

COLORADO MEDICAL BOARD
RULES AND REGULATIONS REGARDING THE PHYSICIAN'S ROLE IN
PRESCRIPTIVE AUTHORITY FOR ADVANCED PRACTICE NURSES

Basis: The authority for the promulgation of these rules and regulations by the Colorado Medical Board("Board") is set forth in Sections 12-36-106.4(4)(a) and 24-4-103 of the Colorado Revised Statutes (C.R.S.).

Purpose: Pursuant to Section 12-36-106.4, C.R.S., physicians are encouraged to serve as a preceptor and/or mentor to an Advanced Practice Nurse seeking prescriptive authority. Section 12-36-106.4, C.R.S., also requires the Board to adopt rules to implement the prescriptive authority requirements related to physicians.

Title 12, Article 38 of the Colorado Revised Statutes, also known as the Nurse Practice Act, sets forth the legal requirements for an Advanced Practice Nurse (APN) to obtain prescriptive authority in Colorado. The APN must obtain Provisional Prescriptive Authority from the Board of Nursing. Generally, those requirements are:

- Completion of a graduate degree in a nursing specialty
- Satisfactory completion of educational requirements as determined by the Board in the use of controlled substances and prescription drugs.
- National certification by a nationally recognized accrediting agency as determined by the Board of Nursing in the Role/Specialty of the APN, unless the Board of Nursing grants an exception;
- Professional liability insurance if required by Chapter XXI of the Board of Nursing's Rules and Regulations; AND
- Completion of an 1800 Preceptorship with a Physician Preceptor or Physician Preceptor and RXN Preceptor.

Upon receiving Provisional Prescriptive Authority, the APN is legally authorized to prescribe medications to patients appropriate to the APN's Role/Specialty and Population Focus. Within five years of receiving Provisional Prescriptive Authority the APN with prescriptive authority (hereinafter referred to as RXN-P) must:

- Complete an 1800 hour Mentorship with a Physician Mentor or Physician Mentor and RXN Mentor; and
- Develop an Articulated Plan for safe prescribing.

If the RXN-P does not complete these additional requirements within five years of receiving Provisional Prescriptive Authority such authority will expire for failure to comply with statutory requirements.

The purpose of these Rules is to further clarify the physician's role in the Preceptorship, Mentorship and Articulated Plan. Chapter XV of the Board of Nursing's Rules and Regulations sets forth the responsibilities and requirements of the Advanced Practice Nurse to obtain prescriptive authority. These rules apply only to the prescribing

relationship and should not be construed to govern other relationships between physicians and APNs in other situations.

1. Definitions

- 1.1. Advanced Practice Nurse (APN): A professional nurse who meets the requirements of Section 12-38-111.5, C.R.S. and who obtained specialized education or training and is included on the Advanced Practice Registry.
- 1.2. Advanced Practice Registry (APR): The BON's record of those professional nurses who are granted APN status by the BON in accordance with Section 12-38-111.5, C.R.S., and Chapter XIV of the BON's Rules and Regulations.
- 1.3. Applicant: An APN seeking Provisional Prescriptive Authority in the same Role and Population Focus for which the APN was recognized on the APR.
- 1.4. Articulated Plan: A written document that includes a strategy for safe prescribing and outlines how the RXN intends to maintain ongoing collaboration with physicians and other health care professionals in connection with the RXN's practice of prescribing medications within the RXN's Role/Specialty and Population Focus.
- 1.5. BON: The State Board of Nursing
- 1.6. CMB: The Colorado Medical Board
- 1.7. DEA: Drug Enforcement Administration
- 1.8. Disciplinary Sanction: Any current restriction, limitation, or condition on a Physician Preceptor's or Physician Mentor's medical license or on an RXN Preceptor's or RXN Mentor's nursing license, including confidential participation in a peer health assistance or an alternative to discipline program authorized by the mentor or preceptor's licensing board.
- 1.9. Full Prescriptive Authority: The authority granted to the RXN to prescribe medications upon completion of the required Mentorship and development of an Articulated Plan in accordance with the Role/Specialty and Population Focus of the RXN. Prescribing with Full Prescriptive Authority will be in accordance with the RXN's Articulated Plan.
- 1.10. Mentorship: A formal, Mutually Structured relationship between an RXN-P, as defined in Section 1.21 below, and a Physician Mentor or Physician Mentor and RXN Mentor to further the RXN-P's knowledge, skill, and experience.

