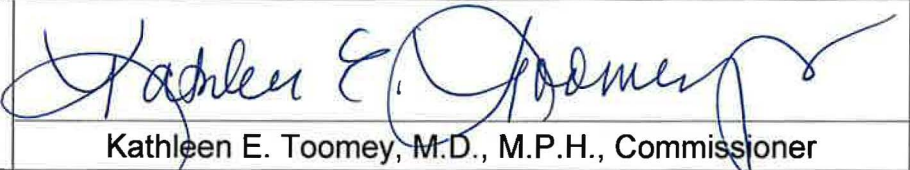




**GEORGIA DEPARTMENT OF PUBLIC HEALTH
POLICY # PT-18001
GEORGIA AIDS DRUG ASSISTANCE PROGRAM
ADVANCED PRACTICE REGISTERED NURSE
PROVIDER STATUS
POLICY AND PROCEDURE**

Approval:		April 21, 2022
	Kathleen E. Toomey, M.D., M.P.H., Commissioner	Date

1.0 PURPOSE

This policy contains guidelines for the Georgia AIDS Drug Assistance Program to accept prescriptions, applications and recertification forms issued by Advanced Practice Registered Nurses (APRNs).

2.0 AUTHORITY

The Georgia Department of Public Health (DPH) Georgia AIDS Drug Assistance Program Advanced Practice Registered Nurse Provider Status Policy and Procedure is published under the authority of DPH and in compliance with the following:

- 2.1 Rules of the Georgia Composite Medical Board Chapter 360-32,
- 2.2 Rules of Georgia Board of Nursing Chapter 410-11,
- 2.3 Nurse Protocol Agreement Pursuant to O.C.G.A. § 43-34-25,
- 2.4 Rules of the Georgia State Board of Pharmacy Chapter 480-22-.12, and
- 2.5 All applicable rules of the Georgia Board of Nursing and the Georgia Board of Pharmacy.

3.0 SCOPE

This policy applies to all APRNs who wish to apply for or maintain Georgia AIDS Drug Assistance Program provider status.

4.0 POLICY

The policy of the Department of Public Health is to provide options and procedures for the Georgia AIDS Drug Assistance Program (ADAP) to accept written prescriptions, applications, and recertification forms issued by an Advanced Practice Registered Nurse (APRN) 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 medications.

5.0 DEFINITIONS

- 5.1 ADAP – Georgia AIDS Drug Assistance Program
- 5.2 APRN – Advanced Practice Registered Nurse

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5.2.1 APRN is defined as a registered professional nurse licensed by the Georgia Board of Nursing (BON) and authorized by the BON to engage in practice as an Advanced Practice Registered Nurse (O.C.G.A. § 43-26-3 and Chapter 410-11).

5.3 BON – Georgia Board of Nursing

5.4 Physician means a person lawfully licensed in Georgia to practice medicine pursuant to Georgia Code Article 2, Chapter 34 of Title 43; and whose principal place of practice is within Georgia; or whose principal place of practice is outside Georgia 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.

5.5 Delegating physician means a physician who practices medicine in Georgia and has entered into a nurse protocol agreement pursuant to O.C.G.A. § 43-34-25.

5.5.1 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).

5.6 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 O.C.G.A. § 43-34-25; and which acts 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).

5.7 The Department refers to the “Georgia Department of Public Health.”

6.0 RESPONSIBILITIES

6.1 APRNs described herein must comply with:

6.1.1 The Rules of the Georgia Composite Medical Board Chapter 360-32, and Nurse Protocol Agreement Pursuant to O.C.G.A. § 43-34-25 available online at <https://medicalboard.georgia.gov/professionals/applications-center/aprn-protocol-registration-forms>,

