

## 244 CMR: BOARD OF REGISTRATION IN NURSING

### 244 CMR 4.00: ADVANCED PRACTICE REGISTERED NURSING

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#### 4.01: Purpose and Authority

The purpose of 244 CMR 4.00 is to establish the conditions under which the Registered Nurse (RN) licensed by the Board of Registration in Nursing may be authorized to practice as an Advanced Practice Registered Nurse (APRN). 244 CMR 4.00 also establishes principles regarding clinical category, scope, collaboration, supervision, and accountability to which Advanced Practice Registered Nurses (APRNs) are subject.

~~The Board of Registration in Nursing adopts 244 CMR 4.00 under the authority of and in accordance with M.G.L. c 112 §§ 80B, 80C, 80E, 80G, 80H, 80I, and M.G.L.c. 94C~~

#### 4.02: Definitions

Definitions for terms used in 244 CMR 4.00 and throughout 244 CMR are set forth in 244 CMR 10.00 Definitions.

~~For the purpose of 244 CMR 4.00, the terms or phrases listed below have the meaning ascribed to them in 244 CMR 4.02.~~

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

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Board means the Board of Registration in Nursing.

Board Recognized Certifying Organization means a certifying organization 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 national standards;
- (c) establishes and maintains educational requirements that are consistent with the requirements of the APRN clinical category of practice;
- (d) establishes and maintains standard methodologies that are national in scope such as incumbent job analysis studies;
- (e) designs and administers a certification examination that represents entry level practice in the APRN clinical 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 resolution principles and rules which it follows.

Clinical Relationship means a professional collaboration between a certified nurse midwife (CNM) and an obstetrician gynecologist licensed by the Commonwealth that, within the healthcare system and as indicated by the health status of the patient, effectively provides for consultation, collaborative management or referral. Pursuant to Chapter 224 of the Acts of 2012, neither a supervising physician nor written guidelines for prescriptive practice are required. While the clinical relationship must include an obstetrician gynecologist, it does not preclude the CNM from collaboration with other physician specialties.—

Guidelines mean are written instructions and procedures describing the methods that an APRN with prescriptive practice is to follow when managing medications and that specifies those instances in which referral to or consultation with a physician is required for appropriate medication management. When appropriate, guidelines shall also address procedures for the ordering of tests and therapeutics.

Health Care System means any corporation, partnership, business trust, association or organized group of persons, which is in the business of health care services; provided that the definition shall include but not be limited to, physician organizations, physician hospital organizations, independent practice associations, provider networks, accountable care organizations and any other person or organization that contracts with Carriers or Third party Administrators for payment for Health Care Services.

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.

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National accrediting organization for academic programs acceptable to the Board means a national accrediting organization that:

- (a) ~~establishes and maintains national accreditation standards that are sufficiently rigorous to ensure the Board that the organization 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 organization's standards in order to reach a decision to accredit the program;~~
- (c) ~~provides a detailed description of the organization'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.~~

Prescriptive Practice means ~~issuing written or oral prescriptions or medication orders for controlled substances pursuant to a valid registration from the Massachusetts Department of Public Health under M.G.L. c. 94C and, as appropriate, the U.S. Drug Enforcement Administration.~~

Supervising physician means ~~a physician holding an unrestricted full license in Massachusetts who:~~

- (a) ~~—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 certified Psychiatric Clinical Nurse Specialist will have completed training in psychiatry approved by the ACGME or the RCPSC, or be Board certified in psychiatry;~~
- (b) ~~—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;~~
- (c) ~~—provides supervision to a certified nurse practitioner, a certified psychiatric clinical nurse specialist, or certified registered nurse anesthetist, as provided for in the appropriate law or regulations of the Boards of Registration in Nursing at 244 CMR 4.07 and the regulations of the Board of Registration in Medicine at 243 CMR 2.10: *Advanced Practice Nurse (APN) Eligible to Engage in Prescriptive Practice*;~~
- (d) ~~—signs mutually developed and agreed upon prescriptive practice guidelines with the APRN, and~~
- (e) ~~—reviews the prescriptive practice of a certified nurse practitioner, certified psychiatric clinical nurse specialist or certified nurse anesthetist as described in the~~

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### ~~guidelines:~~

~~Valid License means a current 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 RN or a Licensed Practical Nurse (LPN) and which License is current not expired, surrendered, suspended or revoked.~~

#### 4.03: Clinical Categories of Advanced Practice Registered Nurses

Board recognized APRN clinical categories and abbreviations include:

- (1) Certified Registered Nurse Anesthetist (CRNA)
- (2) Certified Nurse Midwife (CNM)
- (3) Certified Nurse Practitioner (CNP)
- (4) Clinical Nurse Specialist (CNS)
- (5) ~~Psychiatric Clinical Nurse Specialist (PCNS)~~ Psychiatric Nurse Mental Health Clinical Specialist (PNMHCS). This category corresponds to M.G.L. c. 94C, §§ 1, 7 and 9 and G.L. c. 112, §§ 80E and includes the advanced practice registered nurse clinical category Psychiatric Clinical Nurse Specialist (PCNS).

