

## **Senate Bill 724 and Controlled Substance Prescriptive Authority for APRNs**

Yes, SB724 was passed and signed by the Governor.

No, APRNs may not start writing prescriptions for controlled substances yet.

What's the story? SB 724 describes laws that give APRNs permission to write prescriptions for certain controlled substances. It also has language that will impact the content of most collaborative practice agreements (CPAs). Many of these changes are from our CP rules that have now been further clarified in statute. There will be a legal determination as to when these new laws will be in full effect. Rules will have to be promulgated in order to carry out many of the new laws. The rule making process is time consuming and in this case the MSBN will be working very closely with several other associations and state agencies, including but not limited to the Missouri Nurses Association, Department of Health, Bureau of Narcotics and Dangerous Drugs (BNDD), Board of Healing Arts, Board of Pharmacy and the Drug Enforcement Agency (DEA), to be sure that all needs are met.

Do not apply for BNDD or DEA numbers yet. The Board of Nursing has to write the rules that pertain to the criteria and application process that APRNs will have to follow in order to receive a certificate of eligibility for controlled substance prescriptive authority. These rules and similar rules that have to be written by BNDD, and others have to go through the rule making process. This will take at least a year. If you send in money with an application to BNDD or DEA, they will keep your money and decline your application until the process is in place.

CRNAs may not have controlled substance prescriptive authority delegated to them in a collaborative practice agreement (CPA). They may enter into a CPA with a physician if they choose, but cannot have controlled substance prescriptive authority delegated to them.

We will keep up to date information on the website to let you know where we are in the process. The table below describes the changes to all CPAs that go into effect August 28, 2008.

The statutes directly related to APRN Controlled Substance Prescriptive eligibility will not go into effect until rules have been promulgated.

## New in Statute and Directly Related to APRN Controlled Substance Prescriptive Eligibility

New Statute	Comment
Collaborative practice agreements (CPA) may delegate to an APRN, as defined in section 335.016, RSMo the authority to administer, dispense or prescribe controlled substances listed in Schedules III, IV, and V of section 195.017 RSMo.	Found in 334.104
The CPA shall not delegate the authority to administer any controlled substances listed in Schedules III, IV and V of section 195.017 RSMo for the purpose of inducing sedation or general anesthesia for therapeutic, diagnostic or surgical procedures.	Found in 334.104
Schedule III narcotic controlled substance prescriptions shall be limited to a one hundred twenty (120) hour supply without refill.	Found in 334.104
It is the responsibility of the collaborating physician to determine and document the completion of at least a (1) one-month period of time during which the APRN shall practice with the collaborating physician continuously present before practicing in a setting where the collaborating physician is not continuously present.	Found in 334.104  Further clarification of 20 CSR 2200 4.200 (2)(c) in the collaborative practice rules
Certified nurse practitioners, certified clinical nurse specialists, and certified nurse midwives may apply to the Board of Nursing for eligibility to prescribe controlled substances from Schedules III, IV and V.	334.104 refers to APRNs as defined in 335.016
No such certified APRN shall prescribe controlled substance for his or her own self or family.	From 195.070.2

### New Statute

**335.019** The board of nursing may grant a certificate of controlled substance prescriptive authority to an advanced practice registered nurse who:

(1) Submits proof of successful completion of an advanced pharmacology course that shall include preceptorial experience in the prescription of drugs, medicines and therapeutic devices; and

(2) Provides documentation of a minimum of three hundred clock hours preceptorial experience in the prescription of drugs, medicines, and therapeutic devices with a qualified preceptor; and

(3) Provides evidence of a minimum of one thousand hours of practice in an advanced practice nursing category prior to application for a certificate of prescriptive authority. The one thousand hours shall not include clinical hours obtained in the advanced practice nursing education program. The one thousand hours of practice in an advanced practice nursing category may include transmitting a prescription order orally or telephonically or to an inpatient medical record from protocols developed in collaboration with and signed by a licensed physician; and

(4) Has a controlled substance prescribing authority delegated in the collaborative practice arrangement under section 334.104, RSMo, with a physician who has an unrestricted federal Drug Enforcement Administration registration number and who is actively engaged in a practice comparable in scope, specialty, or expertise to that of the APRN.

#### **Comment**

**335.019** will have to be further defined and explained in rules. These rules are being developed and will go through the rulemaking process as required by state law.

**All of the laws listed above will not go into effect until the rules have completed the rulemaking process.**

<p><b>Each CPA should include the information below and the information described in the collaborative practice rules 20 CSR 2200 4.200.</b></p>	
<p><b>New in statute</b></p>	<p><b>Old in rules</b></p>
<p>1. Complete names, home and business addresses, zip codes and telephone numbers of the collaborating physician and the APRN.</p>	<p>Not Required</p>
<p>2. A list of all other offices or locations besides those listed in subdivision (1) of this subsection where the collaborating physician authorized the APRN to prescribe.</p>	<p>Not Required</p>
<p>3. A requirement that there shall be posted at every office where the APRN is authorized to prescribe in collaboration with a physician, a prominently displayed disclosure statement informing patients that they may be seen by an APRN and have the right to see the collaborating physician.</p>	<p>Not Required</p>
<p>4. All specialty or board certifications of the collaborating physician and all certifications of the APRNs.</p>	<p>Not Required</p>
<p>5. Manner of collaboration between the collaborating physician and the APRN including how they will: a. Engage in collaborative practice consistent with each professional's skill, training, education and competence, b. Maintain geographic proximity, c. Provide coverage during absence, incapacity, infirmity or emergency by the collaborating physician.</p>	<p>Taken from the collaborative practice rules 20 CSR 2200 4.200</p>
<p>6. A description of the APRN's controlled substance prescriptive authority in collaboration with the physician including a list of the controlled substances the physician authorizes the nurse to prescribe and documentation that it is consistent with each professional's education, knowledge, skill and competence.</p>	<p>Not Required</p>
<p>7. A list of all other written practice agreements of the collaborating physician and the APRN.</p>	<p>Not Required</p>
<p>8. The duration of the written practice agreement between the collaborating physician and the APRN.</p>	<p>Not Required</p>
<p>9. A description of the time and manner of the collaborating physician's review of the APRN's prescribing practices. The description shall include provisions that the APRN shall submit documentation of the APRN's prescribing practices to the collaborating physician within 14 days. The documentation shall include but not be limited to, a random sample review by the collaborating physician of at least 20% of the charts and medications prescribed.</p>	<p>Further clarifies 20 CSR 2200 4.200 (4)(B).</p>