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UNT | **HEALTH**
PATIENT SERVICES

Delegated Prescriptive Authority

Introduction

In the state of Texas, physicians are allowed to delegate the signing of prescriptions for medications to physician assistants and advance nurse practitioners as set forth in the Texas Occupations Code §§ 157.051 – 157.060 and the Texas Medical Board (“TMB”) Rules, Title 22 of the Texas Administrative Code, Chapter 193.6. In addition, the Texas Board of Nursing (“BON”) has specific additional regulations that apply to advanced nurse practitioners who have prescriptive authority. Finally, the Texas State Board of Pharmacy (“SBOP”) has rules that dictate, among other things, what information must be included in prescription orders. The rules and regulations are somewhat long, and at times, confusing and duplicative. The purpose of this article is to summarize only key portions of those laws and regulations.

Overview of “Delegation”

A physician should delegate prescriptive authority pursuant to protocols that have been agreed upon by the physician and the physician assistant or advanced nurse practitioner. Such protocols typically authorize the physician assistant or advanced nurse practitioner to diagnose and treat a patient’s condition. The physician may delegate prescriptive authority to physician assistants and advanced nurse practitioners for the carrying out and prescribing of dangerous drugs and controlled substances in Schedules III –V.

The TMB rules use the word “delegation” for a reason; neither the law nor the rules allow anyone but the physician to exercise independent medical judgment. The physician remains responsible to his or her patients for acts performed by others under the physician’s delegated authority. Certainly, physician assistants and advanced nurse practitioners still remain professionally responsible for the acts they perform under the scope and authority of their own licenses.

Physicians are allowed to delegate prescriptive authority at various sites, specifically, at medically underserved sites, their primary practice or alternative practice sites or at facility-based sites such as hospitals. The rules vary depending upon the site of practice, and all physicians, physician assistants and advanced nurse practitioners are encouraged to review the applicable regulations.

At all times, a physician must use sound medical judgment and should only delegate the carrying out and signing of prescriptions in those situations in which a reasonable and prudent physician would delegate. The physician should take into consideration the training, competence and expertise of the physician assistant or advanced nurse practitioner before agreeing to the delegation. The physician must provide continuous supervision, but the constant presence of the physician is not required. Again, the TMB rules describe “adequate

supervision” which vary depending upon the site.

Contents of the Prescription

Chapter 483 of the Texas Health and Safety Code sets forth the law for prescribing dangerous drugs. A “dangerous drug” is defined as a device or drug that is unsafe for self-medication, requires a prescription and is not included in Schedules I through V. “Controlled substances” are those substances, including drugs, listed in Schedules I through V and are governed by Chapter 481 of the Texas Health and Safety Code.

Chapters 481, 483 and 22 TAC §291.34 of the Texas SBOP rules outline the required contents of an original written, electronic or faxed prescription. When a physician writes a prescription for either a dangerous drug or a controlled substance, it must contain the following information: (a) date of issue, (b) name and address of patient, (c) name and quantity of the drug/controlled substance prescribed (including refills, if applicable), and, for controlled substances, quantity listed numerically followed by the number written as a word, (d) directions for use, (e) intended use unless the physician determines that furnishing that information would not be in the best interest of the patient, (f) name, address and telephone number of the physician at the physician’s usual place of business, legibly printed or stamped, and for controlled substances, the physician’s federal Drug Enforcement Administration (“DEA”) registration number and the physician’s Texas Department of Public Safety (“DPS”) number. All prescriptions (except those verbally transmitted) must be manually or electronically signed by the practitioner. Signature stamps are not allowed. All Schedule II controlled substance prescriptions must be written on a

DPS Official Prescription form available only from the DPS.

Physicians are allowed to give verbal prescription orders to a pharmacist or a pharmacist intern under the direction of a pharmacist through a designated agent. The physician must designate in writing the name of each person authorized to verbally or electronically submit prescriptions, maintain that list at the physician’s usual place of business and provide the pharmacist with that list upon request.

When a physician assistant or an advanced nurse practitioner writes a prescription for either a dangerous drug or a controlled substance, the same information outlined above, pertinent to the physician assistant or the advanced nurse practitioner, must be included in the prescription as well as the following additional information:

For physician assistants and advanced nurse practitioners, the name, address and telephone number of the delegating physician must also be included, and when writing a prescription for a controlled substance, the Texas SBOP rules require that the delegating physician’s DEA number must ALSO be included. (The Texas BON rules also require that the delegating physician’s DEA number be included whenever an advanced nurse practitioner writes a prescription for a controlled substance.) Of course, physician assistants and advanced nurse practitioners must include their own DPS and DEA numbers when prescribing Schedule III-V controlled substances.

