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**TITLE 848 INDIANA STATE BOARD
OF NURSING**

LSA Document #03-34(F)

DIGEST

Amends 848 IAC 5-1-1 and 848 IAC 5-1-3 concerning prescriptive authority for advanced practice nursing. Effective 30 days after filing with the secretary of state.

848 IAC 5-1-1

848 IAC 5-1-3

SECTION 1. 848 IAC 5-1-1 IS AMENDED TO READ AS FOLLOWS:

848 IAC 5-1-1 Initial authority to prescribe legend drugs

Authority: IC 25-23-1-7

Affected: IC 25-23-1

Sec. 1. (a) An advanced practice nurse may be authorized to prescribe legend drugs, including controlled substances, if the advanced practice nurse does the following:

(1) Submits an application on a form prescribed by the board with the required fee, including, but not limited to, the following information:

(A) Complete name, residence and office addresses with zip codes, and residence and business telephone numbers with area codes.

(B) All names used by the applicant, explaining the reasons for any name change or use.

(C) Date and place of birth.

(D) Citizenship and visa status, if applicable.

(E) A complete statement of all nursing education received, providing **the following:**

(i) Names and locations of all colleges, schools, or universities attended.

(ii) Dates of attendance. ~~and~~

(iii) Degrees obtained or received.

(F) Whether the applicant has ever had any disciplinary action taken against the applicant's nursing license by the board or by the licensing agency of any other state or jurisdiction and the details and dates thereof.

(G) A complete list of all places of employment, including **the following:**

(i) The names and addresses of employers.

(ii) The dates of each employment. ~~and~~

(iii) Employment responsibilities held or performed ~~which that~~ the applicant had since graduation from nursing school.

(H) Whether the applicant is, or has been, addicted to any narcotic drug, alcohol, or other drugs and, if so, the details thereof.

(I) Whether the applicant has been convicted of any violation of law relating to drug abuse, controlled substances, narcotic drugs, or any other drugs.

(J) Whether the applicant has previously been licensed to practice nursing in any other state or jurisdiction and, if so, **the following:**

(i) The names of such states or jurisdictions ~~which that~~ previously licensed the applicant.

(ii) The dates of such licensure.

(iii) The license number. ~~and~~

(iv) The current status of such licensure.

(K) Whether the applicant has been denied a license to practice nursing by any state or jurisdiction and, if so, the details thereof, including **the following:**

- (i) The name and location of the state or jurisdiction denying licensure.
 - (ii) The date of denial of such licensure. ~~and~~
 - (iii) The reasons relating thereto.
- (L) A certified statement that the applicant has not been convicted of a criminal offense (excluding minor traffic violations) or a certified statement listing all criminal offenses of which the applicant has been convicted. This listing must include **the following:**
- (i) The offense of which the applicant was convicted.
 - (ii) The court in which the applicant was convicted. ~~and~~
 - (iii) The cause number in which the applicant was convicted.
- (M) All information in the application shall be submitted under oath or affirmation, subject to the penalties for perjury.
- (2) Submits proof of **holding** an active, unrestricted:
- (A) Indiana registered nurse license; **or**
 - (B) **registered nurse license in another compact state and having filed a Multi-state Privilege Notification Form with the health professions bureau.**
- (3) Submits proof of having met the requirements of all applicable laws for practice as an advanced practice nurse in the state of Indiana.
- (4) Submits proof of a baccalaureate or higher degree in nursing.
- (5) If the applicant holds a baccalaureate degree only, submits proof of certification as a nurse practitioner or certified nurse-midwife by a national organization recognized by the board and which requires a national certifying examination.**
- ~~(5)~~ **(6) Submits proof of having successfully completed a graduate level pharmacology course consisting of at least two (2) semester hours of academic credit from a college or university accredited by the Commission on Recognition of Postsecondary Accreditation:**
- (A) within five (5) years of the date of application; or
 - (B) ~~as part of a degree program, with clear and convincing proof of subsequent collaborative experience as an advanced practice nurse within the last five (5) years; if the pharmacology course was completed more than five (5) years but not more than eight~~ **(8) years, prior to immediately preceding the date of filing the application, the applicant must submit proof of the following:**
 - (i) Completing at least thirty (30) actual contact hours of continuing education during the two (2) years immediately preceding the date of the application, including a minimum of at least eight (8) actual contact hours of pharmacology, all of which must be approved by a nationally approved sponsor of continuing education for nurses.**
 - (ii) Prescriptive experience in another jurisdiction within the five (5) years immediately preceding the date of the application.**
- ~~(6)~~ **(7) Submits proof of collaboration with a licensed practitioner in the form of a written practice agreement that sets forth the manner in which the advanced practice nurse and licensed practitioner will cooperate, coordinate, and consult with each other in the provision of health care to patients. Practice agreements shall be in writing and shall also set forth provisions for the type of collaboration between the advanced practice nurse and the licensed practitioner and the reasonable and timely review by the licensed practitioner of the prescribing practices of the advanced practice nurse. Specifically, the written practice agreement shall contain at least the following information:**
- (A) Complete names, home and business addresses, zip codes, and telephone numbers of the licensed practitioner and the advanced practice nurse.
 - (B) A list of all other offices or locations besides those listed in clause (A) where the licensed practitioner authorized the advanced practice nurse to prescribe.
 - (C) All specialty or board certifications of the licensed practitioner and the advanced practice nurse.
 - (D) The specific manner of collaboration between the licensed practitioner and the advanced practice nurse, including how the licensed practitioner and the advanced practice nurse will:
 - (i) work together;
 - (ii) share practice trends and responsibilities;
 - (iii) maintain geographic proximity; and
 - (iv) provide coverage during absence, incapacity, infirmity, or emergency by the licensed practitioner.
 - (E) A description of what limitation, if any, the licensed practitioner has placed on the advanced practice nurse's prescriptive authority.
 - (F) A description of the time and manner of the licensed practitioner's review of the advanced practice nurse's prescribing practices. The description shall include provisions that the advanced practice nurse must submit documentation of the advanced practice nurse's prescribing practices to the licensed practitioner within seven (7) days. Documentation of prescribing practices