- 1.11. Mutually Structured: A written plan for a Preceptorship or a Mentorship that is developed and implemented together and agreed upon by all preceptors or mentors and the Applicant or RXN-P.
- 1.12. Pharmacology: A minimum of three (3) semester credit hours or four (4) quarter hours completed at the graduate or post-graduate level in an accredited nursing program for which graduate credit has been awarded with an emphasis appropriate to but need not be identical to the Role/Specialty and Population Focus of the APN, including but not limited to the study of pharmacotherapeutics and pharmacokinetics of broad categories of pharmacological agents.
- 1.13. Physician Mentor: A person who holds a license to practice medicine in Colorado or a physician who is otherwise exempted from licensure pursuant to Section 12-36-106, C.R.S. The physician's license must be that is in good standing without any Disciplinary Sanction as defined in Section 1.8 above. The Physician Mentor must be actively practicing medicine in the State of Colorado and shall have education, training, experience and a practice that corresponds with but need not be identical to the Role/Specialty and Population Focus of the RXN-P. The Physician Mentor must also have an unrestricted DEA registration for the same controlled substance schedules as the RXN-P being mentored.
- 1.14. Physician Preceptor: A person who holds a license to practice medicine in Colorado or a physician who is otherwise exempted from licensure pursuant to Section 12-36-106, C.R.S. The physician's license must be in good standing without any disciplinary sanction as defined in Section 1.8 above. The Physician Preceptor must be actively practicing medicine in the State of Colorado and shall have education, training, experience and a practice that corresponds with but need not be identical to the Role/Specialty and Population Focus of the Applicant. The Physician Preceptor must have an unrestricted DEA registration.
- 1.15. Population Focus: A broad area of study encompassing the common problems of a specific group of patients and the likely co-morbidities, interventions and responses to those problems including but not limited to the following areas of practice: Family/individual across the life span; adult-gerontology; neonatal; pediatrics; women's health/gender related; psych-mental health. A Population Focus is not defined as a specific disease, health problem, or intervention.
- 1.16. Preceptorship: A mutually structured individualized period of practical experience and training between an Applicant and a Physician Preceptor or Physician Preceptor and RXN Preceptor that does not require a set curriculum but is designed to further the RXN's knowledge, skill and experience.
- 1.17. Prescription Order: Any order authorizing the dispensing of a single drug or device that is written, mechanically produced, computer generated and signed by a legally authorized prescriber, transmitted electronically or by facsimile, or produced by other means of communication to a licensed pharmacy or

pharmacist and that includes the name or identification of the patient, the date, the symptom or purpose for which the drug is being prescribed, if included at the patient's authorization, and sufficient information for compounding, dispensing and labeling.

- 1.18. Provisional Prescriptive Authority: The authority granted to the Applicant to prescribe medications upon completion of the required Preceptorship in accordance with the Role and Population Focus of the RXN. Prescribing with Provisional Prescriptive Authority requires that a Mutually Structured Mentorship exist between the RXN-P and a Physician Mentor or Physician Mentor and RXN Mentor.
- 1.19. Role/Specialty: The advanced practice area or position for which the Applicant, has been prepared and listed on the APR, including nurse practitioner (NP), certified nurse midwife (CNM), certified registered nurse anesthetist (CRNA), and/or clinical nurse specialist (CNS).
- 1.20. RXN: An APN who is listed on the APR and who has been granted Full Prescriptive Authority by the BON.
- 1.21. RXN—Provisional (RXN-P): An APN who is listed on the APR and who has been granted Provisional Prescriptive Authority by the BON.
- 1.22. RXN Mentor: A professional nurse who has met the qualifications for an APN, is included on Colorado's APR, has Full Prescriptive Authority in Colorado, and has experience prescribing medications. The RXN Mentor's nursing license must be without Disciplinary Sanction as defined in Section 1.8 above. The RXN Mentor shall have an active practice in Colorado and shall have education, training, experience and a practice that corresponds with but need not be identical to the Role and Population Focus of the RXN-P. The RXN Mentor must also have an unrestricted DEA registration for the same controlled substance schedules as the RXN-P.
- 1.23. RXN Preceptor: A professional nurse who has met the qualifications for an APN, is included on Colorado's APR, has Full Prescriptive Authority in Colorado, and has experience prescribing medications. The RXN Preceptor's nursing license must be without Disciplinary Sanction as defined in Section 1.8 above. The RXN Preceptor shall have an active practice in Colorado and shall have education, training, experience and a practice that corresponds with but need not be identical to the Role and Population Focus of the Applicant.

