

Georgia Department of Public Health

**Prescriptive Authority for
Advanced Practice
Registered Nurses**

TOOLKIT

February 2013

**GEORGIA DEPARTMENT OF PUBLIC HEALTH
PRESCRIPTIVE AUTHORITY FOR ADVANCED PRACTICE REGISTERED NURSES
TOOLKIT**

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GEORGIA DEPARTMENT OF PUBLIC HEALTH
PRESCRIPTIVE AUTHORITY FOR ADVANCED PRACTICE REGISTERED NURSES
TOOLKIT

INTRODUCTION

In 2012, the Department of Public Health produced guidelines for Advanced Practice Registered Nurses (APRNs) working in public health for implementing prescriptive authority. The guidelines, which are included in this toolkit, are based on the current statutes related to prescriptive authority for APRNs as well as the rules and regulations of the Georgia Composite Medical Board, the Georgia Board of Nursing and the Georgia Pharmacy Board.

This toolkit is to be used by APRNs in Public Health as well as the supervisors and/or District Nursing Directors to become familiar with all of the requirements for obtaining approval to exercise prescriptive authority in Georgia and the various steps and processes. The toolkit provides a preparation checklist, a template for APRNs in Public Health to use for the protocol agreement and other relevant information.



APRN PRESCRIPTIVE AUTHORITY PREPARATION MASTER CHECKLIST

Purpose: This checklist serves as a tool in preparing for an APRN in public health to exercise prescriptive authority and to assure that all requirements, rules and statutes are met prior to the APRN exercising prescriptive authority. This checklist should be used in conjunction with the Department of Public Health document, *Nurse Protocol Agreements and Prescriptive Authority for Advanced Practice Registered Nurses Guidelines, July 2012*, and the *APRN Prescriptive Authority Reference Manual*.

#	REQUIREMENT	DATE COMPLETE
1.	Board of Nursing: <ul style="list-style-type: none"> a) Currently licensed as RN and authorized as APRN (includes national certification in specialty area). b) Preparation and performance specific to each medical act authorized in the nurse protocol agreement is documented. c) APRN wears name tag or ID with abbreviation "APRN" or post a copy of their APRN authorization or a sign with their name and initials "APRN" where they provide direct care. 	
2.	Georgia Composite Medical Board (GCMB): <ul style="list-style-type: none"> a) Hold a National Provider Number (NPI). b) Hold a DEA number if the APRN is going to prescribe and/or handle controlled substances III, IV or V (See APRN Guidelines, p. 18, regarding DEA Form 224). c) Identify a delegating physician with the same or comparable specialty area. d) Identify a designated physician whose scope of practice is same as delegating physician. e) Written Nurse Protocol agreement meets all requirements of OCGA 43-34-25, GCMB rules and APRN Guidelines, Section E, pp. 6-8. f) Annual Pharmacology training appropriate to the physician's scope of practice is documented. g) Submit nurse protocol agreement consistent with the <i>Template for a Public Health Location Nurse Protocol Agreement</i> (see APRN Guidelines, p. 9), which has been signed by the APRN, delegating physician and designated physician, to the GCMB for approval within 30 days of executing the agreement, along with the <i>APRN Protocol Agreement Checklist and Forms A and C</i>, per GCMB instructions at http://medicalboard.georgia.gov. h) Copy of protocol agreement is in each site of practice where direct care is provided to patients. i) Prepares a handout to give to patients with the phone number for patients to call after hours if they have questions regarding any prescription issued by the APRN. 	
3.	Georgia Board of Pharmacy: <ul style="list-style-type: none"> a) If the APRN plans to dispense any drugs prescribed by the APRN, sends notification letter to the Georgia Board of Nursing of intent to dispense drugs (see APRN Guidelines, Attachment 2). b) If the APRN plans to dispense any drugs prescribed by the APRN, prepares how the label to be affixed to such drugs prescribed will meet Board requirements (see APRN Guidelines, p. 13). c) Identifies whether prescription drugs orders are to be issued in electronic or hard copy format and in accordance with the Board's rule 480-22-.12 (see APRN Guidelines, p. 13 and Attachment 3). d) If the APRN plans to prescribe or handle controlled substances Schedule III, IV or V, they should review OCGA 16-13, Georgia Board of Pharmacy Rules and Regulations, and Federal Title 21—Food and Drugs, Chapter 13, Drug Abuse Prevention and Control Subchapter I—Control and Enforcement (see APRN Guidelines pp. 18-20). 	
4.	Other: <ul style="list-style-type: none"> a) If the APRN plans to prescribe antiretroviral therapy for HIV through ADAP, the requirements specified in the APRN Guidelines, Section I, pp. 21-23 must be met. b) Clarify how consultations with delegating physician and/or designated physician will be documented in the patient's clinical record (i.e., in the narrative notes or other specified form). c) Review QA/QI Components for Physician Oversight of APRNs: An Overview (See Ref. Manual). d) All APRNs should read all relevant statutes, rules, guidelines (See Ref. Manual). 	

**Georgia Department of Public Health
Quality Assurance/Quality Improvement Components for Physician Oversight
of Advanced Practice Registered Nurses: An Overview**

Introduction

The Georgia Department of Public Health, in partnership with the District Health Directors (DHDs), develops the standards, tools, guidelines and processes used by the DHDs to assure the Quality Assurance/Quality Improvement (QA/QI) oversight for APRNs who practice under nurse protocol agreements. The development of the QA/QI standards is coordinated by the state Office of Nursing, in collaboration with the State Office programs and Districts, and implemented, managed and monitored locally under the direction and oversight of the DHDs.

Components of QA/QI

Credentialing

At least annually, each APRN's license and authorization by the Georgia Board of Nursing and all other required credentials are verified.

Written Guidelines for Practice under Nurse Protocol Agreements

Written guidelines provide direction, promote consistency and delineate how APRNs in public health are to practice under nurse protocol agreements in accordance with all applicable statutes, rules and regulations.

Nurse Protocol Agreements Reviewed, Revised and Updated

At least annually, each APRN's nurse protocol agreement is reviewed for any needed changes, revisions and/or updates based on research, technology and changes in practice guidelines. The initial nurse protocol agreement is signed by the APRN, delegating physician and designated physician and submitted to the Georgia Composite Medical Board for review. The annual updated nurse protocol agreement is signed by the APRN and delegating physician.

Peer Review

At least annually, another APRN with similar rank and practice specialty conducts a peer review of the APRN. The peer reviewer evaluates appropriate patient management using such tools as direct observation of the APRN's clinical practice, analysis of documentation, and clinical record review. After the review, the peer reviewer meets with the APRN to discuss the findings and also submits a written report to the APRN's supervisor, the District Nursing and Clinical Director, and the DHD. The peer review report and recommendations concerning the APRN's practice are approved by the DHD and delegating physician.

Record Reviews

- 100% of patient records for patients receiving prescriptions for controlled substances, which shall occur at least quarterly after issuance of such prescription.
- 100% of patient records in which an adverse outcome has occurred. Such review shall occur within 30 days after the discovery of an adverse outcome.
- 10% of all other patient records. The delegating physician shall sign all of these records and such review shall occur at least quarterly.

Consultation with Delegating Physician or Designated Physician

The delegating physician is available for immediate consultation by phone, facsimile, pager and/or e-mail. If the delegating physician is not available, the designated physician, who concurs with the terms of the nurse protocol agreement, is available for consultation. All consultations with the delegating/designated physician will be documented in the clinical record.

Benefits of Prescriptive Authority for APRNs in Public Health

1. Improve Access to Care

This will help public health improve access to care and medications, especially for the many Georgian's living in medically underserved rural and urban areas. For the many Georgians who are treated by APRN's at public health clinics throughout Georgia, the APRN's ability to execute written and electronic orders would help alleviate barriers to needed medications. Georgians' access to their needed medications is currently dependent on physician availability, which often leads to prolonged waiting periods, especially in rural counties where physician availability is often limited.

2. Strengthen Public Health Response to Disaster

This will allow Public Health to respond more effectively during disasters and emergencies. Prescriptive authority for APRNs means that in a disaster, more providers are available to both assess patients and order needed medications for those exposed to biological threats, including anthrax and pandemic flu, as well as those displaced due to natural disasters.

3. Improve Efficiency of Service

This will allow Public Health to provide more efficient care to its patients. For example, when a women's health services patient requests an oral contraceptive that is not part of the health department drug formulary, the APRN currently calls the order to a specific pharmacy or makes several phone calls to locate the best price for the patient and to assure that the medication is in stock. This will allow the APRN to give a written prescription for the oral contraceptive to the patient, who could then take it to an alternative pharmacy or shop for the best price. Greater efficiency in the ordering process will enable the APRN to provide care for more Georgians.

4. Promote Consistency with Other States

This will allow people in Georgia to enjoy the same benefits as the rest of the country. The proven safe and cost- effective care provided by APRNs can be made wholly available in Georgia, which currently ranks 37th in health status (United Health Foundation, 2011).



