane in light of the increasing responsibilities and changing practice of the APRN and that some of the proposed language contained ambiguous and redundant language.

The following provides updated information relative to the previously approved Task Force recommendations:

Graduate Level Educational Preparation for APRN Authorization

The Task Force addressed a requirement for APRN educational preparation to be a graduate degree (may be non-nursing graduate degree) level that is comprised of at least the core courses of advanced assessment, pathophysiology and advanced pharmacotherapeutics. With the 2010 position statement from The American College of Nurse-Midwives (ACNM) establishing the requirement for Nurse Midwife education to be at the graduate degree level,

¹ <https://www.ncsbn.org/170.htm>

² M.G.L. c. 112, §§ 80B, 80C, 80E, 80G and 80H; c. 94C at <http://www.malegislature.gov/Laws/GeneralLaws>

³ per Board packet reports and minutes to date

2/9/11

all APRN professional organizations recognized by the Board cite the graduate degree as a prerequisite for entry into practice.⁴

The Board approved national certifying organizations have established and, Board staff have re-affirmed, that eligibility criteria for initial approval to test for certification include the attainment of a graduate degree.⁵ All current APRN education programs include graduate programs that are nationally accredited⁶ and their graduates must be eligible for national certification used for state licensure. The Board's agent, Professional Credentialing Services (PCS) reviews and will continue to review all APRN applicant transcripts and certifications, prior to Board authorization, to ensure the Board's requirements are met.

APRN Certification

The Task Force proposed graduation from an accredited APRN program designed to prepare the graduate in one of the APRN roles authorized by the Board as well as APRN certification from an antioanl certifying body acceptable to the Board in the APRN's practice domain as prerequisites to APRN authorization. As of August 19, 2010, NCSBN's Consensus Model proposal specific to regulation of APRN at the level of specialty suggests it "is not required but recommended that the APRN practicing in a specialty area of practice seek specialty certification if available".⁷ Graduate nursing education programs and national certifying organizations have yet to establish criteria for many identified APRN specialty groups⁸. Additional opinions suggest that APRN specialization be acknowledged or required by an employer institution and be considered a valuable addition to required education for each APRN category.⁹ The Task Force recommendation that the Board authorize at the level of category and not at the level of specialization remains unchanged in 10.00.

Since the time that the Task Force recommendations were accepted by the Board, national nursing certification organizations have developed more stringent requirements for certificate maintenance and re-certification. By example, beginning 1/1/11, the American Midwifery Certification Board (AMCB) has made a major change from their previous policy of "life-time" certification. AMCB will now issue time-limited certificates (every five years) and Certified Nurse Midwives will be required to participate in a continued competency Program (CMP).¹⁰

⁴ <http://www.aana.com/educuscernas.aspx>; http://midwife.org/siteFiles/education/Midwifery_Education_7_10.pdf; <http://www.aanp.org/NR/rdonlyres/59523729-0179-466A-A7FB-BDEE68160E8E/0/2010Curriculum.pdf> ; <https://www.gapna.org/download/PositionStatements/DNPUnifiedStatement.pdf> ; <http://nacns.org/AboutNACNS/FAQs/tabid/109/Default.aspx>

⁵ <http://www.midwife.org/acmedocs/ACME.Programmatic.Criteria.12.09.%206.10.pdf>;

<http://www.aana.com/educuscernas.aspx>; <http://www.aacn.nche.edu/accreditation/pdf/LetterofSupportNTFC.pdf>

⁶ APRN education programs must be accredited by a nursing accrediting organization that is recognized by the U.S. Department of Education (USDE) and/or the Council for Higher Education Accreditation (CHEA), including the Commission on Collegiate Nursing Education (CCNE), National League for Nursing Accrediting Commission (NLNAC), Council on Accreditation of Nurse Anesthesia Educational Programs (COA), Accreditation Commission for Midwifery Education (ACME), and the National Association of Nurse Practitioners in Women's Health Council on Accreditation.

⁷ http://www.aacn.nche.edu/Education/pdf/LACE_FAQ.pdf (published August 19, 2010)

⁸ http://www.aacn.nche.edu/Education/pdf/LACE_FAQ.pdf (published August 19, 2010)

⁹ http://www.webnponline.com/articles/article_details/are-you-ready-for-the-consensus-model-implications-of-the-model-act/ ; JONA's Healthcare Law, Ethic, and Regulation/Vol. 10, No. 1/January – March 2008 ; NCSBN 2011 NCSBN APRN Summit, January 12-13, 2011, San Diego, California

¹⁰ <http://www.amcbmidwife.org/assets/documents/FINALCMPQuestionandAnswers7.pdf>

2/9/11

Clinical Nurse Specialist

The Task Force recommended that the revised regulations recognize non-psychiatric Clinical Nurse Specialist (CNS) eligible for APRN authorization under same educational and certification criteria as NA, NM, NP and PC.

In the proposed regulations at 244 CMR 10.00 Board staff have separated new regulations governing Clinical Nurse Specialist (RN/CS) practice from those governing Psychiatric Clinical Nurse Specialist (RN/PC) practice in order to clearly differentiate the categories. This would create a fifth category of APRN regulated by the Board. Staff find this distinction important as the scope of practice for RN/PC includes prescriptive authority while the RN/CS scope does not.

The CNS role has been recognized by the American Nurses Association (ANA) since 1964 as nurses with a unique body of knowledge and competencies based on education at the graduate level.

As of 2003, there were over forty (40) recognized specialty areas of CNS practice. However, there were only nine (9) specialty exams that met NACNS criteria for competency assessment. Certification programs that meet criteria are nationally accredited by the American Board of Nursing Specialties (ABNS) or the National Commission for Certifying Agencies (NCCA).¹¹ The Board currently uses this NCSBN Consensus Report recommendation as a requirement for Board approval of a national certifying organization, all who have produced psychometrically sound specialty examinations.

Since the Task Force's 2005 recommendation requiring CNS authorization, new information related to CNS certification and regulatory oversight is available. In 2007, the American Nurses Credentialing Center (ANCC) entered into an agreement with the NACNS to collaborate on the development of a new Clinical Nurse Specialist Core Examination. The exam was developed and offered, but was retired in June of 2010 by ANCC due to insufficient registrations. At this time, there is no certification exam that considers common attributes of all CNS specialty practice.

In February of 2008, the NACNS stated that regulation is appropriate for any APRN, including CNSs, when the practice extends beyond the domain authorized by the RN license and into another regulated scope of practice, such as medical diagnosis and treatment of disease and prescriptive authority.¹² Not all CNS practice incorporates those characteristics.

NACNS supports a modular approach to certification which involves:

- Earned graduate degree in nursing a a CNS clinical focus,
- Validation of core CNS practice competencies, and
- Options to address specialty competencies.

Without a psychometric examination, portfolio review and alternative strategies that are legally defensible would have to be considered. Regulatory language should address CNS practice with grandfather language to recognize CNSs who have attained the knowledge, skills and abilities to practice within their specialty.