shall include, but not be limited to, at least a five percent (5%) random sampling of the charts and medications prescribed for patients.

(G) A list of all other written practice agreements of the licensed practitioner and the advanced practice nurse.

(H) The duration of the written practice agreement between the licensed practitioner and the advanced practice nurse.

~~(7)~~ **(8)** Written practice agreements for advanced practice nurses applying for prescriptive authority shall not be valid until prescriptive authority is granted by the board.

(b) When the board determines that the applicant has met the requirements under subsection (a), the board shall send written notification of authority to prescribe to the advanced practice nurse, including the identification number and designated authorized initials to be used by the advanced practice nurse.

(c) Advanced practice nurses who have been granted prescriptive authority will immediately notify the board in writing of any changes in, or termination of, written practice agreements, including any changes in the prescriptive authority of the collaborating licensed practitioner. Written practice agreements shall terminate automatically if the advanced practice nurse or licensed practitioner no longer has an active, unrestricted license.

(d) Advanced practice nurses wishing to prescribe controlled substances must obtain an Indiana controlled substances registration and a federal Drug Enforcement Administration registration. (*Indiana State Board of Nursing; 848 IAC 5-1-1; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2876; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 940; filed Dec 24, 2003, 10:45 a.m.: 27 IR 1571*)

SECTION 2. 848 IAC 5-1-3 IS AMENDED TO READ AS FOLLOWS:

848 IAC 5-1-3 Renewal of authority to prescribe legend drugs

Authority: IC 25-23-1-7

Affected: IC 25-23-1

Sec. 3. (a) Prescriptive authority for the advanced practice nurse expires on October 31 in each odd-numbered year. Failure to renew the prescriptive authority on or before the expiration date will automatically render the authority invalid without any action by the board.

(b) ~~An application form~~ **A notice of expiration** and instructions for renewal of the authority to prescribe legend drugs will be mailed in odd-numbered years with the renewal for registered nurse licensure.

(c) Applicants for renewal of the prescriptive authority shall pay a renewal fee in addition to the fee for renewal of the registered nurse license.

(d) ~~Applications~~ **The notice of expiration** for renewal of the prescriptive authority shall be mailed to the last known address of the licensee. Failure to receive the application for renewal shall not relieve the licensee of the responsibility for renewing the registered nurse license and the authorization to prescribe by the renewal date.

(e) Applicants for renewal of prescriptive authority shall submit **the following** to the board along with the renewal form and fee:

(1) Proof of at least thirty (30) actual contact hours of continuing education during the two (2) years immediately preceding renewal, including at least eight (8) actual contact hours of pharmacology, approved by a nationally approved sponsor of continuing education for nurses. ~~and approved by the board and contained on a list at the health professions bureau.~~

(2) A current signed and dated written collaborative practice agreement that contains all of the information required under section 1 of this rule.

(*Indiana State Board of Nursing; 848 IAC 5-1-3; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2878; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 940; filed Dec 24, 2003, 10:45 a.m.: 27 IR 1573*)

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