Georgia Department of Public Health

COMPARISON OF NURSE PROTOCOL STATUTES
O.C.G.A. §§ 43-34-25 and 43-34-23

COMPONENT	O.C.G.A. § 43-34-25 (O.C.G.A. § 43-34-26.3 Redesignated) NURSE PROTOCOL AGREEMENTS WITH PRESCRIPTIVE AUTHORITY FOR APRNs	O.C.G.A. § 43-34-23 (O.C.G.A. § 43-34-26.1 Redesignated) NURSE PROTOCOL AGREEMENTS WITHOUT PRESCRIPTIVE AUTHORITY FOR APRNs AND RNS
DOCUMENTATION OF PREPARATION AND PERFORMANCE	Required for each delegated medical act authorized in nurse protocol agreement prior to practice under nurse protocol agreement [Georgia Board of Nursing (GBON)Rule 410-13-.01(2)(d)].	Required for each delegated medical act authorized in nurse protocol agreement prior to practice under nurse protocol agreement [GBON Rule 410-11-.03(2)(c)].
DELEGATING PHYSICIAN	Required. Must sign initial and annual Nurse Protocol agreement. No more than one delegating physician per nurse protocol agreement.	Required. Must sign Nurse Protocol agreement at least annually.
DESIGNATED PHYSICIAN	Required. Must sign initial Nurse Protocol agreement. May have more than one designated physician per nurse protocol agreement.	None specified in OCGA § 43-34-23, but is referenced in GBON Rule 410-13-.01(3)(e), although not required to sign nurse protocol agreement.
LIST OF APRN PROTOCOLS REVIEWED BY GCMB	Nurse Protocol Agreements must be submitted to the Georgia Composite Medical Board for review. The GCMB will send letter with nurse protocol number to the APRN; APRN must have protocol number in order to apply for DEA #. For list of reviewed protocols: http://medicalboard.georgia.gov/list-aprn-protocols-reviewed-board . Note: The \$75 application fee may be waived if the delegating physician is employee of state, county or city.	Nurse Protocol Agreements are reviewed, revised and updated at least annually by the RN/APRN and delegating physician, but not submitted to any board for approval.
PHARMACOLOGY TRAINING	Required at least annually. Must be documented and available upon request of the Georgia Composite Medical Board (GCMB).	Not specified.
DIAGNOSTIC STUDIES (e.g., Lab tests, Mammogram, Ultrasound)	APRNs may order dx studies as long as they are part of a nurse protocol agreement which specifies that the results of such dx studies be interpreted by a physician who is trained to interpret such tests.	APRNs and RNs in DPH and CBOH settings may order dx studies as long as part of a nurse protocol agreement. Does not specify who must interpret results.
DRUG ORDERS	May issue prescriptions through written, oral or electronic means. Must meet legal requirements of a prescription order. A duplicate prescription or a photocopy or electronic equivalent copy of the prescription drug order with the words "COPY ONLY" written across the face of the prescription or device order that is given to the patient must be maintained in the patient's medical record.	May order per nurse protocol agreement. May not issue written prescriptions.

DISPENSING DRUGS	<p>Does <u>not</u> authorize dispensing.</p> <p>In order for the APRN to dispense drugs prescribed by the APRN, per Board of Pharmacy Rule 480-28-.03 the APRN must submit letter notifying Georgia Board of Nursing (GBON) of intent to dispense as a “dispensing practitioner.” The GBON then notifies the GCMB. See guidelines (Attachment 2) for template letter.</p>	<p>Authorizes dispensing of dangerous drugs in accordance with a nurse protocol agreement <u>and</u> a dispensing procedure.</p>
CONTROLLED SUBSTANCES	<p>Authorizes APRN to order controlled substances Schedule III, IV and V; APRN is eligible to apply for a DEA registration number. If APRN does not prescribe controlled substances, no need for DEA #.</p> <p>Requires the delegating physician to evaluate or examine the patient who receives a prescription drug order for any controlled substance pursuant to a nurse protocol agreement at least quarterly.</p> <p>See guidelines for factors to consider and more details.</p>	<p>Authorizes physicians to delegate authority to APRNs to order controlled substances selected from a formulary of such drugs established by the GCMB. However, the GCMB never established such formulary.</p>
RECORD REVIEWS	<p>The Georgia Composite Medical Board has determined that the minimum accepted standards of medical practice require the following:</p> <ul style="list-style-type: none"> • 100% of patient records for patients receiving prescriptions for controlled substances. Such review shall occur at least quarterly after issuance of the controlled substance prescription. • 100% of patient records in which an adverse outcome has occurred. Such review shall occur within 30 days after the discovery of an adverse outcome. • 10% of all other patient records. The delegating physician shall sign all of these records and such review shall occur at least annually. 	<p>Nurse Protocol agreement must specify the schedule for periodic record reviews by the delegating physician. DPH QA/QI standard: quarterly review of record sample.</p>
CONSULTATION WITH PHYSICIAN	<p>The Georgia Composite Medical Board requires consultation with the delegating physician or designated physician in the following situations:</p> <ul style="list-style-type: none"> • Situations that pose an immediate threat to the patient’s life or bodily function. • Conditions that fail to respond to the management plan within an appropriate time frame. • Findings which are unusual or unexplained. • Whenever a patient requests physician consultation. • Whenever there is a material adverse outcome. • Situations requiring medical management that is beyond the APRN’s scope of practice. 	<p>Nurse protocol agreement shall include a provision for immediate consultation with the delegating physician.</p>
PATIENT EVALUATION OR FOLLOW-UP EXAMINATION	<p>The Georgia Composite Medical Board requires:</p> <ul style="list-style-type: none"> • Specific circumstances for patient evaluation or follow-up examination by the delegating physician or designated physician pursuant to the parameters under which delegated acts may be performed by the APRN. • Frequency of the evaluation or follow-up examination to be determined by the delegating physician, in accordance with the specified parameters and accepted standards of practice. • DPH: Patient evaluation may include review of medical records, diagnostic studies, and laboratory reports, other medical reports and information, case conferences, conference calls and/or telephone discussions with the patient. 	<p>None specified.</p>

Georgia Department of Public Health

**Nurse Protocol Agreements
and Prescriptive Authority
for Advanced Practice
Registered Nurses**

Guidelines

O.C.G.A. § 43-34-25

July 2012

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NURSE PROTOCOL AGREEMENTS WITH PRESCRIPTIVE AUTHORITY FOR ADVANCED PRACTICE REGISTERED NURSES GUIDELINES

A. PURPOSE

The purpose of these guidelines is to provide direction for nurse protocol practice with prescriptive authority for Advanced Practice Registered Nurses (APRNs) working for public health in Georgia. The following guidelines are in accordance with the prescriptive authority statute for APRNs (O.C.G.A. § 43-34-25) and all applicable statutes and rules of the Georgia Composite Medical Board, the Georgia Board of Nursing and the Georgia Board of Pharmacy.

Implementation of prescriptive authority for APRNs in Public Health is an option based on local public health needs and resources. If an APRN is unable to meet the requirements for O.C.G.A. § 43-34-25 and the rules of the Georgia Composite Medical Board, Georgia Board of Nursing, the Georgia Board of Pharmacy, all applicable statutes and any applicable program requirements (e.g., AIDS Drug Assistance Program requirements) or chooses not to implement prescriptive authority for APRNs, the APRN may continue to practice in accordance with the nurse protocol statute without prescriptive authority (O.C.G.A. § 43-34-23).

B. DEFINITIONS

1. Practitioner

- a. A physician, dentist, pharmacist, podiatrist, veterinarian, scientific investigator, or other person licensed, registered, or otherwise authorized under the laws of this state to distribute, dispense, conduct research with respect to, or to administer a controlled substance in the course of professional practice or research in this state;
- b. A pharmacy, hospital, or other institution licensed, registered, or otherwise authorized by law to distribute, dispense, conduct research with respect to, or to administer a controlled substance in the course of professional practice or research in this state;
- c. An advanced practice registered nurse acting pursuant to the authority of O.C.G.A. § 43-34-25. An advanced practice registered nurse is authorized to register with the federal Drug Enforcement Administration (DEA) and appropriate state authorities; or
- d. A physician assistant acting pursuant to the authority of O.C.G.A. § 43-34-103. A physician assistant is authorized to register with the federal DEA and appropriate state authorities.

2. **Advanced Practice Registered Nurse**
Advanced practice registered nurse (APRN) means a registered professional nurse licensed by the Georgia Board of Nursing (BON) who is recognized by the BON as having met the requirements established by the BON to engage in advanced nursing practice and who holds a master's degree or other graduate degree from an approved nursing education program and national board certification in his or her area of specialty, or a person who was recognized as an advanced practice registered nurse by the BON on or before June 30, 2006. Advanced practice registered nurses include certified nurse midwives, nurse practitioners, certified registered nurse anesthetists and clinical nurse specialists in psychiatric/mental health, and others recognized by the BON (O.C.G.A. § 43-26-3).
3. **Controlled Substance**
Controlled substance means any controlled substance as defined in O.C.G.A. § 16-13-21 but shall not include any Schedule I controlled substance included in O.C.G.A. § 16-13-25 or any Schedule II controlled substance included in O.C.G.A. § 16-13-26.
4. **Dangerous Drug**
As defined in O.C.G.A. § 16-13-71, 'Dangerous drug' means any drug other than a controlled substance Schedule I, II, III, IV or V. A dangerous drug has a certification from the Food and Drug Administration of the United States.
5. **Delegating Physician**
Delegating physician means a physician who has entered into a nurse protocol agreement pursuant to O.C.G.A. § 43-34-25.
6. **Diagnostic Study**
Diagnostic study means a laboratory test, X-ray, ultrasound, or procedure used to identify a characteristic or distinguishing feature of a particular disease or condition.
7. **Drug**
Drug means any dangerous drug, controlled substance or Over-the-Counter medications.
8. **Life Threatening**
Life threatening means an emergency situation in which a patient's life or physical well-being will be harmed if certain testing (intervention) is not performed immediately.
9. **Nurse Protocol Agreement**
Nurse protocol agreement means a written document mutually agreed upon and signed by an advanced practice registered nurse and a physician, by which document the physician delegates to that advanced practice registered nurse the authority to perform certain medical acts, which may include, without being limited to, the ordering of drugs, medical devices, medical treatments, diagnostic studies,

or in life-threatening situations, radiographic imaging tests. The components of the nurse protocol agreement are delineated under the section, REQUIREMENTS FOR NURSE PROTOCOL AGREEMENTS WITH PRESCRIPTIVE AUTHORITY.

10. Order

Order means to prescribe pursuant to a nurse protocol agreement which drug, medical device, medical treatment, diagnostic study, or, in life-threatening situations, radiographic imaging test is appropriate for a patient and to communicate the same in writing, orally, via facsimile, or electronically.