¹¹ Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education, July 7, 2008

¹² <http://www.nacns.org/LinkClick.aspx?fileticket=mn%2bWJmYawjY%3d&tabid=116>

2/9/11

Board resources are not available to support non-psychiatric CNS authorization to support manual review of the qualifications as recommended by NACNS for initial and continued competency evaluation.

It should be noted that in the fifty years that CNSs have practiced, there has been no evidence that CNS practice presents either actual or potential public safety concerns.¹³

Additional research is needed when considering regulation for this group. The public may be better served by the Board's issuance of an Advisory Ruling or Position Statement that would recognize the role of the CNS without regulation. At this time, regulation may be counterproductive by establishing barriers that deny public access to needed services, to individual CNS recognition, and, ultimately, their practice.

Prescriptive Practice

Whereas the Board determined on July 11, 2007 that the statutory mandate for BORM agreement to APRN regulations pertains solely to the prescriptive authority of the APRN, it is not necessary for the Board and the BORM to concur on changes to the portions of the regulations that do not pertain to these specific requirements in statute. The proposed regulations at 244 CMR 10.00 do not change the previously agreed upon provisions related to prescriptive practice. Finalizing the language is contingent upon the promulgation of proposed revisions to 244 CMR 4.00 which refers to the new statute in M.G.L. Chapter 112, 80H which authorizes Nurse Anesthetists to issue written prescriptions and order tests and therapeutics for the immediate perioperative care of a patient.

Board staff also propose the following:

Repeal 244 CMR 4.00 and create new chapter at 244 CMR 10.00

Board staff propose that 244 CMR 4.00 be repealed and a new chapter 244 CMR 10.00 of regulations related to APRN practice be created since the previously approved revisions represent a major revision of the Board's APRN regulations. However, you will note that a section of a new chapter retains all of the current prescriptive practice regulations as well as the Board's soon-to-be promulgated regulations related to Nurse Anesthetist prescriptive practice. This section retains the prescriptive practice regulations previously agreed upon by the BORM in accordance with G.L. c. 112, §§ 80B, 80C, 80E, 80G and 80H and would remain in effect until such time as the Board and the Board of Registration in Medicine (BORM) concur on revisions.

BORM Executive Director, Stancel Riley, MD, informed me on May 20, 2010 that the BORM is conducting a systematic review of its regulations including 243 CMR 2.10 governing the supervision of APRNs in prescriptive practice. According to Dr. Riley at that time, the BORM will address both the Board's new regulations and potential revisions at 243 CMR 2.10 in sequence; the BORM has not scheduled a date for this future review. Subsequently, I have requested, but not received, an update of BORIM progress on June 24, August 30, December 1, 2010, and most recently on January 27, 2011.

The proposed 244 CMR 10.00 regulations inclusive of the Board's previously approved changes and staff revisions are attached (see Attachment 2).

¹³ <http://www.nacns.org/LinkClick.aspx?fileticket=mn%2bWJmYawjY%3d&tabid=116>

2/9/11

“Grandfather” Language

To address the issue of grandfathering for current Board authorized APRNs who would be affected by a change in the minimum degree requirement, as directed by the Board in its action on 9/13/06, proposed language will include the following provision:

(c) Nurses who hold current authorized practice as a [APRN Category] prior to [insert CMR 10.00 implementation date] will be eligible to renew their authorization in compliance with the provisions of 10.05(1)(b).

Reciprocal APRN Authorization

Board staff also propose adding a provision for reciprocal authorization of APRNs who hold APRN status in another state. The rationale for this proposal is to recognize APRNs who have practiced in another jurisdiction, maintained their certification and, thus, demonstrated continued competency. National certifying organizations accepted by the Board have addressed the issue of APRNs who allow their certification to lapse. APRNs who request a lapsed certification become current are mandated to demonstrate continued competency during specific time frames through documentation of practice hours, continuing education and/or re-test of current examination. It would be unnecessary for the Board to require additional educational requirements that would not have been in effect at the time of their initial education. The regulations at 244 CMR 10.05 would maintain the current requirements only for reciprocal candidates. Specifically, the requirements would include:

- a. Current licensure/authorization by another jurisdiction’s Board legally authorized for this purpose;
- b. Valid Massachusetts Registered Nurse licensure;
- c. Good moral character as required at MGL c. 112, § 74 and as established by Board policy;
- d. Graduation from a course of training, education, or study followed by successful completion of a certification examination prepared by an appropriate national organization and accepted by the Board including core content in advanced assessment, advanced pathophysiology and advanced pharmacotherapeutics for the category in which he/she is certified;
- e. Current APRN certification granted by a national certifying body acceptable to the Board for his/her category of APRN; and
- f. Payment of the required fees as established by the Executive Office of Administration and Finance.

In addition, the Task Force recommended elimination of the ability for graduate APRN’s to practice prior to Board authorization. The Board’s current regulations at 244 CMR 4.13 (1)(b), (2)(b) and (4)(b), addressed a situation when the APRN certification exams were not offered on a daily basis, a practice that currently does not exist. As the examinations are offered daily, there would be no benefit to retaining this seldom used regulation.

Definitions of APRN Categories

The Task Force recommended language regarding the scope of APRN practice was for it to be defined at a category level of practice and across the life span. Board staff has expanded APRN scope of practice category definitions to include updated NCSBN Consensus Model language.

2/9/11

Recommendations:

1. Repeal current 244 CMR 4.00: Massachusetts Regulations Governing the Practice of Nursing in the Expanded Role.
2. Create a new chapter, 244 CMR 10.00: Massachusetts Regulations Governing the Practice of Advanced Practice Registered Nurses, which:
 - a. requires graduate level educational preparation for APRN authorization that is comprised of at least the core courses of advanced assessment, pathophysiology and advanced pharmacotherapeutics.
 - b. requires graduation from accredited APRN program designed to prepare graduate for practice in one of the APRN roles authorized by the Board;
 - c. eliminates graduate APRN practice prior to formal Board authorization,
 - d. requires national certification by Board approved organization for APRN authorization in ~~domain~~ **category** of practice,
 - e. updates defining language that requires that the scope of APRN practice will be defined at a category level of practice and across the life span and removes redundancy,
 - f. provides a grandfather provision for APRNs who have current Board authorization and current certification,
 - g. provides a provision for APRNs seeking reciprocity from another state, and
 - h. retains the current prescriptive practice regulations previously agreed upon by the BORM.
3. In light of the need for additional Board research to evaluate the appropriateness of regulating CNS practice, ~~withdraw-extract~~ Board approval of CNS authorization at this time, soliciting input from the NACNS, the MA CNS community and other state boards of nursing.
4. Solicit feedback on the proposed 244 CMR 10.00 from the APRN community including the Task Force members by April, 2011.
5. Proceed with promulgation of 244 CMR 10.00 in CY 2011.
6. Concurrent with the 3 through 5 above, continue to collaborate with the BORM on revisions to our respective regulations governing APRN prescriptive practice.

