

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. 244 CMR 4.00 also establishes principles regarding category, scope, collaboration, supervision, and accountability to which Advanced Practice Registered Nurses 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

For the purpose of 244 CMR 4.00, the terms or phrases in 244 CMR 4.00 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.

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

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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 health care system and as indicated by the health status of the patient, effectively provides for consultation, collaborative management or referral. Pursuant to St. 2012, c. 24, 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 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.

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

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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 Board 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 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 Registered Nurse (RN) or a Licensed Practical Nurse (LPN) and which License is current.

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).

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

No person will 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 244 CMR 4.00.

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 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 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 CRNA that is approved by a national accrediting organization 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 CRNA certification granted by a Board recognized certifying organization; and

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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 a CRNA an applicant must provide proof satisfactory to the Board of the following:
    1. Valid Massachusetts RN licensure;
    2. Good moral character as required at MGL c. 112, § 74 and as established by Board policy;
    3. Current CRNA certification granted by a Board recognized certifying organization; and
    4. Payment of the required fees as established by the Executive Office of Administration and Finance.
  - (c) Nurses who hold current Board authorization to practice as a CRNA prior to August 1, 2014 will be eligible to renew their authorization in compliance with the provisions of 244 CMR 4.05(1)(b).
  - (d) Initial Authorization of CRNA by Reciprocity. To be eligible for reciprocal Board authorization to practice as a CRNA 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 designed to prepare the graduate for practice as a CRNA that is approved by a national accrediting organization for academic programs acceptable to the Board; or
      - b. Satisfactory completion of a formal education program in addition to generic nursing preparation which meets the standards of 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 recognized certifying organization; and
    6. Payment of the required fees as established by the Executive Office of Administration and Finance.
  - (e) The Board may revoke, suspend, or refuse to renew its authorization permitting an 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 244 CMR 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:
    1. Valid Massachusetts RN 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 program designed to prepare the graduate for practice as a CNM that is approved by a national accrediting organization for academic

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- programs acceptable to the Board and attainment of a health related graduate degree; and
- b. Successful completion of, at minimum, core content at the graduate level in advanced assessment, advanced pathophysiology and advanced pharmacotherapeutics.
4. Current CNM certification granted by a Board recognized certifying organization; 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 a CNM an applicant must provide proof satisfactory to the Board of the following:
1. Valid Massachusetts RN licensure;
  2. Good moral character as required at MGL c. 112, § 74 and as established by Board policy;
  3. Current CNM certification granted by a Board recognized certifying organization; and
  4. Payment of the required fees as established by the Executive Office of Administration and Finance.
- (c) Nurses who hold current Board authorized practice as a CNM prior to August 1, 2014 will be eligible to renew their authorization in compliance with the provisions of 244 CMR 4.05(2)(b).
- (d) Initial Authorization of CNM by Reciprocity. To be eligible for reciprocal Board authorization to practice as a CNM 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 program designed to prepare the graduate for practice as a CNM that is approved by a national accrediting organization for academic programs acceptable to the Board and attainment of a health related graduate degree; or
    - b. Satisfactory completion of a formal educational program which has as its objective the preparation of nurses to perform as a CNM and which the Board has recognized as such; 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 CNM in another state, the District of Columbia, or a U.S. Territory in good standing;
  5. Current CNM certification granted by a Board recognized certifying organization; and
  6. Payment of the required fees as established by the Executive Office of Administration and Finance.
- (e) The Board may revoke, suspend, or refuse to renew its authorization permitting an RN to practice as a CNM 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 CNM may, upon written notice to the Board, on a form produced by the Board, request that the Board's authorization to practice as a CNM become inactive in the Board's licensure database.
- (g) A CNM who has been previously Board authorized to practice as a CNM, and who has voluntarily requested that the authorization to practice as a CNM 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 244 CMR 4.05(2)(b).

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(3) Certified Nurse Practitioner (CNP).

(a) To be eligible for initial Board authorization to practice as a 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 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 CNP that is approved by a national accrediting organization 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 CNP certification granted by Board recognized certifying organization; 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 a CNP an applicant must provide proof satisfactory to the Board of the following:

1. Valid Massachusetts RN licensure;
2. Good moral character as required at MGL c. 112, § 74 and as established by Board policy;
3. Current CNP certification granted by a Board recognized certifying organization; and
4. Payment of the required fees as established by the Executive Office of Administration and Finance.

(c) Nurses who hold current Board authorized practice as a CNP prior to August 1, 2014 will be eligible to renew their authorization in compliance with the provisions of 244 CMR 4.05(3)(b).

(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 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 CNP that is approved by a national accrediting organization for academic programs acceptable to the Board; or
  - b. Satisfactory completion of a formal educational program 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 certifying organization; and
6. Payment of the required fees as established by the Executive Office of Administration and Finance.

(e) The Board may revoke, suspend, or refuse to renew its authorization permitting an 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.

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(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 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 244 CMR 4.05(3)(b).

(4) Psychiatric Clinical Nurse Specialist (PCNS).

(a) To be eligible for initial Board authorization to practice as a 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 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 PCNS that is approved by a national accrediting organization 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 PCNS certification granted by a Board recognized certifying organization; 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 a PCNS an applicant must provide proof satisfactory to the Board of the following:

1. Valid Massachusetts RN licensure;
2. Good moral character as required at MGL c. 112, § 74 and as established by Board policy;
3. Current PCNS certification granted by a Board recognized certifying organization; and
4. Payment of the required fees as established by the Executive Office of Administration and Finance.