11. Physician

Physician means a person licensed to practice medicine under the Georgia Medical Practice Act:

- a. Whose principal place of practice is within this state; or
- b. Whose principal place of practice is outside this state but is within 50 miles from the location where the nurse protocol agreement is being utilized within this state [O.C.G.A. § 43-34-25(a)(12)(A)(B)].

12. Prescription Drug Order

Prescription drug order means a written or oral order for a drug or medical device for a specific patient. Such term includes an electronic visual image prescription drug order and an electronic data prescription drug order [O.C.G.A. § 43-34-25(a)(13)].

13. Professional Sample

Professional sample means a complimentary dose of a drug, medication, medication voucher, or medical device provided by the manufacturer for use in patient care.

14. Radiographic Imaging Test

Radiographic imaging test means a computed tomography, magnetic resonance imaging, positron emission tomography, or nuclear medicine diagnostic test.

C. MEDICAL ACTS DELEGATED BY THE PHYSICIAN TO THE ADVANCED PRACTICE REGISTERED NURSE MAY INCLUDE:

1. Dangerous Drugs

As defined in O.C.G.A. §16-13-71, 'Dangerous drug' means any drug other than a controlled substance Schedule I, II, III, IV or V. A dangerous drug has a certification from the United States Food and Drug Administration. Dangerous drugs may also be referred to as "Legend" drugs.

2. Controlled Substance

Controlled substance means any controlled substance as defined in O.C.G.A. § 16-

13-21 but shall not include any Schedule I controlled substance included in O.C.G.A. § 16-13-25 or any Schedule II controlled substance included in O.C.G.A. § 16-13-26. APRNs are not authorized to issue a prescription drug order for a Schedule I or II controlled substance.

3. Medical Devices

A device means an instrument, apparatus, contrivance, or other similar or related article, including any component part or accessory which is required under federal law to bear the label, "Caution: federal or state law requires dispensing by or on the order of a physician" [O.C.G.A. § 26-4-5(9)].

Examples of medical devices which may be prescribed by the APRN include blood glucose monitoring devices, contraceptive diaphragm and medical equipment.

4. Medical Treatments

The APRN may order/prescribe medical treatments that are consistent with the scope of practice for the respective specialty area.

5. Diagnostic Studies

- a. Laboratory test
- b. X-ray
- c. Ultrasound
- d. Procedures used to identify a characteristic or distinguishing feature of a particular disease or condition

6. Radiographic Imaging Tests

- a. Computed Tomography
- b. Magnetic Resonance Imaging
- c. Positron Emission Tomography
- d. Nuclear Medicine Diagnostic Test

D. REQUIREMENTS FOR ADVANCED PRACTICE REGISTERED NURSES WHO PRACTICE UNDER NURSE PROTOCOL AGREEMENTS WITH PRESCRIPTIVE AUTHORITY

An advanced practice registered nurse (APRN) who practices under a nurse protocol agreement with prescriptive authority (O.C.G.A. § 43-34-25) shall:

1. Hold a current license from the Georgia Board of Nursing to practice as a Registered Professional Nurse; and
2. Hold a current authorization from the Georgia Board of Nursing (BON) as having met the requirements established by the BON to engage in advanced nursing practice;
3. Adhere to a written nurse protocol agreement which is dated and signed by the APRN, the delegating physician, and any other designated physician(s); the APRN's area of practice shall be in the same or comparable specialty as that of the delegating physician; the protocol shall specify the medical acts delegated to the APRN as provided by O.C.G.A. § 43-34-25 and shall provide for immediate consultation with the delegating physician or a designated physician if the delegating physician is not available; and
4. Document preparation and performance specific to each medical act authorized by the written nurse protocol agreement, including ordering drugs, medical treatments or diagnostic studies, medical devices, or, in life threatening situations, radiographic imaging tests; and
5. Receive pharmacology training appropriate to the physician's scope of practice at least annually (See Attachment 1 for a list of websites to locate pharmacology training and continuing education activities). Documentation of such training shall be maintained by the delegating physician and provided to the Georgia Composite Medical Board upon request; and
6. Display the title "Advanced Practice Registered Nurse" or the abbreviation "A.P.R.N." on a name tag or other similar form of identification during times when such person is providing direct patient care. The APRN may either wear a name tag or identification badge with the abbreviation "A.P.R.N." or post a copy of their APRN license or a sign with their name and initials "A.P.R.N." on the wall, desk or some prominent area where they are providing direct patient care; and
7. Hold a National Provider Identifier (NPI) number. For information on how to apply go to <https://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/NationalProvIdentStand/apply.html>.
8. Notify the Georgia Board of Nursing of intent to dispense drugs (See Attachment 2 for a sample letter to use for such notification).
9. Hold a DEA number if the APRN is going to prescribe and/or handle controlled substances Schedule III, IV or V.

E. REQUIREMENTS FOR NURSE PROTOCOL AGREEMENTS WITH PRESCRIPTIVE AUTHORITY

A nurse protocol agreement between a physician and an APRN shall:

1. Bear a current review date; be available upon request; and
2. Be between an APRN who is in a comparable specialty area or field as that of the delegating physician; and
3. Contain a provision for immediate consultation between the APRN and the delegating physician; if the delegating physician is not available, the delegating physician, for the purposes of consultation, may designate another physician who concurs with the terms of the nurse protocol agreement. The designated physician must be a physician whose scope of practice is the same as that of the delegating physician. All consultations with the delegating physician or designated physician must be documented in the patient's medical record; and
4. Identify the parameters under which delegated acts may be performed by the APRN, including without limitation:
 - a. The number of refills which may be ordered, the extent to which radiographic imaging tests may be ordered, and the circumstances under which a prescription drug order may be executed.
 - b. If the delegating physician authorizes the APRN to order an X-ray, ultrasound, or radiographic imaging test (computed tomography, magnetic resonance imaging, positron emission tomography or nuclear medicine), the nurse protocol agreement shall contain provisions for such tests to be read and interpreted by a physician who is trained in reading and interpretation of such tests. A report of the X-ray, ultrasound or radiographic imaging test may be reviewed by the APRN and a copy of the test report shall be forwarded to the delegating physician, except that such provision for an ultrasound shall not be required for the APRN acting within his or her scope of practice; and
5. Comply with the provisions of O.C.G.A. § 43-34-25 regarding prescription drug orders placed by an APRN for a drug or medical device; and
6. Require documentation either in writing or by electronic means or other medium by the APRN of those acts performed by the APRN which are specific to the medical acts authorized by the delegating physician. This means that the APRN must document the acts that the APRN performs under the nurse protocol agreement; and
7. Include a schedule for review of patient records by the delegating physician. Georgia Composite Medical Board has determined that the minimum accepted

standards of medical practice require the following:

- a. 100% of patient records for patients receiving prescriptions for controlled substances. Such review shall occur at least quarterly after issuance of the controlled substance prescription.
 - b. 100% of patient records in which an adverse outcome has occurred. Such review shall occur within 30 days after the discovery of an adverse outcome.
 - c. 10% of all other patient records. The delegating physician shall sign all of these records and Public Health requires such review shall occur at least quarterly; and
8. Provide for patient evaluation or follow-up examination by the delegating physician or designated physician (pursuant to item number 3 above) with the frequency of the evaluation or follow-up examination to be determined by the delegating physician, in accordance with item number 4 above, and accepted standards of practice. Evaluation of the patient may include review of medical records, diagnostic studies, and laboratory reports and other medical reports and information, case conferences, conference calls and/or telephone discussions with the patient; and
 9. Be reviewed, revised or updated annually by the delegating physician and the APRN; and
 10. Be available for review upon written request to the APRN by the Georgia Board of Nursing or to the physician by the Georgia Composite Medical Board; and
 11. Provide that a patient who receives a prescription drug order for any controlled substance Schedule III, IV or V according to a nurse protocol agreement shall be evaluated or examined by the delegating physician, or designated alternate delegating physician, on at least a quarterly basis or at a more frequent interval. Evaluation of the patient may include review of medical records, diagnostic studies, and laboratory reports and other medical reports and information, case conferences, conference calls and/or telephone discussions with the patient; and
 12. Include a Drug Enforcement Administration (DEA) registration number for all parties to the nurse protocol agreement, including designated physicians [Georgia Composite Medical Board Rule 360-32-.02(1)(a)]; and
 13. Be signed by each delegating physician, each designated physician and the APRN. Each person signing the nurse protocol agreement should use his/her legal signature as it appears in patient records (i.e., full name/letters denoting the professional title – MD, APRN); and

14. All nurse protocol agreements must be submitted for review to the GCMB by the physician within thirty (30) days following execution. Instructions for submitting the Nurse Protocol Agreement, including the *APRN Protocol Agreement Checklist* and *Forms A, B and C*, may be found at <http://medicalboard.georgia.gov>. The fee required with submission of the Nurse Protocol Agreement may be waived if the applicant's physician is an employee of the State of Georgia, a County or City in Georgia. In the event the GCMB determines that the Nurse Protocol Agreement needs to be modified to comply with the GCMB standards or requirements, the parties agree to make such changes promptly following receipt of notice from the GCMB. In the event the delegating physician terminates the Nurse Protocol Agreement, Form B must be completed and submitted.
15. All nurse protocol agreements shall be kept for five years by the district or county health department where the APRN practices.
16. See *Template for a Public Health Location Nurse Protocol Agreement* for an APRN in public health on the following page. This template and the Georgia Composite Medical Board Forms A and C, found at <http://medicalboard.georgia.gov>, are to be completed, signed by the APRN, delegating physician and designated physician and submitted to the Georgia Composite Medical Board within 30 days following execution.

TEMPLATE FOR A PUBLIC HEALTH LOCATION NURSE PROTOCOL AGREEMENT

THIS NURSE PROTOCOL AGREEMENT (“Agreement”) is entered into this _____ day of _____ by and between _____ (“APRN”) and _____ (“Physician”).

