

APPENDIX IV

APPENDIX IV SUMMARY Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

STATE	ASSESSMENT OF PATIENT STATUS			EXECUTION OF A PRESCRIPTION			ADMINISTRATION OF MEDICATIONS		
	Nurse	Physician Assistant	Pharmacist	Nurse	Physician Assistant	Pharmacist	Nurse	Physician Assistant	Pharmacist
Alabama	1			2	3		4	5	
Alaska	1	2		3	4		5	6	
Arizona	1	2		3	4		5	6	7
Arkansas	1			2	3		4	5	6
California	1	2		3	4		5	6	
Colorado				1	2				3
Connecticut	1			2	3		4	5	
Delaware	1	2		3	4		5	6	7
DC	1	2		3	4		5	6	
Florida	1				2		3	4	
Georgia				1	2		3		
Hawaii	1	2		3	4		5	6	7
Idaho	1			2	3		4	5	6
Illinois	1			2	3		4		
Indiana	1			2				3	
Iowa	1		2				3		4
Kansas	1			2	3		4	5	6
Kentucky	1			2	3		4	5	
Louisiana	1	2		3	4		5	6	7
Maine	1			2	3		4	5	
Maryland	1	2		3	4		5	6	7
Massachusetts	1	2		3	4		5		
Michigan					1				
Minnesota		1			2			3	
Mississippi	1	2		3	4		5	6	
Missouri	1			2			3		
Montana	1	2		3	4		5	6	7
Nebraska	1		2		3		4		5
Nevada	1	2		3	4		5	6	7
N. Hampshire	1			2			3		
New Jersey	1	2		3	4	5			6
New Mexico	1			2	3	4	5	6	7
New York	1			2	4		3		
North Carolina	1		2	3	4		5	6	7
North Dakota	1			2	3	4	5	6	7
Ohio	1	2		3	4		5	6	7
Oklahoma	1	2		3	4			5	6
Oregon	1			2	3		4	3	5
Pennsylvania	1	2		3	4		5	6	7
Rhode Island	1			2	3				
South Carolina	1	2		3	4		5	6	
South Dakota	1			2			3		4
Tennessee	1	2		3	4		5	6	7
Texas	1,8	2,8	8	3,4	2,3,4		5,6,8	6,8	6,7,8
Utah	1	2		3	4		5	6	
Vermont	1			2	3		4	5	6
Virginia	1	2		3	4		5	6	7
Washington	1			2	3		4		
West Virginia	1	2		3	4		5		
Wisconsin	1	2			3		4	5	6
Wyoming	1			2	3		4	5	

NOTE: Each number refers to a footnote that is outlined on each state's table. Each footnote begins at 1 within each state.

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	Nurse	Physician Assistant	Pharmacist	Nurse	Physician Assistant	Pharmacist	Nurse	Physician Assistant	Pharmacist
Alabama	1			2	3		4	5	

ALABAMA

NOTE 1

(1) The certified registered nurse practitioner is responsible and accountable for the continuous and comprehensive management of a broad range of health services . . . These services include but are not restricted to the following: (a) Evaluate current health status and risk factors of individuals based on comprehensive health history and comprehensive physical examinations and assessments. *Ala. Admin. Code r. 610-X-5-.10 Functions And Activities Of Certified Registered Nurse Practitioners.*

a. Practice of professional nursing. [A]ny act in the care and counseling of persons or in the promotion and maintenance of health and prevention of illness and injury based upon the nursing process which includes systematic data gathering, assessment. *Code of Ala. (2005) § 34-21-1. Definitions*

NOTE 2

(1) The certified registered nurse practitioner is responsible and accountable for the continuous and comprehensive management of a broad range of health services . . . These services include but are not restricted to the following: . . . (c) Prescribe . . . therapeutic measures . . . procedures, and drugs. *Ala. Admin. Code r. 610-X-5-.10 Functions And Activities Of Certified Registered Nurse Practitioners.*

(1) Certified registered nurse practitioners engaged in collaborative practice with physicians may be granted prescriptive authority *Ala. Admin. Code r. 610-X-5-.11 (2005) Prescriptions And Medication Orders By Certified Registered Nurse Practitioners.*

d. [A] clinical nurse specialist may not do any of the following: . . . 3. Prescribe drugs of any type. *Code of Ala. § 34-21-81 (2005). Definitions*

(a) Certified registered nurse practitioners and certified nurse midwives, engaged in collaborative practice with physicians practicing under protocols approved in the manner prescribed by this article may prescribe legend drugs to their patients, subject to both of the following conditions: (1) The drug type, dosage, quantity prescribed, and number of refills shall be authorized in an approved protocol signed by the collaborating physician; and (2) The drug shall be on the formulary recommended by the joint committee and adopted by the State Board of Medical Examiners and the Board of Nursing. . . *Code of Ala. § 34-21-86 (2005) Prescriptions -- Administration of drugs*

NOTE 3

(c) A licensed assistant to a physician registered to a licensed physician practicing under a job description approved in the manner prescribed by this article may prescribe legend drugs to patients, subject to both of the following conditions: (1) The drug type, dosage, quantity prescribed, and number of refills shall be authorized in an approved job description signed by the physicians to whom the assistant is registered. (2) The drug shall be on the formulary approved under the guidelines of the Board of Medical Examiners. . . *Code of Ala. § 34-24-292 (2005) Performance of medical services -- Prescribing and administering drugs*

NOTE 4

(1) The certified registered nurse practitioner is responsible and accountable for the continuous and comprehensive management of a broad range of health services . . . These services include but are not restricted to the following: . . . (c) . . . administer and provide therapeutic measures, tests, procedures, and drugs. *Ala. Admin. Code r. 610-X-5-.10 (2005) Functions And Activities Of Certified Registered Nurse Practitioners.*

(1) The practice of professional nursing includes, but is not limited to: . . . (e) Executing medical regimens including administering medications and treatments prescribed by a licensed or otherwise legally authorized prescriber. *Ala. Admin. Code r. 610-X-6-.03 (2005) Practice Of Professional Nursing.*

continued

APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

(1) In addition to administration of drugs ordered by a licensed physician or dentist, registered nurses and licensed practical nurses are authorized to administer a legend drug that has been lawfully ordered or prescribed by authorized certified registered nurse practitioners, certified nurse midwives, licensed physician assistants or licensed surgeon assistants. . . . (3) The RN or LPN may implement written standing orders at the direction of an authorized prescriber. *Ala. Admin. Code r. 610-X-6-.09 (2005) Patient Care Orders.*

a. Practice of professional nursing. The performance, for compensation of any act . . . and executing medical regimens including administering medications and treatments prescribed by a licensed or otherwise legally authorized physician or dentist. *Code of Ala. § 34-21-1 (2005) Definitions*

(a) . . . (c) Registered nurses and licensed practical nurses are authorized to administer any legend drug that has been lawfully ordered or prescribed by an authorized practitioner including certified registered nurse practitioners, certified nurse midwives, and/or assistants to physicians. *Code of Ala. § 34-21-86 (2005) Prescriptions -- Administration of drugs*

NOTE 5

(d) Assistants to physicians may administer any legend drug which they are authorized to prescribe under this section. An assistant to a physician may not initiate a call-in prescription in the name of his or her physician for any drug, whether legend drug or controlled substance, which the assistant is not authorized to prescribe under the job description signed by his or her physician and approved under this section, unless the drug is specifically ordered for the patient by the physician either in writing or by a verbal order which has been reduced to writing and which has been signed by the physician within a time specified in the guidelines of the Board of Medical Examiners. *Code of Ala. § 34-24-292 (2005) Performance of medical services -- Prescribing and administering drugs*

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Alaska	1	2		3	4		5	6	

ALASKA

NOTE 1

(9) “practice of registered nursing” means . . . assessing and responding to health needs of individuals, families or communities through services that include (A) assessment of problems, counseling, and teaching. *Alaska Stat. § 08.68.410 (2006) Definitions*

NOTE 2

(1) A physician assistant may examine . . . persons under the supervision, control, and responsibility of either a physician licensed under this chapter or a physician exempted from licensing . . . *Alaska Stat. § 08.64.170 (2006) License to practice medicine, podiatry, or osteopathy*

NOTE 3

(1) “advanced nurse practitioner” means a registered nurse . . . who, because of specialized education and experience, is certified to perform acts of . . . prescription . . . of medical, therapeutic, or corrective measures under regulations adopted by the board. *Alaska Stat. § 08.68.410 (2006) Definitions*

(a) The board will . . . authorize an advanced nurse practitioner or “ANP” to prescribe . . . legend drugs in accordance with state and federal laws. *12 Alaska Admin. Code 44.440 (2006) Prescriptive authority*

NOTE 4

(f) A physician assistant may prescribe, order . . . a medication that is not a controlled substance only with the authorization of the physician assistant’s primary collaborating physician. *12 Alaska Admin. Code 40.450 (2006) Authority to prescribe, order, administer, and dispense medications*

NOTE 5

(1) “advanced nurse practitioner” means a registered nurse authorized to practice in the state who . . . is certified to perform acts of medical diagnosis and . . . dispensing of medical, therapeutic, or corrective measures. . . . *Alaska Stat. §08.68.410 (2006) Definitions*

(a) The board will, in its discretion, authorize an advanced nurse practitioner or “ANP” to . . . dispense legend drugs in accordance with state and federal laws. *12 Alaska Admin. Code 44.440 (2006) Prescriptive authority*

(9) “practice of registered nursing” means . . . responding to health needs of individuals, families or communities through services that include . . . (F) performance of acts of medical diagnosis and the prescription of medical therapeutic or corrective measures under regulations adopted by the board. *Alaska Stat. § 08.68.410 (2006) Definitions*

NOTE 6

(f) A physician assistant may . . . administer, or dispense a medication that is not a controlled substance only with the authorization of the physician assistant’s primary collaborating physician. *12 Alaska Admin. Code 40.450 (2006) Authority to prescribe, order, administer, and dispense medications*

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Arizona	1	2		3	4		5	6	7

ARIZONA

NOTE 1

15. "Registered nurse practitioner" means a professional nurse who: (d) Has an expanded scope of practice within a specialty area that includes: (i) Assessing clients, synthesizing and analyzing data and understanding and applying principles of health care at an advanced level. . . *A.R.S. § 32-1601 (2005) Definitions*

4. Assessing the patient's needs, planning for, implementing, evaluating, and documenting the nursing care being provided to each patient. *A.A.C. § R4-19-402 (2005) Scope of Practice for a Professional Nurse*

In addition to the scope of practice permitted a professional nurse, an RNP may perform the following acts in collaboration with a physician: 1. Examine a patient and establish a medical diagnosis by client history, physical examination, and other criteria; . . . 4. Identify, develop, implement, and evaluate a plan of care for a patient to promote, maintain, and restore health . . . *A.A.C. § R4-19-505 (2005) Scope of Practice of a Registered Nurse Practitioner*

In addition to the functions of the professional nurse, a clinical nurse specialist, being an expert in a specialty area of clinical nursing practice, may perform the following: 1. Comprehensive assessment, analysis, and evaluation of individuals, families, communities, or any combination of individuals, families, and communities, with complex health needs within an area of specialization; 2. Direct patient care as an advanced clinician within the clinical nurse specialist's specialty area and develop, implement, and evaluate treatment plans within that specialty; *A.A.C. § R4-19-512 (2005) Scope of Practice of the Clinical Nurse Specialist*

NOTE 2

A. After a supervising physician receives board approval of a notice of supervision, that physician may delegate health care tasks to the physician assistant. . . These tasks may include: 1. Obtaining patient histories. 2. Performing physical examinations. 3. Ordering and performing diagnostic and therapeutic procedures. 4. Formulating a diagnostic impression. 5. Developing and implementing a treatment plan. . . *A.R.S. § 32-2531 (2005) Health care tasks; scope of practice; restrictions; civil penalty*

NOTE 3

15. "Registered nurse practitioner" means a professional nurse who: (d) Has an expanded scope of practice within a specialty area that includes: . . . (v) . . . prescribing . . . including legend drugs, medical devices and controlled substances within the scope of registered nurse practitioner practice on meeting the requirements established by the board. *A.R.S. § 32-1601(2005) Definitions*

In addition to the scope of practice permitted a professional nurse, an RNP may perform the following acts in collaboration with a physician: . . . 5. If authorized under *R4-19-507*, prescribe . . . medication; *A.A.C. § R4-19-505. Scope of Practice of a Registered Nurse Practitioner*

A. The Board shall authorize an RNP to prescribe . . . medication within the RNP's scope of practice . . . C. An RNP with P & D authority may: 1. Prescribe medications . . . *A.A.C. § R4-19-507 (2005) Prescribing and Dispensing Authority*

NOTE 4

A. [A] supervising physician . . . may delegate health care tasks to the physician assistant. . . These tasks may include: . . . 10. Prescribing schedule IV or V controlled substances . . . and prescription-only medications. 11. Prescribing schedule II and III controlled substances . . . *A.R.S. § 32-2531(2005) Health care tasks; scope of practice; restrictions; civil penalty*

A. [A] physician assistant shall not prescribe . . . 1. A schedule II or schedule III controlled substance . . . without delegation by the supervising physician, board approval and drug enforcement administration registration. 2. A schedule IV or schedule V controlled substance . . . without drug enforcement administration registration and delegation by the supervising physician. 3. Prescription-only medication without delegation by the supervising physician. *A.R.S. § 32-2532 (2005) Prescribing, administering and dispensing drugs; limits and requirements; notice*

continued

APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

A. A supervising physician shall obtain Board approval to delegate authority to a physician assistant to prescribe . . . Schedule II or III controlled substances. . . *A.A.C. § R4-17-301 (2005) Delegation of Authority for Schedule II or Schedule III Controlled Substances*

NOTE 5

15. "Registered nurse practitioner" means a professional nurse who: (d) Has an expanded scope of practice within a specialty area that includes: . . . (v) . . . administering and dispensing therapeutic measures, including legend drugs . . . and controlled substances within the scope of registered nurse practitioner practice . . . *A.R.S. § 32-1601 (2005) Definitions*

In addition to the scope of practice permitted a professional nurse, an RNP may perform the following acts in collaboration with a physician: . . . 5. If authorized under *R4-19-507*, . . . dispense medication . . . *A.A.C. § R4-19-505 (2005) Scope of Practice of a Registered Nurse Practitioner*

A. The Board shall authorize an RNP to . . . dispense medication within the RNP's scope of practice . . . *A.A.C. § R4-19-507 (2005) Prescribing and Dispensing Authority*

NOTE 6

A. . . [A] supervising physician . . . may delegate health care tasks to the physician assistant. . . These tasks may include: . . . 3. Ordering and performing . . . therapeutic procedures. . . 5. Developing and implementing a treatment plan. . . *A.R.S. § 32-2531 (2005) Health care tasks; scope of practice; restrictions; civil penalty*

A. Except as provided in subsection F of this section, a physician assistant shall not . . . administer 1. A schedule II or schedule III controlled substance . . . without delegation by the supervising physician, board approval and drug enforcement administration registration. 2. A schedule IV or schedule V controlled substance . . . without drug enforcement administration registration and delegation by the supervising physician. 3. Prescription-only medication without delegation by the supervising physician. *A.R.S. § 32-2532 (2005) Prescribing, administering and dispensing drugs; limits and requirements; notice*