2/9/11

ATTACHMENT 1

September 13, 2006: Board Accepted APRN Task Force Recommendations	December 13, 2006 Board Action Based on Nursing Community Comments	May 14, 2008 Board Reviews Suggested Changes Based upon Negotiation with BORIM
<p>Establish new requirement for APRN educational preparation as prerequisite to APRN authorization: a clinical master's or doctorate degree from an accredited graduate school <u>or</u>, in addition to a non-nursing or non-clinical nursing master's or doctorate degree, a certificate of completion of an accredited APRN program. Either option must contain minimally core courses in advanced pathophysiology, advanced assessment, and advanced pharmacotherapeutics.</p> <p>For those affected by change in minimum degree requirement, grandfathering language to be developed. All APRNs currently authorized to practice in an advanced practice nursing role will be eligible to renew their authorization in compliance with the provisions of section.</p>	<p>Changed requirement for APRN educational preparation to: a graduate degree (may be non-nursing graduate degree) that is comprised of at least the core courses of advanced assessment, pathophysiology and advanced pharmacotherapeutics.</p> <p>Eliminate the ability for graduate APRN's to practice prior to Board authorization.</p> <p>No change, accepted 9/13/06</p>	<p>No change, accepted 12/13/06</p> <p>No change, accepted 12/13/06</p> <p>No change, accepted 9/13/06</p>
<p>Establish the following academic and certification prerequisites for APRN authorization:</p> <ul style="list-style-type: none"> • Graduation from accredited APRN program designed to prepare graduate for practice in one of the APRN roles authorized by the Board; and • APRN certification granted by Board-recognized certification body 	<p>No change, accepted 9/13/06</p> <p>Changed to require APRN certification from a national certifying body acceptable to the Board in domain of practice.</p>	<p>No change, accepted 9/13/06</p> <p>No change, accepted 12/13/06</p>

2/9/11

<p>Scope of APRN practice limited to those areas of clinical practice for which the APRN has formal, advanced nursing education, documented competencies and is in compliance with Board authorized scope of practice.</p> <p>The scope of advanced practice builds on the competencies of the generic practice of registered nursing by APRN is a professional umbrella term that authorizes the nurse anesthetist, nurse midwife, nurse practitioner and clinical nurse specialist to practice with in their specialty which includes;</p> <ul style="list-style-type: none"> • Nurse anesthesia; • Nurse midwifery; • Psychiatric clinical nurse specialist; and • Adult, family, gerontology, pediatric, women's health, adult-acute care, pediatric acute care, psych/mental health or neonatal nurse practitioner. 	<p>No change, accepted 9/13/06</p> <p>No change, accepted 9/13/06</p>	<p>No change, accepted 9/13/06</p> <p>No change, accepted 9/13/06</p>
--	---	---

September 13, 2006	December 13, 2006	May 14, 2008
<p>Describe APRN practice as across the life span and based on the individual APRN's knowledge, skills and abilities to safely and effectively deliver advanced nursing practice that is based on the APRN category and as applicable, specialty or sub-specialty preparation, formal education, and documented competencies for certification.</p>	<p>Changed to: the scope of APRN will be defined at a domain level of practice and across the life span.</p>	<p>No change, accepted 12/13/06</p>

2/9/11

September 13, 2006	December 13, 2006	May 14, 2008
Recognize non-psychiatric Clinical Nurse Specialist (non-psychiatric) eligible for APRN authorization under same educational and certification criteria as NA, NM, NP and PC. Educational preparation must also include a clinical practicum.	No change, accepted 9/13/06	No change, accepted 9/13/06

Physician Supervision and Practice/Prescriptive Guidelines

September 13, 2006	December 13, 2006	May 14, 2008
<p>Reframe practice and prescriptive authority guidelines with supervisory physician as a regulatory framework of safety.</p> <p>Describe relationship between APRN and MD as a collaborative and consultative process that continues to promotes patient safety, and clearly and consistently outlines a process for those components of APRN practice as specified in Massachusetts General Laws Chapter 112, sections 80B, E and G regarding the ordering of tests, therapeutics and prescribing of medications, and that it does so in a manner that does not add or layer additional, unnecessary and/or duplicative requirements, but that recognizes the full scope of advanced practice nursing.</p>	<p>No change, accepted 9/13/06</p> <p>Changed to require guidelines with collaborating MD for prescriptive practice only, eliminating requirement for practice guidelines developed with supervisory MD.</p>	<p>The BORIM agrees to recognize the role of the physician in supervision of the APRN with prescriptive authority as providing guidance. Inherent in this is the expectation that the two clinicians will develop and nurture a mutually respectful relationship where the opportunities for collaboration, consultation and discussion are ongoing and mutually beneficial to both clinicians and their patients. The process of developing mutually agreed upon prescriptive guidelines as a mechanism and tool specifically designed to ensure that the APRN is issuing safe, appropriate and reasonable prescriptions and that the physician is in fact providing supervisory services for prescriptive practice only</p>

Board Action: May 14, 2008

Agrees to include liability insurance mandate in proposed regulatory changes.

2/9/11

|

DRAFT

2/9/11

Attachment 2

244 CMR 10.00: MASSACHUSETTS REGULATIONS GOVERNING ADVANCED PRACTICE REGISTERED NURSING

- 10.01: Purpose
- 10.02: Definitions
- 10.03: Categories of Advanced Practice Registered Nurses
- 10.04: Prohibition of Practice without Authorization and Rules Governing Advertising and Personal Identification
- 10.05: Eligibility Requirements for APRN Authorization
- 10.06: Responsibility, Accountability and Scope of Practice for Advanced Practice Registered Nurses
- 10.07: Prescriptive Authority for Advanced Practice Registered Nurses
- 10.08: Authorization to Practice as an Advance Practice Registered Nurse in More Than One Category
- 10.09: Professional Liability Insurance

10.01: Purpose

The purpose of 244 CMR 10.00 is to establish the conditions under which Registered Nurses licensed by the Board of Registration in Nursing may be authorized to practice as Advanced Practice Registered Nurses. 244 CMR 10.00 also establishes principles regarding category, scope, collaboration, supervision, and accountability to which Advanced Practice Registered Nurses are subject.

10.02: Definitions

For the purpose of 244 CMR 10.00, the terms or phrases listed below have the meaning ascribed to them in 244 CMR 10.02.

Board means the Board of Registration in Nursing.

Advanced Practice Registered Nurse (APRN): means a currently licensed Massachusetts Registered Nurse (RN) who has current authorization by the Board to engage in independent advanced practice nursing activities. APRN practice activities include, but are not limited to: advanced assessment; diagnosis; ordering tests and therapeutics; treatment, including prescribing to the extent authorized by M.G.L. 94C; referrals, consultations, and other modalities for individuals, groups or communities across the life span who are experiencing acute or chronic disease, illness, trauma or other life-altering event in which health maintenance/health promotion interventions are necessary. APRN practice is defined to include only those activities within the nurse's authorized category, scope of practice competencies, and accepted standards of practice.