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

No person ~~will~~shall announce or represent to the public that such person is an APRN or use the name of any APRN clinical category unless such person has complied with the requirements for and received Board authorization to practice as an APRN in accordance with these regulations.

#### 4.05: Eligibility Requirements for Advanced Practice Registered Nurse (APRN) Authorization

- (1) Certified Registered Nurse Anesthetist (CRNA):
  - (a) To be eligible for initial Board authorization to practice as a CRNA an applicant must provide proof satisfactory to the Board of the following:
    1. Valid Massachusetts RN licensure in good standing;
    2. Good moral character as required by M.G.L. c. 112, § 74 and as established by Board policy;
    3. Compliance with the following academic requirements:
      - a. Graduation from a graduate degree program that ~~i.~~ is designed to prepare the ~~graduate RN~~ for practice as a CRNA ~~is approved by a national accrediting organization for academic programs acceptable to the Board;~~ and

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- accrediting organization for academic programs; or
- b. Satisfactory completion of a formal education program in addition to ~~generic-academic~~ nursing preparation which meets the standards of a Board recognized national accrediting organization for academic programs~~the Council on Accreditation of Nurse Anesthesia Programs~~ and which has as its objective the preparation of nurses to perform as a CRNA; and
- c. Successful completion of, at minimum, core content at the graduate level in advanced assessment, advanced pathophysiology and advanced pharmacotherapeutics.
4. Current license or authorization as a CRNA in another state, the District of Columbia, or a U.S. Territory in good standing;
5. Current CRNA certification granted by a Board ~~R~~recognized APRN ~~C~~certifying Organization; ~~and~~
6. Payment of the required fees as established by the Executive Office of Administration and Finance, unless waived pursuant to M.G.L. c. 112, § 1B;:
7. An attestation, signed under the pains and penalties of perjury, that the applicant participates in, or has applied to participate in, MassHealth as either a provider of services or as a non-billing provider for the purpose of ordering and referring services covered under MassHealth; and
8. If engaging in prescriptive practice, completion of training required pursuant to M.G.L. c. 94C, § 18(e).
- (e) The Board may revoke, suspend, or refuse to renew its authorization permitting a RN to practice as a CRNA 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 regulation requirement. In addition, the Board may impose discipline for any of the reasons set forth in M.G.L. c. 112, §§ 61 and 74.
- (f) ~~A CRNA may, upon written notice to the Board, on a form produced by the Board, request that the Board's authorization to practice as a CRNA become inactive in the Board's licensure database.~~
- (g) ~~A CRNA who has been previously Board authorized to practice as a CRNA, and who has voluntarily requested that the authorization to practice as a CRNA become inactive in the Board's licensure database, may request in writing that the Board's authorization become current. Eligibility requirements for making the Board's authorization current will be those at 4.05(1)(b).~~
- (2) Certified Nurse Midwife (CNM):
- (a) To be eligible for initial Board authorization to practice as a CNM an applicant must provide proof satisfactory to the Board of the following:
- Valid Massachusetts RN licensure in good standing;
  - Good moral character as required by M.G.L. c. 112, § 74 and as established by Board policy;
  - Compliance with the following academic requirements:
    - Graduation from a graduate degree program that:

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1. Valid Massachusetts RN licensure in good standing;
  2. Good moral character as required by M.G.L. c. 112, § 74 and as established by Board policy;
  3. Compliance with the following academic requirements:
    - a. Graduation from a graduate degree program that:
      - i. is designed to prepare the ~~graduate-RN~~ for practice as a CNP ~~is approved by a national accrediting organization for academic programs acceptable to the Board; and~~
      - ii. holds accreditation from a Board recognized national accrediting organization for academic programs; and
    - b. Successful completion of, at minimum, core content at the graduate level in advanced assessment, advanced pathophysiology and advanced pharmacotherapeutics.
  4. Current CNP certification granted by a Board ~~R~~recognized APRN ~~C~~ertifying ~~O~~rganization; ~~and~~
  5. Payment of the required fees as established by the Executive Office of Administration and Finance, unless waived pursuant to M.G.L. c. 112, § 1B;
  6. An attestation, signed under the pains and penalties of perjury, that the applicant participates in, or has applied to participate in, MassHealth as either a provider of services or as a non-billing provider for the purpose of ordering and referring services covered under MassHealth; and
  7. If engaging in prescriptive practice, completion of training required pursuant to M.G.L. c. 94C, § 18(e).
- (b) To be eligible for renewal of the Board's authorization to practice as a CNP, ~~the CNP an applicant~~ must provide proof satisfactory to the Board of the following:
1. Valid Massachusetts RN licensure in good standing;
  2. Good moral character as required at M.G.L. c. 112, § 74 and as established by Board policy;
  3. Current CNP certification granted by a Board ~~R~~recognized APRN ~~C~~ertifying ~~O~~rganization; ~~and~~
  4. Payment of the required fees as established by the Executive Office of Administration and Finance; and
  5. If engaging in prescriptive practice, completion of training required pursuant to M.G.L. c. 94C, § 18(e).
- (c) Nurses who obtained initial ~~hold current~~ Board authorized practice as a CNP prior to August 1, 2014 will be eligible to ~~may~~ renew their authorization in ~~compliance~~ accordance with the provisions of 4.05(3)(b), even if they do not meet requirements for initial authorization to practice as a CNP set forth in 4.05(3)(a) or 4.05(3)(d).
- (d) Initial Authorization of CNP by Reciprocity. To be eligible for reciprocal Board authorization to practice as a CNP from another jurisdiction an applicant must provide proof satisfactory to the Board of the following:
1. Valid Massachusetts RN licensure in good standing;
  2. Good moral character as required by M.G.L. c. 112, § 74, and as