Advanced nurse practitioners must first apply for Prescriptive Authority with the Texas BON and obtain a prescription authorization number. The prescription authorization number must also be included

in any prescription written by the advanced practice nurse. The BON Rules contain a chapter that is specific to prescriptive authority that all advanced nurse practitioners are encouraged to be familiar with. (See, Texas BON Rule, 22 TAC 222.1)

(NOTE: Texas House Bill 708 would grant advanced nurse practitioners more independence in certain activities including prescribing. The HQR department will monitor this Bill as it makes its way through the legislative process.)

Registering for Delegated Prescriptive Authority

As of January 31, 2010, physicians, physician assistants and advanced nurse practitioners are required to complete the supervision and prescriptive delegation registration process online with the Texas Medical Board at www.tmb.state.tx.us. It is recommended that the nurse practitioner/physician assistant complete the process first since the physician is required to attest last in order to complete the relationship.

The Texas SBOP regulations require that a physician keep a written list at his/her usual place of business of each physician assistant and advanced nurse practitioner authorized to carry out or sign a prescription drug order. At the request of a pharmacist, the physician must furnish evidence of such authorization for any specified physician assistant or advanced nurse practitioner.

Summary

The laws and rules governing the delegation of prescriptive authority are outlined in various statutes and regulations and can be difficult to navigate. Physicians, physician assistants and advanced nurse practitioners

are encouraged to contact the HQR department for clarification and guidance.

A Word about Self-Prescribing and Prescribing for Family Members....

The TMB does not prohibit a physician or physician assistant from self-prescribing or prescribing medications for friend or family member, but the rules do outline the steps that must be taken in these circumstances.

Except in very limited circumstances, when prescribing any drug to a family member or a person with whom the physician has a close personal relationship, the physician must maintain a medical record that includes documentation of an adequate medical history, and a history and physical. When prescribing controlled substances, there must be evidence of immediate need which the TMB defines as “no more than 72 hours.” Although the rules are a bit nebulous, it is recommended that the amount of controlled substances that is prescribed in these situations not exceed a 72 hour supply. It is recommended that the physician maintain some type of record on himself/herself with similar information if self-prescribing as awkward as that might sound.

It is important to note that the American Medical Association’s Opinion 8.19 – “Self-Treatment or Treatment of Immediate Family Members” states that physicians should generally not treat themselves or their immediate family members. The Opinion points out that professional objectivity may be compromised and affect medical decision-making in these circumstances and encourages physicians to restrict such treatment to emergencies or

when in an isolated setting where another qualified physician is not readily available.

The Texas BON issued a Position Statement in 2003, which was reviewed in 2011, stating that advanced nurse practitioners “should not provide medical treatment or prescribe medications for themselves or any individual with whom they have a close personal relationship.” (See Position Statement, 15.22) Although Position Statements are not BON rules and do not have the force of law, they do provide guidance and alert nurses to issues that cause concern to the BON about nursing practices that may cause danger to the public.

In general, self-prescribing and prescribing for family members or close friends should be avoided by all providers in every day practice. Please contact the HQRM department if you have any questions.

PQRI Update

The HQRM department is pleased to announce that UNT Health submitted its first Patient Quality Reporting Initiative (“PQRI”) report for 2010. PQRI (now known as the Physician Quality Reporting System, or “PQRS”) is currently a voluntary program established by the Centers for Medicare and Medicaid Services (“CMS”) for reporting data on quality measures. Successful submission of data allows participating providers to receive incentive payments from CMS for services provided to Medicare beneficiaries.

UNT Health submitted data on several providers for the Diabetes Mellitus and Preventive Care Measures Groups.

The HQRM department, under the direction of the Chief Medical Officer, is currently evaluating the PQRS measures for which UNT Health will be submitting data for 2011.

Our submission is an exciting success for UNT Health as we move forward to meet increasing quality reporting requirements established by CMS and other regulatory agencies. The HQRM department looks forward to working with providers in 2011 in this important quality initiative.

If you have any questions about PQRI/S reporting, please contact Jan Stanton, RN, Clinical Quality Coordinator, at 817.735.0228.

For more information, questions or to suggest items for inclusion, please contact:

Anne Long, RN, JD
Ex. Dir., Quality & Risk Mgmt
anne.long@unthsc.edu
817-735-5131

Fax: 817-735-0271

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Donna Christian
Administrative Manager
donna.christian@unthsc.edu
817-735-0270