Information regarding APRN:

The APRN (Advanced Practice Registered Nurse) under this Agreement is _____. The APRN is a registered professional nurse licensed by the Georgia Board of Nursing and recognized by said Board as a nurse practitioner.

APRN’s address: _____

Telephone #: _____

License #: _____

DEA #: Pending

(Must be provided to the Georgia Composite Medical Board within 30 days if not currently available)

Information Regarding DELEGATING PHYSICIAN:

The Physician under this Agreement is _____, a doctor of medicine (or a doctor of osteopathy) licensed by the Georgia Composite Medical Board.

Delegating Physician’s Practice address: _____

Telephone #: _____

License #: _____

DEA #: _____

Information Regarding OTHER DESIGNATED PHYSICIAN(S):

The Other Designated Physician(s) under this Agreement are listed below at the end of this agreement in the section entitled “Concurrence of Other Designated Physician(s).”

RECITALS:

The APRN and the Physician declare that they are in a comparable specialty area and field of practice, namely_____. The APRN and the Physician desire to enter into this Agreement in order to establish between them a nurse protocol agreement as that term is contemplated in O.C.G.A. § 43-34-25; and

This Agreement is made by the APRN and the Physician for the purpose of defining the scope of prescriptive authority and other medical acts to be exercised by the APRN in compliance with the applicable sections of O.C.G.A. § 43-34-1 *et seq.* (the “Georgia Medical Practice Act”) and O.C.G.A. § 43-26-1 *et seq.* (the “Georgia Registered Professional Nurse Practice Act”) and the administrative rules and regulations promulgated by their respective licensing boards; and

This Agreement shall not be construed as limiting, in any way or to any extent, the scope of practice authority provided to the APRN pursuant to the Georgia Registered Professional Nurse Practice Act and the administrative rules and regulations promulgated pursuant thereto; and

This Agreement applies only with respect to the APRN’s professional activities in Public Health Clinics located at the above address of the APRN and other Public Health locations where the APRN is assigned.

NOW, THEREFORE, for mutual promises and adequate consideration, the APRN and the Physician agree as follows:

1. **Incorporation of Recitals.** The recitals contained above are incorporated into and made a part of this Agreement.
2. **Description of Practice.** The Physician and the APRN shall collaborate in the treatment and management of patients in Public Health clinics at the address listed above:_____ (enter description)
3. **APRN’s Authority and Parameters.** At the Public Health Clinics the APRN shall be authorized to provide health services consisting of health promotion, health screening, management and treatment of acute episodic illness and management and treatment of stable chronic diseases. Subject to the limitations set forth herein below, the APRN may order appropriate drugs, lab work, x-rays, medical devices, medical treatments, and diagnostic studies, when necessary in the management and treatment of such acute illnesses or stable chronic illnesses. In rendering these services, the APRN shall exercise the requisite standard of care, defined as the exercise of at least that degree of skill, care and diligence as would ordinarily be rendered by advanced practice registered nurses generally under like and similar circumstances.

The APRN may refer to and use the following guidelines (in their latest, current edition) when treating and managing patients pursuant to this Agreement:

- a. Uphold and Graham, Clinical Guidelines in the Family Practice.
- b. Sanford, Gilbert and Sandle, Guide to Antimicrobial Therapy.
- c. Danbro, Williams & Wilkins, Griffith's 5 Minute Clinical Consult.
- d. Schwartz, The 5 Minute Pediatric Consult.
- e. Colyar, Ehrardt, Ambulatory Care Procedures.
- f. Uphold and Graham, Clinical Guidelines in Child Health.
- g. Physician's Desk Reference.
- h. DHHS Federally approved HIV/AIDS Practice Guidelines, <http://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-treatment-guidelines/0/>

- 4. Radiographic Imaging Tests.** Radiographic imaging tests may be ordered only by the APRN in the case of a life-threatening situation as defined below. As used herein, the phrase "radiographic imaging tests" means CT scans, MRI scans, PET scans or nuclear medicine scans, and the phrase "life-threatening situation" means an emergency situation in which a patient's life or physical well-being will be placed in significant, material jeopardy if such testing is not performed immediately.
- 5. Documentation.** The APRN shall document in writing in each patient's medical record, electronically or otherwise, those acts performed by the APRN which comprise medical acts delegated by the Physician to the APRN under this Agreement.
- 6. Physician Availability; Other Designated Physicians.** At all times when the APRN is acting under this Agreement, either the Physician or an "Other Designated Physician" shall be readily available to the APRN for immediate consultation by direct communication or by telephone or other mode of telecommunication. In the event the Physician is not readily available for such consultation, the Other Designated Physician(s) listed at the end of this Agreement in the section entitled "Concurrence of Other Designated Physicians" shall be available for such consultation in accordance with the Georgia Composite Medical Board Rule 360-32-.01.
- 7. Physician Evaluation and Follow-Up.** Patients treated by the APRN shall be evaluated and followed-up by the Physician (or, in the event the Physician is not available, an Other Designated Physician) on a time interval determined by the

Physician in accordance with the parameters of the acts delegated to the APRN and pursuant to such standards as may be from time to time determined by the Georgia Composite Medical Board.

- 8. Controlled Substances.** A patient who receives a prescription drug order for any controlled substance pursuant to this Agreement shall be evaluated or examined by the Physician (or Other Designated Physician) on at least a quarterly basis or at a more frequent interval as from time to time determined by the Georgia Composite Medical Board. The APRN shall not have the authority to order or prescribe Schedule I controlled substances as defined in O.C.G.A. § 16-13-25 or to prescribe Schedule II controlled substances as defined in O.C.G.A. §16-13-26.
- 9. Consultation with Physician Required in Certain Situations.** On-site evaluation or telephone consultation by the Physician (or Other Designated Physician) is required in the following situations: 1) situations that pose an immediate threat to the patient's life or bodily function, 2) conditions that fail to respond to the management plan within an appropriate time frame, 3) findings that are unusual or unexplained, 4) whenever a patient requests physician consultation, 5) whenever there is a material adverse outcome, and 6) in circumstances requiring medical management that is beyond the APRN's scope of practice.
- 10. Physician Must Interpret Imaging Studies.** With respect to x-rays, ultrasounds or radiographic imaging tests ordered by the APRN, all such tests shall be read and interpreted by a physician who is trained in the reading and interpretation of such tests. Further, a report of such x-ray, ultrasound or radiographic imaging test may be reviewed by the APRN with a copy of such report forwarded to the Physician, except that such provision for an ultrasound is not required where the APRN is acting within his/her scope of practice as authorized by O.C.G.A. §§ 43-26-3 and 43-26-5.
- 11. Prescription Drug Refills.** Initial ordered dosage units shall be limited to a 90-day supply. The APRN may thereafter order appropriate refills provided that the APRN shall not have the authority to order refills of any drug for more than 12 months from the date of the original order except in the case of oral contraceptives, hormone replacement therapy, or prenatal vitamins which may be refilled for a period of 24 months as provided in O.C.G.A. § 43-34-25. For controlled substances, the prescription shall not be filled or refilled for more than six months after the date on which such prescription was issued or be refilled more than five times [O.C.G.A. § 16-13-41(d)(1)].
- 12. Abortion Drugs Prohibited.** The APRN shall not have the authority to prescribe/order drugs intended to cause abortion to occur pharmacologically or to perform an abortion.
- 13. Documentation of Drug Orders.** The APRN shall document prescription orders in the patient's medical record. In addition, a duplicate prescription or a photocopy or

electronic equivalent copy of the prescription drug order with the words “COPY ONLY” written across the face of the prescription or device order that is given to the patient must be maintained in the patient’s medical record.

14. Requirements of Prescription Drug Orders Issued by An APRN Licensed to Practice in Georgia (480-22-.12). The APRN shall only be authorized to exercise the rights granted by O.C.G.A. § 43-34-25 using a prescription drug order which contains the following:

- a. The name, address and telephone number of the delegating physician;
- b. The name, address, telephone number of the APRN, NPI number and the APRN’s DEA number, if applicable;
- c. The date
- d. The name and address of the patient;
- e. The drug name, strength and quantity prescribed;
- f. The directions to the patient with regard to how the medication is to be administered;
- g. The number of authorized refills, if any;
- h. Such prescription drug order form shall be valid only if signed by the APRN.

When giving a written prescription to the patient, the prescription must be written on security paper in ink or indelible pencil or typewritten and must be manually signed by the APRN and include the delegating physician’s name. The APRN must also give the patient a phone number (in writing) to call if the patient has any questions pertaining to the prescription after usual business/clinic hours. The APRN is responsible for making sure that the prescription conforms in all essential respects to the law and regulation.

15. Professional Drug Samples. The APRN is authorized by the Physician to request, receive and sign for professional samples and may distribute professional samples to patients. The APRN shall observe the standards and requirements set out in O.C.G.A. § 43-34-25 when handling, storing and dispensing such samples. The APRN shall maintain a list of the professional samples approved by the delegating physician for request, receipt, and distribution by the APRN as well as a complete list of the specific number and dosage of each professional sample and medication voucher received and dispensed. In addition, all professional samples shall be maintained as required by applicable state and federal laws and regulations.

16. Physician Review and Signing of Records. The Physician shall review and sign

patient records generated by the APRN periodically based on the following minimum accepted standard of medical practice:

- a. 100% of patient records for such patients receiving prescriptions for controlled substances. Such review shall occur at least quarterly after issuance of the controlled substance prescription.
 - b. 100% of patients' records in which an adverse outcome has occurred. Such review shall occur no more than 30 days after the discovery of an adverse outcome.
 - c. 10% of all other patient records. DPH requires that such review shall occur at least quarterly.
- 17. Emergency Situations.** If an emergency situation should occur respecting any patient being treated by the APRN, the APRN shall respond by summoning trained emergency responders (911), begin initial stabilizing care and seek immediate consultation with the Physician or Other Designated Physician.
- 18. Pharmacology Training.** The Physician shall ensure that the APRN receives pharmacology training appropriate to the Physician's scope of practice at least annually. The pharmacology training for all APRNs should include HIV, hepatitis B and hepatitis C medications. Documentation of such training shall be maintained by the Physician and provided to the Georgia Composite Medical Board upon request.
- 19. Documentation Available for Composite Board.** Copies of this Agreement and supporting documentation shall be available at the practice site and open to review by the Georgia Composite Medical Board at any time, including documentation of the Physician's periodic review of the medical acts performed by the APRN and documentation of the pharmacology training received by the APRN each year.