A. A supervising physician shall obtain Board approval to delegate authority to a physician assistant to . . . administer Schedule II or III controlled substances. . . *A.A.C. § R4-17-301 (2005) Delegation of Authority for Schedule II or Schedule III Controlled Substances*

NOTE 7

A. Authority to administer hepatitis, influenza, meningococcal, pneumonia, smallpox, and tetanus toxoid immunizations and, in an emergency, epinephrine. If a pharmacist meets the qualifications and standards specified by this Section and the Board certifies the pharmacist, the pharmacist may administer hepatitis, influenza, meningococcal, pneumonia, smallpox, and tetanus toxoid immunizations and, in an emergency, epinephrine to an eligible patient 18 years of age and older upon receipt of a valid prescription order. The Board shall certify a pharmacist who meets the qualifications established in subsection (B). A pharmacist who has authority to administer hepatitis, influenza, meningococcal, pneumonia, smallpox, and tetanus toxoid immunizations and, in an emergency, epinephrine shall not delegate the authority to any other pharmacist or employee: 1. Has a current, unrestricted license to practice pharmacy in this state; 2. Successfully completes a training program specified in subsection (C); and 3. Has a current certificate in basic cardiopulmonary resuscitation. 1. Basic immunology and the human immune response; 2. Mechanics of immunity, adverse effects, dose, and administration schedule of available vaccines; 3. Response to an emergency situation as a result of the administration of an immunization, including administering epinephrine based on a patient-specific prescription order received before administering of an immunization; 4. Administration of intramuscular injections; 5. Other immunization administration methods; and 6. Recordkeeping and reporting requirements specified in subsection . . . F. Renewal of a certificate for pharmacist-administered immunizations. A certificate authorizing a pharmacist to administer hepatitis, influenza, meningococcal, pneumonia, smallpox, and tetanus toxoid immunizations and, in an emergency, epinephrine shall be renewed biennially by November 1. Any pharmacist desiring to renew the certificate shall provide proof of the following: 1. Current certification in basic cardiopulmonary resuscitation, and 2. Completion of a minimum of two contact hours (0.2 CEU) of continuing education related to immunizations. A pharmacist may use the continuing education hours required in this subsection as part of the total continuing education hours required for pharmacist license renewal. *A.A.C. § R4-23-411(2005)*

Pharmacist-administered Immunizations

continued

APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATON OF MEDICATIONS BY NON-PHYSICIANS

Liability

. . . B. The approved supervising physician shall: 2. Accept responsibility for all tasks and duties the physician delegates to a physician assistant. *A.R.S. § 32-2531 (2005) Health care tasks; scope of practice; restrictions; civil penalty*

A. The supervising physician is responsible for all aspects of the performance of a physician assistant, whether or not the supervising physician actually pays the physician assistant a salary. The supervising physician is responsible for supervising the physician assistant and ensuring that the health care tasks performed by a physician assistant are within the physician assistant's scope of training and experience and have been properly delegated by the supervising physician. *A.R.S. § 32-2533 (2005) Supervising physician; supervising physician's agent; responsibilities*

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Arkansas	1			2	3		4	5	6

ARKANSAS

NOTE 1

... (6) "Practice of professional nursing" means the performance for compensation of any acts involving: (A) The observation, care, and counsel of the ill, injured, or infirm; (B) The maintenance of health or prevention of illness of others . . . *A.C.A. § 17-87-102 (2006)*

Definitions

1. The Arkansas State Board of Nursing authorizes the registered nurse practitioner, in collaboration with and under the direction of a licensed physician, to perform particular acts at the advanced and specialized levels as recognized by the nursing profession and which are in conformity with the Nurse Practice Act. a. Secures, records and evaluates the health, psychosocial and developmental history of patients. B. Performs physician examinations using techniques of observation . . . j. Performs periodic health evaluations and plans for health maintenance of clients . . . 2. Protocols shall address: . . . c. Acts including, but not limited to, assessment, diagnosis, treatment and evaluation. . . *067 00 CARR 001 (2005) State Board of Nursing Rules and Regulations*

NOTE 2

(a) The Arkansas Board of Nursing may grant a certificate of prescriptive authority to an advanced practice nurse who . . . (2) Has a collaborative agreement who is licensed under the Arkansas Medical Practices Act . . . (b) (1) An advanced practice nurse with a certificate of prescriptive authority may receive and prescribe drugs, medicines, or therapeutic devices appropriate to the advanced practice nurse's area of practice in accordance with rules established by the board. (2) An advanced practice nurse's prescriptive authority shall only extend to drugs listed in Schedules II - - V. (c) A collaborative practice agreement shall include, but not be limited to provisions addressing: . . . (2) Methods of management of the collaborative practice, which shall include protocols for prescriptive authority . . . *A.C.A. § 17-87-310 (2006) Prescriptive authority*

SECTION VIII PRESCRIPTIVE AUTHORITY . . . D. PRESCRIBING PRIVILEGES . . . 2. An advanced practice nurse with a certificate of prescriptive authority may receive and prescribe legend drugs, medications or therapeutic devices appropriate to the APN's area of practice. The prescriptive authority for controlled drugs shall only extend to drugs listed in Schedules III through V. . . *067 00 CARR 001 (2005) State Board of Nursing Rules and Regulations*

NOTE 3

(a) . . . The supervising physician shall be identified on all prescriptions and orders. Physician assistants may perform those duties and responsibilities, including the prescribing, ordering . . . drugs and medical devices, that are delegated by their supervising physicians. . . *A.C.A. § 17-105-107 (2006) Scope of authority- - Delegatory authority - - Agent of supervising physician*

(a) Physicians supervising assistants may delegate prescriptive authority to physician assistants to include prescribing, ordering . . . Schedule III through V controlled substances . . . all legend drugs, and all nonscheduled prescription medications and medical devices. All prescriptions and orders issued by a physician assistant shall also identify his or her supervising physician . . . *A.C.A. § 17-105-108 (2006) Prescriptive authority*

NOTE 4

... (6) "Practice of professional nursing" means the performance for compensation of any acts involving . . . (E) The administration of medications and treatments as prescribed by practitioners authorized to prescribe and treat in accordance with the state law where such acts require substantial specialized judgment and skill based on knowledge and application of the principles of biological, physical, and social sciences . . . *A.C.A. § 17-87-102 (2006) Definitions*

NOTE 5

(a) . . . Physician assistants may perform those duties and responsibilities, including . . . administering drugs and medical devices, that are delegated by their supervising physicians. . . *A.C.A. § 17-105-107 (2006) Scope of authority- - Delegatory authority - - Agent of supervising physician*

continued

APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

(a) Physicians supervising assistants may delegate prescriptive authority to physician assistants to include . . . administering Schedule III through V controlled substances . . . all legend drugs, and all nonscheduled prescription medications and medical devices. All prescriptions and orders issued by a physician assistant shall also identify his or her supervising physician . . . **A.C.A. § 17-105-108 (2006) Prescriptive authority**

NOTE 6

(16) (b) . . . the administration of medications shall be limited to the following classifications of medications: immunizations, vaccines . . . (c) The administration of medications shall not include the administration of medications to any person under the age of eighteen (18) . . . (22) (A) "Written protocol" means a physician's order, standing medical order, standing delegation order, or other order or protocol as defined by regulation of the Arkansas State Medical Board under the Arkansas Medical Practices Act . . . (B) Except for immunizations and vaccines, which may be general protocols, protocols shall be patient or physician or pharmacist-specific for prescriptions or orders given by the physician authorizing the protocol. **A.C.A. § 17-92-101 (2006) Definitions**

09-00-0002 - - PRESCRIPTION ORDERS TO ADMINISTER MEDICATION AND/OR IMMUNIZATIONS (a) Medications Administration Advisory Committee: . . . (b) Authority for pharmacists to administer medications/immunizations: (1) An Authority to Administer is a written protocol . . . from a practitioner for administration by a pharmacist of an approved . . . immunization. (2) Pharmacists may provide pharmaceutical care to patients over the age of eighteen (18) by administering . . . immunizations to an eligible patient upon receiving an Authority to Administer or a valid prescription order by a practitioner so authorized to prescribe such . . . immunizations. . . (5) Unless otherwise specifically authorized by the Board, a person must possess a Certification for Authority to Administer. Certification for the credential (Authority to Administer Medications/Immunizations) will be issued to pharmacists who: . . . (B) successfully complete a Board approved course of study, examination, and certification of a training program that includes the current guidelines and recommendations of the Centers of Disease Control and Prevention. . . **070 00 CARR 001 (2005) Board of Pharmacy Regulations**

Liability

(b) Physician assistants shall be considered the agents of their supervising physicians in the performance of all practice-related activities, including, but not limited to, the ordering of diagnostic, therapeutic, and other medical services. **A.C.A. § 17-105-107 (2006) Scope of authority - - Delegatory authority - - Agent of supervising physician**

(a) Patient care orders generated by a physician assistant shall be construed as having the same medical, health, and legal force and effect as if the orders were generated by their supervising physician, provided that the supervising physician's name is identified in the patient order. (b) The orders shall be complied with and carried out as if the orders had been issued by the physician assistant's supervising physician. **A.C.A. § 17-105-122 (2006) Physician assistant patient care orders**

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California	1	2		3	4		5	6	

CALIFORNIA

NOTE 1

(b) The practice of nursing . . . means . . . the following . . . (3) The performance of . . . immunization techniques . . . *Cal Bus and Prof Code § 2725 (2005) Legislative intent; Practice of nursing defined*

NOTE 2

In any setting, including . . . any licensed health facility, out-patient settings, patients' residences, residential facilities, and hospices . . . a physician assistant, may, pursuant to a delegation and protocols where present: (a) Take a patient history; perform a physical examination and make an assessment and diagnosis therefrom; initiate, review and revise treatment and therapy plans . . . and record and present pertinent data in a manner meaningful to the physician . . . *16 CCR 1399.541 (2005) Medical Services Performable*

NOTE 3

(a) Neither this chapter nor any other provision of law shall be construed to prohibit a certified nurse-midwife from furnishing or ordering drugs or devices, including controlled substances classified in Schedule III, IV, or V under the California Uniform Controlled Substances Act . . . , when all of the following apply: (1) The drugs or devices are furnished or ordered incidentally to the provision of any of the following: (A) Family planning services . . . (B) Routine health care or perinatal care . . . (C) Care rendered to essentially healthy persons within a facility . . . a clinic . . . a general acute care hospital . . . a licensed birth center, or a special hospital specified as a maternity hospital . . . (2) The drugs or devices are furnished or ordered by a certified nurse-midwife in accordance with standardized procedures or protocols. . . [S]tandardized procedure means a document, including protocols, developed and approved by the supervising physician and surgeon, the certified nurse-midwife, and the facility administrator or his or her designee. . . [that] shall specify . . . the following. . . (4) The furnishing or ordering of drugs or devices by a certified nurse-midwife occurs under physician and surgeon supervision. . . Notwithstanding any other provision of law, (1) a drug order . . . shall be treated in the same manner as a prescription of the supervising physician . . . (3) the signature of a certified nurse-midwife on a drug order issued in accordance with this section shall be deemed to be the signature of a prescriber for purposes of this code and the Health and Safety Code. . . *Cal Bus & Prof Code § 2746.51 (2005) When nurse-midwife may furnish drugs or devices*

(b) The practice of nursing . . . means . . . (3) The performance of . . . immunization techniques . . . *Cal Bus and Prof Code § 2725 (2005) Legislative intent; Practice of nursing defined*

Neither this chapter nor any other provision of law shall be construed to prohibit a nurse practitioner from furnishing or ordering drugs or devices when all of the following apply: (a) The drugs or devices are furnished or ordered by a nurse practitioner in accordance with standardized procedures or protocols developed by the nurse practitioner and the supervising physician and surgeon when the drugs or devices furnished or ordered are consistent with the practitioner's educational preparation or for which clinical competency has been established and maintained. (b) The nurse practitioner is functioning pursuant to standardized procedure, as defined by Section 2725, or protocol. The standardized procedure or protocol shall be developed and approved by the supervising physician and surgeon, the nurse practitioner, and the facility administrator or the designee. (c)(1) The standardized procedure or protocol covering the furnishing of drugs or devices shall specify which nurse practitioners may furnish or order drugs or devices, which drugs or devices may be furnished or ordered, under what circumstances, the extent of physician and surgeon supervision, the method of periodic review of the nurse practitioner's competence, including peer review, and review of the provisions of the standardized procedure . . . (d) The furnishing or ordering of drugs or devices by a nurse practitioner occurs under physician and surgeon supervision. Physician and surgeon supervision shall not be construed to require the physical presence of the physician, but does include (1) collaboration on the development of the standardized procedure, (2) approval of the standardized procedure, and (3) availability by telephonic contact at the time of patient examination by the nurse practitioner. . . (1) a drug order issued pursuant to this section shall be treated in the same manner as a prescription of the supervising physician . . . *Cal Bus & Prof Code § 2836.1 (2005) Furnishing or ordering of drugs or devices by nurse practitioners*

continued

APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

Furnishing or ordering of drugs or devices by nurse practitioners is defined to mean the act of making a pharmaceutical agent or agents available to the patient in strict accordance with a standardized procedure. . . *Cal Bus & Prof Code § 2836.2 (2005) What constitutes furnishing or ordering drugs or devices*

NOTE 4

Because the physician assistant practice is directed by a supervising physician, and a physician assistant acts as an agent for that physician, the orders given and tasks performed by a physician assistant shall be considered the same as if they had been given and performed by the supervising physician. . . . [T]hese orders may be initiated without the prior patient specific order of the supervising physician. In any setting, including for example, any licensed health facility, out-patient settings, patients' residences, residential facilities, and hospices, as applicable, a physician assistant, may, pursuant to a delegation and protocols where present: . . . (h) . . . transmit orally, or in writing on a patient's record, a prescription from his or her supervising physician to a person who may lawfully furnish such medication or medical device. The supervising physician's prescription, transmitted by the physician assistant, for any patient cared for by the physician assistant, shall be based either on a patient-specific order by the supervising physician or on written protocol which specifies all criteria for the use of a specific drug or device and any contraindications for the selection. A physician assistant shall not provide a drug or transmit a prescription for a drug other than that drug specified in the protocol, without a patient-specific order from a supervising physician . . . A physician assistant may not administer, provide, or transmit a prescription for controlled substances in Schedules II through V inclusive without patient-specific authority by a supervising physician . . . **16 CCR 1399.541 (2005) Medical Services Performable**