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established by Board policy;

3. Compliance with the following academic requirements:

- a. Graduation from a graduate degree program that:
  - i. is designed to prepare the ~~graduate-RN~~ for practice as a CNP ~~is approved by a national accrediting organization for academic programs acceptable to the Board; and~~
  - ii. holds accreditation from a Board recognized national accrediting organization for academic programs; or
- b. Satisfactory completion of a formal educational program in addition to academic nursing preparation which meets the standards of a Board recognized national accrediting organization for academic programs and which has ~~for RNs which has been approved by a national professional nurses accrediting body which the Board recognizes as such. The program must have~~ as its objective the preparation of professional nurses to practice in an advanced role as a CNP. ~~The Board will accept in satisfaction of this requirement only those educational programs whose attendance and training requirements are the equivalent of at least one academic year;~~ and
- c. Successful completion of, at minimum, core content at the graduate level in advanced assessment, advanced pathophysiology and advanced pharmacotherapeutics.

4. Current license or authorization as a CNP in another state, the District of Columbia, or a U.S. Territory in good standing;

5. Current CNP certification granted by a Board Recognized APRN Certifying Organization; ~~and~~

6. Payment of the required fees as established by the Executive Office of Administration and Finance, unless waived pursuant to M.G.L. c. 112, § 1B;

7. An attestation, signed under the pains and penalties of perjury, that the applicant participates in, or has applied to participate in, MassHealth as either a provider of services or as a non-billing provider for the purpose of ordering and referring services covered under MassHealth; and

8. If engaging in prescriptive practice, completion of training required pursuant to M.G.L. c. 94C, § 18(e).

(e) The Board may revoke, suspend, or refuse to renew its authorization permitting a RN to practice as a CNP 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 regulation requirement. In addition, the Board may impose discipline for any of the reasons set forth in M.G.L. c. 112, §§ 61 and 74.

(f) ~~A CNP may, upon written notice to the Board, on a form produced by the Board, request that the Board's authorization to practice as a CNP become inactive in the Board's licensure database~~

(g) ~~A CNP who has been previously Board authorized to practice as a CNP, and who has voluntarily requested that the authorization to practice as a CNP~~

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~~become inactive in the Board's licensure database, may request in writing that the Board's authorization become current. Eligibility requirements for making the Board's authorization current will be those at 4.05(3)(b).~~

(4) ~~Psychiatric Clinical Nurse Specialist (PCNS)~~ Psychiatric Nurse Mental Health Clinical Specialist (PNMHCS):

- (a) To be eligible for initial Board authorization to practice as a PNMHCS ~~PCNS~~ an applicant must provide proof satisfactory to the Board of the following:
1. Valid Massachusetts RN licensure in good standing;
  2. Good moral character as required by M.G.L. c. 112, § 74 and as established by Board policy;
  3. Compliance with the following academic requirements:
    - a. Graduation from a graduate degree program that:
      - i. is designed to prepare the graduate RN for practice as a PNMHCS PCNS is approved by a national accrediting organization for academic programs acceptable to the Board; and
      - ii. holds accreditation from a Board recognized national accrediting organization for academic programs; and
    - b. Successful completion of, at minimum, core content at the graduate level in advanced assessment, advanced pathophysiology and advanced pharmacotherapeutics.
  4. Current PNMHCS ~~PCNS~~ certification granted by a Board Recognized APRN Certifying Organization; and
  5. Payment of the required fees as established by the Executive Office of Administration and Finance, unless waived pursuant to M.G.L. c. 112, § 1B.;
  6. An attestation, signed under the pains and penalties of perjury, that the applicant participates in, or has applied to participate in, MassHealth as either a provider of services or as a non-billing provider for the purpose of ordering and referring services covered under MassHealth; and
  7. If engaging in prescriptive practice, completion of training required pursuant to M.G.L. c. 94C, § 18(e).
- (b) To be eligible for renewal of the Board's authorization to practice as a PNMHCS ~~PCNS~~ an applicant must provide proof satisfactory to the Board of the following:
1. Valid Massachusetts RN licensure in good standing;
  2. Good moral character as required at M.G.L. c. 112, § 74 and as established by Board policy;
  3. Current PNMHCS ~~PCNS~~ certification granted by a Board Recognized APRN Certifying Organization; and
  4. Payment of the required fees as established by the Executive Office of Administration and Finance. ; and
  5. If engaging in prescriptive practice, completion of training required pursuant to M.G.L. c. 94C, § 18(e).
- (c) Nurses who obtained initial ~~hold current~~ Board authorized practice as a

