

DEPARTMENT OF REGULATORY AGENCIES

Division of Registrations

Board of Nursing

3 CCR 716-1

CHAPTER XV

RULES AND REGULATIONS FOR PRESCRIPTIVE AUTHORITY FOR ADVANCED PRACTICE NURSES

STATEMENT OF BASIS: The authority for the promulgation of these rules and regulations by the State Board of Nursing (“Board”) is set forth in sections 12-38-108(1)(j), and 12-38-111.6, C.R.S.

PURPOSE: These rules are adopted to set criteria for authorization of Advanced Practice Nurses who are listed on the Advanced Practice Registry to prescribe controlled substances or prescription drugs, and to incorporate current accepted professional standards for the safe and effective use controlled substances and prescription drugs.

1. DEFINITIONS

- 1.1 Accrediting Body: An organization that establishes and maintains standards for professional nursing programs and recognizes those programs that meet these standards and is recognized by US Department of Education (USDE) and/or the Council for Higher Education Accreditation (CHEA), including the Commission on Collegiate Nursing Education (CCNE), National League for Nursing Accrediting Commission (NLNAC), Council on Accreditation of Nurse Anesthesia Educational Programs (COA), Accreditation Council for Midwifery Education of the American College of Nurse Midwives, and the National Association of Nurse Practitioners in Women’s Health Council on Accreditation.
- 1.2 Advanced Practice Nurse (APN): A master’s prepared nurse holding a graduate degree in advanced practice nursing who has completed a graduate or post-graduate program of study in an advanced practice Role/Specialty and/or Population Focus, in an accredited advanced practice nursing program and has been recognized and included on the Advanced Practice Registry (APR) by the Board. APN Roles/Specialties recognized by the Board are nurse practitioner (NP), certified registered nurse anesthetist (CRNA), certified nurse midwife (CNM) and clinical nurse specialist (CNS). A nurse seeking recognition as an APN must be academically prepared for the expanded scope of practice described as Advanced Practice Nursing.
- 1.3 Advanced Practice Nursing: The expanded scope of nursing practice in an advanced Role/Specialty and/or Population Focus approved by the Board.
- 1.4 Advanced Practice Registry (APR): The Board’s record of those professional nurses who are granted APN status by the Board in accordance with section 12-38-111.5, C.R.S. and these Chapter XV rules.
- 1.5 Applicant: An APN seeking Prescriptive Authority in the same Role/Specialty and/or Population Focus for which the APN was recognized on the APR.

- 1.6 Board: The State Board of Nursing.
- 1.7 Certifying Body: A non-governmental agency approved by the Board that validates by examination, based on pre-determined standards, an individual nurse's qualifications and knowledge for practice in a defined functional or clinical area of nursing.
- 1.8 Pathophysiology: A minimum of three (3) semester credit 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 the Role/Specialty and/or Population Focus of the APN, including but not limited to pathophysiologic processes of all body systems.
- 1.9 Pharmacology: A minimum of three (3) semester credit 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 the Role/Specialty and/or Population Focus of the APN, including but not limited to the study of pharmacotherapeutics and pharmacokinetics of broad categories of pharmacological agents.
- 1.10 Physical Assessment: A minimum of three (3) semester credit 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 the Role/Specialty and/or Population Focus of the APN, including but not limited to comprehensive history taking; physical and psychological assessment of signs and symptoms; pathophysiologic and psychopathologic status of the patient; and development of a clinical diagnosis and disease management.
- 1.11 Population Focus: A broad, population-based focus of study encompassing the common problems of that group of patients and the likely co-morbidities, interventions and responses to those problems including but not limited to the following areas of practice: Neonatal; Child; Women; Adults; Family; Mental Health. A Population Focus is not defined as a specific disease/health problem or specific intervention.
- 1.12 Preceptor: A physician licensed to practice in the state of Colorado who shares the same practice Population Focus as the Applicant, who, in a clinical setting, assumes oversight of the 1800 post-graduate prescribing hours the Applicant attains prior to applying for Prescriptive Authority.
- 1.13 Role/Specialty: The advanced practice area or position for which the Applicant has been prepared; i.e. nurse practitioner (NP), certified nurse midwife (CNM), certified registered nurse anesthetist (CRNA), and/or clinical nurse specialist (CNS)
- 1.14 RXN: An APN eligible to practice in Colorado in at least one Role/Specialty, who has been granted Prescriptive Authority in that Role/Specialty and/or Population Focus by the Board.
- 1.15 Unencumbered: No pending disciplinary action or current restriction to practice in the state of Colorado.