(a) . . . [W]hile under the supervision of a licensed physician and surgeon or physicians and surgeons authorized by law to supervise a physician assistant, a physician assistant may . . . transmit orally, or in writing on a patient's record or in a drug order, an order to a person who may lawfully furnish the medication or medical device . . . (1) A supervising physician and surgeon who delegates authority to issue a drug order to a physician assistant may limit his authority by specifying the manner in which the physician assistant may issue delegated prescriptions. (2) Each supervising physician and surgeon who delegates the authority to issue a drug order to a physician assistant shall first prepare and adopt, or adopt, a written, practice specific, formulary and protocols that specify all criteria for the use of a particular drug or device, and any contraindications for the selection. The drugs listed shall constitute the formulary and shall include only drugs that are appropriate for use in the type of practice engaged in by the supervising physician or surgeon. When issuing an order, the physician assistant is acting on behalf of and as an agent for a supervising physician and surgeon. . . . (c) A drug order for any patient cared for by the physician assistant that is issued by the physician assistant shall either be based on the protocols described in subdivision (a) or shall be approved by the supervising physician before it is filled or carried out. (1) A physician assistant shall not . . . issue a drug order for a drug other than for a drug listed in the formulary without advance approval from a supervising physician and surgeon for the particular patient. . . **Cal Bus & Prof Code § 3502.1 (2005) Administration of medication or transmittal or drug orders by physician assistant. Cal Bus & Prof Code § 3502.1 (2005) Administration of medication or transmittal or drug orders by physician assistant**

NOTE 5

. . . (b) The practice of nursing . . . means . . . the administration of medications and therapeutic agents, necessary to implement a treatment, disease prevention, or rehabilitative regimen or ordered by and within the scope of licensure of a physician, dentist, podiatrist, or clinical psychologist . . . (3) The performance of . . . immunization techniques . . . **Cal Bus and Prof Code § 2725 (2005) Legislative intent; Practice of nursing defined**

NOTE 6

Because the physician assistant practice is directed by a supervising physician, and a physician assistant acts as an agent for that physician, the orders given and tasks performed by a physician assistant shall be considered the same as if they had been given and performed by the supervising physician. Unless otherwise specified in these regulations or in the delegation or protocols, these orders may be initiated without the prior patient specific order of the supervising physician. In any setting, including for example, any licensed health facility, out-patient settings, patients' residences, residential facilities, and hospices, as applicable, a physician assistant, may, pursuant to a delegation and protocols where present: . . . (h) Administer medication to a patient . . . **16 CCR 1399.541 (2005) Medical Services Performable**

continued

APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

(a) . . . while under the supervision of a licensed physician and surgeon or physicians and surgeons authorized by law to supervise a physician assistant, a physician assistant may administer or provide medication to a patient . . . (c) . . . (1) A physician assistant shall not administer or provide a drug . . . other than . . . a drug listed in the formulary without advance approval from a supervising physician and surgeon for the particular patient. . . *Cal Bus & Prof Code § 3502.1 (2005) Administration of medication or transmittal or drug orders by physician assistant*

Liability

Because physician assistant practice is directed by a supervising physician, and a physician assistant acts as an agent for that physician, the orders given and tasks performed by a physician assistant shall be considered the same as if they had been given and performed by the supervising physician . . . *16 CCR 1399.541 (2005) Medical Services Performable*

The delegation of procedures to a physician assistant . . . shall not relieve the supervising physician of primary continued responsibility for the welfare of the patient . . . *16 CCR 1399.542 (2005) Delegated Procedures*

(g) The supervising physician has continuing responsibility to follow the progress of the patient and to make sure that the physician assistant does not function autonomously. The supervising physician shall be responsible for all medical services provided by a physician assistant under his or her supervision . . . *16 CCR 1399.545 Supervision Required*

(f) “Supervision” means that a licensed physician and surgeon oversees the activities of, and accepts the responsibility for, the medical services rendered by a physician assistant. . . *Cal Bus & Prof Code § 3501 (2005) Definitions*

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APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

STATE	ASSESSMENT OF PATIENT STATUS			EXECUTION OF A PRESCRIPTION			ADMINISTRATION OF MEDICATIONS		
	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>
Colorado				1	2				3

COLORADO

NOTE 1

(1) An advanced practice nurse . . . may be authorized . . . to prescribe controlled substances or prescription drugs . . . (3) (a) An advanced practice nurse may be granted authority to prescribe prescription drugs to provide treatment for persons requiring routine health maintenance or routine preventive care. . . (c) (1) Prescriptive authority by an advanced practice nurse shall be limited to those patients appropriate to such nurse’s scope of practice. . . ***C.R.S. 12-38-111.6 (2005) Prescriptive authority – advance practice nurses***

(1) A physician licensed pursuant to the “Colorado Medical Practice Act” may enter into a collaborative agreement for the purposes of prescriptive authority by advanced practice nurses . . . (2) A collaborative agreement shall include but shall not be limited to: (a) An acknowledgment that both the physician and the advanced practice nurse are responsible for the generally accepted standards of care; (b) A declaration that the intent of the collaborative agreement is an integrated system of care; (c) The duties and responsibilities of each party to the collaborative agreement; (d) An agreement between the parties as to the scope of prescriptive authority as it relates to the patient criteria . . . and the active practice of the collaborating physician; and (e) (I) Definitions of and provisions for consultation, referral, and quality assurance. (II) For purposes of this paragraph (e), “referral” occurs when the patient’s physical or mental condition changes and such changes are not consistent with section 12-38-111.6 (3). (3) A collaborative agreement shall be periodically reviewed by the parties to assure continued compliance with this section and section 12-38-111.6. ***C.R.S. 12-36-106.3 (2005) Collaborative agreements with advanced practice nurses***

NOTE 2

SECTION 3. PRESCRIPTION AND DISPENSING OF DRUGS. A. A physician assistant may issue a prescription order for any drug or controlled substance. . . . 3. Nothing in this Section 3 shall prohibit a physician supervisor from restricting the ability of a supervised physician assistant to prescribe drugs or controlled substances. . . . ***3 CCR 713-7 (2005) RULES AND REGULATIONS FOR LICENSURE OF AND PRACTICE BY PHYSICIAN ASSISTANTS (PAs)***

NOTE 3

19.00.00 ADMINISTRATION. 19.01.00 Immunizations. 19.01.10 Qualifications. a. A pharmacist, or pharmacy intern under the supervision of a pharmacist certified in immunization, may administer vaccines per authorization of a physician. A copy of the authorization will be maintained at the prescription drug outlet. Routine childhood immunizations, as defined by the Colorado State Board of Health, shall comply with CDC guidelines. b. Licensees may administer vaccines to a person only if: (1) The pharmacist or pharmacy intern has completed a course of immunization delivery training endorsed by the centers for disease control and prevention (CDC). . . (3) The vaccines are administered in accordance with CDC guidelines. . . 19.01.20 A trained pharmacist may delegate the administration of vaccines only to a trained pharmacy intern. 19.01.30 Policies and Procedures a. Prior to administering vaccines or immunizations, pharmacists and pharmacy interns must be trained and certified in a program endorsed by the CDC with regard to CDC guidelines for both the administration of vaccines and treatment of severe adverse events following administration of a vaccine. b. The prescription drug outlet must maintain and follow written policies and procedures for handling and disposal of used and contaminated equipment and supplies. The prescription drug outlet must obtain a physician protocol for addressing allergic reactions to immunizations. c. The prescription drug outlet must give the appropriate "Vaccine Information Statement" (VIS) to the patient or legal representative with each dose of vaccine covered by these forms. The pharmacist must ensure that the patient or legal representative has received and signed the informed consent form and has had their questions answered prior to the administration of the vaccine. d. The prescription drug outlet must report adverse events as required by the Vaccine Adverse Events Reporting System (VAERS) and to the primary care provider as identified by the patient. . . ***3 CCR 719-1 (2005) PHARMACY RULES AND REGULATIONS***

Liability

(c) (1) . . . Prescriptive authority may be limited or withdrawn and the advanced practice nurse may be subject to further disciplinary action in accordance with this article if such nurse has prescribed outside such nurse’s scope of practice or for other than a therapeutic purpose. . . ***C.R.S. 12-38-111.6 (2005) Prescriptive authority – advance practice nurses***

continued

APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATON OF MEDICATIONS BY NON-PHYSICIANS

C. Responsibilities of and Supervision by the Primary Physician Supervisor 1. Compliance with Rules. Both the supervising physician and the physician assistant are responsible for implementing and complying with the statutory requirements and the provisions of these rules. 2. Liability for Actions of a Physician Assistant. A primary physician supervisor may supervise and delegate responsibilities to a physician assistant in a manner consistent with the requirements of these rules. Except as provided . . . the primary physician supervisor shall be deemed to have violated this rule if a supervised physician assistant commits unprofessional conduct as defined in *Section 12-36-117(1)(p), C.R.S.*, or if such physician assistant otherwise violates these rules. The primary physician supervisor shall not be responsible for the conduct of a physician assistant where that physician assistant was acting under the supervision of another primary physician supervisor and there is a form in compliance with Section 4 of these rules signed by that other primary physician supervisor. The primary physician supervisor shall also not be responsible for the conduct of a physician assistant where that physician assistant consulted with a secondary physician supervisor and documented such consultation in the chart note as required. . . **RULE 400 – RULES AND REGULATIONS FOR LICENSURE OF AND PRACTICE BY PHYSICIAN ASSISTANTS (PAs)**

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APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

STATE	ASSESSMENT OF PATIENT STATUS			EXECUTION OF A PRESCRIPTION			ADMINISTRATION OF MEDICATIONS		
	Nurse	Physician Assistant	Pharmacist	Nurse	Physician Assistant	Pharmacist	Nurse	Physician Assistant	Pharmacist
Connecticut	1			2	3		4	5	

CONNECTICUT

NOTE 1

(a) The practice of nursing by a registered nurse is defined as the process of diagnosing human responses to actual or potential health problems . . . health counseling and teaching, case finding and referral, collaborating in the implementation of the total health care regimen, and executing the medical regimen under the direction of a licensed physician, dentist or advanced practice registered nurse.

(b) . . . The advanced practice registered nurse performs acts of diagnosis . . . and shall collaborate with a physician licensed to practice medicine in this state. . . *Conn. Gen. Stat. § 20-87a (2004) Definitions. Scope of practice*

NOTE 2

If practicing in (1) an institution licensed . . . as a hospital, residential care home, health care facility for the handicapped, nursing home, rest home, mental health facility, substance abuse treatment facility, infirmary operated by an educational institution for the care of students enrolled in, and faculty and staff of, such institution, or facility operated and maintained by any state agency and providing services for the prevention, diagnosis and treatment or care of human health conditions, or (2) an industrial health facility . . . which serves at least two thousand employees, or (3) a clinic operated by a state agency, municipality, or private nonprofit corporation, or (4) a clinic operated by any educational institution . . . the advanced practice registered nurse may, in collaboration with a physician . . . prescribe . . . medical therapeutics and corrective measures. In all other settings, the advanced practice registered nurse may, in collaboration with a physician . . . prescribe . . . medical therapeutics and corrective measures . . . *Conn. Gen. Stat. § 20-87a Definitions. Scope of practice*

NOTE 3

A physician assistant may, as delegated by the supervising physician within the scope of such physician's license, (A) prescribe . . . drugs, including controlled substances in schedule IV or V in all settings . . . (C) prescribe . . . controlled substances in schedule II or III to an inpatient in a short-term hospital, chronic disease hospital, emergency room satellite of a general hospital, or, after an admission evaluation by a physician, in a chronic and convalescent nursing home . . . provided in all cases where the physician assistant prescribes a controlled substance in schedule II or III, the physician under whose supervision the physician assistant is prescribing shall cosign the order not later than twenty-four hours thereafter. *Conn. Gen. Stat. § 20-12d (2004) Medical functions performed by physician assistants. Prescriptive authority*

NOTE 4

If practicing in (1) an institution licensed . . . as a hospital, residential care home, health care facility for the handicapped, nursing home, rest home, mental health facility, substance abuse treatment facility, infirmary operated by an educational institution for the care of students enrolled in, and faculty and staff of, such institution, or facility operated and maintained by any state agency and providing services for the prevention, diagnosis and treatment or care of human health conditions, or (2) an industrial health facility . . . which serves at least two thousand employees, or (3) a clinic operated by a state agency, municipality, or private nonprofit corporation, or (4) a clinic operated by any educational institution . . . the advanced practice registered nurse may, in collaboration with a physician licensed to practice medicine in this state . . . dispense, and administer medical therapeutics and corrective measures. In all other settings, the advanced practice registered nurse may, in collaboration with a physician licensed to practice medicine in the state . . . administer medical therapeutics and corrective measures . . . *Conn. Gen. Stat. § 20-87a (2004) Definitions. Scope of practice.*

NOTE 5

Delegated functions shall be implemented in accordance with written protocols established by the supervising physician. . . . A physician assistant may, as delegated by the supervising physician within the scope of such physician's license, (A) . . . administer drugs, including controlled substances in schedule IV or V in all settings, . . . (C) . . . administer controlled substances in schedule II or III to an inpatient in a short-term hospital, chronic disease hospital, emergency room satellite of a general hospital, or, after an admission evaluation by a physician, in a chronic and convalescent nursing home . . . provided in all cases where the physician assistant prescribes a controlled substance in schedule II or III, the physician under whose supervision the physician assistant is prescribing shall cosign the order not later than twenty-four hours thereafter. *Conn. Gen. Stat. § 20-12d (2004) Medical functions performed by physician assistants.*

Prescriptive authority

APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

STATE	ASSESSMENT OF PATIENT STATUS			EXECUTION OF A PRESCRIPTION			ADMINISTRATION OF MEDICATIONS		
	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>
Delaware	1	2		3	4		5	6	7

DELAWARE

NOTE 1

... (m) "The practice of practical nursing" as a licensed practical nurse means the performance . . . of nursing services . . . at the direction of a registered nurse or a person licensed to practice medicine, surgery or dentistry, include: (1) Observation; (2) Assessment . . . (5) . . . (n) . . . The registered nurse practices in the profession of nursing by the performance of activities, among which are: (1) Assessing human responses to actual or potential health conditions; (2) Identifying the needs of the individual and/or family by developing a nursing diagnosis . . . **24 Del. C. § 1902 (2005) Definitions**

8.6 Standards for the Advanced Practice Nurse. . . 8.6.2.1 Performs comprehensive assessments . . . 8.7 Generic Functions of the Advanced Practice Nurse Within the Specialized Scope of Practice include but are not limited to: 8.7.1 Eliciting detailed health history(s) . . . **CDR 10-518-001 (2004) RULES AND REGULATIONS**

NOTE 2

(b) . . . [T]he scope of practice of physician assistants include[s]: (1) . . . a. The performance of delegated medical acts . . . and experience of physician assistants; and b. The performance of services customary to the practice of the supervising physician; (2) Delegated medical acts provided by physician assistants to include, but not be limited to: a. The performance of complete patient histories . . . **24 Del. C. § 1773 (2005) Regulation of physician assistants**

NOTE 3

27.4 Prescriptive Authority 27.4.1 APNs may prescribe legend medications including Schedule II - V controlled substances, (as defined in the Controlled Substance Act), parenteral medications, medical therapeutics, devices and diagnostics. . . . **CDR 24-1700 (2004) BOARD OF MEDICAL PRACTICE; RULES AND REGULATIONS**