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~~PNMHCS PCNS~~ prior to August 1, 2014 ~~will be eligible to~~ may renew their authorization in ~~compliance~~ accordance with the provisions of 4.05(4)(b), even if they do not meet requirements for initial authorization to practice as a PCNS set forth in 4.05(4)(a) or 4.05(4)(d).

(d) Initial Authorization of PNMHCS PCNS by Reciprocity. To be eligible for reciprocal Board authorization to practice as a ~~PNMHCS PCNS~~ from another jurisdiction an applicant must provide proof satisfactory to the Board of the following:

1. Valid Massachusetts RN licensure in good standing;
2. Good moral character as required by M.G.L. c. 112, § 74, and as established by Board policy;
3. Compliance with the following academic requirements:
  - a. Graduation from a graduate degree program that:
    - i. is designed to prepare the graduate RN for practice as a PNMHCS PCNS is approved by a national accrediting organization for academic programs acceptable to the Board; and
    - ii. holds accreditation from a Board recognized national accrediting organization for academic programs; or
  - b. Satisfactory completion of a formal educational program in addition to academic nursing preparation which meets the standards of a Board recognized national accrediting organization for academic programs and which has (whose attendance and training requirements are the equivalent of one academic year) in addition to generic nursing preparation which has been approved by a national professional nursing accrediting body which the Board recognizes as such. The program must have as its objective the preparation of nurses to practice as ~~PCNS~~PNMHCS; and
  - c. Successful completion of, at minimum, core content at the graduate level in advanced assessment, advanced pathophysiology and advanced pharmacotherapeutics.
4. Current license or authorization as a ~~PNMHCS PCNS~~ in another state, the District of Columbia, or a U.S. Territory in good standing;
5. Current ~~PNMHCS PCNS~~ certification granted by a Board ~~Recognized APRN Certifying Organization; and~~
6. Payment of the required fees as established by the Executive Office of Administration and Finance, unless waived pursuant to M.G.L. c. 112, § 1B;
7. An attestation, signed under the pains and penalties of perjury, that the applicant participates in, or has applied to participate in, MassHealth as either a provider of services or as a non-billing provider for the purpose of ordering and referring services covered under MassHealth; and
8. If engaging in prescriptive practice, completion of training required pursuant to M.G.L. c. 94C, § 18(e).

(e) The Board may revoke, suspend, or refuse to renew its authorization permitting a RN to practice as a ~~PNMHCS PCNS~~ or otherwise discipline the

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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 regulation requirement. In addition, the Board may impose discipline for any of the reasons set forth in M.G.L. c. 112, §§ 61 and 74.

(f) ~~A PCNS may, upon written notice to the Board, on a form produced by the Board, request that the Board's authorization to practice as a PCNS become inactive in the Board's licensure database.~~

(g) ~~A PCNS who has been previously Board authorized to practice as a PCNS, and who has voluntarily requested that the authorization to practice as a PCNS become inactive in the Board's licensure database, may request in writing that the Board's authorization become current. Eligibility requirements for making the Board's authorization current will be those at 4.05(4)(b).~~

(5) Clinical Nurse Specialist (CNS):

(a) To be eligible for initial Board authorization to practice as a CNS an applicant must provide proof satisfactory to the Board of the following:

1. Valid Massachusetts RN licensure in good standing;
2. Good moral character as required by M.G.L. c. 112, § 74 and as established by Board policy;
3. Compliance with the following academic requirements:
  - a. Graduation from a graduate degree program that:
    - i. is designed to prepare the graduate RN for practice as a CNS~~is approved by a national accrediting organization for academic programs acceptable to the Board; and~~
    - ii. holds accreditation from a Board recognized national accrediting organization for academic programs;
  - b. Successful completion of, at minimum, core content at the graduate level in advanced assessment, advanced pathophysiology and advanced pharmacotherapeutics; and
  - c. Current CNS certification granted by a Board R~~r~~ecognized APRN C~~e~~ertifying O~~r~~ganization; ~~and~~
4. Payment of the required fees as established by the Executive Office of Administration and Finance, unless waived pursuant to M.G.L. c. 112, § 1B; and
5. An attestation, signed under the pains and penalties of perjury, that the applicant participates in, or has applied to participate in, MassHealth as either a provider of services or as a non-billing provider for the purpose of ordering and referring services covered under MassHealth; and
6. Effective until December 31, 2016, the Board will accept current CNS certification granted by a Board-recognized certifying organization as equivalent to 244 CMR 4.05(5)(a)3b. The CNS who is authorized by the Board on the basis of this equivalent competency will be eligible to renew his or her authorization under 244 CMR 4.05(5)(b).

(b) To be eligible for renewal of the Board's authorization to practice as a CNS an applicant must provide proof satisfactory to the Board of the following:

1. Valid Massachusetts RN licensure in good standing;

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2. Good moral character as required at M.G.L. c. 112, § 74 and as established by Board policy;
  3. Current CNS certification granted by a Board ~~R~~ecognized APRN ~~C~~ertifying ~~O~~rganization; and
  4. Payment of the required fees as established by the Executive Office of Administration and Finance, unless waived pursuant to M.G.L. c. 112, § 1B.
- (c) Initial Authorization of CNS by Reciprocity. To be eligible for reciprocal Board authorization to practice as a CNS from another jurisdiction an applicant must provide proof satisfactory to the Board of the following:
1. Valid Massachusetts RN licensure in good standing;
  2. Good moral character as required by M.G.L. c. 112, § 74, and as established by Board policy;
  3. Compliance with the following academic requirements:
    - a. Graduation from a graduate degree program that:
      - i. is designed to prepare the ~~graduate-RN~~ for practice as a CNS ~~is approved by a national accrediting organization for academic programs acceptable to the Board; and~~ and
      - ii. holds accreditation from a Board recognized national accrediting organization for academic programs; and
    - b. Successful completion of, at minimum, core content at the graduate level in advanced assessment, advanced pathophysiology and advanced pharmacotherapeutics;
  4. Current license or authorization as a CNS in another state, the District of Columbia, or a U.S. Territory in good standing;
  5. Current CNS certification granted by a Board ~~R~~ecognized APRN ~~C~~ertifying ~~O~~rganization;
  6. Payment of the required fees as established by the Executive Office of Administration and Finance, unless waived pursuant to M.G.L. c. 112, § 1B; and
  7. An attestation, signed under the pains and penalties of perjury, that the applicant participates in, or has applied to participate in, MassHealth as either a provider of services or as a non-billing provider for the purpose of ordering and referring services covered under MassHealth.
  8. Effective until December 31, 2016, the Board will accept current CNS certification granted by a Board-recognized certifying organization as equivalent to 244 CMR 4.05(5)(c)3b. The CNS who is authorized by the Board on the basis of this equivalent competency will be eligible to renew his or her authorization under 244 CMR 4.05(5)(b).
- (d) The Board may revoke, suspend, or refuse to renew its authorization permitting a RN to practice as a CNS 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 regulation requirement. In addition, the Board may impose discipline for any of the reasons set forth in M.G.L. c. 112, §§ 61 and 74.
- (e) ~~A CNS may, upon written notice to the Board, on a form produced by the~~

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~~Board, request that the Board's authorization to practice as a CNS become inactive in the Board's licensure database.~~

~~(f) A CNS who has been previously Board authorized to practice as a CNS, and who has voluntarily requested that the authorization to practice as a CNS become inactive in the Board's licensure database, may request in writing that the Board's authorization become current. Eligibility requirements for making the Board's authorization current will be those at 4.05(5)(b).~~

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

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

#### (1) Certified Registered Nurse Anesthetist (CRNA):

(a) A CRNA will only practice in the clinical category(s) for which the CRNA has attained and maintained certification. A CRNA may attain additional competencies within his/her/their category(s) consistent with the scope and standards of CRNA practice. It is the responsibility of each CRNA to maintain records of competency-based training and submit evidence to the Board upon request.

(b) The scope of CRNA practice is reflective of standards for the provision of healthcare services in diverse settings for 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, including anesthesia care and anesthesia-related care, acute and chronic pain management, palliative care, emergency care, critical care, resuscitative and sedation services. ~~A CRNA 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.~~ In order to issue prescriptions ~~during the perioperative period~~, the CRNA must register with the Department of Public Health's Drug Control Program pursuant to M.G.L. c. 94C and regulations at 105 CMR 700.00, as well as with the U.S. Drug Enforcement Agency (DEA), if applicable.

