

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 10/30/2013	NUMBER: E-43.1
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	Formulated: 2/86 Reviewed: 10/18	
<b>DELEGATION TO ADVANCED PRACTICE REGISTERED NURSES AND PHYSICIAN ASSISTANTS</b>		

**PURPOSE:** The purpose of this policy is to provide guidelines for implementation of the Medical Practice Act (Texas Occupations Code Chapter 157) which allows an advanced practice registered nurse and physician assistant to prescribe or order a drug or device while acting under adequate physician supervision and to whom a physician has delegated the authority to prescribe or order drugs or devices.

**POLICY:** All physicians, physician assistants, and advanced practice registered nurses will adhere to the Texas Medical Board, the Texas Board of Physician Assistants, and/or the Texas Board of Nursing regulations regarding the provision of services in TDCJ facilities.

**DEFINITIONS:**

**Advanced practice registered nurse (APRN)** means a registered nurse approved by the Texas Board of Nursing to practice as an advanced practice registered nurse. The term includes a nurse practitioner, nurse midwife, nurse anesthetist, and clinical nurse specialist. The term is synonymous with advanced nurse practitioner and advanced practice nurse.

**Physician assistant (PA)** means a person who holds a license under Chapter 204 of the Texas Occupations code, which is the Physician Assistant Licensing Act.

**Prescribe or order a drug or device** means prescribing or ordering a drug or device, including the issuing of a prescription drug order or a medication order.

**Prescriptive authority agreement** means an agreement entered into by a physician and an advanced practice registered nurse or physician assistant through which the physician delegates to the advanced practice registered nurse or physician assistant the act of prescribing or ordering a drug or device.

**PROCEDURE:**

- I. Delegation
  - A. A physician may delegate to an advanced practice registered nurse or physician assistant, acting under adequate physician supervision, the act of prescribing or ordering a drug or device as authorized through a prescriptive authority agreement between the physician and the advanced practice registered nurse or physician assistant.
  - B. The delegation of prescribing or ordering a drug is limited to the following:
    - 1. Nonprescription drugs (i.e., over-the-counter drugs)
    - 2. Dangerous drugs (i.e., prescription drugs excluding controlled substances)
    - 3. Schedules CIII-CV controlled substances for a period not to exceed 90 days (i.e., 30 days)

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with 2 refills) and cannot be renewed without consultation with the delegating physician and the consultation noted in the patient's medical record

4. No prescriptions for schedule II controlled substances may be authorized or issued by protocol or a prescriptive authority agreement
- C. Delegation of prescriptive authority must be appropriate to the level of ability and competence of the advanced practice registered nurse or physician assistant.
- D. The combined number of advanced practice registered nurses or physician assistants to whom the physician may enter into a prescriptive authority agreement may not exceed seven or the full-time equivalent of seven.

## II. Registration

- A. Physicians must properly register online the supervision or delegation of prescriptive authority with the Texas Medical Board (TMB) if the physician delegates prescriptive authority or supervises an advanced practice registered nurse or physician assistant.
- B. Supervision and delegation approval or termination changes should be reported to the Texas Medical Board within 30 days.
- C. To access TMB online go to [http://reg.tmb.state.tx.us/TMBPublicWebSite/PrescriptiveDelegation/HCP\\_PrescriptiveDelegation.aspx](http://reg.tmb.state.tx.us/TMBPublicWebSite/PrescriptiveDelegation/HCP_PrescriptiveDelegation.aspx)

## III. Prescriptive authority agreement

- A. A written prescriptive authority agreement must be maintained in the facility's file and be readily available for review. A copy must be kept until the second anniversary of the date the agreement is terminated.
- B. The prescriptive authority agreement must be reviewed and signed at least annually by the APRN or PA and physician. Any amendments must be noted and maintained as well.
- C. The prescriptive authority agreement must contain at a minimum the following (see Attachment A: Sample Prescriptive Authority Agreement):
  1. Name, address, and license number of the APRN or PA and supervising physician
  2. Date and signatures of the APRN or PA and supervising physician
  3. Nature of practice and practice location
  4. Identify the types or categories of drugs that may or may not be prescribed
  5. Plan for addressing patient emergencies
  6. Process for communicating and sharing information between the APRN or PA and physician
  7. Quality assurance and performance improvement plan that specifies methods for documentation and implementation of the plan

## IV. Supervision

- A. The physician must be available or arrange for an alternative physician to be available to

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- provide direction and consultation as needed (Attachment B).
- B. The APRN or PA will seek physician consultation when needed. Whenever a physician is consulted, a notation to that effect, including the physician's name should be recorded in the patient's medical record.
  - C. The APRN or PA is to immediately report any emergency situations after stabilizing the patient.
  - D. The APRN or PA must give a daily status report on any occurrences that fall outside the practice agreement or any associated treatment guidelines.
  - E. The physician must review and countersign at least 10% of the charts of patients seen by the APRN or PA. Chart review should include monitoring the prescribing and ordering of drugs. Electronic review and signing of the charts from a remote location is acceptable.
  - F. Periodic face-to-face meetings between the APRN or PA and the physician must occur. The location may be determined by the physician and the APRN or PA.
    1. Face-to-face meetings must be documented.
    2. Face-to-face meetings must include:
      - a. Information related to patient care and treatments
      - b. Needed changes in patient care plans
      - c. Issues related to referrals
      - d. Discussion of patient care improvements
    3. Face-to-face meetings must occur monthly until the third anniversary of the date the agreement is signed and then at least quarterly with monthly meetings held between quarterly face-to-face meetings by means of remote electronic communication (e.g., telephone, video conference or internet).
    4. If the APRN or PA was practicing for at least 5 years and the practice included delegated prescriptive authority with physician supervision within the preceding 7 years prior to the signing of a new agreement, face-to-face meetings must occur monthly until the first anniversary of the date the agreement is signed and then at least quarterly with monthly meetings held between quarterly face-to-face meetings by means of remote electronic communication (e.g., telephone, video conference or internet).

Reference: Texas Medical Board Rules, Texas Administrative Code, Title 22, Chapter 185, Physician Assistants and Chapter 193, Standing Delegation Orders  
 ACA Standard 4-4410 (Ref. New), Internal Review and Quality Assurance (Mandatory)  
 ACA Standard 4-4382 (Ref. New), Personnel Qualifications (Mandatory)  
 The Medical Practice Act, Texas Occupations Code, Chapters 157.001-157.060, Authority of Physicians to Delegate Certain Medical Acts, Subchapter B, Delegation to Advanced Practice

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Registered Nurses and Physician Assistants  
83<sup>rd</sup> Legislature (2013), Senate Bill 406, An Act Relating to the Delegation and Supervision of Prescriptive Authority by Physicians to Certain Advanced Practice Registered Nurses and Physician Assistants  
Physician Assistant Licensing Act, Texas Occupations Code Chapter 204