(c) APRNs who hold current Board authorized practice as a PCNS prior to August 1, 2014 will be eligible to renew their authorization in compliance with the provisions of 244 CMR 4.05(4)(b).

(d) Initial Authorization of PCNS by Reciprocity. To be eligible for reciprocal Board authorization to practice as a 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 designed to prepare the graduate for practice as a PCNS that is approved by a national accrediting organization for academic programs acceptable to the Board; or
  - b. Satisfactory completion of a formal educational program (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; 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 PCNS in another state, the District of Columbia, or a U.S. Territory in good standing;
5. Current PCNS certification granted by a Board recognized certifying organization; and

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6. Payment of the required fees as established by the Executive Office of Administration and Finance.
  - (e) The Board may revoke, suspend, or refuse to renew its authorization permitting an RN to practice as a PCNS 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 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 244 CMR 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 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 CNS that is approved by a national accrediting organization for academic programs acceptable to the Board;
      - 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 recognized certifying organization.
    4. Payment of the required fees as established by the Executive Office of Administration and Finance; and
    5. 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)3.b. 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;
    2. Good moral character as required at MGL c. 112, § 74 and as established by Board policy;
    3. Current CNS certification granted by a Board recognized certifying organization; and
    4. Payment of the required fees as established by the Executive Office of Administration and Finance.
  - (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 designed to prepare the graduate for practice as a CNS that is approved by a national accrediting organization 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 license or authorization as a CNS in another state, the District of Columbia,

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or a U.S. Territory in good standing;

5. Current CNS certification granted by a Board recognized certifying organization;

6. Payment of the required fees as established by the Executive Office of Administration and Finance; and

7. 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)3.b. 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 an 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 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 244 CMR 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 or her 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 or her category(s) consistent with the scope and standards of CRNA practice.

(b) The scope of CRNA practice is reflective of 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 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's Drug Control Program pursuant to M.G.L. c. 94C and regulations at 105 CMR 700.00: *Implementation of M.G.L. c. 94C* as well as with the U.S. Drug Enforcement Agency (DEA).

(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) The administration of anesthesia by a CRNA directly to a patient does not require a prescription consistent with M.G.L. c. 112, § 80H.

(2) Certified Nurse Midwife (CNM).

(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 category(s) consistent with the scope and standards of CNM practice.

(b) The scope of CNM practice is reflective of the standards established by the *American College of Nurse Midwives (ACNM)* for the provision of primary health care services to women throughout the lifespan including gynecologic care, 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 and reproductive health. The CNM is responsible and accountable for engaging in the practice of

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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 or her category(s) consistent with the scope and standards of CNP practice.

(b) The scope of CNP practice is reflective of 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. A CNP 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) 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 St. 2012, c. 369 and M.G.L. c. 112 § 80I, CNPs are authorized to issue written certifications of marijuana for medical use as provided pursuant to the mutually agreed upon guidelines between the NP and the physician supervising the CNP's prescriptive practice.

(4) Psychiatric Clinical Nurse Specialist (PCNS).

(a) A PCNS will only practice in the clinical category(s) for which the PCNS has attained and maintained certification. A PCNS may attain additional competencies within his or her category(s) consistent with the scope and standards of PCNS practice.

(b) The scope of PCNS practice is reflective of 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 PCNS 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 or her category(s) consistent with the scope and standards of CNS practice.

(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 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.

4.07: APRN 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.

## 4.07: continued

The following APRN 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 an 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 244 CMR 4.00.

(b) A Certified Nurse Practitioner means an RN authorized to practice as a nurse practitioner by the Board pursuant to M.G.L. c. 112, §§ 80B, and 80E and 244 CMR 4.00.

(c) A Psychiatric Clinical Nurse Specialist means an 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 244 CMR 4.00.

(d) A Certified Registered Nurse Anesthetist means an 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.

(2) Development, Approval, and Review of Prescriptive Practice Guidelines.

(a) Except for the CNM who does not require 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.

(b) In all cases, the written guidelines will:

1. identify the supervising physician 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 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. 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: *Implementation of M.G.L. c. 94C*, 105 CMR 721.000: *Standards for Prescription Format and Security in Massachusetts*, M.G.L. c. 112, §§ 80B, 80E, 80H, 80I, the regulations of the Board of Registration in Nursing at 244 CMR 4.00 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*.

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, an APRN engaged in prescriptive practice must:

(a) Thoroughly assess the patient, including an evaluation of the patient's risk factors, substance abuse history, presenting condition(s), current medication(s), a determination that other pain management treatments are inadequate, and a check of the patient's data through 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 unless a Pain Management Treatment Agreement is not clinically indicated due to the severity of the patient's medical condition;

4.07: continued

(d) Supply a Letter of Medical Necessity as required by the Board of Registration in Pharmacy pursuant to 247 CMR 9.04(8)(c); and

(e) Document 244 CMR 4.28(a) through (d) in the patient's medical record.

The purpose of 244 CMR 4.28 is to enhance the public health and welfare by promoting optimum therapeutic outcomes, avoiding patient injury and eliminating medication errors. Nothing in 244 CMR 4.28 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: *Continuing Education*.

4.08: Authorization to Practice as an Advance Practice Registered Nurse in More than One 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. An RN authorized in more than one clinical 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) 244 CMR 4.09 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 the 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: *Licensing and the Practice of Medicine*.

REGULATORY AUTHORITY

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