(b)(1) . . . Advanced practice nurses desiring to practice independently or to prescribe independently must do so pursuant to § 1906(20) of Title 24. . . . **24 Del. C. § 1902 (2005) Definitions**

8.7 Generic Functions of the Advanced Practice Nurse Within the Specialized Scope of Practice include but are not limited to . . . 8.7.15 Prescribing medications and treatments independently pursuant to Rules and Regulations . . . **CDR 10-518-001 (2004) RULES AND REGULATIONS**

8.18 PRESCRIPTIVE AUTHORITY 8.18.1 APNs may prescribe, administer, and dispense legend medications including Schedule II - V controlled substances, (as defined in the Controlled Substance Act and labeled in compliance with 24 Del.C. Section

2536(C), parenteral medications, medical therapeutics, devices and diagnostics. . . 8.18.5 APNs may give verbal prescription orders. . . **CDR 10-518-001 (2004) RULES AND REGULATIONS**

NOTE 4

(h) Prescription and nonprescription medications may be initiated by standing orders if these standing orders have been approved by the supervising physician. . . **24 Del. C. § 1771 (2005) Physician's duties in supervision of a physician assistant**

(b) A physician assistant may not . . . prescribe. . . legend drugs or therapeutics. . . independent of the supervision of a physician who is certified to practice medicine. . . **24 Del. C. § 1772 (2005) Prohibited acts by a physician assistant**

(2) Delegated medical acts provided by physician assistants to include, but not be limited to: . . . d. Delegated medical acts of diagnosis and prescription of therapeutic drugs and treatments within the scope of physician assistant practice . . . **24 Del. C. § 1773 (2005) Regulation of physician assistants**

continued

APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

25.0 Physician's Assistant . . . 25.3 Prescriptive Authority 25.3.1 Prescriptive authority for the therapeutic drugs and treatments will include the following: 25.3.1.1 Prescriptive authority is a delegated medical service by the supervising physician. 25.3.1.2 Prescriptive authority will be practice specific of the supervising physician. 25.3.1.3 PAs may prescribe legend medication including Schedule II-V controlled substances, (as defined in the Controlled Substance Act), parenteral medications, medical therapeutics, devices and diagnostics. . . ***CDR 24-1700 (2004) BOARD OF MEDICAL PRACTICE; RULES AND REGULATIONS***

NOTE 5

(m) "The practice of practical nursing" . . . means These services, at the direction of a registered nurse or a person licensed to practice medicine, surgery or dentistry, include: . . . (5) The administration of medications and treatments prescribed by a licensed physician, dentist, podiatrist or advanced practice nurse; and . . . (n) . . . The registered nurse practices in the profession of nursing by the performance of activities, among which are: (6) Executing regimens, as prescribed by a licensed physician, dentist, podiatrist or advanced practice nurse, including the dispensing and/or administration of medications and treatments . . . ***24 Del. C. § 1902 (2005)***

Definitions

NOTE 6

(b) A physician assistant may not . . . dispense legend drugs or therapeutics . . . independent of the supervision of a physician who is certified to practice medicine. . . ***24 Del. C. § 1772 (2005) Prohibited acts by a physician assistant***

(2) Delegated medical acts provided by physician assistants to include, but not be limited to: . . . c. The relaying, transcribing, or executing of specific diagnostic or therapeutic orders, so long as all such notes, orders, and other writings are reviewed and countersigned by the supervising physician within 72 hours, barring extraordinary events or circumstances . . . ***24 Del. C. § 1773 (2005) Regulation of physician assistants***

NOTE 7

(9) A pharmacist may administer injectable medications, biologicals and adult immunizations pursuant to a valid prescription or physician-approved protocol. The scope of the protocol or valid prescription must be limited to that physician's patient population. A Pharmacy Regulatory Council of the Board of Medical Practice shall establish requirements and regulations that pharmacists must meet in order to administer injectable adult immunizations, biologicals and medications. Those regulations shall include a list of those classes of and the indications for the biologicals, medications and adult immunizations that are appropriate to be administered by pharmacists who have been so authorized. . . ***24 Del. C. § 2502 (2005) Definitions as used in this chapter***

14.0 Administration of Injectable Medications: . . . 14.1 Educational Requirements 14.1.1 In order to administer injectable medications, biologicals, and adult immunizations a licensed pharmacist shall provide proof that the following requirements have been satisfied: 14.1.1.1 The satisfactory completion of an academic and practical curriculum approved by the Board of Pharmacy which includes, but is not limited to, disease epidemiology, vaccine characteristics, injection technique, emergency response to adverse events, and related topics. 14.1.1.2 A current Cardio-Pulmonary Resuscitation (CPR) certificate acceptable to the Board of Pharmacy. 14.1.2 A registered pharmacist may only administer injections consistent with public health and safety and in a competent manner consistent with the academic curriculum and training completed. 14.1.3 Continued competency shall be maintained. A minimum of two hours (0.2 C.E.U.) of the thirty hour requirement for continuing education, every licensure period, must be dedicated to this area of practice. 14.1.4 Documentation of the satisfactory completion of the proper academic and practical training requirements shall be listed in a policy and procedures manual available for inspection by the Board of Pharmacy. Maintaining such a policy and procedures manual shall be the responsibility of each registered pharmacist administering injections. 14.2 Practice Requirements . . . 14.2.3 The pharmacist, before administering an injectable medication, biological, or immunization, must counsel the patient and/or the patient's representative about contraindications and inform them in writing in specific and readily understood terms about the risks and benefits. A signed copy of the patient's consent shall be filed and available for inspection by the Board of Pharmacy. . . 14.3 Classes and Indications of Approved Medications. Classes of medications shall include injectable medications, immunizations, and biologicals contained in the list of Approved Drug Products with Therapeutic Equivalence Evaluations or drugs under clinical study when administered in accordance with indications approved by the Food & Drug Administration. 14.4 Authorization. Only those registered pharmacists meeting the requirements of this Regulation shall administer injectable medications, biologicals, and adult immunizations. The Board of Pharmacy shall maintain a current list of those pharmacists so authorized. It is the responsibility of each registered pharmacist to maintain his or her current status on such list. ***CDR 24-2500 (2004) BOARD OF PHARMACY; RULES AND REGULATIONS***

continued

APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATON OF MEDICATIONS BY NON-PHYSICIANS

Liability

(a) A physician who delegates medical acts to a physician assistant is responsible for the physician assistant's medical acts and must provide adequate supervision. . . *24 Del. C. § 1771 (2005) Physician's duties in supervision of a physician assistant*

. . .21.1.1 Any physician who delegated medical responsibility to a non-physician is responsible for that individual's medical activities and must provide adequate supervision. No function may be delegated to a non-physician who by statute or professional regulation is prohibited from performing that function. Supervision may be direct or indirect depending upon the type of medical responsibility delegated. The delegating physician cannot be involved in patient care in name only. . . *CDR 24-1700 (2004) BOARD OF MEDICAL PRACTICE; RULES AND REGULATIONS*

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APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

STATE	ASSESSMENT OF PATIENT STATUS			EXECUTION OF A PRESCRIPTION			ADMINISTRATION OF MEDICATIONS		
	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>
DC	1	2		3	4		5	6	

DISTRICT OF COLUMBIA

NOTE 1

5512.2 The functions of a practical nurse shall include, but not be limited to, the following; Provided, that the practical nurse has the appropriate education and that the functions take place in the appropriate clinical setting: (a) Assessing vital functions and patient status . . . *CDCR 17-5512 (2005)*

5414.1 The practice of registered nursing means . . . (a) The observation, comprehensive assessment, evaluation and recording of physiological and behavioral signs and symptoms of health, disease, and injury, including the performance of examinations and testing and their evaluation for the purpose of identifying the needs of the client and family . . . *CDCR 17-5414 (2005) SCOPE OF PRACTICE*

(a) The advanced practice registered nurse may perform actions of medical diagnosis *D.C. Code § 3-1206.01 (2006) General authorization [Formerly § 2-3306.1]*

(a) Generally, advanced practice registered nurses shall carry out acts of advanced registered nursing in collaboration with a licensed health care provider. . . *D.C. Code § 3-1206.03 (2006) Collaboration [Formerly § 2-3306.3]*

. . . (2) . . . The advanced practice registered nurse may perform actions of nursing diagnosis . . . *D.C. Code § 3-1201.02 (2006) Definitions of health occupations [Formerly § 2-3301.2]*

NOTE 2

. . . 4911.2 . . . [A] physician assistant in collaboration with a licensed physician shall perform health care tasks only if the following requirements are met: (a) The health care tasks are authorized by a standard or advanced job description registered by the Board; or (b) The health care tasks are undertaken in immediate collaboration . . . with a supervising physician. 4911.3 A standard job description registered by the Board authorizes a physician assistant to perform those health care tasks listed in the job description at a supervising physician's primary location and may include the following: (a) Screening patients to determine the need for medical attention; (b) Taking a patient history; (c) Performing a physical examination . . . *CDCR 17-4911 (2005) SCOPE OF PRACTICE*

. . . (13) "Practice by physician assistants" means the performance, in collaboration with a licensed physician or osteopath, of acts of medical diagnosis . . . *D.C. Code § 3-1201.02 (2006) Definitions of health occupations [Formerly § 2-3301.2]*

NOTE 3

5909.1 A nurse-practitioner shall have authority to prescribe legend drugs and controlled substances . . . *CDCR 17-5909 (2005) PRESCRIPTIVE AUTHORITY*

5809.1 A certified nurse-midwife shall have authority to prescribe legend drugs and controlled substances . . . *CDCR 17-5809 (2005) PRESCRIPTIVE AUTHORITY*

6009.1 A clinical nurse specialist shall have authority to prescribe legend drugs and controlled substances. . . *CDCR 17-6009 (2005) PRESCRIPTIVE AUTHORITY*

5808.1 In addition to the general function specified in D.C. Official Code § 3-1206.04 the nurse-midwife may perform any of the acts listed below, including: . . . (h) Prescribe appropriate medications . . . *CDCR 17-5808 (2005) SCOPE OF PRACTICE*

5414.1 The practice of registered nursing means . . . (b) The development of a comprehensive nursing plan that . . . prescribes and implements nursing interventions of a therapeutic, preventive, and restorative nature in response to an assessment of the client's requirements . . . *CDCR 17-5414 (2005) SCOPE OF PRACTICE*

(a) The advanced practice registered nurse may perform actions of . . . prescription *D.C. Code § 3-1206.01 (2006) General authorization [Formerly § 2-3306.1]*

continued

APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

(a) Generally, advanced practice registered nurses shall carry out acts of advanced registered nursing in collaboration with a licensed health care provider. . . *Collaboration [Formerly § 2-3306.3]*

An advanced practice registered nurse may: (1) Initiate, monitor, and alter drug therapies; (2) Initiate appropriate therapies or treatments . . . *D.C. Code § 3-1206.04 (2006) Authorized acts [Formerly § 2-3306.4]*

(2) . . . The advanced practice registered nurse may also perform actions of . . . prescription. . . *D.C. Code § 3-1201.02 (2006) Definitions of health occupations [Formerly § 2-3301.2]*

NOTE 4

4912.1 All prescription orders issued by a physician assistant shall be written on a prescription pad that bears the printed names of the physician assistant and the supervising physician. A physician assistant may sign the prescription order. . . *CDCR 17-4912 (2005) PRESCRIBING AND DISPENSING DRUGS*

4912.6 A physician assistant shall not . . . prescribe controlled substances. . . . *CDCR 17-4912 (2005) PRESCRIBING AND DISPENSING DRUGS*

(13) "Practice by physician assistants" means the performance, in collaboration with a licensed physician or osteopath, of acts of . . . prescription . . . *D.C. Code § 3-1201.02 (2006) Definitions of health occupations [Formerly § 2-3301.2]*

NOTE 5

5512.2 The functions of a practical nurse shall include, but not be limited to, the following; Provided . . . that the functions take place in the appropriate clinical setting: . . . (b) Administering medication . . . *CDCR 17-5512 (2005)*

(a) The advanced practice registered nurse may perform actions of . . . prescription *D.C. Code § 3-1206.01 (2006) General authorization [Formerly § 2-3306.1]*

(a) Generally, advanced practice registered nurses shall carry out acts of advanced registered nursing in collaboration with a licensed health care provider. . . *D.C. Code § 3-1206.03 (2006) Collaboration [Formerly § 2-3306.3]*

NOTE 6

4912.2 A physician assistant shall not dispense drugs unless they are . . . (a) Packaged by the manufacturer as a sample; or (b) Prepackaged in a unit of use package by a supervising physician. . . 4912.4 A physician assistant shall not dispense a drug from any source other than a supervising physician or a pharmacist acting on a written order of a supervising physician. . . *CDCR 17-4912 (2005) PRESCRIBING AND DISPENSING DRUGS*

4912.6 A physician assistant shall not dispense . . . controlled substances, except that a physician assistant may advise a patient of the availability of over-the-counter drugs . . . in Schedule V. *CDCR 17-4912 (2005) PRESCRIBING AND DISPENSING DRUGS*

4911.2 Except as provided in § 4911.5, a physician assistant in collaboration with a licensed physician shall perform health care tasks only if the following requirements are met: (a) The health care tasks are authorized by a standard or advanced job description registered by the Board; or (b) The health care tasks are undertaken in immediate collaboration . . . with a supervising physician. 4911.3 A standard job description registered by the Board authorizes a physician assistant to perform those health care tasks listed in the job description at a supervising physician's primary location and may include the following: . . . (e) Performing the following diagnostic, therapeutic, and clinical procedures . . . (12) Administration of injections, medications, immunizations, and intravenous fluids . . . *CDCR 17-4911 (2005) SCOPE OF PRACTICE*

(13) "Practice by physician assistants" means the performance, in collaboration with a licensed physician or osteopath, of acts of . . . treatment . . . preventive health care, and other functions which are authorized by the Board of Medicine . . . *D.C. Code § 3-1201.02 (2006) Definitions of health occupations [Formerly § 2-3301.2]*

Liability

4914.1 A supervising physician has ultimate responsibility for the medical care and treatment given to a patient by a physician assistant to whom the supervising physician has delegated authority to perform health care tasks. . . *CDCR 17-4914 (2005) SUPERVISING PHYSICIAN*

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APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

STATE	ASSESSMENT OF PATIENT STATUS			EXECUTION OF A PRESCRIPTION			ADMINISTRATION OF MEDICATIONS		
	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>
Florida	1				2		3	4	

FLORIDA

NOTE 1

. . . (3) (a) “Practice of professional nursing” means the performance of those acts . . . which shall include, but not be limited to: 1. The observation, assessment, nursing diagnosis, planning, intervention, and evaluation of care . . . and the promotion of wellness, maintenance of health, and prevention of illness of others. . . (d) “Nursing diagnosis” means the observation and evaluation of physical or mental conditions, behaviors, signs and symptoms of illness, and reactions to treatment and the determination as to whether such conditions, signs, symptoms, and reacts represent a deviation from normal. *Fla. Stat. § 464.003 (2005) Definitions*