Miscellaneous Matters

- 1. Annual Review; Board Approval.** This Agreement shall be reviewed, revised and updated (as necessary) and annually by the APRN and the Physician. Further, this Agreement shall be made available for review to the Georgia Board of Nursing by the APRN if requested by said Board and shall be submitted for review to the Georgia Composite Medical Board by the Physician within thirty (30) days following execution. In the event the Georgia Composite Medical Board determines that this Agreement needs to be modified to comply with the Georgia Composite Medical Board standards or requirements, the parties agree to make such changes promptly following receipt of notice from the Georgia Composite Medical Board.
- 2. Dispensing Practitioner.** The APRN must notify the Georgia Board of Nursing if they plan to dispense drugs. See Attachment 2 for a template to use in such notification.
- 3. Termination with Cause.** Either party may terminate this Agreement for cause, effective immediately, upon delivery of written notice to the other party, in the event of either of the following: (i) either the Physician's or the APRN's employment is terminated, or (ii) either the Physician's or the APRN's license to practice medicine or nursing, as the case may be, is revoked or suspended.
- 4. Termination without Cause.** Either party may terminate this Agreement without cause, effective immediately, upon delivery of written notice to the other party.
- 5. Notification to the Board of Termination.** The Physician shall notify the Georgia Composite Medical Board of the termination of this Agreement within ten (10) days of the date of termination and submit Form B, found at <http://medicalboard.georgia.gov>.
- 6. Governing Law.** This Agreement shall be governed by and construed in accordance with the laws of the State of Georgia.
- 7. Entire Agreement.** This Agreement represents the entire understanding of the parties and supersedes any prior written or oral agreement between the parties. There are no agreements, understandings or representations, either oral or written, relating to the subject matter of this Agreement which are not fully expressed herein.
- 8. Amendments must be in Writing.** This Agreement may only be amended by way of a written instrument signed by both parties.

IN WITNESS THEREOF, the parties to this Agreement hereby set their hands and seals on duplicate copies of the same, each of which may be deemed to be an original, on the date first above written.

APRN's Signature: _____ Date: _____

APRN's Printed Name: _____

Delegating Physician's Signature _____ Date: _____

Delegating Physician's Printed Name: _____

Delegating Physician's Georgia License #: _____

Delegating Physician's DEA #: _____

CONCURRENCE OF OTHER DESIGNATED PHYSICIAN(S)

By signing below, I acknowledge that I have been designated as an Other Designated Physician respecting the above and foregoing Nurse Protocol Agreement. I certify that my field and scope of medical practice is comparable to that of the APRN and the same as that of the Delegating Physician. I concur with and agree to the terms of the above and foregoing Nurse Protocol Agreement.

Designated Physician Signature: _____ Date: _____

Designated Physician Printed Name: _____

Designated Physician's Georgia License #: _____

Designated Physician's DEA #: _____

F. REQUIREMENTS OF PRESCRIPTION DRUG ORDERS ISSUED BY AN APRN LICENSED TO PRACTICE IN GEORGIA (480-22-.12)

The APRN shall only be authorized to exercise the rights granted by O.C.G.A § 43-34-25 in using a prescription drug order which contains the following:

1. The name, address, and telephone number of the delegating physician;
2. The name, address, telephone number of the APRN, NPI number, and the APRN's DEA number, if applicable;
3. The date
4. The name and address of the patient;
5. The drug name, strength and quantity prescribed;
6. The directions to the patient with regard to how the medication is to be administered;
7. The number of authorized refills, if any;
8. Such prescription drug order form shall be valid only if signed by the APRN.

When a written prescription is given to a patient, the prescription drug order must be on security paper. Prescription pads must be secured at all times. See Attachment 3 for sample prescription pads (blank and preprinted).

To obtain a National Provider Identifier (NPI), go to:

<https://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/NationalProvIdentStand/apply.html>.

The nurse protocol agreement must include the number of refills that may be ordered. APRNs cannot authorize refills of any drug for more than 12 months from the date of the original order, except for oral contraceptives, hormone replacement therapy or prenatal vitamins, which may be refilled for a period of 24 months.

The APRN must give the patient a phone number to call in case the patient has any questions regarding the prescription after regular business/clinic hours.

For Controlled Substances SCHEDULE III, IV AND V, see section G.

G. REQUIREMENTS FOR PRESCRIBING, REFILLS, PROCUREMENT AND THEFT OF CONTROLLED SUBSTANCES SCHEDULE III, IV OR V

Prescribing

It is recommended that all APRNs who prescribe or handle controlled substances Schedule III, IV and V regularly review O.C.G.A. § 16-13, Georgia Board of Pharmacy Rules and Regulations, Georgia Board of Nursing Rules and Regulations and Federal TITLE 21 - FOOD AND DRUGS, CHAPTER 13 - DRUG ABUSE PREVENTION AND CONTROL SUBCHAPTER I - CONTROL AND ENFORCEMENT.

An APRN is authorized to register with the Drug Enforcement Administration (DEA).

APRNs must complete a DEA Form 224 to apply for DEA registration. DEA Form 224 is a New Application for Retail Pharmacy, Hospital/Clinic, Practitioner, Teaching Institution, or Mid-Level Practitioner. The APRN must be authorized by the state to handle those drugs for which he/she is applying for DEA authorization and accordingly will ONLY be authorized to handle those drugs that are checked on the application form. Practitioner registrations must be renewed every three years. The registration fee should be paid by DPH or the County Board of Health. The fee may be waived.

DEA Form 224 is available on the Internet at www.DEAdiversion.usdoj.gov. The form must be manually signed and faxed or mailed to the local DEA office. The request must include a copy of the practitioner's current state medical/professional license and address along with a copy of the practitioner's state controlled substance registration, if applicable. New Applications (DEA Form 224) are processed within 4 to 6 weeks. Please visit www.DEAdiversion.usdoj.gov for additional information.

DEA Registration for Prescribing Controlled Substances Schedule III, IV or V

If a practitioner will be prescribing controlled substances Schedule III, IV or V from more than one location within the same state, then an additional registration is not necessary for each principal place of business or professional practice.

Prescribing Controlled Substances Schedule III, IV or V

After receiving both state and federal registration, the APRN can issue prescriptions for controlled substances Schedule III, IV or V. According to Title 21, Code of Federal Regulations (CFR), Section 1301.13(d), a prescription is an order for medication which is dispensed to or for an ultimate user. A prescription is not an order for medication which is dispensed for immediate administration to the ultimate user (e.g., an order to dispense a drug to an inpatient for immediate administration in a hospital is not a prescription). To be valid, a prescription for a controlled substance Schedule III, IV OR V must be issued for a legitimate medical purpose by a practitioner acting in the usual course of sound professional practice.

Prescription pads, either blank or preprinted, must be secured at all times. See sample blank and preprinted prescription pads in Attachment 3.

A controlled substance Schedule III, IV or V which is a prescription drug, shall not be dispensed without a written or oral prescription of a registered practitioner. The prescription shall not be filled or refilled more than six (6) months after the date on which such prescription was issued or be refilled more than five (5) times.

When the Advanced Practice Registered Nurse writes a prescription drug order to cause the dispensing of a controlled substance Schedule III, IV or V, he or she shall include:

1. The name and address of the person for whom it is prescribed,
2. The kind and quantity of such drugs,
3. The directions for taking such drugs,
4. The number of refills,
5. The date issued,
6. The signature, name, address, telephone number of the APRN,
7. The APRN's DEA number,
8. The APRN's NPI,
9. The name, address and telephone number of the delegating physician and
10. The phone number for the patient to call regarding questions after regular business/clinic hours.
11. Such prescriptions shall be signed and dated or may be issued orally or electronically.

When giving a written prescription to the patient, the prescription must be on security paper and written in ink or indelible pencil or typewritten and must be manually signed by the APRN and include the delegating physician's name. The APRN must also give the patient a phone number (in writing) to call if the patient has any questions pertaining to the prescription after usual business/clinic hours. The APRN is responsible for making sure that the prescription conforms in all essential respects to the law and regulation.

Refills

Prescriptions for controlled substances Schedule III, IV or V may be refilled up to five (5) times in six (6) months.

Procurement

Current procurement procedures do not allow for purchase, storage and handling of controlled substances within the County Health Department or District site without consultation with the District Health Director, delegating physician(s), and the State Office of Pharmacy and obtaining written recommendations from the Agents of the Board of Pharmacy concerning the satisfactory storage, keeping, handling, and security of such controlled substances and records, unless there is a licensed retail pharmacy within the facility that purchases, stores, and handles the controlled substances.

Theft

Theft must be reported to the DPH Office of Pharmacy, the Georgia Board of Pharmacy, the DEA and to the police.

H. ACCOUNTABILITY

The District Health Director is ultimately accountable for the quality of care provided in his/her district. District Public Health Nursing and Clinical Directors must work with APRNs and delegating physicians to ensure compliance with all statutes, rules and requirements relative to APRN protocol practice for prescriptive authority.

The delegating physician and APRN must review, revise, and update the nurse protocol agreement at least once annually and revise or update the nurse protocol agreement as needed.

The delegating physician or the designated physician must be available for immediate consultation, periodically review patient records, and provide patient evaluation or follow-up examination as specified in these guidelines and the applicable statutes, rules and requirements.

