Georgia Department of Public Health

GEORGIA DEPARTMENT OF PUBLIC HEALTH
POLICY # PT-18001
GEORGIA ADAP AND APRN PRESCRIPTIVE AUTHORITY FOR NURSES NOT EMPLOYED BY PUBLIC HEALTH POLICY AND PROCEDURE

Approval:	J. Patrick O'Neal, MD, Director of Health Protection	2 Jan 2013 Date
	Jamie Howgate, Chief of Staff	2/13/13 Date

1.0 PURPOSE

This policy contains guidelines for the AIDS Drug Assistance Program (ADAP) to accept prescriptions, applications and recertification forms issued by Advanced Practice Registered Nurses (APRNs) not employed by public health.

1.1 AUTHORITY – The Georgia Department of Public Health (DPH) Georgia AIDS Drug Assistance Program (ADAP) and Advanced Practice Registered Nurse (APRN) Authority for Nurses Not Employed by Public Health Policy is published under the authority of DPH and in compliance with the following:

1.1.1 The Rules of the Georgia Composite Medical Board Chapter 360-32-.01through -.07,

1.1.2 Nurse Protocol Agreement Pursuant to O.C.G.A. § 43-34-25, and

1.1.3 All applicable rules of the Georgia Board of Nursing and the Georgia Board of Pharmacy.

2.0 SCOPE

This policy applies to all APRNs 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 options and procedures for the AIDS Drug Assistance Program (ADAP) to accept written prescriptions, applications and recertification forms issued by an APRN who is not a public health nurse and is practicing under O.C.G.A. § 43-34-25 and all applicable Rules. By accepting APRN 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

4.2 **APRN** - Advanced Practice Registered Nurse

4.2.1 APRN is defined as 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 approved by the BON 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 (O.C.G.A. § 43-26-3).

4.3 **BON** – Georgia Board of Nursing

4.4 **Physician** means a person licensed to practice medicine pursuant to Article 2, Chapter 34 of Title 43 and: whose principal place of practice is within this state ; or whose principal place of practice is outside this state but within 50 miles from the location where the nurse protocol agreement is being utilized within this state as per O.C.G.A. § 43-34- 25(12).

4.5 **Delegating physician** means a physician who practices medicine in this State; and has entered into a nurse protocol agreement pursuant to O.C.G.A. § 43-34-25 (11).

4.5.1 **If the delegating physician is not available for consultation, the delegating physician may designate another physician who concurs with the terms of the nurse protocol agreement. Such designation must be to a physician whose scope of practice is the same as the delegating physician (Georgia Composite Medical Board Rule 360-32-.02).**

4.6 Nurse protocol agreement is defined as a written document mutually agreed upon and signed by an APRN and a physician, by which document the physician delegates to that APRN the authority to perform certain medical acts pursuant to Code Section 43-34-25(10), 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 (Georgia Composite Medical Board Rule 360-32.01).

4.7 **The Department (DPH)** refers to the **"Georgia Department of Public Health."**

5.0 RESPONSIBILITIES

5.1 APRNs described herein must comply with:

5.2 The Rules of the Georgia Composite Medical Board Chapter 360-32-.01 through -07, Nurse Protocol Agreement Pursuant to O.C.G.A. § 43-34-25 available online at http://medicalboard.georgia.gov

5.3 The Georgia State Board of Nursing Rules, 410-12-.01, and 410-12-.03 available online at http://sos.georgia.gov/PLB/RN/#

5.4 All applicable state and federal laws, rules and regulations

6.0 PROCEDURES

6.1 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).

6.2 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).

6.3 The APRN must submit to the **Department:**

6.3.1 APRN's name, title, and credentials, practice address, phone number, and email address**; and**

6.3.2 Delegating physician's name, credentials, practice address, phone number, and e-mail address**; and**

6.3.3 Copy of his/her current nurse protocol agreement with letter of review (approval letter) from the Board**; and**

6.3.4 Supporting documentation of HIV experience, if not listed in the protocol agreement.

6.4 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.

6.5 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 review the APRN's nurse protocol agreement and verify that it is on the Board's "List of Approved APRN Protocols."

6.8 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.

6.9 If approved, the Department will notify the Pharmacy Benefit 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 clients.

6.10 The Department will maintain a list of APRNs approved to submit applications/recertification forms and prescriptions for ADAP clients.

6.11 The APRN 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 delegating physician's name and phone number must be included on the ADAP application/recertification form.

6.13 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/).

6.14 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.

6.15 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.

6.16 If terminated, the Department will immediately notify the Pharmacy Benefit Manager to remove the approved APRN from the participating provider list for prescription processing for the ADAP Contract Pharmacy (ACP) Network.

6.17 Criteria to deny APRN ADAP provider status **include failure of the APRN to:**

6.17.1 Have an active nurse protocol agreement approved by the Board.

6.17.2 Submit required documentation to the **Department.**

6.17.3 Annually resubmit the signature page or entire nurse protocol agreement to the **Department.**

6.17.4 **Annually resubmit evidence of ongoing HIV experience and training.**

6.17.5 Comply with the Board Rules, Chapter 360-32-.02, the BON's Rules, 410-13-.02, and any applicable state or federal laws.

6.17.6 Provide treatment in accordance to 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.

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

7.0 REVISION HISTORY

REVISION #	REVISION DATE	REVISION COMMENTS
0	Feb. 13, 2009	Initial Issue
1	October 30, 2012	Revised

8.0 RELATED FORMS

None.