(c) A CRNA who does not register for prescriptive authority administers anesthesia pursuant to the signed order of a registered prescriber. Such CRNA may select anesthetic agents based upon protocols that are mutually developed with a physician responsible for the perioperative care of a patient, as appropriate for the practice setting, ~~and which specify the parameters for dosage, strength, route of administration and dose interval.~~

(d) Pursuant to M.G.L. c. 112, § 80H, ~~t~~he administration of anesthesia by a CRNA directly to a patient does not require a prescription ~~consistent with MGL c. 112, § 80H.~~

#### (2) Certified Nurse Midwife (CNM):

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- (a) A CNM will only practice in the clinical category(s) for which the CNM has attained and maintained certification. A CNM may attain additional competencies within ~~his/her~~their category(s) consistent with the scope and standards of CNM practice. It is the responsibility of each CNM to maintain records of competency-based training and submit evidence to the Board upon request.
- (b) The scope of CNM practice is reflective of the standards established by a Board recognized national organization for midwifery practice ~~by the American College of Nurse-Midwives (ACNM)~~ for the provision of primary health care services in diverse settings to women individuals throughout the lifespan including gynecologic care, abortion for pregnancy less than 24 weeks, family planning services, preconception care, prenatal and postpartum care, childbirth, care of the newborn and treatment of the partner of their clients for sexually transmitted disease, transgender care, sexual health and reproductive health for which the CNM has been educationally prepared and for which competency has been established and maintained. ~~The CNM is responsible and accountable for engaging in the practice of midwifery, including interpretation of laboratory and diagnostic data, only within the CNM's scope of practice and in accordance with ACNM standards.~~ A CNM practices within a healthcare system and develops clinical relationships with obstetrician-gynecologists, ~~to provide care in diverse settings, including, but not limited to, home, hospital, birth center, and a variety of ambulatory care settings including private offices, community and public health clinics.~~
- (3) Certified Nurse Practitioner (CNP):
- (a) A CNP will only practice in the clinical category(s) for which the CNP has attained and maintained certification. A CNP may attain additional competencies within ~~his/her~~their category(s) consistent with the scope and standards of CNP practice. It is the responsibility of each CNP to maintain records of competency-based training and submit evidence to the Board upon request.
- (b) The scope of CNP practice is reflective of standards for the provision of health care services in diverse settings to individuals throughout the lifespan, including health promotion, disease prevention, health education, abortion for pregnancy less than 24 weeks, 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. ~~CNPs provide care in diverse settings, including, but not limited to, home, hospital, nursing facilities, and a variety of ambulatory care settings including private offices, community and public health clinics.~~
- (c) Pursuant to M.G.L. c. 112 § 80I, when a law or rule requires a signature, certification, stamp, verification, affidavit or endorsement by a physician, when relating to physical or mental health, that requirement may be fulfilled by a CNP, provided that the signature, certification, stamp, verification, affidavit, or endorsement is consistent with established scope of practice standards and does not expand the scope of practice of the CNP.
- (d) Pursuant to Chapter 369 of the Acts of 2012 and M.G.L. c.112 § 80I, CNPs with independent practice authority, and CNPs under supervised practice pursuant to



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~~mutually agreed upon guidelines between the CNP and Qualified Healthcare Professional, as defined in 244 CMR 4.07, supervising the CNP's prescriptive practice, are authorized to issue written certifications of marijuana for medical use as provided pursuant to the mutually agreed upon guidelines between the CNP and the physician supervising the CNP's prescriptive practice.~~

(4) ~~Psychiatric Nurse Mental Health Clinical Specialist (PNMHCS)~~Psychiatric Clinical Nurse Specialist (PCNS):

(a) ~~A PNMHCS PCNS~~ will only practice in the clinical category(s) for which the ~~PNMHCS PCNS~~ has attained and maintained certification. A ~~PNMHCS PCNS~~ may attain additional competencies within ~~his/her/their~~ category(s) consistent with the scope and standards of ~~PNMHCS PCNS~~ practice. It is the responsibility of each PNMHCS to maintain records of competency-based training and submit evidence to the Board upon request.

(b) The scope of ~~PNMHCS PCNS~~ practice is reflective of standards for the provision of psychiatric health care services in diverse settings 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. ~~APCNS provides care in diverse settings, including but not limited to home, hospital, nursing facilities, and a variety of ambulatory care settings including private offices, community and public health clinics.~~

(5) Clinical Nurse Specialist (CNS):

(a) A CNS will only practice in the clinical category(s) for which the CNS has attained and maintained certification. A CNS may attain additional competencies within ~~his/her/their~~ category(s) consistent with the scope and standards of CNS practice. It is the responsibility of each CNS to maintain records of competency-based training and submit evidence to the Board upon request.