If the patient receives a prescription for any controlled substance Schedule III, IV, or V from an APRN, the delegating physician must evaluate or examine the patient at least quarterly.

APRNs must participate in peer review at least once annually. The components of peer review shall include direct observation of clinical skills. The guidelines for peer review delineated in the current edition of the *Quality Assurance/Quality Improvement for Public Health Nursing Practice* manual shall be used in conducting peer review. To

access such guidelines, go to

<http://health.state.ga.us/programs/nursing/publications.asp> APRNs who are practicing under the prescriptive authority statute (O.C.G.A. § 43-34-25) must comply with all components of the *Georgia Department of Public Health, Quality Assurance/Quality Improvement for Physician Oversight of Advanced Practice Registered Nurses*.

Nurse protocol agreements must be available for review at the site where direct patient care is provided by the APRN.

I. REQUIREMENTS FOR APRNs PRESCRIBING ANTIRETROVIRAL THERAPY FOR HIV THROUGH THE GEORGIA AIDS DRUG ASSISTANCE PROGRAM (ADAP) AND/OR ANY OTHER THIRD-PARTY PAYOR

In addition to meeting these guidelines, APRNs who prescribe antiretroviral therapy for HIV through ADAP and/or any other third-party payor are required to meet the following program expectations:

1. The Department refers to the Georgia Department of Public Health.
2. The ADAP may only accept written prescriptions, applications, and recertification forms from APRNs who have a current nurse protocol agreement approved by the Georgia Composite Medical Board (Board).
3. The nurse protocol agreement should include treatment of persons with HIV disease and the APRN must demonstrate HIV experience (e.g., national HIV/AIDS certification, managed at least 20 HIV-infected patients in the past 24 months, completed at least 30 credits or contact hours of HIV/AIDS related continuing education within the last 24 months).
4. The APRN must submit to the Department:
 - a. APRN's name, title, and credentials, practice address, phone number, NPI number, and email address; and
 - b. Delegating physician's name, NPI number, credentials, practice address, phone number, and e-mail address; and
 - c. Copy of his/her current nurse protocol agreement with letter of review (approval letter) from the Board; and
 - d. Supporting documentation of HIV experience, if not listed in the protocol agreement.
5. If there have been no changes to the nurse protocol agreement since the initial submission to the Department, the APRN must at least annually resubmit a copy of the signature page documenting annual review of his/her nurse protocol

agreement. If there have been changes to the nurse protocol agreement, the APRN must submit a copy of the entire agreement to the Department.

6. Documentation of HIV experience and training will be updated annually.
7. Delegating physicians should have experience in caring for patients with HIV/AIDS and be an ordering physician for ADAP if the APRN will be prescribing through ADAP. See the Georgia Department of Public Health, HIV Office Clinic Personnel Guidelines.
8. The Department will review the APRN's nurse protocol agreement and verify that it is on the Board's "List of Approved APRN Protocols."
9. The Department will notify the APRN and delegating physician of the APRN's ADAP provider status within 30 days of receiving the APRN's contact information and nurse protocol agreement with approval letter from the Board.
10. If approved, the Department will notify the Pharmacy Benefits Manager to add the approved APRN to the participating provider list for prescription processing for the ADAP Contract Pharmacy (ACP) Network. Then the APRN may begin to submit applications/recertification forms and prescriptions for ADAP patients.
11. The Department will maintain a list of APRNs approved to submit applications/recertification forms and prescriptions for ADAP patients.
12. The APRN must ensure that ADAP applications or recertification forms are thoroughly completed prior to submission to ADAP including signing and dating each form.
13. The delegating physician's name and phone number must be included on the ADAP application/recertification form.
14. The APRN must provide medical management of HIV infection in accordance with the U.S. Department of Health and Human Services (DHHS) HIV-related guidelines (available at <http://www.aidsinfo.nih.gov/>).
15. Prescription drug orders must be written on forms that comply with the nurse protocol agreement, and be signed by the APRN. Orders for drugs prescribed through ADAP must be in compliance with the ADAP Formulary.
16. In the case that the APRN's nurse protocol agreement is terminated, the APRN or delegating physician must submit notification of termination in writing to the Department within 10 working days of the date of termination of the nurse protocol agreement.

17. If terminated, the Department will immediately notify the Pharmacy Benefits Manager to remove the approved APRN from the participating provider list for prescription processing for the ADAP Contract Pharmacy (ACP) Network.
18. Criteria to deny APRN ADAP provider status include failure of the APRN to:
 - a. Have an active nurse protocol agreement approved by the Board.
 - b. Submit required documentation to the Department.
 - c. Annually resubmit the signature page or entire nurse protocol agreement to ADAP.
 - d. Annually resubmit evidence of ongoing HIV experience and training.
 - e. Comply with the Board Rules, Chapter 360-32-.01-.07, the BON's Rules, 410-13-.02, and any applicable state or federal laws.
 - f. Provide treatment in accordance with the US DHHS HIV-related guidelines.

The Department reserves the right to deny or terminate APRN ADAP provider status based upon any information that would lead the Department to believe that it is not in the best interest of the public's safety and/or welfare to permit the individual to serve.

The Department will periodically evaluate drug utilization and prescribing practices for quality purposes.

J. REQUESTING, RECEIVING, SIGNING FOR AND DISPENSING PROFESSIONAL SAMPLES, VOUCHERS AND MEDICAL DEVICES

APRNs may be authorized under a nurse protocol agreement to request, receive, and sign for professional samples. Only a practitioner who has been issued an individual number by the DEA is authorized to order and receive any controlled substance in a sample package, a starter package, or any other type of container. A practitioner that meets the requirements of O.C.G.A. §§ 16-13-72(4) and 16-13-74, and has independent prescribing authority is authorized to order and receive any dangerous drug in a sample package. He/she can provide a complimentary dose of a drug, medication, medication voucher, or medical device provided by the manufacturer for use in patient care.

Professional drug samples shall not be sold as indicated in the Prescription Drug Marketing Act. The full text may be found in the Code of Federal Regulations at 21CFR203 – Part D. Code of Federal Regulations. Please visit the FDA website at <http://www.fda.gov> to view the Prescription Drug Marketing Act.

Storage of pharmaceutical samples must be secured and segregated from clinic floor stock supplies. Storage of controlled substances Schedule III, IV or V must meet Scheduled drug storage guidelines. The APRN and the delegating physician will be asked to sign a copy of the district's policy regarding sample drugs.

For all dangerous drug samples, the practitioner must keep a complete and accurate record of all drugs received, dispensed, or otherwise disposed. Separate records must be completed and documented for each drug. The record must contain at the minimum the following information:

1. For inventory documentation, the log must contain the date, drug name, strength, manufacturer, drug lot number, drug expiration date, quantity received and the clinic site where the drug is stored.
2. For dispensing documentation, the log must contain the date, drug name, patient name, directions for use, quantity dispensed, and name of the practitioner completing the log.
3. Documentation of the sample drug dispensed must appear in the patient's medical record.
4. The patient must be given directions for use and the drug must be labeled with the following information: date, patient's name, drug name, strength, and quantity, expiration date, directions for use and the practitioner's name.

Expired samples will be returned to the pharmaceutical reverse distributor and must be recorded on the inventory log.

K. LIST OF TEXTS/REFERENCES USED/RECOMMENDED FOR ADVANCED PRACTICE REGISTERED NURSES

1. AIDS Education and Training Center (AETC), "The Clinical Manual for Management of the HIV-Infected Adult," a living document at <http://www.aidsetc.org/aidsetc?page=cm-00-00>.
2. American Academy of Pediatrics, *Pediatric Clinical Practice Guidelines & Policies: A Compendium of Evidence-Based for Pediatric Practice*, 11th edition, American Academy of Pediatrics, 2011.
3. [Burns, C., Dunn, A., Brady, M., Starr, N., & Blosser, C. \(4th ed\). *Pediatric primary care* \(2009\). Saunders: St. Louis, MO.](#)
4. Centers for Disease Control and Prevention (CDC) and the HIV Medicine Association of the Infectious Diseases Society of America, Guidelines for the Prevention and Treatment of Opportunistic Infections in HIV-Infected Adults and Adolescents, April 10, 2009, <http://AIDSinfo.nih.gov> (July 9, 2012).
5. Colyar, Margaret R. and Ehrhardt, Cynthia, *Ambulatory Care Procedures for the Nurse Practitioner*, 2nd ed., F.A. Davis, Philadelphia, 2003.
6. Dambro, Mark, *Griffith's 5-Minute Consult*, 13th ed., Lippincott Williams & Wilkins, Baltimore, 2006.
7. Department of Health and Human Services (DHHS), *Guidelines on the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents*, (current edition) , <http://www.aidsinfo.nih.gov/guidelines>(July 9, 2012).
8. Department of Health and Human Services Health Resources and Services Administration HIV/AIDS Bureau, *Guide for HIV/AIDS Clinical Care*, (current edition) <http://hab.hrsa.gov/deliverhivaidscares/clinicalguide11/> (July 9, 2012).
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Attachment 1

Resources for Pharmacology Training for Advanced Practice Registered Nurses

Colleges and Universities:

- Georgia Health Sciences University, Department of Pharmacology and Toxicology, Augusta, Georgia
<http://www.georgiahealth.edu/medicine/phmtox/>
- Mercer University, College of Pharmacy and Health Sciences, Macon, Georgia
<http://cophs.mercer.edu/ce.htm>

National Certifying Organizations for Advanced Nursing Practice Recognized by the Georgia Board of Nursing:

- The American Midwifery Certification Board
<http://www.amcbmidwife.org/>
- American Academy of Nurse Practitioners
<http://www.aanp.org>
- National Certification Corporation
<http://www.nccwebsite.org>
- Pediatric Nursing Certification Board
<http://www.pncb.org>
- National Board of Certification and Recertification for Nurse Anesthetists
<http://www.nbcnacpc.com>
- American Nurses Credentialing Center
<http://www.nursecredentialing.org>
- American Association of Critical-Care Nurses Certification Corporation
<http://www.aacn.org>

Attachment 2

Date:

Mr. Jim Cleghorn
Executive Director
Georgia Board of Nursing
237 Coliseum Drive
Macon, Georgia 31217-3858

Subject: Dispensing Practitioner

Dear Mr. Cleghorn:

The purpose of this letter is to notify the Georgia Board of Nursing:

- of my intent to become a Dispensing Practitioner in the State of Georgia. Attached is a list of the clinic(s) and address(es) where I intend to be a Dispensing Practitioner.
- I am a Dispensing Practitioner. Attached is a list of the clinic(s) and address(es) where I am a dispensing practitioner.