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

6.1.3 The Georgia Board of Nursing Rules, Chapter 410-11 available online at <http://rules.sos.state.ga.us/GAC/410>,

6.1.4 Rules of the Georgia State Board of Pharmacy Chapter 480-22.12, and

6.1.5 All applicable state and federal laws, rules, and regulations.

7.0 PROCEDURES

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- 7.1 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).
- 7.2 The nurse protocol agreement should include treatment of persons with HIV disease and list as a reference source U.S. Department of Health and Human Services (DHHS) HIV-related guidelines. The APRN must demonstrate HIV experience, e.g., national HIV certification, managed at least 20 HIV-infected patients in the past 24 months, completed at least 30 contact hours of HIV-related continuing education within the last 24 months, including a minimum of 3 contact hours of HIV pharmaceuticals. Continuing education earned must be in minimum increments of at least 0.5 contact hours and be directly related to the specialty of HIV, e.g., HIV care, HIV prevention, HIV pharmaceuticals. Continuing education contact hours earned must be from a BON accepted continuing education provider, e.g., American Nurses Credentialing Center Commission on Certification (ANCC), HIV/AIDS Nursing Certification Board. Information on BON accepted continuing education providers is available at <https://sos.ga.gov/page/nursing-continuing-education>.
- 7.3 For initial ADAP provider applications, the APRN must submit to ADAP a completed and signed application for ADAP Provider status, including but not limited to the following information:
 - 7.3.1 APRN's name, credentials, practice address, phone number, email address, Georgia RN/APRN license number and NPI number,
 - 7.3.2 Delegating physician's name, credentials, practice address, phone number, email address, Georgia physician license number and NPI number,
 - 7.3.3 Copy of APRN's current approved nurse protocol agreement with letter of review (approval letter) from the Board, and
 - 7.3.4 Supporting documentation of HIV experience and evidence of continuing education earned in the preceding 24 months,
- 7.4 For maintenance of ADAP provider status and at least 30 days prior to annual expiration, the APRN must submit to ADAP a completed and signed application for ADAP Provider status, including but not limited to the following information:
 - 7.4.1 APRN's name, credentials, practice address, phone number, email address, Georgia RN/APRN license number and NPI number,
 - 7.4.2 Delegating physician's name, credentials, practice address, phone number, email address, Georgia physician license number and NPI number,
 - 7.4.3 If there have been no changes to the nurse protocol agreement since it was last submitted for ADAP provider approval, the APRN must submit a copy of the signature page documenting annual review of their nurse protocol agreement. If there have been changes to the nurse protocol agreement, the APRN must submit a copy of the entire current Board approved nurse protocol agreement to ADAP, and
 - 7.4.4 Supporting documentation of HIV experience and evidence of continuing education earned subsequent to last ADAP Provider approval date, e.g., national HIV

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certification, managed at least 10 HIV patients, completed at least 15 contact hours of HIV-related continuing education including a minimum of at least 1.5 contact hours of HIV pharmaceuticals. Continuing education must be in minimum increments of at least 0.5 contact hours and be directly related to the specialty of HIV, e.g., HIV care, HIV prevention, HIV pharmaceuticals. Contact hours earned must be from a BON accepted continuing education provider, e.g., American Nurses Credentialing Center Commission on Certification (ANCC), HIV/AIDS Nursing Certification Board. Information on BON accepted continuing education providers is available at <https://sos.ga.gov/page/nursing-continuing-education>.