National Accrediting Body for Academic Programs Acceptable to the Board: means a national accrediting body that:

2/9/11

- a. establishes and maintains national accreditation standards that are sufficiently rigorous to ensure the Board that the agency is a reliable authority regarding the quality of the program it accredits;
- b. maintains effective mechanisms for ongoing evaluation of an advanced nursing education program's compliance with the agency's standards in order to reach a decision to accredit the program;
- c. provides a detailed description of the agency's survey process;
- d. maintains a data management and analysis system with respect to its accreditation decisions;
- e. publishes procedures for responding to and investigating complaints against it; and
- f. publishes and updates policies and procedures with respect to withholding or removal of accreditation status from a program which include notification to the Board of such status changes.

Board recognized certifying body: means a certifying body for APRN practice that:

- a. is national in the scope of its credentialing;
- b. establishes and maintains conditions for writing the certification examination that are consistent with acceptable standards of the testing community;
- c. establishes and maintains educational requirements that are consistent with the requirements of the APRN category of practice;
- d. establishes and maintains standard methodologies that are acceptable to the testing community such as incumbent job analysis studies;
- e. designs and administers a certification examination that represent entry-level practice in the APRN category and that represents the knowledge, skills and abilities essential for the delivery of safe and effective advanced practice nursing care;
- f. uses and periodically reviews examination items for content validity, cultural bias and correct scoring using an established mechanism;
- g. is psychometrically sound, legally defensible, and which meets nationally recognized accreditation standards for certification programs;
- h. specifies certification maintenance requirements (e.g., continuing education, practice, examination, etc.) which ensure continued competency measures; and
- i. establishes conflict of interest principles and rules which it follows.

Valid License: means a license to practice nursing in Massachusetts properly issued to a nurse by the Board on the basis of truthful information related to the qualifications for licensure as a Registered Nurse or Licensed Practical Nurse, and which license is not expired, inactive, surrendered, suspended, or revoked.

10.03: Categories of Advanced Practice Registered Nurses

Board recognized APRN categories and abbreviations include:

- (1) Nurse Anesthetist (RN/NA)
- (2) Nurse Midwife (RN/NM)

2/9/11

- (3) Nurse Practitioner (RN/NP)
- (4) Psychiatric Clinical Nurse Specialist (RN/PC)
- (5) Clinical Nurse Specialist (RN/CS)
- (6) Other categories as the Board may determine from time to time.

10.04: Prohibition of Practice without Authorization and Rules Governing Advertising and Personal Identification

No nurse licensed by the Board will announce or represent to the public that such person is an Advanced Practice Registered Nurse or APRN or use the name of any APRN category unless such nurse has complied with the requirements for and received the authorization to practice as an Advance Practice Registered Nurse in accordance with these regulations.

10.05: Eligibility Requirements for APRN Authorization

(1) Nurse Anesthetist (RN/NA):

(a) To be eligible for initial Board authorization to practice as an APRN in the category of Nurse Anesthetist an applicant must provide proof satisfactory to the Board of the following:

1. Valid Massachusetts Registered Nurse licensure in good standing;
2. Good moral character as required by MGL c. 112, § 74 and as established by Board policy;
3. Compliance with the following academic requirements:
 - a. Graduation from a graduate degree program designed to prepare the graduate for practice as a Nurse Anesthetist and that is approved by a National Accrediting Body for Academic Programs acceptable to the Board; and
 - b. Successful completion of, at minimum, core content at the graduate level in advanced assessment, advanced pathophysiology and advanced pharmacotherapeutics.
4. Current Nurse Anesthetist certification granted by a national certifying body acceptable to the Board for Nurse Anesthetist practice; and
5. Payment of the required fees as established by the Executive Office of Administration and Finance.

(b) To be eligible for renewal of the Board's authorization to practice as an APRN in the category of Nurse Anesthetist an applicant must provide proof satisfactory to the Board of the following:

1. Valid Massachusetts Registered Nurse licensure;
2. Good moral character as required at MGL c. 112, § 74 and as established by Board policy;
3. Current Nurse Anesthetist certification granted by a national certifying body acceptable to the Board for Nurse Anesthetist practice; and
4. Payment of the required fees as established by the Executive Office of Administration and Finance.

2/9/11

(c) Nurses who hold current authorized practice as a Nurse Anesthetist prior to [insert CMR 10.00 implementation date] will be eligible to renew their authorization in compliance with the provisions of 10.05(1)(b).

(d) Reciprocity of the Authorization to Practice as an APRN in the category of Nurse Anesthetist

To be eligible for reciprocal Board authorization to practice as an APRN in the category of Nurse Anesthetist from another jurisdiction an applicant must provide proof satisfactory to the Board of the following:

1. Current licensure/authorization by another jurisdiction's Board legally authorized for this purpose;
2. Valid Massachusetts Registered Nurse licensure;
3. Good moral character as required at MGL c. 112, § 74 and as established by Board policy;
4. Compliance with the educational requirements for Nurse Anesthetist practice for Massachusetts that were in effect at the time the Nurse Anesthetist completed his/her Nurse Anesthetist education program (a course of training, education, or study including core content in advanced assessment, advanced pathophysiology and advanced pharmacotherapeutics, followed by successful completion of a certification examination prepared by an appropriate national organization and accepted by the Board);
5. Current Nurse Anesthetist certification granted by a national certifying body acceptable to the Board for Nurse Anesthetist practice; and
6. Payment of the required fees as established by the Executive Office of Administration and Finance.

(e) Removal of the Authorization to Practice as an APRN in the category of Nurse Anesthetist

The Board may revoke, suspend, or refuse to renew its authorization permitting a person to practice as a RN/NA or otherwise discipline the authorization and/or the RN license if it determines, after an adjudicatory hearing conducted in accordance with M.G.L. c. 30A, that the person fails to meet any of the requirements of 244 CMR 10.00 or of 244 CMR 9.00. In addition, the Board may impose discipline for any of the reasons set forth in M.G.L. c. 112, §§ 61 and 74.

(f) Voluntary Request to Make Authorization Inactive

A RN/NA may, upon written notice to the Board, on a form produced by the Board, request that the authorization to practice as a Nurse Anesthetist become inactive in the Board's licensure database.

(g) Request to Make Authorization Current

A Nurse Anesthetist who has been previously Board authorized to practice as a Nurse Anesthetist, and who has voluntarily requested that the authorization to practice as a Nurse anesthetist become inactive in the Board's licensure database, may request in writing for the authorization to become current. Eligibility for making authorization current will be those of renewal of the Board's authorization for Nurse Anesthetist practice.