NOTE 2

(e) A supervisory physician may delegate to a fully licensed physician assistant the authority to prescribe any medication used in the supervisory physician’s practice unless such medication is listed on the formulary created pursuant to paragraph (f). . . *Fla. Stat. § 458.347 (2005) Physician assistants*

NOTE 3

(3) (a) “Practice of professional nursing” means the performance of those acts . . . which shall include, but not be limited to: . . . 2. The administration of medications and treatments as prescribed or authorized by a duly licensed practitioner authorized by the laws of this state to prescribe such medications and treatments *Fla. Stat. § 464.003 (2005) Definitions*

NOTE 4

(d) A supervisory physician may delegate to a licensed physician assistant, pursuant to a written protocol, the authority to act . . . Such delegated authority is limited to the supervising physician’s practice in connection with a county health department The boards shall adopt rules governing the supervision of physician assistants by physicians in county health departments . . . *Fla. Stat. § 458.347 (2005) Physician assistants*

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APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

STATE	ASSESSMENT OF PATIENT STATUS			EXECUTION OF A PRESCRIPTION			ADMINISTRATION OF MEDICATIONS		
	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>
Georgia				1	2		3		

GEORGIA

NOTE 1

Attorney General Opinion: Nurses may telephone prescription orders into a pharmacy after receiving an order from a practitioner of the healing arts. *Opinion 79-32, 1979 Op. Atty Gen. Ga. 66*

NOTE 2

(3) “Carry out a prescription drug or device order” means to complete, on a form established and approved by the board, a written prescription drug order or a prescription device order pursuant to the authority delegated by a supervision physician. § 43-34-102. **Definitions**

(e.1)(1) . . . a physician’s assistant shall be allowed to carry out a prescription drug order or orders for any device as defined in . . . any dangerous drug as defined in . . . or any Schedule III, IV, or V controlled substance as defined in . . . on a prescription drug order or prescription device order form . . . pursuant to the authority delegated by the supervising physician of that physician’s assistant. Delegation of

such authority shall be contained in the job description required by this Code section. The delegating physician shall remain responsible for the medical acts of the physician’s assistant performing such delegated acts and shall adequately supervise the physician’s assistant. § 43-34-103. **Application for assistant; number of assistants; new job descriptions; scope of duties; employment by non-practicing physicians; delegated authority**

(2) A Physician’s Assistant may be authorized to carry out a prescription drug order or orders for any device, as defined in [Code Section]. (a) A Physician’s Assistant may be authorized to carry out a prescription drug order or orders for any device included in the formulary approved by the Board. (b) The Formulary approved by the Board shall include any dangerous drug as defined in {Code}, or any Schedule III, IV or V controlled substances as defined in [Code]. *Ga. Comp R & Regs R 360-5-.12 (2005) 360-5.12 Carrying Out a Prescription Drug or Device Order*

Attorney General Opinion: Physician’s assistants may prescribe Schedule III, IV, and V controlled substances when acting under the proper delegation of a physician, thereby permitting them to have a DEA number. The authority must be contained in the physician’s assistant’s job description. *Opinion 00-10, 2000 Op. Atty Gen. Ga. 10*

NOTE 3

(6) Practice nursing” or “practice of nursing” . . . include, but is not limited to, provision of nursing care . . . the administration of medications and treatments as prescribed by a physician practicing medicine . (8) “Practice nursing as a registered professional nurse” means to practice nursing by performing for compensation any of the following: . . . (I) Administering, ordering, and dispensing medications . . . authorized by protocol, when such acts are authorized by other general laws and such acts are in conformity with those laws; (J) Administering medications and treatments as prescribed by a physician practicing medicine in accordance with Article 2 of Chapter 34 of this title. § 43-26-3. **Definitions**

Attorney General Opinion: A licensed nurse may administer medication as prescribed by a physician when a patient presents with symptoms that match a checklist of symptoms. It is not necessary that the physician be in the immediate presence of the patient and the nurse when medication is administered. *Opinion 79-2, 1979 Op. Atty Gen. Ga. 5*

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APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

STATE	ASSESSMENT OF PATIENT STATUS			EXECUTION OF A PRESCRIPTION			ADMINISTRATION OF MEDICATIONS		
	Nurse	Physician Assistant	Pharmacist	Nurse	Physician Assistant	Pharmacist	Nurse	Physician Assistant	Pharmacist
Hawaii	1	2		3	4		5	6	7

HAWAII

NOTE 1

. . . "The practice of nursing as a licensed practical nurse" means the performance of observing and caring for individuals at all levels of the health spectrum . . . "The practice of nursing as a registered nurse" means the performance of professional services whereby the individual shall be accountable and responsible to the consumer for the quality of nursing care rendered. The foregoing may include, but not be limited to, observation, assessment. . . **HRS § 457-2 (2005) Definitions.**

NOTE 2

(b) Medical services rendered by the physician assistants may include, but are not limited to: (1) Obtaining patient histories and performing physical examinations . . . **WCHR 16-85 (2004) MEDICAL EXAMINERS**

NOTE 3

Only an advanced practice registered nurse granted prescriptive authority by the department shall be able to practice as an advanced practice registered nurse with prescriptive authority . . . **WCHR 16-89C-2 (2004) Prescriptive authority**

"Prescribed medical orders" means requisitions for resources to be allocated in particular ways for specific patients, which includes prescription drug orders, signed by the delegating physician under physician's orders, standing medical orders, standing delegation orders, or other orders or protocols. . . . "Prescriptive authority" means the authority granted by the department to a recognized APRN to verbally, or in writing, direct, order, or designate the preparation of, use of, or manner of using, a drug within the recognized APRN's scope of practice in a collegial working relationship, as defined in section 16-89C-10, with a physician and an exclusionary formulary.

WCHR 16-89C (2004) ADVANCED PRACTICE REGISTERED NURSE PRESCRIPTIVE AUTHORITY

NOTE 4

(a) The supervising physician shall: . . . (8) Be authorized to allow the physician assistant to prescribe . . . medications and medical devices to the extent delegated by the supervising physician and subject to the following requirements: (A) Prescribing . . . medications may include Schedule III through V and all legend medications. No physician assistant may prescribe Schedule II medications . . . (D) A physician assistant employed or extended privileges by a hospital or extended care facility may, if allowed under the bylaws, rules, and regulations of the hospital or extended care facility, write orders for medications Schedule II through V, for inpatients under the care of the supervising physician; **WCHR § 16-85-49 (2004) Degree of supervision.**

NOTE 5

"The practice of nursing as a licensed practical nurse" means . . . administration of treatment and medication as prescribed . . . "The practice of nursing as a registered nurse" means the performance of professional services whereby the individual shall be accountable and responsible to the consumer for the quality of nursing care rendered. The foregoing may include, but not be limited to . . . utilization of reasonable judgment in carrying out prescribed medical orders of a licensed medical doctor . . . or the orders of an advanced practice registered nurse recognized in accordance with this chapter. **HRS § 457-2 (2005) Definitions.**

NOTE 6

§ 16-85-49 Degree of supervision. (a) The supervising physician shall . . . (8) Be authorized to allow the physician assistant to . . . dispense, and administer medications and medical devices to the extent delegated by the supervising physician and subject to the following requirements: (A) . . . dispensing of medications may include Schedule III through V and all legend medications. . . . **WCHR § 16-85-40 (2004) Degree of Supervision**

"Physician assistant" means an individual who has been certified by the board to practice medicine with physician supervision. A physician assistant may perform those duties and responsibilities delegated by the physician assistant's supervising physician . . . **WCHR § 16-85-44.5 (2004) Definition**

continued

APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATON OF MEDICATIONS BY NON-PHYSICIANS

NOTE 7

“Practice of pharmacy” means: (E) Administering immunizations orally, by injection, or by intranasal delivery, to persons eighteen years of age or older, by a pharmacist having appropriate training that includes programs approved by the ACPE, curriculum-based programs from an ACPE-accredited college of pharmacy, state or local health department programs, or programs recognized by the board of pharmacy. *HRS § 461-1 (2005) Definitions.*

Liability

“The practice of nursing as a registered nurse” means the performance of professional services whereby the individual shall be accountable and responsible to the consumer for the quality of nursing care rendered. The foregoing may include, but not be limited to . . . utilization of reasonable judgment in carrying out prescribed medical orders pf a licensed medical doctor or 463E or the orders of an advanced practice registered nurse recognized in accordance with this chapter. *HRS § 457-2 (2005) Definitions.*

(a) A physician assistant shall be considered the agents of the physician assistant's supervising physician in the performance of all practice-related activities as established in writing by the employer. *WCHR 16-85 (2004) MEDICAL EXAMINERS*

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APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

STATE	ASSESSMENT OF PATIENT STATUS			EXECUTION OF A PRESCRIPTION			ADMINISTRATION OF MEDICATIONS		
	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>
Idaho	1			2	3		4	5	6

IDAHO

NOTE 1

(b) “Clinical nurse specialist” means a licensed professional nurse . . . The clinical nurse specialist provides direct client care, which may include assessing, diagnosing, planning . . . pharmacologic and nonpharmacologic therapeutic and corrective measures, health promotion and preventive care . . . (c) “Nurse practitioner” means a licensed professional nurse . . . Nurse practitioners . . . may perform comprehensive health assessments, diagnosis, health promotion . . . *Idaho Code § 54-1402 (2006) Definitions*

02. Core Standards for All Categories of Advanced Practice Professional Nursing . . . e. The advanced practice professional nurse shall assess clients, identify problems or conditions, establish diagnoses, develop and implement treatment plans and evaluate patient outcomes. . . . 04. Clinical Nurse Specialist. . . The clinical nurse specialist provides direct client care, which may include assessing, diagnosing, planning, health promotion and preventive care . . . *IDAPA 23.01.01.280 (2005) STANDARDS OF PRACTICE FOR ADVANCED PRACTICE PROFESSIONAL NURSING*

02. Functions. A partial listing of tasks within the licensed professional nurse’s function follows. This listing is for illustrative purposes only, it is not exclusive. The licensed professional nurse. . . . a. Assesses the health status of individuals and groups; and . . . d. Develops and documents a plan for nursing intervention based on assessment, analysis of data, identified nursing diagnoses and patient outcomes; . . . *IDAPA 23.01.01.401 (2005) LICENSED PROFESSIONAL NURSE (RN OR REGISTERED NURSE)*

NOTE 2

(1) “Advanced practice professional nurse” means a professional nurse licensed in this state who . . . is authorized to perform advanced nursing practice, which may include the prescribing . . . of therapeutic pharmacologic agents, as defined by board rules. . . Advanced practice professional nurses shall include certified nurse-midwives, clinical nurse specialists, nurse practitioners, and registered nurse anesthetists as defined in this subsection. . . *Idaho Code § 54-1402 (2006) Definitions*

(b) “Clinical nurse specialist” means a licensed professional nurse . . . The clinical nurse specialist provides direct client care, which may include . . . prescribing pharmacologic and nonpharmacologic therapeutic and corrective measures, health promotion and preventive care . . . (c) “Nurse practitioner” means a licensed professional nurse . . . Nurse practitioners . . . may perform . . . the prescribing of pharmacologic and nonpharmacologic treatments as defined by rules of the board . . . *Idaho Code § 54-1402 (2006) Definitions*

05. . . The scope of practice of an authorized nurse practitioner may include the prescribing and dispensing of pharmacologic and non-pharmacologic agents. Effective Date: (4-6-05) . . . *IDAPA 23.01.01.280 (2005) STANDARDS OF PRACTICE FOR ADVANCED PRACTICE PROFESSIONAL NURSING*

NOTE 3

01. Scope. The scope of practice of physician assistants and graduate physician assistants . . . b. The scope of practice may include prescribing . . . medical devices and drugs . . . while working under the supervision of a licensed medical physician. . . *IDAPA 22.01.03.028 (2005) SCOPE OF PRACTICE*

NOTE 4

(1) “Advanced practice professional nurse” means a professional nurse . . . authorized to perform advanced nursing practice, which may include the . . . administering and dispensing of therapeutic pharmacologic agents, as defined by board rules. . . Advanced practice professional nurses shall include certified nurse-midwives, clinical nurse specialists, nurse practitioners, and registered nurse anesthetists as defined in this subsection. . . *Idaho Code § 54-1402 (2006) Definitions*

02. Administration of Medications. The process whereby a prescribed medication is given to a patient by one (1) of several routes. . . . Licensed nurses may administer medications and treatments as prescribed by health care providers authorized by health care providers authorized to prescribe medications. . . . *IDAPA 23.01.01.010 (2005) DEFINITIONS*

continued

APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

Licensed professional nurses, also referred to as registered nurses or as “RNs,” are expected to exercise competency in . . . administration of medications and treatments as prescribed by legally authorized persons. . . . **IDAPA 23.01.01.401 (2005) LICENSED PROFESSIONAL NURSE (RN OR REGISTERED NURSE)**

02. Functions. A partial listing of tasks within the licensed professional nurse’s function follows. This listing is for illustrative purposes only, it is not exclusive. The licensed professional nurse . . . ii. . . v. Implementing orders for medications and treatments issued by an authorized prescriber . . . **IDAPA 23.01.01.401 (2005) LICENSED PROFESSIONAL NURSE (RN OR REGISTERED NURSE)**

NOTE 5

01. Scope. The scope of practice of physician assistants and graduate physician assistants . . . b. The scope of practice may include . . . administering, and dispensing medical devices and drugs . . . while working under the supervision of a licensed medical physician. . . . **IDAPA 22.01.03.028 (2005) SCOPE OF PRACTICE**

NOTE 6

“Practice of pharmacy” means . . . drug administration . . . **Idaho Code § 54-1704 (2006) Practice of pharmacy**

Liability

e. Is accountable and responsible for implementation of planned and prescribed nursing care; and Effective Date: (5-3-03) . . . **IDAPA 23.01.01.401 (2005) LICENSED PROFESSIONAL NURSE (RN OR REGISTERED NURSE)**

01. . . . c. Physician assistants and graduate physician assistants are agents of their supervising physician in the performance of all practice-related activities and patient services. Effective Date: (3-16-04) . . . **IDAPA 22.01.03.028 (2005) SCOPE OF PRACTICE**

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APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

STATE	ASSESSMENT OF PATIENT STATUS			EXECUTION OF A PRESCRIPTION			ADMINISTRATION OF MEDICATIONS		
	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>
Illinois	1			2	3		4		

ILLINOIS

NOTE 1

Sec. 5-10. . . . A registered professional nurse provides nursing care . . . that includes but is not limited to: (1) the assessment of healthcare needs, nursing diagnosis, planning, implementation, and nursing evaluation; (2) the promotion, maintenance, and restoration of health; . . . **225 ILCS 65/5-10 (2005) (For postponed repeal of this Act, see notes under 225 ILCS 65/5-1) Definitions**

“Advanced practice nurse” or “APN” means a person who: . . . has a written collaborative agreement with a collaborating physician . . . cares for patients . . . by using advanced diagnostic skills . . . **68 Ill. Adm. Code 1305.10 (2006) Definitions**