2. REQUIREMENTS FOR PRESCRIPTIVE AUTHORITY

- 2.1 Educational Requirements: The successful completion of a graduate or post-graduate nursing degree or post-graduate certificate in the Role/Specialty and/or Population Focus for which the Applicant seeks Prescriptive Authority.
- 2.2 Required Coursework: A minimum of three (3) graduate semester hours in each of the following: Pathophysiology, Pharmacology and Physical Assessment.

- 2.3 Completion of Required Coursework: Verification of completion of required coursework shall be evidenced by receipt of a sealed official transcript from a graduate or post-graduate APN program accredited by a nursing Accrediting Body. The transcript shall verify date of graduation, credential conferred, and Role/Specialty and/or Population Focus of the program.
- 2.4 The transcript shall verify date of course completion, grade and credits awarded. Applicants must provide copies of course descriptions or course syllabi when the required coursework in Physical Assessment, Pathophysiology, and Pharmacology is integrated into broad categories of advanced practice courses or when course titles do not accurately reflect course content.
- 2.5 Letters of verification are generally not accepted however, the Applicant may petition the Board on a case-by-case basis for a waiver of the transcript requirement. It is anticipated that such waivers will be rare. The decision to grant or deny such waiver shall be at the sole discretion of the Board.
- 2.6 First time Applicants for Prescriptive Authority are required to demonstrate completion of 1800 hours post-graduate precepted prescribing experience within the past 5 years, in a clinical setting which corresponds to the Applicant's Role/Specialty and/or Population Focus. The clinical experience must include a structured plan of precepted experience with at least one licensed physician.
- 2.7 An APN with Prescriptive Authority may serve as a Preceptor in addition to the physician Preceptor, to meet the requirements to prescribe medications in the Population Focus areas including but not limited to clinical diagnosis and management; advanced Pharmacology; and experience with specific drugs relevant to the scope of practice of the Applicant. Interaction between the APN and the Preceptor shall occur at least weekly.
- 2.8 In lieu of the requirements set forth in section 2.6, an Applicant with Prescriptive Authority in good standing from another state is required to demonstrate completion of 1800 hours of independent post-graduate prescriptive experience within the past five (5) years with attestation by a physician or independent health care provider, legally authorized to prescribe medications, that the Applicant's prescribing practices were with the specific drugs relevant to the scope of practice of the Applicant and within accepted standards of prescriptive practice.
- 2.9 An Applicant is required to possess an active, Unencumbered Colorado or multi-state professional nurse license at the time of application for Prescriptive Authority.
- 2.10 An Applicant must submit a Prescriptive Authority application on the current Board approved form; provide a sealed official transcript from the graduate or post-graduate APN program, and pay the applicable fee.
- 2.11 An Applicant is required to maintain at least one written collaborative agreement with a physician licensed in Colorado whose medical education, training, experience, and active practice corresponds with that of the RXN. Such agreement(s) shall identify the following:
 - A. Duties and responsibilities of each party;
 - B. Procedures and policies related to consultation and referral;
 - C. A mechanism to assure appropriate prescriptive practice; and
 - D. A time frame for the agreement;

- 2.12 The RXN shall inform the Board in writing of all collaborative agreements in effect including the name and license number of the collaborating physician; and of the commencement and/or termination of any collaborative agreement with a physician within thirty (30) days of such action.
- 2.13 The RXN shall inform the collaborating physician of any other collaborative agreements in place between the RXN and any other physicians.