2/9/11

(2) Nurse Midwife (RN/NM):

(a) To be eligible for initial Board authorization to practice as an APRN in the category of Nurse Midwife an applicant must provide proof satisfactory to the Board of the following:

1. Valid Massachusetts Registered Nurse licensure in good standing;
2. Good moral character as required by MGL c. 112, § 74 and as established by Board policy;
3. Compliance with the following academic requirements:
 - a. Graduation from a graduate degree program designed to prepare the graduate for practice as a Nurse Midwife and that is approved by a National Accrediting Body for Academic Programs acceptable to the Board; and
 - b. Successful completion of, at minimum, core content at the graduate level in advanced assessment, advanced pathophysiology and advanced pharmacotherapeutics.
4. Current Nurse Midwife certification granted by a national certifying body acceptable to the Board for Nurse Midwife practice; and
5. Payment of the required fees as established by the Executive Office of Administration and Finance.

(b) To be eligible for renewal of the Board's authorization to practice as an APRN in the category of Nurse Midwife an applicant must provide proof satisfactory to the Board of the following:

1. Valid Massachusetts Registered Nurse licensure;
2. Good moral character as required at MGL c. 112, § 74 and as established by Board policy;
3. Current Nurse Midwife certification granted by a national certifying body acceptable to the Board for Nurse Midwife practice; and
4. Payment of the required fees as established by the Executive Office of Administration and Finance.

(c) Nurses who hold current authorized practice as a Nurse Midwife prior to [insert CMR 10.00 implementation date] will be eligible to renew their authorization in compliance with the provisions of 10.05(2)(b).

(d) Reciprocity of the Authorization to Practice as an APRN in the category of Nurse Midwife

To be eligible for reciprocal Board authorization to practice as an APRN in the category of Nurse Midwife from another jurisdiction an applicant must provide proof satisfactory to the Board of the following:

1. Current licensure/authorization by another jurisdiction's Board legally authorized for this purpose;
2. Valid Massachusetts Registered Nurse licensure;
3. Good moral character as required at MGL c. 112, § 74 and as established by Board policy;
4. Compliance with the educational requirements for Nurse Midwife practice for Massachusetts that were in effect at the time the Nurse

2/9/11

Midwife completed his/her Nurse Midwife education program (a course of training, education, or study including core content in advanced assessment, advanced pathophysiology and advanced pharmacotherapeutics, followed by successful completion of a certification examination prepared by an appropriate national organization and accepted by the Board);

5. Current Nurse Midwife certification granted by a national certifying body acceptable to the Board for Nurse Midwife practice; and
6. Payment of the required fees as established by the Executive Office of Administration and Finance

(e) Removal of the Authorization to Practice as an APRN in the category of Nurse Midwife

The Board may revoke, suspend, or refuse to renew its authorization permitting a person to practice as a RN/NM or otherwise discipline the authorization and/or the RN license if it determines, after an adjudicatory hearing conducted in accordance with M.G.L. c. 30A, that the person fails to meet any of the requirements of 244 CMR 10.00 or of 244 CMR 9.00. In addition, the Board may impose discipline for any of the reasons set forth in M.G.L. c. 112, §§ 61 and 74.

(f) Voluntary Request to Make Authorization Inactive

A RN/NM may, upon written notice to the Board, on a form produced by the Board, request that the authorization to practice as a Nurse Midwife become inactive in the Board's licensure database.

(g) Request to Make Authorization Current

A Nurse Midwife who has been previously Board authorized to practice as a Nurse Midwife, and who has voluntarily requested that the authorization to practice as a Nurse Midwife become inactive in the Board's licensure database, may request in writing for the authorization to become current. Eligibility for making authorization current will be those of renewal of the Board's authorization for Nurse Midwife practice.

(3) Nurse Practitioner (RN/NP):

(a) To be eligible for initial Board authorization to practice as an APRN in the category of Nurse Practitioner an applicant must provide proof satisfactory to the Board of the following:

1. Valid Massachusetts Registered Nurse licensure in good standing;
2. Good moral character as required by MGL c. 112, § 74 and as established by Board policy;
3. Compliance with the following academic requirements:
 - a. Graduation from a graduate degree program designed to prepare the graduate for practice as a Nurse Practitioner that is approved by a National Accrediting Body for Academic Programs acceptable to the Board; and
 - b. Successful completion of, at minimum, core content at the graduate level in advanced assessment, advanced pathophysiology and advanced pharmacotherapeutics.

2/9/11

4. Current Nurse Practitioner certification granted by a national certifying body acceptable to the Board for Nurse Practitioner practice; and
5. Payment of the required fees as established by the Executive Office of Administration and Finance.

(b) To be eligible for renewal of the Board's authorization to practice as an APRN in the category of Nurse Practitioner an applicant must provide proof satisfactory to the Board of the following:

1. Valid Massachusetts Registered Nurse licensure;
2. Good moral character as required at MGL c. 112, § 74 and as established by Board policy;
3. Current Nurse Practitioner certification granted by a national certifying body acceptable to the Board for Nurse Practitioner practice; and
4. Payment of the required fees as established by the Executive Office of Administration and Finance.

(c) Nurses who hold current authorized practice as a Nurse Practitioner prior to [insert CMR 10.00 implementation date] will be eligible to renew their authorization in compliance with the provisions of 10.05(3)(b).

(d) Reciprocity of the Authorization to Practice as an APRN in the category of Nurse Practitioner

To be eligible for reciprocal Board authorization to practice as an APRN in the category of Nurse Practitioner from another jurisdiction an applicant must provide proof satisfactory to the Board of the following:

1. Current licensure/authorization by another jurisdiction's Board legally authorized for this purpose;
2. Valid Massachusetts Registered Nurse licensure;
3. Good moral character as required at MGL c. 112, § 74 and as established by Board policy;
4. Compliance with the educational requirements for Nurse Practitioner practice for Massachusetts that were in effect at the time the Nurse Practitioner completed his/her Nurse Practitioner education program (a course of training, education, or study including core content in advanced assessment, advanced pathophysiology and advanced pharmacotherapeutics, followed by successful completion of a certification examination prepared by an appropriate national organization and accepted by the Board);
5. Current Nurse Practitioner certification granted by a national certifying body acceptable to the Board for Nurse Practitioner practice; and
6. Payment of the required fees as established by the Executive Office of Administration and Finance

(e) Removal of the Authorization to Practice as an APRN in the category of Nurse Practitioner

The Board may revoke, suspend, or refuse to renew its authorization permitting a person to practice as a RN/NP or otherwise discipline the authorization and/or the RN license if it determines, after an adjudicatory hearing conducted in accordance with M.G.L. c. 30A, that the person fails to meet any of the

2/9/11

requirements of 244 CMR 10.00 or of 244 CMR 9.00. In addition, the Board may impose discipline for any of the reasons set forth in M.G.L. c. 112, §§ 61 and 74.

(f) Voluntary Request to Make Authorization Inactive

A RN/NP may, upon written notice to the Board, on a form produced by the Board, request that the authorization to practice as a Nurse Practitioner become inactive in the Board's licensure database.