2. Preceptorship Requirements

- 2.1. To obtain Provisional Prescriptive Authority, the Applicant must complete a post-graduate Preceptorship of not less than 1800 hours. The Preceptorship must be completed with the five (5) year period immediately preceding the filing of

the application for Provisional Prescriptive Authority. The Preceptorship shall be conducted with either a Physician Preceptor or a Physician Preceptor and RXN Preceptor [hereinafter referred to as preceptor(s)] as defined in Section 1.

- 2.2. The Preceptorship shall occur in a clinical setting that corresponds to the Applicant's Role and Population Focus and shall include but not be limited to precepted experience in clinical diagnosis and management; advanced Pharmacology; and precepted experience with specific drugs relevant to the Role, Population Focus and scope of practice of the Applicant.
- 2.3. Interaction between the Applicant and the preceptor(s) shall occur at least weekly and more frequently if appropriate to provide for patient safety. If the Preceptorship is with a Physician Preceptor and RXN Preceptor, the Physician Preceptor must participate in a minimum of one (1) meeting per month.
- 2.4. During the Preceptorship all Prescription Orders must be signed or otherwise legally authorized by a preceptor or another person with full prescriptive authority.
- 2.5. The Applicant and all preceptor(s) shall provide documentation of completion of the Preceptorship as requested by the Applicant to complete the BON's Provisional Prescriptive Authority application process. The preceptor(s) shall not, without good cause, withhold signature or otherwise fail to provide timely documentation of completion of the Preceptorship. Upon successful completion of the application process, the Applicant may be granted Provisional Prescriptive Authority by the BON.
- 2.6. If a circumstance such as retirement, illness, relocation or other event precludes the Physician Preceptor from continuing in the Preceptorship, the Applicant shall secure a replacement Physician Preceptor and enter into a new, Mutually Structured Preceptorship. Any hours accrued during the period of time in which the Applicant does not have a Physician Preceptor will not be credited toward completion of the 1800 hour Preceptorship.
- 2.7. The preceptor(s) shall not require payment or employment as a condition of entering into the preceptor relationship. The Preceptorship should not be financially burdensome to either party. In recognition of the preceptor(s) time and expertise, reasonable expenses may be paid. Compensation by the Applicant to the preceptor(s) should be agreed upon as part of the Preceptorship, shall comply with standards of fair market value, and shall not be onerous or otherwise present a barrier to completion of the Preceptorship.

3. Mentorship Requirements

- 3.1. To obtain Full Prescriptive Authority, the RXN-P must complete an additional 1800 hours of documented experience in a Mentorship. The Mentorship shall be

conducted with either a Physician Mentor or a Physician Mentor and RXN Mentor [hereinafter referred to as mentor(s)] as defined in Section 1. The mentor(s) need not be the same person(s) who was the preceptor(s) for the RXN-P. The Mentorship must be completed within five (5) years after Provisional Prescriptive Authority is granted.

- 3.2. The Mentorship shall contain the following elements:
 - 3.2.1. Is documented in writing and signed by the RXN-P and all mentor(s).
 - 3.2.2. Outlines a process and frequency for ongoing interaction and discussion of prescriptive practice throughout the Mentorship between all mentor(s) and the RXN-P to provide for patient safety.
- 3.3. The Mentorship document shall be retained for a period of three (3) years by the RXN and all mentor(s) following completion of the Mentorship and shall be available to the BON from the RXN and to the CMB from the Physician Mentor upon request.
- 3.4. The RXN-P and all mentor(s) shall provide documentation of completion of the Mentorship as requested by the RXN-P to complete the BON's process to obtain Full Prescriptive Authority. The mentor(s) shall not, without good cause, withhold signature or otherwise fail to provide timely documentation of completion of the Mentorship. Upon successful completion of this process, including but not limited to the Articulated Plan as set forth in Section 4 of these Rules, the RXN-P may be granted Full Prescriptive Authority by the BON.
- 3.5. If a circumstance such as retirement, illness, relocation or other event precludes any Physician Mentor from continuing in the Mentorship, the RXN-P shall secure a replacement Physician Mentor and enter into a new, Mutually Structured Mentorship. Any hours accrued during the period of time in which the RXN-P does not have a Physician Mentor will not be credited toward completion of the 1800 hour Mentorship.
- 3.6. The mentor(s) shall not require payment or employment as a condition of entering into the mentor relationship. The Mentorship relationship should not be financially burdensome to either party. In recognition of the mentor(s) time and expertise, reasonable expenses may be paid. Compensation by the RXN-P to the mentor(s) should be agreed upon as part of the Mentorship, shall comply with standards of fair market value, and shall not be onerous or otherwise present a barrier to completion of the Mentorship.