NOTE 2

“Advanced practice nurse” or “APN” means a person who: . . . has a written collaborative agreement with a collaborating physician . . . cares for patients . . . by . . . prescribing medications and drugs . . . **68 Ill. Adm. Code 1305.10 (2006) Definitions**

NOTE 3

Sec. 7.5. A supervising physician may delegate limited prescriptive authority to a physician assistant. This authority may, but is not required to, include prescription and dispensing of legend drugs and legend controlled substances categorized as Schedule III, IV, or V controlled substances . . . as delegated in the written guidelines **225 ILCS 95/7.5 (2005) (For postponed repeal of this Act, see notes under 225 ILCS 95/1) Prescriptions**

a) A supervising physician may delegate limited prescriptive authority to a physician assistant. This authority may, but is not required to, include prescription and dispensing of legend drugs and legend controlled substances categorized as Schedule III, IV, or V controlled substances . . . c) A physician assistant may only prescribe or dispense prescriptions or orders for drugs and medical supplies within the scope of practice of the supervising physician or alternate supervising physician. . . **68 Ill. Adm. Code 1350.55 (2006) Prescriptive Authority**

Sec. 15-20. (a) A collaborating physician may, but is not required to, delegate limited prescriptive authority to an advanced practice nurse as part of a written collaborative agreement. This authority may, but is not required to, include prescription and dispensing of legend drugs and legend controlled substances categorized as Schedule III, IV, or V controlled substances . . . (d) Nothing in this Act shall be construed to limit the delegation of tasks or duties by a physician to a licensed practical nurse, a registered professional nurse, or other personnel. **225 ILCS 65/15-20 (2005) (For postponed repeal of this Act, see notes under 225 ILCS 65/5-1) Prescriptive authority**

NOTE 4

(1) "Registered professional nursing practice" includes all nursing specialties and means the performance of any nursing act based upon professional knowledge, judgment, and skills acquired by means of completion of an approved registered professional nursing education program. A registered professional nurse provides nursing care . . . that includes but is not limited to: . . . (4) the administration of medications and treatments as prescribed by a physician licensed to practice medicine . . . a licensed dentist, a licensed podiatrist, or a licensed optometrist or as prescribed by a physician assistant in accordance with written guidelines required under the Physician Assistant Practice Act of 1987 . . . or by an advanced practice nurse in accordance with a written collaborative agreement required under the Nursing and Advanced Practice Nursing Act . . . **225 ILCS 65/5-10 (2005) For postponed repeal of this Act, see notes under 225 ILCS 65/5-1) Definitions**

“Advanced practice nurse” or “APN” means a person who: . . . has a written collaborative agreement with a collaborating physician . . . cares for patients . . . by . . . administering medications and drugs . . . **68 Ill. Adm. Code 1305.10 (2006) Definitions**

continued

APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

Liability

a) The supervising physician/alternate supervising physician shall maintain the final responsibility for the care of the patient and the performance of the physician assistant. b) Delegated procedures and tasks performed by the physician assistant shall be within the current scope of practice of the supervising physician or designated alternate supervising physician with whom the physician assistant is working at the time. . . **68 Ill. Adm. Code 1350.80 (2006) Supervision of Performance**

(e) The physician shall not be liable for the acts or admissions of a physician assistant or advanced practice nurse solely on the basis of having signed a supervision agreement or guidelines or a collaborative agreement, an order, a standing medical order, a standing delegation order, or other order or guideline authorizing a physician assistant or advanced practice nurse to perform acts, unless the physician has reason to believe the physician assistant or advanced practice nurse lacked the competency to perform the act or acts of commits willful and wanton misconduct. **225 ILCS 60/54.5 (2005) (For postponed repeal of this Act, see notes under 225 ILCS 60/1)**

Physician delegation of authority

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APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

STATE	ASSESSMENT OF PATIENT STATUS			EXECUTION OF A PRESCRIPTION			ADMINISTRATION OF MEDICATIONS		
	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>
Indiana	1			2				3	

INDIANA

NOTE 1

(b) . . . “registered nursing” means performance of services which include but are not limited to: (1) assessing health conditions; (2) deriving a nursing diagnosis . . . (c) . . . “assessing health conditions” means the collection of data through means such as interviews, observations, and inspection . . . *Burns Ind. Code Ann. § 25-23-1-1.1 (2005) Additional definitions*

Sec. 1. A nurse practitioner shall perform as an independent and interdependent member of the health team . . . [s]tandards for each nurse practitioner: (1) Assess clients by using advanced knowledge and skills to: . . . (B) diagnose health problems; (C) develop and implement nursing treatment plans . . . (9) Conduct an assessment of clients and families which may include health history, family history, physical examination, and evaluation of health risk factors. . . *848 IAC 4-2-1 (2005) Competent practice of nurse practitioners*

NOTE 2

(a) The board shall establish a program under which advanced practice nurses who meet the requirements established by the board are authorized to prescribe legend drugs, including controlled substances . . . *Burns Ind. Code Ann. § 25-23-1-19.5 (2005) Establishment of program under which advanced practice nurses may be authorized to prescribe legend drugs - - Requirements*

(b) An advanced practice nurse shall operate in collaboration with a licensed practitioner as evidenced by a practice agreement, or by privileges granted by . . . a hospital . . . with the advice of the medical staff of the hospital that sets forth the manner in which an advanced practice nurse and a licensed practitioner will cooperate, coordinate, and consult with each other in the provision of health care . . . *Burns Ind. Code Ann. § 25-23-1-19.4 (2005) Advanced practice nurse to operate in collaboration with licensed practitioner*

Sec. 1. (a) An advanced practice nurse may be authorized to prescribe legend drugs, including controlled substances . . . *848 IAC 5-1-1 (2005) Initial authority to prescribe legend drugs*

NOTE 3

(a) The board may adopt rules . . . to determine the appropriate use of prescription drugs by a physician assistant. (b) As permitted by the board, a physician assistant may use or dispense only drugs prescribed or approved by the supervising physician. (c) Notwithstanding subsection (b), a physician assistant may not dispense a scheduled substance listed under IC 35-48-2. *Burns Ind. Code Ann. § 25-27.5-5-4 (2005) Board may adopt rules regarding use of prescription drugs*

Liability

If a physician assistant is employed by a physician, a group of physicians, or other legal entity, the physician assistant must be supervised by and be the legal responsibility of the supervising physician. The legal responsibility for the physician assistant’s patient care activities are [is] that of the supervising physician, including when the physician assistant provides care and treatment for patients in health care facilities. If a physician assistant is employed by a health care facility or other entity, the legal responsibility for the physician assistant’s actions is that of the supervising physician. A physician assistant employed by a health care facility or entity must be supervised by a licensed physician. *Burns Ind. Code Ann. § 25-27.5-6-7 (2005) Legal responsibility for physician assistant’s action*

(a) . . . “registered nurse” means a person who holds a valid license . . . who bears primary responsibility and accountability for nursing practices based on specialized knowledge, judgment, and skill derived from the principles of biological, physical, and behavioral sciences. . . *Burns Ind. Code Ann. § 25-23-1-1.1 (2005) Additional definitions*

Sec. 1. A nurse practitioner shall perform as an independent and interdependent member of the health team . . . The following are standards for each nurse practitioner: . . . (4) Function within the legal boundaries of their advanced practice area and shall have and utilize knowledge of the statutes and rules governing their advanced practice area . . . (7) Retain professional accountability for an delegated intervention, an delegate interventions only as authorized . . . *848 IAC 4-2-1 (2005) Competent practice of nurse practitioners*

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APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

STATE	ASSESSMENT OF PATIENT STATUS			EXECUTION OF A PRESCRIPTION			ADMINISTRATION OF MEDICATIONS		
	Nurse	Physician Assistant	Pharmacist	Nurse	Physician Assistant	Pharmacist	Nurse	Physician Assistant	Pharmacist
Iowa	1		2				3		4

IOWA

NOTE 1

6. The “*practice of the profession of a registered nurse*” means . . . all of the following: *a.* Formulate nursing diagnosis and conduct nursing treatment of human responses to actual or potential health problems through services, such as case finding, referral, health teaching, health counseling, and care provision which is supportive to . . . life and well-being. ***Iowa Code § 152.1 (2004) Definitions.***

6.2(2) The registered nurse shall utilize the nursing process in the practice of nursing, consistent with accepted and prevailing practice. The nursing process is ongoing and includes: *a.* Nursing assessments about the health status of an individual or group. *B.* Formulation of a nursing diagnosis based on analysis of the data from the nursing assessment. *C.* Planning of nursing care which includes determining goals and priorities for actions which are based on the nursing diagnosis. *D.* Nursing interventions implementing the plan of care. ***655 IAC 6.2(152) (2005) Minimum standards of nursing practice for registered nurses***

NOTE 2

c. “Written protocol” means a physician’s order for one or more patients that contains, at a minimum, the following: (1) A statement identifying the individual physician authorized to prescribe drugs and responsible for the delegation of administration of adult immunizations for influenza and pneumococcus; . . . (5) A statement identifying the activities an authorized pharmacist shall follow in the course of administering adult immunizations, including: 1. Procedures for determining if a patient is eligible to receive the vaccine . . . ***653 IAC 13.3 (147) (2005) Supervision of pharmacists who administer adult immunizations***

NOTE 3

6.3(3) . . . *B.* The initiation of intravenous solutions, intravenous medications and blood components. . . When the registered nurse delegates the administration of the intravenous medications set out in this paragraph, there must be a written facility policy that defines the practice and written verification of the competency of the licensed practical nurse in accordance with the facility’s written policy. ***655 IAC 6.3(152) (2005) Minimum standards of practice for licensed practical nurses***

NOTE 4

A physician may prescribe via written protocol adult immunizations for influenza and pneumococcal vaccines for administration by an authorized pharmacist if the physician meets these requirements for supervising the pharmacist. 8.33(1) Definitions. *A.* “Authorized pharmacist” means an Iowa-licensed pharmacist who has documented that the pharmacist has successfully completed an educational program meeting the training standards on vaccine administration as provided by an American Council on Pharmaceutical Education (ACPE) approved provider of continuing pharmaceutical education that: (1) Requires documentation by the pharmacist of current certification in the American Heart Association or the Red Cross Basic Cardiac Life Support Protocol for health care providers; (2) Is an evidence-based course that includes study material and hands-on training and techniques for administering vaccines, requires testing with a passing score, complies with current Centers for Disease Control and Prevention guidelines, and provides instruction and experiential training in the following content areas: 1. Standards for immunization practices; 2. Basic immunology and vaccine protection; 3. Vaccine-preventable diseases; 4. Recommended immunization schedules; 5. Vaccine storage and management; 6. Informed consent; 7. Physiology and techniques for vaccine administration; 8. Pre- and post-vaccine assessment and counseling; 9. Immunization record management; and 10. Management of adverse events, including identification, appropriate response, documentation, and reporting. *B.* “Vaccine” means a specially prepared antigen which, upon administration to a person, will result in immunity and, specifically for the purposes of this rule, shall mean influenza and pneumococcal vaccines. *c.* “Written protocol” means a physician’s order for one or more patients that contains, at a minimum, the following: (3) A statement that forbids an authorized pharmacist from delegating the administration of adult immunizations to anyone other than another authorized pharmacist, a registered pharmacist-intern under the direct personal supervision of the authorized pharmacist, or a registered nurse; (4) A statement identifying the vaccines that may be administered by an authorized pharmacist, the dosages, and the route of administration; (5) A statement identifying the activities an authorized pharmacist shall follow in the course of administering adult immunizations, including: 1. Procedures for determining if a patient is eligible to receive the vaccine; 2. Procedures for determining the appropriate scheduling and frequency of drug administration

continued

APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

in accordance with applicable guidelines; 3. Procedures for record keeping and long-term record storage including batch or identification numbers; 4. Procedures to follow in case of life-threatening reactions; and 5. Procedures for the pharmacist and patient to follow in case of reactions following administration . . . *653 IAC 13.3 (147) (2005) Supervision of pharmacists who administer adult immunizations*

Liability

6.3(1) The licensed practical nurse shall recognize and understand the legal implications within the scope of nursing practice. The licensed practical nurse shall perform services in the provision of supportive or restorative care under the supervision of a registered nurse or physician as defined in the Iowa Code. . . 6.3(9) The licensed practical nurse shall recognize and understand the legal implications of accountability. Accountability includes but need not be limited to the following: b. Accepting responsibility for performing assigned and delegated functions and informing the registered nurse when assigned and delegated functions are not executed. C. Executing the medical regimen prescribed by a physician. In executing the medical regimen as prescribed by the physician, the licensed practical nurse shall exercise prudent judgment in accordance with minimum standards of nursing practice as defined in these rules. *655 IAC 6.3(152) (2005) Minimum standards of practice for licensed practical nurses*

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APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

STATE	ASSESSMENT OF PATIENT STATUS			EXECUTION OF A PRESCRIPTION			ADMINISTRATION OF MEDICATIONS		
	Nurse	Physician Assistant	Pharmacist	Nurse	Physician Assistant	Pharmacist	Nurse	Physician Assistant	Pharmacist
Kansas	1			2	3		4	5	6

KANSAS

NOTE 1

Advanced registered nurse practitioners function in the expanded role of nurse clinician or nurse practitioner, at a specialized level, through the application of advance knowledge and skills. Each nurse clinician or nurse practitioner shall be authorized to: . . . (b) evaluate the physical . . . health status of the client through a comprehensive health history and physician examination . . . (c) assess normal and abnormal findings from the history, physical examination and laboratory reports . . . ***K.A.R. § 60-11-104 (2006) Function of the advanced registered nurse practitioner, nurse clinician or nurse practitioner***

NOTE 2

. . . (d) An advanced registered nurse practitioner may prescribe drugs pursuant to a written protocol as authorized by a responsible physician. Each written protocol shall contain a precise and detailed medical plan of care for each classification of disease or injury for which the advanced registered nurse practitioner is authorized to prescribe and shall specify all drugs which may be prescribed by the advanced registered nurse practitioner. . . . ***K.S.A. § 65-1130 (2005) Advanced registered nurse practitioner; standards and requirements for obtaining certificate of qualification; rules and regulations; categories, education, qualifications and role; limitations and restrictions; prescription of drugs authorized***

(a) Each written protocol that an advanced registered nurse practitioner is to follow when prescribing . . . a prescription-only drug shall meet the following requirements: (1) Specify for each classification of disease or injury the corresponding class of drugs that the advanced registered nurse practitioner is authorized to prescribe . . . (d) Nothing in this regulation shall be construed to prohibit any registered nurse or licensed practical nurse or advanced registered nurse practitioner from conveying a prescription order orally . . . if acting under the lawful direction of a person licensed to practice either medicine and surgery or dentistry, or certified as an advanced registered nurse practitioner . . . ***K.A.R. § 60-11-104a (2006) Protocol requirements; prescription orders***

NOTE 3

(a) A physician assistant may prescribe a prescription-only drug . . . as authorized by the drug prescription protocol required . . . and as authorized by this regulation . . . ***K.A.R. § 100-28a-13 (2006) Prescription-only drugs***