(g) Request to Make Authorization Current

A Nurse Practitioner who has been previously Board authorized to practice as a Nurse Practitioner, and who has voluntarily requested that the authorization to practice as a Nurse Practitioner become inactive in the Board's licensure database, may request in writing for the authorization to become current. Eligibility for making authorization current will be those of renewal of the Board's authorization for Nurse Practitioner practice.

(4) Psychiatric Clinical Nurse Specialist (RN/PC):

(a) To be eligible for initial Board authorization to practice as an APRN in the category of Psychiatric Clinical Nurse Specialist an applicant must provide proof satisfactory to the Board of the following:

1. Valid Massachusetts Registered Nurse licensure in good standing;
2. Good moral character as required by MGL c. 112, § 74 and as established by Board policy;
3. Compliance with the following academic requirements:
 - a. Graduation from a graduate degree program designed to prepare the graduate for practice as a Psychiatric Clinical Nurse Specialist that is approved by a National Accrediting Body for Academic Programs acceptable to the Board; and
 - b. Successful completion of, at minimum, core content at the graduate level in advanced assessment, advanced pathophysiology and advanced pharmacotherapeutics.
4. Current Psychiatric Clinical Nurse Specialist certification granted by a national certifying body acceptable to the Board for Psychiatric Clinical Nurse Specialist practice; and
5. Payment of the required fees as established by the Executive Office of Administration and Finance.

(b) To be eligible for renewal of the Board's authorization to practice as an APRN in the category of Psychiatric Clinical Nurse Specialist an applicant must provide proof satisfactory to the Board of the following:

1. Valid Massachusetts Registered Nurse licensure;
2. Good moral character as required at MGL c. 112, § 74 and as established by Board policy;
3. Current Psychiatric Clinical Nurse Specialist certification granted by a national certifying body acceptable to the Board for Psychiatric Clinical Nurse Specialist practice; and
4. Payment of the required fees as established by the Executive Office of Administration and Finance.

2/9/11

(c) Nurses who hold current authorized practice as a Psychiatric Clinical Nurse Specialist prior to [insert CMR 10.00 implementation date] will be eligible to renew their authorization in compliance with the provisions of 10.05(4)(b).

(d) Reciprocity of the Authorization to Practice as an APRN in the category of Psychiatric Clinical Nurse Specialist

To be eligible for reciprocal Board authorization to practice as an APRN in the category of Psychiatric Clinical Nurse Specialist from another jurisdiction an applicant must provide proof satisfactory to the Board of the following:

1. Current licensure/authorization by another jurisdiction's Board legally authorized for this purpose;
2. Valid Massachusetts Registered Nurse licensure;
3. Good moral character as required at MGL c. 112, § 74 and as established by Board policy;
4. Compliance with the educational requirements for Psychiatric Clinical Nurse Specialist practice for Massachusetts that were in effect at the time the Psychiatric Clinical Nurse Specialist completed his/her Psychiatric Clinical Nurse Specialist education program (a course of training, education, or study including core content in advanced assessment, advanced pathophysiology and advanced pharmacotherapeutics, followed by successful completion of a certification examination prepared by an appropriate national organization and accepted by the Board);
5. Current Psychiatric Clinical Nurse Specialist certification granted by a national certifying body acceptable to the Board for Psychiatric Clinical Nurse Specialist practice; and
6. Payment of the required fees as established by the Executive Office of Administration and Finance

(e) Removal of the Authorization to Practice as an APRN in the category of Psychiatric Clinical Nurse Specialist

The Board may revoke, suspend, or refuse to renew its authorization permitting a person to practice as a RN/PC or otherwise discipline the authorization and/or the RN license if it determines, after an adjudicatory hearing conducted in accordance with M.G.L. c. 30A, that the person fails to meet any of the requirements of 244 CMR 10.00 or of 244 CMR 9.00. In addition, the Board may impose discipline for any of the reasons set forth in M.G.L. c. 112, §§ 61 and 74.

(f) Voluntary Request to Make Authorization Inactive

A RN/PC may, upon written notice to the Board, on a form produced by the Board, request that the authorization to practice as a Psychiatric Clinical Nurse Specialist become inactive in the Board's licensure database.

(g) Request to Make Authorization Current

A Psychiatric Clinical Nurse Specialist who has been previously Board authorized to practice as a Psychiatric Clinical Nurse Specialist, and who has voluntarily requested that the authorization to practice as a Psychiatric Clinical

2/9/11

Nurse Specialist become inactive in the Board's licensure database, may request in writing for the authorization to become current. Eligibility for making authorization current will be those of renewal of the Board's authorization for Psychiatric Clinical Nurse Specialist practice.

(5) Clinical Nurse Specialist (RN/CS):

(a) To be eligible for initial Board authorization to practice as an APRN in the category of Clinical Nurse Specialist an applicant must provide proof satisfactory to the Board of the following:

1. Valid Massachusetts Registered Nurse licensure in good standing;
2. Good moral character as required by MGL c. 112, § 74 and as established by Board policy;
3. Compliance with the following academic requirements:
 - a. Graduation from a graduate degree program with a clinical practicum designed to prepare the graduate for practice as a Clinical Nurse Specialist that is approved by a National Accrediting Body for Academic Programs acceptable to the Board; and
 - b. Successful completion of, at minimum, core content at the graduate level in advanced assessment, advanced pathophysiology and advanced pharmacotherapeutics.
4. Current Clinical Nurse Specialist certification granted by a national certifying body acceptable to the Board for Clinical Nurse Specialist practice; and
5. Payment of the required fees as established by the Executive Office of Administration and Finance.

(b) To be eligible for renewal of the Board's authorization to practice as an APRN in the category of Clinical Nurse Specialist an applicant must provide proof satisfactory to the Board of the following:

1. Valid Massachusetts Registered Nurse licensure;
2. Good moral character as required at MGL c. 112, § 74 and as established by Board policy;
3. Current Clinical Nurse Specialist certification granted by a national certifying body acceptable to the Board for Clinical Nurse Specialist practice; and
4. Payment of the required fees as established by the Executive Office of Administration and Finance.

(c) Reciprocity of the Authorization to Practice as an APRN in the category of Clinical Nurse Specialist

To be eligible for reciprocal Board authorization to practice as an APRN in the category of Clinical Nurse Specialist from another jurisdiction an applicant must provide proof satisfactory to the Board of the following:

1. Current licensure/authorization by another jurisdiction's Board legally authorized for this purpose;
2. Valid Massachusetts Registered Nurse licensure;
3. Good moral character as required at MGL c. 112, § 74 and as established by Board policy;

2/9/11

4. Compliance with the educational requirements for Clinical Nurse Specialist practice for Massachusetts that were in effect at the time the Clinical Nurse Specialist completed his/her Clinical Nurse Specialist education program (a course of training, education, or study including core content in advanced assessment, advanced pathophysiology and advanced pharmacotherapeutics, followed by successful completion of a certification examination prepared by an appropriate national organization and accepted by the Board);
5. Current Clinical Nurse Specialist certification granted by a national certifying body acceptable to the Board for Clinical Nurse Specialist practice; and
6. Payment of the required fees as established by the Executive Office of Administration and Finance.