4. Articulated Plan

- 4.1. To obtain Full Prescriptive Authority, the RXN-P must develop an Articulated Plan for safe prescribing within five (5) years after Provisional Prescriptive Authority is granted. The RXN-P's current Physician Mentor and RXN Mentor, if applicable, are required to provide a one-time signature on the Articulated Plan

to verify that the RXN-P has developed the plan for safe prescribing in accordance with these Rules.

- 4.2. The Articulated Plan shall contain the following elements:
 - 4.2.1. Is in writing and is signed by the RXN-P and all mentors at the time of initial development.
 - 4.2.2. Documents a mechanism for consultation or collaboration with physicians and other appropriate health care providers and a mechanism for referral, when appropriate, to physicians and other appropriate health care providers for issues regarding prescribing.
 - 4.2.2.1. Such documentation shall include a written statement or plan that delineates the resources or contacts available to assist the RXN with regard to issues relating to safe prescribing and prescriptive authority.
 - 4.2.2.2. Such documentation shall also include a written statement or plan for the maintenance of ongoing collaboration with other health care professionals with regard to issues relating to safe prescribing and prescriptive authority.
 - 4.2.3. Sets forth a quality assurance plan for safe prescribing.
 - 4.2.3.1. A quality assurance plan is an individualized process by which an RXN seeks to evaluate the efficacy and quality of his or her prescribing practices. Such measures may include, but are not limited to, peer review, periodic chart audits, prescription audits on the Colorado Prescription Drug Monitoring Program, use of an electronic decision support system and utilization review. The quality assurance plan shall relate to the RXN's specific Role and Population Focus.
 - 4.2.4. Identifies decision support tools the RXN will utilize for prescribing medications.
 - 4.2.4.1. A decision support tool is an assistive tool commonly recognized by healthcare professionals as a valid resource for information on pharmaceutical agents or to aid the RXN in making appropriate judgments regarding safe prescribing. Such tools may include, but are not limited to, electronic prescribing databases, evidenced-based guidelines, antimicrobial reference guides, professional journals and textbooks.
 - 4.2.5. Documents the RXN's ongoing continuing education in pharmacology and safe prescribing.
 - 4.2.5.1. Such documentation shall include a personal record of the RXN's participation in programs with content relevant to the RXN's prescribing practice. This may include academic courses, programs by entities offering continuing education credit under nationally recognized educational program standards, educational content on safe prescribing-pharmacology offered by professional healthcare organizations and associations, and programs with relevant content. Certificates of attendance, information on program content and objectives or copies of presentations may serve as verification documents.

- 4.2.6. Documents that a review of the Articulated Plan has occurred at least annually after Full Prescriptive Authority has been granted by the BON and for as long as the RXN holds Full Prescriptive Authority in Colorado. A physician is not responsible for conducting the annual review of the Articulated Plan; such responsibility shall reside with the RXN.
 - 4.3. The Articulated Plan shall be retained by the RXN, shall be available to the BON upon request, and shall be reviewed annually and appropriately updated by the RXN.
 - 4.4. The RXN-P and all mentors shall provide documentation of development of the initial Articulated Plan as requested by the RXN-P to complete the BON's process for obtaining Full Prescriptive Authority. The mentor(s) shall not, without good cause, withhold signature or otherwise fail to provide timely documentation of completion of the Articulated Plan. Upon development of the Articulated Plan and successful completion of the Mentorship as set forth in Section 3 of these Rules, the RXN-P may be granted Full Prescriptive Authority by the BON.
5. Other Requirements
 - 5.1. An RXN must hold a valid DEA registration to prescribe controlled substances. As required by the DEA, the RXN must have a separate DEA registration for each practice location at which controlled substances are stored.
 - 5.2. Failure of a Physician Preceptor or Physician Mentor to comply with these Rules may constitute grounds for disciplinary action as set forth in section 12-36-117, C.R.S.
6. Notification
 - 6.1. The Director of the Division of Registrations shall be informed of any proposed changes to these rules.

Effective: July 1, 2010; Revised 08/19/10; Effective 10/15/10