



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Professions Licensure
Board of Registration in Nursing
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AUDIT FOR

COMPLIANCE WITH THE REGULATIONS AT 244 CMR 4.00

Advanced Practice Registered Nurses (APRNs), with less than two (2) years supervised prescriptive practice, who register for prescriptive practice with the Drug Control Program (DCP) and receive a Massachusetts Controlled Substance Registration (MCSR) are required to develop mutually agreed upon guidelines with and be supervised by a Qualified Healthcare Professional (QHP).

CNSs who are Psychiatric Nurse Mental Health Clinical Specialists (PNMHCSs) (also known as Psychiatric Clinical Nurse Specialists (PCNSs) are the **only** category of CNS authorized by statute to register for prescriptive practice. Certified Nurse Midwives (CNMs) **are exempt** from QHP supervision and the requirement to develop mutually agreed upon guidelines.

Mutually Agreed Upon Guidelines mean written instructions and procedures describing the methods that APRNs with supervised prescriptive practice follow when managing medications. They specify those instances in which referral to or consultation with a QHP is required for appropriate medication management.

Guideline development and maintenance are a joint responsibility of both the APRN and the QHP with whom the guidelines are established. Refer to [244 CMR 4.07](#) for specific requirements that must be included in the prescriptive practice guideline document.

There is no requirement for third party review when the guidelines are written; however, the Board may request a copy of the prescriptive practice guidelines, at any time, to assess compliance.

Guidelines are public documents, and APRNs who are mandated by statute to have prescriptive practice guidelines must make a copy of the guidelines available to any person upon request.

During the two (2) year period from which they were originally signed and dated, the mutually agreed upon guidelines must be kept on file in the workplace. Should the QHP, with whom the APRN develops and signs prescriptive practice guidelines change prior to the end of the two (2) year period, the new QHP, with whom guidelines are established, must review, sign, and date the existing guidelines. Alternatively, the APRN and the new QHP can agree to create a new document. CRNA guidelines do not need to be signed.

When APRNs complete the minimum of two (2) years supervised practice they are eligible to engage in independent prescriptive practice. They may amend their MCSR to remove supervision. The amendment form can be found on the Department of Public Health Drug Control Program ([DCP](#)) web site under the link to [Massachusetts Controlled Substance Registration](#). They will be required to attest that they have completed two (2) years supervised prescriptive practice and are eligible to prescribe independently.

Pursuant to M.G.L. c. 112, § 80E, prescriptions issued by an APRN under prescriptive supervision shall include the name of the supervising QHP, **but a co-signature is not required on either prescriptions or medication orders**. A co-signature by an independent authorized prescriber **does not** exempt an APRN from the requirement to obtain a Massachusetts Controlled Substance Registration (MCSR) and DEA to write orders and/or prescriptions

AUDIT FORM FOR MUTUALLY AGREED UPON GUIDELINES

Audit conducted on: _____

APRN's Name: _____

License Number: _____ Expiration Date: _____

Qualified Healthcare Professional's (QHP's) Name:

License Number: _____ Expiration Date: _____

Must answer **YES** to all criteria listed.

Supervising Physician criteria:

1. Holds an unrestricted full license in Massachusetts. YES ___ NO ___
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. YES ___ NO ___
3. 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. YES ___ NO ___

Supervising CRNA, CNP or PNMHCS (APRN) criteria:

1. Holds a valid registered nurse license in Massachusetts. YES ___ NO ___
2. Holds advanced practice authorization in Massachusetts in the same clinical category as the person being supervised: YES ___ NO ___
3. 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. YES ___ NO ___
4. Has completed either:
 - o A combination of supervised practice for a minimum of two years plus one-year of independent practice or YES ___ NO ___
 - o Three years of independent practice YES ___ NO ___

Written Guidelines:

1. Identify the APRN and supervising qualified healthcare professional. YES ___ NO ___
2. Include dated signatures of the APRN and supervising qualified healthcare professional if CNP or PNMHCS. (CRNA's do not need to be signed). YES ___ NO ___
3. Include a defined mechanism for the delegation of supervision to another QHP including, but not limited to, duration and scope of the delegation. YES ___ NO ___
4. Describe circumstances in which QHP consultation or referral is required for the pharmacologic treatment of medical conditions. YES ___ NO ___

For Nurse Practitioners who certify Medical Marijuana only:

Pursuant to Chapter 369 of the Acts of 2012 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 CNP and the QHP supervising the CNP's prescriptive practice.

YES ___ NO ___

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