(d) Removal of the Authorization to Practice as an APRN in the category of Clinical Nurse Specialist

The Board may revoke, suspend, or refuse to renew its authorization permitting a person to practice as a RN/CS or otherwise discipline the authorization and/or the RN license if it determines, after an adjudicatory hearing conducted in accordance with M.G.L. c. 30A, that the person fails to meet any of the requirements of 244 CMR 10.00 or of 244 CMR 9.00. In addition, the Board may impose discipline for any of the reasons set forth in M.G.L. c. 112, §§ 61 and 74.

(e) Voluntary Request to Make Authorization Inactive

A RN/CS may, upon written notice to the Board, on a form produced by the Board, request that the authorization to practice as a Clinical Nurse Specialist become inactive in the Board's licensure database.

(f) Request to Make Authorization Current

A Clinical Nurse Specialist who has been previously Board authorized to practice as a Clinical Nurse Specialist, and who has voluntarily requested that the authorization to practice as a Clinical Nurse Specialist become inactive in the Board's licensure database, may request in writing for the authorization to become current. Eligibility for making authorization current will be those of renewal of the Board's authorization for Clinical Nurse Specialist practice.

10.06: Responsibility, Accountability and Scope of Practice for Advanced Practice Registered Nurses

Each APRN is responsible and accountable for her/his nursing judgments, actions, and competency.

(1) Nurse Anesthetist (RN/NA):

(a) A Nurse Anesthetist will only practice in the clinical category(s) for which the Nurse Anesthetist has attained and maintained certification. A Nurse Anesthetist may also earn, through successful completion of continuing education (consistent with Board regulations at 244 CMR 5.00), additional competencies

2/9/11

within his or her clinical category(s) consistent with the scope of Nurse Anesthetist practice defined below and consistent with other current national Nurse Anesthetist standards.

(b) The scope of Nurse Anesthesia practice is reflective of national criteria articulating the standards for the provision of anesthesia care and anesthesia-related care for individuals across the lifespan, whose health status may range from healthy through all recognized levels of acuity, including persons with immediate, severe, or life-threatening illness or injury. A Nurse Anesthetist provides care in diverse settings, including, but not limited to, hospital surgical suites and obstetrical delivery rooms; critical access hospitals; acute care; ambulatory centers; and the offices of dentists, podiatrists, and physicians.

(c) The administration of anesthesia by a Nurse Anesthetist directly to a patient does not require a prescription consistent with MGL c. 94, § 80H.

(2) Nurse Midwife (RN/NM):

(a) A Nurse Midwife will only practice in the clinical category(s) for which the Nurse Midwife has attained and maintained certification. A Nurse Midwife may also earn, through successful completion of continuing education (consistent with Board regulations at 244 CMR 5.00), additional competencies within his or her clinical category(s) consistent with the scope of Nurse Midwife practice defined below and consistent with other current national Nurse Midwife standards.

(b) The scope of Nurse Midwife practice is reflective of national criteria articulating the standards for the provision of health care services to women throughout the lifespan, including gynecologic care, family planning services, preconception care, prenatal and postpartum care, childbirth, and care of the newborn. The practice includes treating the male partner of their female clients for sexually transmitted disease and reproductive health. A Nurse Midwife provides care in diverse settings, which may include home, hospital, birth center, and a variety of ambulatory care settings including private offices, community and public health clinics.

(c) The Nurse Midwife whose practice includes obstetrical care must comply with MGL c. 112, § 80C, which requires that a Nurse Midwife function as a member of a health care team which includes a qualified physician licensed to practice medicine in the commonwealth who has admitting privileges in a hospital licensed by the department of public health for the operation of maternity and newborn services.

(3) Nurse Practitioner (RN/NP):

(a) A Nurse Practitioner will only practice in the clinical category(s) for which the Nurse Practitioner has attained and maintained certification. A Nurse Practitioner may also earn, through successful completion of continuing education (consistent with Board regulations at 244 CMR 5.00), additional competencies

2/9/11

within his or her clinical category(s) consistent with the scope of Nurse Practitioner practice defined below and consistent with other current national Nurse Practitioner standards.

(b) The scope of Nurse Practitioner practice is reflective of national criteria articulating the standards for the provision of health care services to individuals throughout the lifespan, including health promotion, disease prevention, health education, counseling and making referrals to other members of the health care team, as well as the diagnosis and management of acute and chronic illness and disease. Nurse Practitioners provide care in diverse settings, which may include home, hospital, nursing facilities, and a variety of ambulatory care settings including private offices, community and public health clinics.

(4) Psychiatric Clinical Nurse Specialist (RN/PC):

(a) A Psychiatric Clinical Nurse Specialist will only practice in the clinical category(s) for which the Psychiatric Clinical Nurse Specialist has attained and maintained certification. A Psychiatric Clinical Nurse Specialist may also earn, through successful completion of continuing education (consistent with Board regulations at 244 CMR 5.00), additional competencies within his or her clinical category(s) consistent with the scope of Psychiatric Clinical Nurse Specialist practice defined below and consistent with other current national Psychiatric Clinical Nurse Specialist standards.

(b) The scope of Psychiatric Clinical Nurse Specialist practice is reflective of national criteria articulating the standards for the provision of psychiatric health care services to individuals throughout the lifespan, including health promotion, disease prevention, health education, counseling and making referrals to other members of the health care team, as well as the diagnosis and management of acute and chronic psychiatric illness and psychiatric disease. A Psychiatric Clinical Nurse Specialist provides care in diverse settings, which may include home, hospital, nursing facilities, and a variety of ambulatory care settings including private offices, community and public health clinics.

(5) Clinical Nurse Specialist (RN/CS):

(a) A Clinical Nurse Specialist will only practice in the clinical category(s) for which the Clinical Nurse Specialist has attained and maintained certification. A Clinical Nurse Specialist may also earn, through successful completion of continuing education (consistent with Board regulations at 244 CMR 5.00), additional competencies within his or her clinical category(s) consistent with the scope of Clinical Nurse Specialist practice defined below and consistent with other current national Clinical Nurse Specialist standards.

(b) The scope of Clinical Nurse Specialist practice is reflective of national criteria articulating the standards for the integration of an advanced level of direct and indirect nursing care and the provision of assistance to other nurses and health professionals in establishing and meeting health goals of individuals and groups. A Clinical Nurse Specialist provides care in diverse settings, which

2/9/11

may include home, hospital, nursing facilities, and a variety of ambulatory care settings including private offices, community and public health clinics.

10.07: Prescriptive Practice for Advanced Practice Registered Nurses

(1) The purpose of 244 CMR 10.06 is to establish, pursuant to MGL c. 112, §§ 80E, 80G and 80H, standards governing the prescriptive practice for Advanced Practice Registered Nurses as defined by the Board.