3. SCOPE OF PRESCRIPTIVE AUTHORITY

- 3.1 The scope of Prescriptive Authority is based on the APN's Role/Specialty, appropriate graduate or post-graduate nursing education, and the Role/Specialty and/or Population Focus for which the APN has been recognized by the Board for inclusion on the APR and granted Prescriptive Authority. Pursuant to sections 12-38-111.6(3)(a) and (b), C.R.S. an APN may be granted authority to prescribe:
 - A. Prescription drugs to provide treatment for persons requiring routine health maintenance or routine preventive care.
 - B. Prescription drugs and controlled substances to provide treatment for persons requiring:
 1. Care for an acute, self-limiting condition. A self-limiting condition is one that has a defined diagnosis, a predictable outcome, and is not threatening to life or limb; or
 2. Care for a chronic condition that has stabilized; or
 3. Terminal comfort care
- 3.2 The RXN must obtain a DEA registration in order to prescribe controlled substances and shall be limited to Schedule II through Schedule V substances consistent with the Role/Specialty and/or Population Focus for which the APN has been granted Prescriptive Authority by the Board.
- 3.3 The RXN may accept, possess, administer and dispense samples that are within the Role/Specialty and Population Focus for which the APN has been granted Prescriptive Authority by the Board.
- 3.4 The RXN may obtain, possess and administer medications that are within the Role/Specialty and/or Population Focus for which the APN has been granted Prescriptive Authority by the Board.
- 3.5 Each RXN is responsible for complying with the requirements of these rules and the Nurse Practice Act and these rules including but not limited to: sections 12-38-111.5 (6) and 12-38-111.6 (4) (d), C.R.S.
- 3.6 Pursuant to section 12-38-111.6 (8)(c)(II), C.R.S., nothing in this section shall be construed to require a registered nurse to obtain prescriptive authority to deliver anesthesia care.

4. REGULATIONS RELATED TO REINSTATEMENT, REACTIVATION, RENEWAL AND WITHDRAWAL OF PRESCRIPTIVE AUTHORITY

- 4.1 REINSTATEMENT AND REACTIVATION

- A. An Applicant must possess an active, Unencumbered professional nurse license to practice in the state of Colorado, and have reinstated or reactivated all Roles/Specialties and Population Foci on the APR for which the Applicant wishes to reinstate or reactivate Prescriptive Authority.
 - B. An Applicant for reinstatement or reactivation of Prescriptive Authority must complete the reinstatement or reactivation application and meet the requirements as set forth in section 2 of these rules.
 - C. A nurse whose Prescriptive Authority is surrendered or revoked as part of a disciplinary action must apply as a new applicant and meet the requirements as set forth in section 2 of these rules.
- 4.2 Renewal of Prescriptive Authority is required at the time of the RXN's professional nurse license renewal in Colorado. Multi-state compact licensed professional nurses granted Prescriptive Authority by the Board shall be required to renew their Prescriptive Authority every two years and shall be issued with a specific expiration date for the Prescriptive Authority.
- 4.3 WITHDRAWAL
- A. An RXN may request that the Prescriptive Authority be voluntarily withdrawn. If Prescriptive Authority has been withdrawn, and the APN wishes to reapply for Prescriptive Authority, the nurse must file a new application and meet the requirements as set forth in section 2 of these rules.
 - B. The Board may withdraw Prescriptive Authority if the APN no longer meets the requirements for Prescriptive Authority, the APN is subject to discipline under 12-38-117, C.R.S. in accordance with the procedures set forth in section 12-38-116.5, C.R.S.

5. DISCIPLINE OF ADVANCED PRACTICE NURSES.

- 5.1 RXN discipline and proceedings shall be the same as set forth in sections 12-38-116.5 and 12-38-117, C.R.S.

Adopted: October 22, 2008

Effective: December 30, 2008