(b) . . . A physician assistant may prescribe drugs pursuant to a written protocol as authorized by the responsible physician. . . (d) . . . In all cases in which a physician assistant is authorized to prescribe drugs by a responsible physician, a written protocol between the responsible physician and the physician assistant containing the essential terms of such authorization shall be in effect . . . ***K.S.A. § 65-28a08 (2005) Practice of physician assistant; direction and supervision of physician; prescription of drugs; identification to patient of physician assistant; rules and regulations; “drug” defined***

Physicians’ assistants, however, are expressly authorized to practice medicine under the direction and supervision of a physician. Since the practice of medicine includes the act of prescribing medicine, we conclude that physicians’ assistants may issue prescription orders under the direction and supervision of a physician. . . ***Attorney General Opinion No. 86-125 1986 Kan. AG LEXIS 53 August 27, 1986***

NOTE 4

(d) Practice of nursing. (1) The practice of professional nursing as performed by a registered professional nurse . . . means . . . the execution of the medical regimen as prescribed by a person licensed to practice medicine and surgery or a person licensed to practice dentistry . . . ***K.S.A. § 65-1113 (2005) Definitions***

Advanced registered nurse practitioners function in the expanded role of nurse clinician or nurse practitioner, at a specialized level, through the application of advance knowledge and skills. Each nurse clinician or nurse practitioner shall be authorized to: . . . (f) manage the medical plan of care prescribed for the client, based on protocols or guidelines adopted jointly by the nurse practitioner and the attending physician . . . ***K.A.R. § 60-11-104 (2006) Function of the advanced registered nurse practitioner, nurse clinician or nurse practitioner***

continued

APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

(a) Each written protocol that an advanced registered nurse practitioner is to follow when . . . administering, or supplying a prescription-only drug shall meet the following requirements: (1) Specify for each classification of disease or injury the corresponding class of drugs that the advanced registered nurse practitioner is authorized to prescribe . . .(d) Nothing in this regulation shall be construed to prohibit any registered nurse or licensed practical nurse or advanced registered nurse practitioner from . . . administering a drug if acting under the lawful direction of a person licensed to practice either medicine and surgery or dentistry, or certified as an advanced registered nurse practitioner . . . ***K.A.R. § 60-11-104a (2006) Protocol requirements; prescription orders***

NOTE 5

(a) A physician assistant may . . . administer or supply a prescription-only drug as authorized by the drug prescription protocol required . . . and as authorized by this regulation . . . (c) A physician assistant may directly administer a prescription drug as follows: (1) If directly ordered or authorized by the responsible or designated physician; (2) if authorized by a written drug prescription protocol between the responsible physician and the physician assistant; or (3) if an emergency situation exists. . . ***K.A.R. § 100-28a-13 (2006) Prescription-only drugs***

NOTE 6

(jj) “Vaccination protocol” means a written protocol, agreed to by a pharmacist and a person licensed to practice medicine and surgery . . . which establishes procedures and recordkeeping and reporting requirements for administering a vaccine by the pharmacist for a period of time specified therein, not to exceed two years. . . ***K.S.A. § 65-1626 (2005 Definitions)***

(a) A pharmacist may administer vaccine to a person 18 years of age or older pursuant to a vaccination protocol if the pharmacist has successfully completed a course of study and training, approved by the American council on pharmaceutical education or the board, in vaccination storage, protocols, injection technique, emergency procedures and record keeping. A pharmacist who successfully completes such a course of study and training shall maintain proof of completion and, upon request, provide a copy of such proof to the board. . .

(c) A pharmacist may not delegate to any person the authority granted under this act to administer a vaccine. ***K.S.A. § 65-1635a (2005 Administration of vaccine; education and reporting requirements; delegation of authority prohibited***

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APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

STATE	ASSESSMENT OF PATIENT STATUS			EXECUTION OF A PRESCRIPTION			ADMINISTRATION OF MEDICATIONS		
	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>
Kentucky	1			2	3		4	5	

KENTUCKY

NOTE 1

KRS § 314.011 (2005) Definitions for KRS 314.011 to 314.161 and KRS 314.991

NOTE 2

(8) “Advanced registered nursing practice” . . . shall . . . include but not be limited to prescribing treatment, drugs Advanced registered nurse practitioners . . . shall be authorized to issue prescriptions for and dispense nonscheduled legend drugs. *KRS § 314.011 (2005) Definitions for KRS 314.011 to 314.161 and KRS 314.991*

NOTE 3

(4) A physician assistant may prescribe . . . all non scheduled legend drugs and medical devices as delegated by the supervising physician. . . *KRS § 311.858. (2005) Services and procedures that may be performed by physician assistant - Restrictions*

NOTE 4

(6) “Registered nursing practice” means . . . (c) The administration of medication and treatment as prescribed by a physician, physician assistant, dentist, or advanced registered nurse practitioner. *KRS § 314.011 (2005) Definitions for KRS 314.011 to 314.161 and KRS 314.991*

(9) “Licensed practical nurse” means . . . (c) The administration of medication or treatment as authorized by a physician, physician assistant, dentist, or advanced registered nurse practitioner. *KRS § 314.011 (2005) Definitions for KRS 314.011 to 314.161 and KRS 314.991*

NOTE 5

(4) A physician assistant may . . . administer all non scheduled legend drugs and medical devices as delegated by the supervising physician. . . *KRS § 311.858. (2005) Services and procedures that may be performed by physician assistant - Restrictions*

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APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

STATE	ASSESSMENT OF PATIENT STATUS			EXECUTION OF A PRESCRIPTION			ADMINISTRATION OF MEDICATIONS		
	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>
Louisiana	1	2		3	4		5	6	7

LOUISIANA

NOTE 1

As used in this Part: . . . (3) (a). . . “ Advanced practice registered nursing includes: . . . (i) Assessing patients, analyzing and synthesizing data, and knowledge of and applying nursing principles at an advanced level. . . *La. R.S. 37:913 (2005) Definitions*

B. . . 2. an APRN shall assess patients at an advanced level, identify abnormal conditions, analyze and synthesize data to establish a diagnosis, develop and implement treatment plans, and evaluate patient outcomes . . . *LAC 46:XLVII.4513*

NOTE 2

B. In accordance with a written clinical practice guidelines or protocols medical services rendered by a physician assistant may include: screening patients to determine need for medical attention; eliciting patient histories; reviewing patient records to determine health status; performing physical examinations; recording pertinent patient data; performing developmental screening examinations on children; . . . identifying normal and abnormal findings on history, physical examinations and laboratory studies . . . This list is illustrative only, and does not constitute the limits or parameters of the physician assistant’s practice. . . *LAC 46:XLV.4505 Services Performed by Physician Assistants*

. . . B. The practice of a physician assistant shall include the performance of medical services within the scope of his education, training, and experience, which are delegated by the supervising physician. Medical services rendered by a physician assistant may include but are not limited to: (1) Obtaining patient histories and performing physical examinations. . . *La. R.S. 37:1360.31 (2005) Services Performed by Physician Assistants*

NOTE 3

(b) Advanced practice registered nursing may include certain acts of medical diagnosis . . . and (9), or medical prescriptions of therapeutic or corrective nature, prescribing assessment studies, legend and certain controlled drugs, therapeutic regimens . . . and distributing drugs for administration to and use by other individuals within the scope of practice as defined by the board and in accordance with this Paragraph. . . *La. R.S. 37:913 (2005) Definitions*

NOTE 4

D. A physician assistant may . . . transmit orally, electronically, or in writing on a patient’s record, a prescription from his or her supervising physician to a person who may lawfully furnish such medication or medical device. The supervising physician’s prescription, transmitted by the physician assistant, for any patient cared for by the physician assistant, shall be based on a patient-specific order by the supervising physician. . . E. A physician assistant shall not: . . . 2. issue prescriptions for any medication and/or complete and issue prescription blanks previously signed by any physician; 3. order for administration or administer any medication to any patient except pursuant to the specific order or direction of his or her supervising physician; . . . *LAC 46:XLV.4505 Services Performed by Physician Assistants*

(8) Prescribing certain drugs and medical devices to the extent delegated by the supervising physician, provided the physician assistant has completed a minimum of one year of clinical rotations during his training and has practiced for a minimum of one year under a supervising physician. Drugs which may be prescribed are those listed in Schedules III, IV, and V of *R.S. 40:964* and legend drugs, which are defined as any drug or drug product bearing on the label of the manufacturer or distributor, as required by the Food and Drug Administration, the statement “Caution: Federal law prohibits dispensing without a prescription”. *La. R.S. 37:1360.31 (2005) Services performed by physician assistants*

continued

APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATON OF MEDICATIONS BY NON-PHYSICIANS

NOTE 5

Executing Health Care Regimes as Prescribed by a Licensed Physician, Dentist or Authorized Prescriber –carrying out the medical orders of a physician, dentist, or authorized prescriber licensed in Louisiana. 1. Registered nurses may, based on their individual judgment of each situation, accept verbal orders initiated by an authorized prescriber and transmitted through a licensed or certified health care practitioner, provided the order is related to the said practitioner’s scope of practice. 2. Registered nurses may execute standing orders of an authorized prescriber provided the said prescriber initiates the standing orders and provided, further, that the said orders do not require the nurse to make a medical diagnosis or to engage in prescriptive activity. 3. Registered nurses employed in the public school system are authorized to execute health care regimens prescribed by physicians licensed in adjacent states . . . **LAC 46:XLVII.3703 Definition of Terms Applying to Nursing Practice**

NOTE 6

D. A physician assistant may administer medication to a patient, or transmit orally, electronically, or in writing on a patient’s record, a prescription from his or her supervising physician to a person who may lawfully furnish such medication or medical device. The supervising physician’s prescription, transmitted by the physician assistant, for any patient cared for by the physician assistant, shall be based on a patient-specific order by the supervising physician. At the direction and under the supervision of the supervising physician, a physician assistant may hand deliver to a patient of the supervising physician a properly labeled prescription drug prepackaged by a physician, a manufacturer or a pharmacist. In any case, the medical record of any patient cared for by the physician assistant for whom the physician’s prescription has been transmitted or carried out shall be reviewed, countersigned and dated by a supervising physician within 72 hours, or as otherwise required by law. E. A physician assistant shall not: . . . 3. . . administer any medication to any patient except pursuant to the specific order or direction of his or her supervising physician; **LAC 46:XLV.4505 Services Performed by Physician Assistants**

NOTE 7

B. A licensed pharmacist may administer medication directly to a patient upon the prescription or order of a practitioner. Such a prescription or order shall be known as an “Authority to Administer.” . . . D. Requirements. Unless otherwise specifically authorized by the board, a pharmacist shall meet the following minimum standards to qualify for an Authority to Administer: . . . 2. successfully complete a board-approved course of study from a board-approved provider that: b. is an evidence-based didactic course that meets current Centers for Disease Control and Prevention (CDC) training guidelines, or other guidelines as designated by the board, and provides a minimum of 20 hours of instruction and experiential training in the following content areas: . . . iv. Vaccine storage and management; F. Vaccines. The pharmacist shall maintain and furnish the following information to the practitioner within 24 hours of the administration: . . . **LAC 46:LIII.521 Prescription Orders to Administer Medications**

(38) Pharmacy collaborative practice is that practice whereby a pharmacist has agreed to work in conjunction with one or more physicians licensed to practice medicine under written protocol. Any collaborative practice protocol shall adhere to established guidelines which have been approved and jointly promulgated by the Louisiana State Board of Medical Examiners and the Louisiana Board of Pharmacy. **LAC 46:LIII.909 Pharmacy Collaborative Practice**

Liability

The legal responsibility for the physician assistant’s patient care activities, including care and treatment that is provided in health care facilities, shall remain that of the supervising physician, group practice of physicians, or a professional medical corporation or a hospital or other health care organization or entity. **La. R.S. 37:1360.32 (2005) Assumption of professional liability**

B . . . 8. an APRN shall retain professional accountability for his/her actions and/or interventions. . . **LAC 46:XLVII.4513 Authorized Practice**

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APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

STATE	ASSESSMENT OF PATIENT STATUS			EXECUTION OF A PRESCRIPTION			ADMINISTRATION OF MEDICATIONS		
	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>
Maine	1			2	3		4	5	

MAINE

NOTE 1

A. . . . Such health care services, for which the certified nurse practitioner is independently responsible and accountable, includes: (1) obtaining a complete health data base that includes a health history, physical examination, and screening and diagnostic evaluation (2) interpreting health data by identifying wellness and risk factors and variations from norms (3) diagnosing and treating common diseases and human responses to actual and potential health problems . . . (5) consulting and/or collaborating with other health care providers and community resources . . . **21 N.C.A.C. 36.0224 (2005) COMPONENTS OF NURSING PRACTICE FOR THE REGISTERED NURSE**

NOTE 2

A certified nurse practitioner or a certified nurse midwife . . . may prescribe . . . drugs . . . in accordance with rules adopted by the board. **32 M.R.S. § 2102 (2005) Definitions**

A certified nurse midwife or certified nurse practitioner . . . may choose to . . . prescribe therapeutic or corrective measures when these services are delegated by a licensed physician. **32 M.R.S. § 2205-B (2005) Approval as advanced practice registered nurses**

A. Certified nurse practitioners and certified nurse-midwives are authorized to prescribe the following: . . . (3) drugs related to the specialty area of certification. **CMR 02-380-008 (2004) Regulations Relating to Advanced Practice Registered Nursing**

“Physician extender” means a nurse practitioner . . . (Note: This does not include midwife.) . . . 6. SCOPE OF PRACTICE A. DELEGATED AUTHORITY Physician extenders may only perform those medical activities which the supervising physician has delegated to the physician extender. Medical activities which may be delegated include the following . . . 2. The prescribing . . . of drugs. . . to the extent permitted by state and federal law. Prescribing and dispensing of drugs may include Schedule III through V substances and all legend drugs. . **CMR 02-383-002 (2004) PHYSICIAN SUPERVISION OF PHYSICIAN EXTENDERS**

NOTE 3

Physician assistants may perform only those medical activities that have been delegated to the physician assistant by a supervising physician. Medical activities that may be delegated include the following: . . . 2. the prescribing . . . of drugs . . . to the extent permitted by state and federal law. Prescribing and dispensing drugs may include Schedule III through V substances and all legend drugs. A Physician Assistant and primary supervising physician may together request individual consideration for authorization to prescribe schedule II drugs under specific individual guidelines detailed by the Board. **CMR 02-373-002 (2004) Physician’s Assistants**

Physician extenders may only perform those medical activities which the supervising physician has delegated to the physician extender. Medical activities which may be delegated include the following . . . 2. The prescribing . . . of drugs and medical devices to the extent permitted by state and federal law. Prescribing . . . of drugs may include Schedule III through V substances and all legend drugs. **CMR 02-383-002 (2004) PHYSICIAN SUPERVISION OF PHYSICIAN EXTENDERS**