(b) The scope of CNS practice is reflective of standards for the integration of an advanced level of direct and indirect nursing care beyond the scope of RN practice. In addition to the provision of assistance to other nurses and health professionals in establishing and meeting health goals of individuals and groups, a CNS may provide health care services in diverse settings 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 illness and disease. ~~A CNS provides care in diverse settings, including but not limited to, home, hospital, nursing facilities, and a variety of ambulatory care settings including private offices, community and public health clinics.~~

(c)

4.07: ~~APRN~~ Advanced Practice Registered Nurses Eligible to Engage in Prescriptive Practice

- (1) Purpose. The purpose of 244 CMR 4.07 is to establish, pursuant to M.G.L. c. 112, §§ 80B, 80C, 80E, 80G and 80H, regulations governing the practice of those APRNs who are registered prescribers.

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The following APRNs are eligible to register with the Department of Public Health pursuant to M.G.L. c. 94C and the U.S. Drug Enforcement Administration to engage in prescriptive practice.

- (a) A Certified Nurse Midwife ~~means a RN~~ authorized to practice within a healthcare system as a nurse midwife by the Board pursuant to M.G.L. c. 112, §§ 80B, 80C and 80G, and the regulations of the Board at 244 CMR 4.00.
- (b) A Certified Nurse Practitioner ~~means a RN~~ authorized to practice as a nurse practitioner by the Board pursuant to M.G.L. c. 112, §§ 80B, and 80E and the regulations of the Board at 244 CMR 4.00.
- (c) A Psychiatric Clinical Nurse Specialist ~~means a RN~~ authorized to practice as a psychiatric nurse mental health clinical specialist by the Board pursuant to M.G.L. c. 112, §§ 80B, and 80E and the regulations of the Board at 244 CMR 4.00.
- (d) A Certified Registered Nurse Anesthetist ~~means a RN~~ authorized to practice as a nurse anesthetist by the Board pursuant to M.G.L. c. 112, §§ 80B, and 80H and the regulations of the Board at 244 CMR 4.00. ~~The prescriptive practice of a CRNA is limited to the immediate perioperative care of a patient.~~

For purposes of 244 CMR 4.07, a Qualified Healthcare Professional means a person who meets the following criteria:

- (a) A physician who:
    - 1. holds an unrestricted full license issued by the Board of Registration in Medicine (BORIM) that is in good standing; and
    - 2. 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, and
    - 3. holds a valid controlled substances registration issued by the U.S. Drug Enforcement Administration, or the Department of Public Health, or both.
  - (b) A CRNA, CNP or PNMHCS who holds:
    - 1. a valid Registered Nurse license in good standing issued by the Board, and
    - 2. advanced practice authorization issued by the Board that it is in the same clinical category as the person being supervised; and
    - 3. a controlled substance registration issued by the U.S. Drug Enforcement Administration, or the Department of Public Health, or both, for a minimum of one year; and
    - 4. either
      - i. a combination of supervised practice for a minimum of two years plus independent practice authority for a minimum of one year, or
      - ii. three years of independent practice authority.
- (2) Development, Approval, and Review of Prescriptive Practice Guidelines  
Except for the CNMs may engage in prescriptive practice as authorized pursuant to G.L. c. 94C, § 7(g) and G.L. c. 112, §§ 80C and 80G who does not require

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~~guidelines for prescriptive practice, an APRN engaged in prescriptive practice will do so in accordance with written guidelines mutually developed and agreed upon with the APRN and the physician supervising the APRN's prescriptive practice.~~  
CRNAs, CNPs or PNMHCSs may engage in prescriptive practice as authorized pursuant to G.L. c. 94C, § 7 and G.L. c. 112, §§ 80B, 80E and 80H.

(a) CRNAs, CNPs or PNMHCSs with a minimum of two years of supervised practice may engage in prescriptive practice without supervision upon submission of an attestation to the Board that the CRNA, CNP or PNMHCS has completed a minimum of two years of supervised practice by a Qualified Healthcare Professional.

(b) If applying for authorization in Massachusetts by reciprocity, the CRNA, CNP or PNMHCS may engage in prescriptive practice without supervision upon the submission of an attestation to the Board that the CRNA, CNP or PNMHCS has practiced independently or with supervision ~~is authorized for independent practice~~ as a CRNA, CNP or PNMHCS in a jurisdiction other than Massachusetts for a minimum of two years.