I understand the Georgia Board of Nursing shall notify the Georgia Board of Pharmacy of my intent to become a Dispensing Practitioner in the State of Georgia, in accordance with Rule 480-28-.03.

Sincerely,

Signature

APRN License #: _____

DEA #: _____

Address: _____

City: _____ State: _____ Zip: _____

Enclosure(s)

Attachment 3

NOTE: Prescription pads must be printed on security paper.

Jane Doe APRN
ABC County Health Department
121 Myer St
Atlanta, GA 30303
678-770-1111

Name _____

Address _____ Date _____

Refill NR 1 2 3 4 5

APRN NPI Number _____ APRN Signature _____

Delegating Physician Name _____ APRN's DEA Number _____

Delegating Physician Address and Phone Number _____

When using preprinted prescriptions for issuing controlled substances Schedule III, IV or V, it is recommended that the following statement be printed at the bottom of the prescription blank: "Prescription is void if more than one controlled substance is issued per prescription blank."

Preprinted Prescription

NOTE: When issuing a prescription for a controlled substance Schedule III, IV or V, the prescription must include the APRN's DEA number.

NO. _____

APRN Name _____
APRN Address _____ Phone _____

NAME _____ DATE _____

Refill NR 1 2 3 4 5

APRN NPI Number _____ APRN Signature _____

Delegating Physician Name _____ APRN's DEA Number _____

Delegating Physician Address and Phone Number _____

Blank Prescription

Amendment to the Georgia Poison Center Contract

For After-Hours Calls from Patients Receiving Drugs

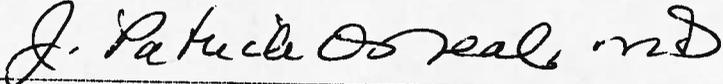
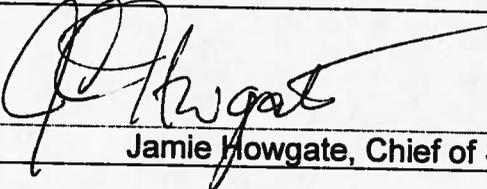
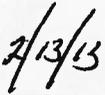
Prescribed by APRNs in Public Health

List of Services to be provided by Georgia Poison Center

1. Provide a 1-800 number (the number to call is 1-877-664-3089) designated for after-hours use by patients who have questions/concerns related to drugs prescribed by Advanced Practice Registered Nurses (APRNs) working for Public Health.
2. Respond to after-hours calls from patients who receive drugs prescribed by APRNs in Public Health.
3. Send an encrypted email summary of each after-hours call from patients who receive drugs prescribed by APRNs in Public Health by the first business day following receipt of the call to the county health department contact listed in the most current Georgia County Health Department directory. To open the encrypted email, enter Password: APRN@8953 when prompted. The content of summary will include the following:
 - Name of Caller
 - Date of Birth
 - Address (street, city, state, zip code)
 - Patient's phone number
 - Name of APRN who prescribed the drug
 - Name of drug
 - Length of time using the drug
 - Location where patient was seen by APRN (clinic address, county)
 - Summary of patient's questions/concerns
 - Advice, instructions provided
 - Referrals made
4. For calls received by GPC which need follow up sooner than the next business day, the GPC will contact the District Health Director or District Nursing Director for the respective county.
5. Calls received by GPC during regular business hours (8:30 am – 5:00 pm) will be referred to the respective county health department.



**GEORGIA DEPARTMENT OF PUBLIC HEALTH
POLICY # PT-18002
PHYSICIAN ASSISTED AIDS DRUG ASSISTANCE
PROGRAM (ADAP) PROVIDER STATUS
POLICY AND PROCEDURE**

Approval:	 J. Patrick O'Neal, MD, Director of Health Protection	 Date
	 Jamie Howgate, Chief of Staff	 Date

1.0 PURPOSE

This policy contains guidelines for the AIDS Drug Assistance Program (ADAP) to accept prescriptions, applications and recertification forms issued by a Physician Assistant (PA).

1.1 AUTHORITY – The Georgia Department of Public Health (DPH) Physician Assistant AIDS Drug Assistance Program (ADAP) Provider Status Policy is published under the authority of DPH and in compliance with the following:

1.1.1 The Georgia Composite Medical Board Physician Assistant Rules Chapter 360-5 pursuant to Georgia Code, Title 43, Chapter 34, Article 4.

1.1.2 The Rules of the Georgia State Board of Pharmacy Chapter 48022-.12

2.0 SCOPE

This policy applies to all Physician Assistants not employed by public health who wish to apply for or maintain ADAP provider status.

3.0 POLICY

The policy of the Department of Public Health is to provide the options and procedures for the AIDS Drug Assistance Program (ADAP) to accept written prescriptions, applications and recertification forms issued by a Physician Assistant (PA) practicing under Georgia Code Title 43, Chapter 34, Article 4 and all applicable Rules. By accepting PA written prescriptions, applications and recertification forms, ADAP will be able to expedite client access to HIV/AIDS medications.

4.0 DEFINITIONS

4.1 ADAP – Georgia AIDS Drug Assistance Program

Department of Public Health POLICY AND PROCEDURES	Policy No.	PT-18002		
	Effective Date:	07/01/11	Revision #:	
PHYSICIAN ASSISTED AIDS DRUG ASSISTANCE PROGRAM (ADAP) PROVIDER STATUS	Page No.	2 of 5		

4.2 PA – Physician Assistant

4.2.1 **Physician assistant** means a skilled person who is licensed to a supervising physician and who is qualified by academic and practical training to provide patients' services not necessarily within the physical presence but under the personal direction or supervision of the supervising physician. O.C.G.A. § 43-34-102(7).

4.3 **Physician** means a person lawfully licensed in this state to practice medicine and surgery pursuant to Georgia Code Article 2, Chapter 34 of Title 43.

4.4 **Primary supervising physician** means the physician to whom the Georgia Composite Medical Board (Board) licenses a physician assistant pursuant to a Board approved job description and who has the primary responsibility for supervising the practice of a physician assistant pursuant to that physician assistant's job description. O.C.G.A. § 43-34-102(9).

4.5 **Job description** means a document, signed by the primary supervising physician and the physician assistant, in which the primary supervising physician delegates to that physician assistant authority to perform certain medical acts and which describes the professional background and specialty of the primary supervising physician, and the qualifications, including related experience of the physician assistant; and includes a general description of how the physician assistant will be utilized in the practice. O.C.G.A. § 43-34-102(4).

4.6 The Department refers to the "**Georgia Department of Public Health.**"

5.0 RESPONSIBILITIES

PAs described herein must comply with:

5.1 The Rules of Board Chapter 360-5 pursuant to Georgia Code, Title 43, Chapter 34, Article 4.

5.2 All applicable state and federal laws, rules and regulations

6.0 PROCEDURES

6.1 ADAP may only accept written prescriptions, applications, and recertification forms from PAs who have a current job description approved by the Board.

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- 6.2 The PA's approved job description must include delegation by the supervising physician the authority to carry out a prescription drug order. Board Rule 360-5-.12 pursuant to O.C.G.A. § 43-34-103.
- 6.3 The PA must demonstrate HIV experience (e.g., national HIV/AIDS certification, managed at least 20 HIV patients in the past 24 months, completed at least 30 credits or contact hours of HIV/AIDS related continuing education within the last 24 months).
- 6.4 The PA must submit to ADAP:
- 6.4.1 PA's name, title, and credentials, practice address, phone number, and email address
- 6.4.2 Primary supervising physician's name, credentials, practice address, phone number, and e-mail address
- 6.4.3 Supporting documentation of HIV experience
- 6.5 Documentation of HIV experience and training will be updated annually.
- 6.6 Delegating physicians should have experience in caring for clients with HIV/AIDS and be an ordering physician for ADAP. See the Georgia Department of Public Health, HIV Office Clinic Personnel Guidelines.
- 6.7 The Department will verify the PA's job description and licensure via the Board website (<http://medicalboard.georgia.gov/>) and review supporting documentation.
- 6.8 The Department will notify the PA and supervising physician of the PA's ADAP provider status within 30 days of **reviewing** the PA's current Board approved job description and supporting documentation.
- 6.9 If approved, the ADAP Coordinator or designee will notify the Pharmacy Benefit Manager to add the approved PA to the participating provider list for prescription processing for the **ADAP Contract Pharmacy (ACP) Network**. Then the PA may begin to submit applications/recertification forms and prescriptions for ADAP clients.
- 6.10 ADAP will maintain a list of PAs approved to submit applications/recertification forms and prescriptions for ADAP clients.