- 7.5 Delegating physicians must have experience in caring for clients with HIV and be an ordering physician for ADAP.
- 7.6 The Department will review the APRN's nurse protocol agreement and verify that it is on the Board's "List of Approved APRN Protocols."
- 7.7 The Department will notify the APRN and delegating physician of the APRN's ADAP provider status within 30 days of reviewing the APRN's application, current nurse licensure, nurse protocol agreement and supporting documentation.
- 7.8 If approved, the ADAP Coordinator or designee 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 and prescriptions for ADAP clients.
- 7.9 ADAP will maintain a list of APRNs approved to submit applications, recertification forms, and prescriptions for ADAP clients.
- 7.10 In minimizing processing delays, the APRN must ensure that ADAP applications and recertification forms are thoroughly completed prior to submission to ADAP including signing and dating each form.
- 7.11 The delegating physician's name and phone number must be included on ADAP application and recertification forms.
- 7.12 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 <https://clinicalinfo.hiv.gov/en/guidelines>.
- 7.13 Prescription drug orders must be written on forms that comply with the nurse protocol agreement pursuant to Chapter 410-11 and O.C.G.A. § 43-34-25 and include signature by the APRN.
- 7.14 Prescription drugs orders must be written for drugs on the ADAP Formulary.
- 7.15 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 ADAP within 10 working days of the date of termination of the nurse protocol agreement. Failure to submit this notification may result in denial of future applications for ADAP provider status.
- 7.16 If terminated, the ADAP Coordinator or designee will immediately notify the Pharmacy Benefit Manager to remove the approved APRN from the participating provider list for

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prescription processing for the ADAP Contract Pharmacy (ACP) Network.

7.17 Criteria to deny or terminate APRN ADAP provider status include failure of the APRN to:

7.17.1 Comply with procedures in this policy,

7.17.2 Comply with the Board Rules, Chapter 360-32, the BON's Rules, 410-11 and any applicable state or federal laws, and/or

7.17.3 Provide treatment in accordance with U.S. 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 interests of the public's safety and/or welfare to permit the individual to serve.

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

8.0 REVISION HISTORY

REVISION #	REVISION DATE	REVISION COMMENTS
0	Feb. 13, 2009	Initial Issue
1	October 30, 2012	Revised
2	April 21, 2022	Revised

9.0 RELATED FORMS

ADAP Advanced Practice Registered Nurse Provider Application



ADAP Advanced Practice Registered Nurse Provider Application

Date of Application Click or tap to enter a date.

Advance Practice Registered Nurse (APRN) full name and credentials:

Click here to enter text.

APRN practice name and address:

Click here to enter text.

APRN phone number: Click here to enter text.

APRN email address: Click here to enter text.

GA RN license number: Click here to enter text. **NPI number:** Click here to enter text.

Delegating Physician full name and credentials:

Click here to enter text.

Physician practice address:

Click here to enter text.

Physician phone number: Click here to enter text.

Physician email address: Click here to enter text.

GA Physician license number: Click here to enter text. **NPI number:** Click here to enter text.

Physician has experience in caring for clients with HIV? Yes No

Physician is an ordering physician for ADAP? Yes No

Complete this section for Initial Application:

- 1) Number of HIV patients managed in past 24 months: Click here to enter text.
- 2) APRN's current Georgia Composite Medical Board (Board) approved Nurse Protocol Agreement with letter of review (attach complete copy with Board approval letter)
- 3) HIV-specific continuing education (HIV care, HIV prevention, HIV pharmaceuticals), at least 30 credits required within the past 24 months from Georgia Board of Nursing accepted providers, in minimum increments of at least 0.5 contact hours, including at least 3 contact hours in HIV pharmaceuticals. (attach evidence of contact hours earned)
- 4) National HIV certification? *(not required)* Yes (attach copy) No

Complete this section for Renewal Application of current ADAP APRN Provider:

- 1) Number of HIV patients managed in past 12 months: Click here to enter text.
- 2) APRN's current Georgia Composite Medical Board approved Nurse Protocol Agreement (attach complete copy with Board approval letter, if changed since last submitted for ADAP provider approval OR signature page only if no changes)
- 3) HIV-specific continuing education (HIV care, HIV prevention, HIV pharmaceuticals), at least 15 contact hours required subsequent to last ADAP Providers' approval date from Georgia Board of Nursing accepted providers in minimum increments of at least 0.5 contact hours, including at least 1.5 contact hours in HIV pharmaceuticals. (attach evidence of contact hours earned)
- 4) National HIV certification? *(not required)* Yes (attach copy) No

Applicant's Signature: _____