(2) Definitions:

- (a) Collaboration means a process and relationship in which an Advanced Practice Registered Nurse works together with physicians and may work with other health professionals to deliver health care within the scope of the various professionals' expertise and lawful practice, and with medical direction and appropriate supervision as provided for in the guidelines required by 244 CMR 10.06 for prescriptive practice. Collaboration does not mean that an Advanced Practice Registered Nurse may practice beyond the limits defined by 244 CMR 10.00.
- (b) Guidelines are written instructions and procedures describing the methods that an Advanced Practice Registered Nurse with prescriptive practice are to follow when managing medications for a health care situation or resolving a health care problem and which specifies those instances in which referral to or consultation with a physician is required.
- (c) Immediate perioperative care of a patient means the period commencing on the day prior to surgery and ending upon discharge of the patient from post-anesthesia care.
- (d) Institution means a hospital, clinic, or other facility licensed by the Department of Public Health or the Department of Mental Health having one or more physicians on the staff.
- (e) Prescriptive practice means the issuance of written or oral prescriptions for medication orders for controlled substances or other medications.
- (f) Supervising physician means a physician holding an unrestricted full license in Massachusetts who:
 - 1. has completed training in the United States approved by the Accreditation Council for Graduate Medical Education (ACGME) or in Canada approved by the Royal College of Physicians and Surgeons in Canada (RCPSC) in a specialty area appropriately related to the APRN's area of practice, 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. Notwithstanding the above, a physician who collaborates with a Psychiatric Clinical Nurse Specialist will have

2/9/11

- completed training in psychiatry approved by the ACGME or the RCPSC, or be Board certified in psychiatry;
2. 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;
3. signs mutually developed and agreed upon guidelines with the nurse engaged in prescriptive practice; and
4. reviews and provides direction for the nurse's prescriptive practice at least every three months, or delegates to another fully licensed, qualified physician such direction and review.

(3) In order to engage in prescriptive practice, a Board authorized Nurse Anesthetist, Nurse Midwife, Nurse Practitioner and/or Psychiatric Nurse Clinical Specialist must register with the Massachusetts Department of Public Health's Division of Food and Drugs, in accordance with 105 CMR 700.004 and with the Federal Drug Enforcement Administration, in accordance with 21 CFR 1300. An APRN may then issue prescriptions, medication orders, order tests and therapeutics pursuant to guidelines mutually developed and agreed upon by the APRN and a collaborating physician in accordance with regulations promulgated jointly by the Board and the Board of Registration in Medicine after consultation with the Board of Registration in Pharmacy. Pursuant to MGL Chapter 112, § 80H, the prescriptive practice for a Nurse Anesthetist is limited to the immediate perioperative care of a patient and the administration of anesthesia by a Nurse Anesthetist directly to a patient does not require a prescription.

(4) Nurses with prescriptive practice practicing in a physician's office, institution, or private practice will practice in accordance with written guidelines developed in collaboration with and mutually acceptable to the nurse and:

- (a) A physician expert by virtue of training or experience in the nurse's area of practice in the case of the nurse in the physician's office and the nurse in private practice; or,
- (b) Appropriate medical staff and nursing administration staff of the institution employing the nurse.

(5) All guidelines must:

- (a) specifically describe the nature and scope of the nurse's practice;
- (b) describe the circumstances in which physician consultation or referral is required;
- (c) describe the use of established procedures for the treatment of common medical conditions which the nurse may encounter;
- (d) include provisions for managing emergencies;
- (e) Include a defined mechanism to monitor prescribing practices, including documentation of review with a supervising physician at least every three months;
- (f) include protocols for the initiation of intravenous therapies and Schedule II drugs;

2/9/11

- (g) specify the frequency of review of initial prescription of controlled substances; the initial prescription of Schedule II drugs must be reviewed within 96 hours;
- (h) be kept on file in the workplace and be reviewed and re-executed every two years; and
- (i) conform to M.G.L. c. 94C, the regulations of the Department of Public Health at 105 CMR 700.000 *et seq.*, and M.G.L. c. 112, §§ 80E, 80G, or 80H.

(6) The Board may request at any time an opportunity to review the guidelines under which an APRN has prescriptive practice. Failure to provide guidelines to the Board is basis for and may result in disciplinary action. The Board may require changes in the guidelines if it determines that they do not comply with M.G.L. c. 94C, the regulations of the Department of Public Health at 105 CMR 700.000 *et seq.*, and M.G.L. c. 112, §§ 80E, 80G, or 80H, and 244 CMR 10.00. Any nurse, physician, or institution who or which is aggrieved by a decision of the Board made under 244 CMR 10.00 is entitled to have the Board reconsider its decision on the basis of a record compiled at an adjudicatory proceeding conducted pursuant to M.G.L. c. 30A.

(8) All prescribers, pursuant to M.G.L. c 94C, § 18(e), upon initial application for MA Controlled Substance Registration (MCSR) and subsequently during each authorization renewal period, must complete education relative to:

- (a) effective pain management,
- (b) identification of patients at high risk for substance abuse, and
- (c) counseling patients about the side effects, addictive nature and proper storage and disposal of prescription medications.

All continuing education offerings must be consistent with the Board of Registration in Nursing (Board) requirements at 244 CMR 5.00.

10.08: Authorization to Practice as an Advance Practice Registered Nurse in More Than One Category

A nurse authorized by the Board to practice in an Advanced Practice Registered Nurse category may be authorized in additional APRN categories in accordance with the requirements for authorization for each category. A nurse authorized in more than one category will be expected to be in compliance with the provisions for renewal of the authorization to practice as an APRN for each category, including payment of all licensure fees as established by the Executive Office of Administration and Finance.

10.09: Professional Liability Insurance

(1) As a condition of engaging in the practice of advanced practice nursing in Massachusetts, an APRN must obtain and maintain professional liability insurance as follows:

- a. "Professional Liability Insurance" includes only insurance or self-insurance coverage provided by an entity which provides certification to the Board, upon request, or to the Division of Insurance, that funding of

2/9/11

the entity is adequate to provide the coverage required under this section.

- b. The coverage amount will be at least \$100,000.00 per claim, with a minimum annual aggregate of not less than \$300,000.00, unless otherwise established by law. Coverage may be provided on an individual or shared limit basis.
- c. Coverage must be continued until the expiration of any statute of limitations relevant to the events or occurrences covered. Compliance may be through occurrence coverage or claims-made with appropriate tail coverage.

(2) Upon request by the Board at any time, the Licensee will provide proof of coverage satisfactory to the Board based upon the above criteria.

(3) These requirements do not apply to APRNs whose practice in Massachusetts is limited to professional services rendered at or on behalf of federal, state, county or municipal health care facilities.

(4) These requirements do not apply to APRNs whose practice does not include direct or indirect assessment, diagnosis, and management of patient conditions that include the use and prescription of pharmacologic and non-pharmacologic interventions.

REGULATORY AUTHORITY

244 CMR 10.00: M.G.L. c. 112, §§ 80B, 80C, 80E, 80G and 80H; c. 94C.