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- 6.11 The PA must ensure that ADAP applications or recertification forms are thoroughly completed prior to submission to ADAP including signing and dating each form.
- 6.12 The supervising physician's name and phone number must be included on the ADAP application/recertification form.
- 6.13 The PA must provide medical management of HIV infection in accordance with the U.S. Department of Health and Human Services (DHHS) HIV-related guidelines (available at <http://www.aidsinfo.nih.gov/>).
- 6.14 Prescription drug orders must be written on forms that comply with the Board Rules 360-5.12(3) pursuant to O.C.G.A. § 43-34-103 including be signed by the PA.
- 6.15 Prescription drug orders must be written for drugs on the ADAP Formulary.
- 6.16 In the case that the PA/supervising physician relationship is terminated, the PA or supervising physician must submit notification of termination in writing to ADAP within 10 working days of the date of termination of the job description.
- 6.17 If terminated, the ADAP Coordinator or designee will immediately notify the Pharmacy Benefit Manager to remove the approved PA from the participating provider list for prescription processing for the **ADAP Contract Pharmacy (ACP) Network**.
- 6.18 **Criteria to deny PA ADAP provider status include failure of the PA to:**
- 6.18.1 Have an active job description approved by the Board.
 - 6.18.2 Submit required documentation to **the Department**.
 - 6.18.3 **Annually resubmit evidence of ongoing HIV experience and training.**
 - 6.18.4 Comply with the Board Rules, Chapter 360-5 and any applicable state or federal laws.
 - 6.18.5 Provide treatment in accordance to the US DHHS HIV-related guidelines.
- 6.19 The Department reserves the right to deny or terminate PA ADAP provider status based upon any information that would lead the Department to believe that it is not in the best interest of the public's safety and/or welfare to permit the individual to serve.

Department of Public Health POLICY AND PROCEDURES	Policy No.	PT-18002	
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6.20 ADAP will periodically evaluate drug utilization and prescribing practices for quality purposes.

7.0 REVISION HISTORY

REVISION #	REVISION DATE	REVISION COMMENTS
0	May 18, 2009	Initial Issue
1	10/31/12	Revised

8.0 RELATED FORMS

None

Date:

Mr. Jim Cleghorn
Executive Director
Georgia Board of Nursing
237 Coliseum Drive
Macon, Georgia 31217-3858

Subject: Dispensing Practitioner

Dear Mr. Cleghorn:

The purpose of this letter is to notify the Georgia Board of Nursing:

- of my intent to become a Dispensing Practitioner in the State of Georgia. Attached is a list of the clinic(s) and address(es) where I intend to be a Dispensing Practitioner.
- I am a Dispensing Practitioner. Attached is a list of the clinic(s) and address(es) where I am a dispensing practitioner.

I understand the Georgia Board of Nursing shall notify the Georgia Board of Pharmacy of my intent to become a Dispensing Practitioner in the State of Georgia, in accordance with Rule 480-28-.03.

Sincerely,

Signature

APRN License #: _____

DEA #: _____

Address: _____

City: _____ State: _____ Zip: _____

Enclosure(s)



The Office of Secretary of State

MEMORANDUM

TO: Georgia Pharmacists

FROM: Georgia Board of Pharmacy

DATE: December 12, 2012

RE: Use of Security Paper for Hard Copy Prescription Drug Orders

Effective July 1, 2011, O.C.G.A. § 26-4-80.1 was signed into law requiring that certain Schedule II prescriptions must be written on Board of Pharmacy approved security paper.

O.C.G.A. § 26-4-80.1. Use of security paper for hard copy prescription drug orders.

- (a) Effective October 1, 2011, every hard copy prescription drug order for any Schedule II controlled substance written in this state by a practitioner must be written on security paper.
- (b) A pharmacist shall not fill a hard copy prescription drug order for any Schedule II controlled substance from a practitioner unless it is written on security paper, except that a pharmacist may provide emergency supplies in accordance with the board and other insurance contract requirements.
- (c) If a hard copy of an electronic data prescription drug order for any Schedule II controlled substance is given directly to the patient, the manually signed hard copy prescription drug order must be on approved security paper that meets the requirements of paragraph (38.5) of Code Section 26-4-5.
- (d) Practitioners shall employ reasonable safeguards to assure against theft or unauthorized use of security paper and shall promptly report to appropriate authorities any theft or unauthorized use.
- (e) All vendors shall have their security paper approved by the board prior to marketing or sale in this state.
- (f) The board shall create a seal of approval that confirms that security paper contains all three industry recognized characteristics required by paragraph (38.5) of Code Section 26-4-5. The seal shall be affixed to all security paper used in this state.
- (g) The board may adopt rules necessary for the administration of this Code section.
- (h) The security paper requirements in this Code section shall not apply to:
 - (1) Prescriptions that are transmitted to the pharmacy by telephone, facsimile, or electronic means; or
 - (2) Prescriptions written for inpatients of a hospital, outpatients of a hospital, residents of a

nursing home, inpatients or residents of a mental health facility, or individuals incarcerated in a local, state, or federal correctional facility when the health care practitioner authorized to write prescriptions writes the order into the patient's medical or clinical record, the order is given directly to the pharmacy, and the patient never has the opportunity to handle the written order.

HISTORY: Code 1981, § 26-4-80.1, enacted by Ga. L. 2011, p. 659, § 5/SB 36.

On December 12, 2012, the Georgia Board of Pharmacy revised its policy regarding the Board's seal for tamper resistant prescription paper to use the language found in the state law regarding prescription pads:

**Georgia State Board of Pharmacy
Policy on Approval of Security Paper for Prescription Pads or Paper
Amended on 12-12-12**

All vendors, which produce security paper used in the printing or creation of pads of prescriptions to be used in this state, and which security paper contains all of the following criteria will be deemed to be an approved vendor by the Georgia State Board of Pharmacy: (1) One or more industry-recognized features designed to prevent unauthorized copying of a completed or blank prescription form;

(2) One or more industry-recognized features designed to prevent the erasure or modification of information written on the prescription form by the practitioner, and

(3) One or more industry-recognized features designed to prevent the use of counterfeit prescription forms.

By meeting all of the criteria identified above, a vendor may market and sell security paper for use in the production of prescriptions and prescription pads in this state provided the vendor notifies the Board in writing and provides the Board a copy of the product. If the Board determines that the paper submitted does not meet the requirements listed above, the Board will notify the vendor in writing. The Board will maintain a list of approved vendors.

All approved security paper shall have the Board's seal of approval affixed to the paper. The Board's seal of approval, as shown below, will be ½ inch in diameter, with the text in the seal being Georgia font, with the Rx within the circle being a size of 9 pt, with the text "GEORGIA STATE BOARD OF PHARMACY" within the circle capitalized with a size of 4 pt, and the text "SEAL OF APPROVAL" underneath the Rx with a size of 3 pt and capitalized. The seal as shown below is the official seal:



Where security paper is in the form of a prescription pad, each pad shall bear an identifying lot number, and each piece of paper in the pad shall be numbered sequentially beginning with the number one.

The security paper requirements shall not apply to:

- (1) Prescriptions that are transmitted to the pharmacy by telephone, facsimile, or electronic means; or
- (2) Prescriptions written for inpatients of a hospital, outpatients of a hospital, residents of a nursing home, inpatients or residents of a mental health facility, or individuals incarcerated in a local, state, or federal correctional facility when the health care practitioner authorized to write prescriptions writes the order into the patient's medical or clinical record, the order is given directly to the pharmacy, and the patient never has the opportunity to handle the written order.

In the event a prescription pad containing the Board seal, sequential numbering, and lot number is not available for the prescription or prescription paper containing the Board seal is not available for the prescription, and a medical health emergency exists, a prescription may be issued on paper meeting the requirements for approval for an amount of medication to cover not more than 30 days. The prescription must contain a statement that an emergency exists. All providers must have the board-approved security paper by March 31, 2013. This exception for emergencies only applies to prescriptions written before March 31, 2013.

REFERENCES AND OTHER TOOLS

STATUTES:

PRESCRIPTIVE AUTHORITY FOR APRNS (O.C.G.A. § 43-34-25)

NURSE PROTOCOL AGREEMENTS FOR NURSES RNs AND APRNs WITHOUT PRESCRIPTIVE AUTHORITY (O.C.G.A. § 43-34-23)

NURSE PROTOCOL AGREEMENTS FOR NURSES INFLUENZA VACCINE ADMINISTRATION (O.C.G.A. § 43-34-26.1)

PRESCRIPTIVE AUTHORITY FOR PHYSICIAN ASSISTANTS (O.C.G.A. § 43-34-103)

GEORGIA NURSE PRACTICE ACT (O.C.G.A. § 43-26)

PHARMACISTS AND PHARMACIES (O.C.G.A. § 26-4-5)

PHARMACY PRACTICE ACT (O.C.G.A. § 26-4)

CONTROLLED SUBSTANCES (O.C.G.A. §§ 16-13-72 and 16-13-41).

RULES AND REGULATIONS:

GEORGIA COMPOSITE MEDICAL BOARD RULES RE PRESCRIPTIVE AUTHORITY FOR APRNS (360-32-.01-07)

GEORGIA BOARD OF NURSING RULES RE PRESCRIPTIVE AUTHORITY FOR APRNS (410-13-.01-.02)

GEORGIA BOARD OF PHARMACY RULES RE PRESCRIPTIVE AUTHORITY FOR APRNS (480-22-.12)

GEORGIA BOARD OF PHARMACY RULES RE: NOTIFYING PROFESSIONAL LICENSING BOARD OF DISPENSING (480-28-.01 AND .03)

OTHER TOOLS:

ITEMS FOUND ON THE GEORGIA COMPOSITE MEDICAL BOARD WEBSITE:
<http://medicalboard.georgia.gov>

REGISTRATION AND FEE INFORMATION

SAMPLE FAMILY PRACTICE LOCATION NURSE PROTOCOL AGREEMENT FROM GEORGIA COMPOSITE MEDICAL BOARD (WITH 3 ATTACHMENTS)

DEA NUMBER—INFORMATION FROM GEORGIA COMPOSITE MEDICAL BOARD

NPI NUMBER—WEBSITE INFORMATION AND HOW TO OBTAIN

FREQUENTLY ASKED QUESTIONS RE NURSE PRACTITIONERS AND
PROTOCOL AGREEMENTS FROM GEORGIA COMPOSITE MEDICAL BOARD