(c) CRNAs, CNPs or PNMHCSs with less than two years of supervised practice experience, or its equivalent, may engage in prescriptive practice with supervision by a Qualified Healthcare Professional. ~~(a) In all cases, CRNAs, CNPs or PNMHCSs with less than two years supervised practice will develop the written mutually agreed upon guidelines with the Qualified Healthcare Professional which~~ will:

1. identify the supervising ~~physician~~ Qualified Healthcare Professional, including a defined mechanism for the delegation of supervision to another Qualified Healthcare Professional, including but not limited to, duration and scope of the delegation ~~and APRN~~;

~~2. include a defined mechanism for the delegation of supervision to another physician including, but not limited to, duration and scope of the delegation;~~

~~3. describe the nature and scope of the APRN's prescribing practice;~~

~~4. identify any limitations on medications or intravenous therapy to be prescribed;~~

5. describe circumstances in which ~~Qualified Healthcare Professional physician~~ consultation or referral is required ~~for the pharmacologic treatment of medical conditions or for managing emergencies~~;

~~6. include a defined mechanism and time frame to monitor prescribing practices;~~

~~7. specify that the initial prescription of Schedule II drugs must be reviewed within 96 hours;~~

8. CRNA guidelines do not need to be signed. CNP and PNMHCS guidelines shall be signed. The guidelines will be kept on file in the workplace ~~and be reviewed and re-executed every two years~~; and

9. conform to M.G.L. c. 94C, the regulations of the Department of Public Health at 105 CMR 700.000 *et seq.*, 105 CMR 721.000 *et seq.*, M.G.L. c. 112, §§ 80B, 80E, 80H, 80I, and the regulations of the Board of Registration in Nursing at 244 CMR 4.00 ~~and the regulations of the Board~~

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~~of Registration in Medicine at 243 CMR 2.10: Advanced Practice Nurse (APN) Eligible to Engage in Prescriptive Practice.~~

The Board may request at any time an opportunity to review the APRN prescriptive practice guidelines. Failure to provide guidelines to the Board is a 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 244 CMR 4.00 and accepted standards of nursing practice.

(3) Prescribing Hydrocodone-only extended release medication

Prior to prescribing a hydrocodone-only extended release medication that is not in an abuse deterrent form, a licensee must:

- (a) Thoroughly assess the patient, including an evaluation of the patient's risk factors, substance abuse history, presenting condition(s), current medication(s) and a check of the online Prescription Monitoring Program;
- (b) Discuss the risks and benefits of the medication with the patient;
- (c) Enter into a Pain Management Treatment Agreement with the patient that shall appropriately address drug screening, pill counts, safe storage and disposal and other requirements based on the patient's diagnoses, treatment plan, and risk assessment;
- (d) Supply a Letter of Medical Necessity as required by the Board of Registration in Pharmacy that includes the patient's diagnoses and treatment plan, verifies that other pain management treatments have failed, indicates that a risk assessment was performed and that the licensee and the patient have entered into a Pain Management Treatment Agreement; and
- (e) Document 244 CMR 4.07(3)(a)-(d) in the patient's medical record.

The purpose of 244 CMR 4.07(3) is to enhance the public health and welfare by promoting optimum therapeutic outcomes, avoiding patient injury and eliminating medication errors. Nothing in 244 CMR 4.07(3) shall alter the standard of care a licensee must use when prescribing any Schedule II, III or IV controlled substance.

(4) Self-Prescribing and Prescribing for Family Members. An APRN authorized to prescribe medication is prohibited from prescribing drugs in Schedules II, III, and IV for personal use. Except in an emergency, such APRN is prohibited from prescribing Schedule II drugs to a member of her immediate family, including spouse or equivalent, a parent, a child, sibling, parent-in-law, son/daughter-in-law, brother/sister-in-law, step-parent, step-child, step sibling and any other relative residing in the same household.

(5) At the time of initial application for Massachusetts Controlled Substance Registration and subsequently during each APRN authorization renewal period the APRN must comply with all state and federal requirements for continuing education.

All continuing education offerings must be consistent with Board requirements at 244 CMR 5.00.

### 4.08: Authorization to Practice as an Advance Practice Registered Nurse in More Than One

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### Clinical Category

An RN authorized by the Board to practice in an APRN clinical category may be authorized in additional APRN clinical categories in accordance with the requirements for authorization established for each clinical category. A RN authorized in more than one category must comply with the requirements for initial and renewal Board authorization to practice as an APRN for each clinical category, including payment of all initial and renewal fees established by the Executive Office of Administration and Finance for each APRN clinical category in which the RN is authorized.

### 4.09: Malpractice Insurance

An APRN with direct patient care responsibilities must obtain and maintain professional malpractice liability insurance with coverage of at least \$100,000.00 per claim, with a minimum annual aggregate of not less than \$300,000.00.

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

### ~~4.10: Authority of Board of Registration in Medicine~~

~~Nothing in 244 CMR 4.00 shall limit the Board of Registration in Medicine's review, monitoring and investigation of its licensees' activities pursuant to 243 CMR 2.00.~~

### REGULATORY AUTHORITY

244 CMR 4.00: M.G.L. c. 13§ 14; M.G.L. c. 112, §§ 80B, 80C, 80E, 80G, 80H, and 80I, Chapter 369 of the Acts of 2012, M.G.L. c. 94C.