NOTE 4

The practice of “professional nursing” means the performance by a registered professional nurse . . . of professional services defined as follows . . . F. Administration of medications and treatment as prescribed by a legally authorized individual. **32 M.R.S. § 2102 (2005) Definitions**

continued

APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

Liability

Any employee of an institution under the control of the Department of Behavioral and Developmental Services or of an institution licensed by the State as a hospital, nursing home, extended care facility or boarding home who, in the exercise of due care, is authorized by the head of that institution or a designee to perform selected activities in the administration of medications and any individual who, in the exercise of due care, is delegated those functions by a licensed allopathic or osteopathic physician is immune from criminal prosecution and civil liability for that administration of medication prior to January 1, 1978 but not after January 1, 1978. *32 M.R.S. § 2258-A (2005) Administration of medication*

§ 8. ASSUMPTION OF RESPONSIBILITY If a physician assistant is employed by a physician or group of physicians, the physician assistant must still be provided supervision by an approved primary or secondary supervising physician. Liability under these rules for the physician assistant's medical activities shall remain that of the approved primary or secondary supervising physician, including when the physician assistant provides care and treatment for patients in an organized health care delivery system facility. If a physician assistant is employed by or is a principal in an organized health care delivery system facility, nothing in these rules shall be construed to limit the liability of the organized health care delivery system facility for the physician assistant's actions or omissions. A physician assistant who is employed by or who is a principal in such facilities must still be provided supervision by an approved primary or secondary supervising physician. *CMR 02-373-002 (2004) Physician's Assistants*

7. ASSUMPTION OF RESPONSIBILITY If a physician or group of physicians employs a physician extender, the physician extender must be provided supervision by a primary or secondary supervising physician. Liability under these rules for the physician extender's medical activities shall remain that of the supervising physician, including when the physician extender provides care and treatment for patients in an organized health care delivery system facility. If a physician extender is employed by or is a principal in an organized health care delivery system facility, nothing in these rules shall be construed to limit the liability of the organized health care delivery system for the physician extender's actions or omissions. Physician extenders employed by or a principal in such facilities must still be provided supervision by the primary supervising physician, who is not an employee of the physician assistant. . . *CMR 02-383-002 (2004) PHYSICIAN SUPERVISION OF PHYSICIAN EXTENDERS*

. . . The physician delegating these activities to employees, to program graduates or to participants in an approved training program is legally liable for the activities of those individuals, and any individual in this relationship is considered the physician's agent This section may not be construed to apply to registered nurses acting pursuant to chapter 31. *32 M.R.S. § 3270-A (2005) Assistants*

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APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

STATE	ASSESSMENT OF PATIENT STATUS			EXECUTION OF A PRESCRIPTION			ADMINISTRATION OF MEDICATIONS		
	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>
Maryland	1	2		3	4		5	6	7

MARYLAND

NOTE 1

A. A nurse practitioner may perform independently the following functions under the terms and conditions set forth in the written agreement: (1) Comprehensive physical assessment of patients; (2) Establishing medical diagnosis for common short-term or chronic stable health problems . . . B. Before a practitioner may practice he shall: . . . (2) Enter into a written agreement with a physician whereby the physician on a regularly-scheduled basis shall: . . . (b) Establish and review drug and other medical guidelines with the nurse practitioner . . . **COMAR 10.27.07.02 (2005) .02 Nurse Practitioner - - Scope and Standards of Practice**

(e) Practice of licensed practical nursing. - - “Practice of licensed practical nursing” means to perform in a team relationship an act that requires specialized knowledge, judgment, and skill based on principles of biological, physiological, behavioral, or sociological science to: . . . (3) Promote preventive measures in community health . . . (f) Practice registered nursing. - - (1) Practice registered nursing” means the performance of acts requiring specialized knowledge, judgment and skill based on the biological, physiological, behavioral or sociological sciences as the basis for assessment, nursing diagnosis, planning, implementation and evaluation of the practice of nursing in order to (i) Maintain health; (ii) Prevent illness . . . **Md. HEALTH OCCUPATIONS Code Ann. § 8-101 (2005) Definitions**

NOTE 2

(a) Independent practice not authorized. - - Nothing in this title may be construed to authorize a physician assistant to practice independent of a supervising physician. . . (c) Permitted patient services. - - Patient services that may be provided by a physician assistant include: (1) (i) Taking complete, detailed, and accurate patient histories . . . **Md. HEALTH OCCUPATIONS Code Ann. § 15-301 (2005) Scope of practice; required certification; practice without certificate**

B. A physician may delegate technical acts consistent with national standards in the medical community and the approved policies and procedures of the sites for the delivery of health services in the following categories: . . . (2) Nonsurgical technical acts while the assistant is under the physician's direct supervision or on-site supervision if the assistant performs the act in accordance with procedures of the site. C. At sites included in *Health-General Article, § § 19-114 and 19-3B-01(b)*, Annotated Code of Maryland, or any unit of those sites, a physician may delegate technical acts in compliance with State regulations and the policies, procedures, and supervisory structures of those sites. D. At sites not included in *Health-General Article, § § 19-114 and 19-3B-01(b)*, Annotated Code of Maryland, when providing the following specified levels of supervision, a physician may delegate to an assistant technical acts which include but are not limited to: (1) Without on-site supervision: (a) Patient preparation for physician examination; (b) Patient history interview; E. A physician may not delegate to an assistant acts which include but are not limited to: (1) Conducting physical examinations . . . **COMAR 10.32.12.04 (2005) Scope of Delegation**

NOTE 3

(b) Authorized prescriber. - - “Authorized prescriber” means any licensed . . . certified nurse midwife to the extent permitted . . . certified nurse practitioner to the extent permitted . . . **Md. HEALTH OCCUPATIONS Code Ann. § 12-101 (2005) Definitions [Amendment subject to abrogation]**

A. Pursuant to *Health Occupations Article, § 8-601*, Annotated Code of Maryland, a certified nurse midwife may: (1) Prescribe substances included in the formulary developed by the Board in consultation with the MBP and Pharmacy Board; (2) Prescribe controlled substances on Schedules II -- V under *Criminal Law Article, § § 5-403--5-406*, Annotated Code of Maryland, as determined by the Board in consultation with the MBP and Pharmacy Board; and (3) Dispense substances prescribed in accordance with § A(1) and (2) of this regulation in the course of treating a patient at a: (a) Nonprofit medical facility or clinic, (b) Health center operating on the campus of an institution of higher learning, (c) Public health facility, (d) Medical facility under contract with a State or local health department, or (e) Facility funded with public funds. B. The Board shall: (1) Consult annually with the MBP and the Pharmacy Board to review the formulary and make revisions as necessary; and (2) Maintain a list of all certified nurse midwives who are authorized to prescribe, and a record of the approved formulary which shall be made available to Maryland pharmacies through annual mailings and upon request. **COMAR 10.27.05.11 (2005) Prescribing of Substances by a Certified Nurse Midwife**

continued

APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

A. A nurse practitioner may perform independently the following functions under the terms and conditions set forth in the written agreement: . . . (4) Prescribing drugs . . . B. Before a practitioner may practice he shall: . . . (2) Enter into a written agreement with a physician whereby the physician on a regularly-scheduled basis shall: . . . (b) Establish and review drug and other medical guidelines with the nurse practitioner . . . **COMAR 10.27.07.02 (2005) .02 Nurse Practitioner - - Scope and Standards of Practice**

(a) Definitions. - - . . . (2) "Nurse practitioner" means a registered nurse who is: (i) Certified as a nurse practitioner; and (ii) Authorized to prescribe drugs under regulations jointly adopted by the State Board of Nursing and the State Board of Physicians . . . **Md. HEALTH OCCUPATIONS Code Ann. § 8-508 (2005) Preparation and dispensing of drugs by nurse practitioners**

. . . (2) "Practice of midwifery" includes: . . . (ii) The prescribing of substances commonly used in the practice of nurse midwifery as determined by the Board in consultation with the State Board of Pharmacy and the State Board of Physicians; (iii) The prescribing of controlled substances on Schedules II, III, IV, and V commonly used in the practice of nurse midwifery as determined by the Board in consultation with the State Board of Pharmacy and the State Board of Physicians . . . **Md. HEALTH OCCUPATIONS Code Ann. § 8-601 (2005) Definition**

NOTE 4

(o) Prescriptive authority. - - "Prescriptive authority" means the authority delegated by a supervising physician to a physician assistant to prescribe . . . controlled dangerous substances, prescription drugs, medical devices, and other oral, written, or electronic ordering of medications . . . **Md. HEALTH OCCUPATIONS Code Ann. § 15-101 (2005) Definitions**

The Board of Physician Quality Assurance (now Board of Physicians) has authority to adopt a regulation specifying the circumstances under which the job descriptions of physician assistants may include prescribing . . . **80 Op. Att'y Gen. - - (February 1, 1995)**

(a) Independent practice not authorized. - - Nothing in this title may be construed to authorize a physician assistant to practice independent of a supervising physician. . . (c) Permitted patient services. - - Patient services that may be provided by a physician assistant include: . . . (7) Exercising prescriptive authority under an approved delegation agreement . . . (g) Limitations on prescription/medication delegation. - - A physician may not delegate the authority to write medication orders or the ability to exercise prescriptive authority to a physician assistant student in a training program approved by the Board . . . **Md. HEALTH OCCUPATIONS Code Ann. § 15-301 (2005) Scope of practice; required certification; practice without certificate**

(a) Requirements. - - A supervising physician may not delegate prescribing and administering of controlled dangerous substances, prescription drugs, or medical devices unless the supervising physician and physician assistant include in the delegation agreement: (1) A notice of intent to delegate prescribing of controlled dangerous substances, prescription drugs, or medical devices . . . **Md. HEALTH OCCUPATIONS Code Ann. § 15-302.2 (2005) Delegation of prescribing and administering of controlled dangerous substances, prescription drugs, or medical devices**

(21) "Prescriptive authority" means the authority delegated by a supervising physician to a physician assistant to: (a) Prescribe and administer: (i) Controlled dangerous substances; (ii) Prescription drugs; and (iii) Medical devices; and (b) Give verbal, written, or electronic orders for medications . . . **COMAR 10.32.03.02 (2005) Definitions**

In order for a supervising physician to delegate prescriptive authority, the supervising physician shall ensure that the agreement includes: A. A statement describing whether the physician intends to delegate: (a) Prescribing of: (a) Controlled dangerous substances; (b) Prescription drugs; or (c) Medical devices; and (2) Giving verbal, written, or electronic orders for medications . . . **COMAR 10.32.03.08 (2005) Prescriptive Authority**

NOTE 5

A. A nurse practitioner may perform independently the following functions under the terms and conditions set forth in the written agreement: . . . (5) Performing therapeutic or corrective measures . . . B. Before a practitioner may practice he shall: . . . (2) Enter into a written agreement with a physician whereby the physician on a regularly-scheduled basis shall: . . . (b) Establish and review drug and other medical guidelines with the nurse practitioner . . . **COMAR 10.27.07.02 (2005) .02 Nurse Practitioner - - Scope and Standards of Practice**

continued

APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

A. A nurse practitioner may personally prepare and dispense any drug that a nurse practitioner is authorized to prescribe in the course of treating a patient at: (1) A medical facility or clinic that specializes in the treatment of medical cases reimbursable through worker's compensation insurance; (2) A medical facility or clinic that is operated on a nonprofit basis; (3) A health center that operates on a campus of an institution of higher education; (4) A public health facility, a medical facility under contract with a State or local health department, or a facility funded with public funds; or (5) A nonprofit hospital or a nonprofit hospital out-patient facility as authorized under the policies established by the hospital . . . **COMAR 10.27.08 (2005) Prescribing and Dispensing**

F. Administration of medication is a nursing function. As such, the nurse retains full responsibility for medication administration. G. The following activities related to medication administration may not be delegated except as provided in §§ H and I of this regulation: . . . (2) Administration of medications by injection route . . . (3) A nurse may delegate administration of the following medications to a medication assistant or a certified medicine aid . . . (d) Medication by subcutaneous injection if the nurse has calculated the dose . . . **COMAR 10.27.11.05 (2005) Nursing Functions**

(e) Practice of licensed practical nursing. -- "Practice of licensed practical nursing" means to perform in a team relationship an act that requires specialized knowledge, judgment, and skill based on principles of biological, physiological, behavioral, or sociological science to: (1) Administer treatment or medication to an individual . . . (3) Promote preventive measures in community health . . . (v) Execution of therapeutic regimen, including the administration of medication and treatment . . . **Md. HEALTH OCCUPATIONS Code Ann. § 8-101 (2005) Definitions**

(c) Administering treatment or medication. -- A licensed practical nurse may administer treatment or medication only if the treatment or medication is prescribed by an individual who is authorized by law to prescribe medication or treatment . . . **Md. HEALTH OCCUPATIONS Code Ann. § 8-311 (2005) Scope of licensed practical nurse license**

NOTE 6

(o) Prescriptive authority. -- "Prescriptive authority" means the authority delegated by a supervising physician to a physician assistant to . . . administer controlled dangerous substances, prescription drugs, medical devices, and other oral, written, or electronic ordering of medications . . . **Md. HEALTH OCCUPATIONS Code Ann. § 15-101 (2005) Definitions**

(21) "Prescriptive authority" means the authority delegated by a supervising physician to a physician assistant to: (a) Prescribe and administer: (i) Controlled dangerous substances; (ii) Prescription drugs; and (iii) Medical devices; and (b) Give verbal, written, or electronic orders for medications . . . **COMAR 10.32.03.02 (2005) Definitions**

B. A physician may delegate technical acts consistent with national standards in the medical community and the approved policies and procedures of the sites for the delivery of health services in the following categories: . . . (2) Nonsurgical technical acts while the assistant is under the physician's direct supervision or on-site supervision if the assistant performs the act in accordance with procedures of the site. C. At sites included in *Health-General Article, §§ 19-114 and 19-3B-01(b)*, Annotated Code of Maryland, or any unit of those sites, a physician may delegate technical acts in compliance with State regulations and the policies, procedures, and supervisory structures of those sites. D. At sites not included in *Health-General Article, §§ 19-114 and 19-3B-01(b)*, Annotated Code of Maryland, when providing the following specified levels of supervision, a physician may delegate to an assistant technical acts which include but are not limited to: . . . (2) With on-site supervision: (a) Preparing and administering injections limited to intradermal, subcutaneous, and intramuscular (deltoid, gluteal, vastus lateralis) to include small amounts of local anesthetics . . . **COMAR 10.32.12.04 (2005) Scope of Delegation**

NOTE 7

(p) Practice pharmacy. -- (1) "Practice pharmacy" means to engage in any of the following activities: . . . (viii) Administering an influenza vaccination . . . **Md. HEALTH OCCUPATIONS Code Ann. § 12-101 (2005) Definitions**

(a) Permitted. -- A pharmacist may administer an influenza vaccination to an individual, in accordance with regulations adopted under subsection (c) of this section . . . **Md. HEALTH OCCUPATIONS Code Ann. § 12-508 (2005) Administration of influenza vaccination**

continued

APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

Liability

(a) In general. - - Subject to the provisions of subsection (i) of this section, the Board may authorize a physician to delegate medical acts to a physician assistant only after: . . . (7) An attestation by the supervising physician of the physician's acceptance of responsibility for any care given by the physician assistant . . . (l) Civil liability. - - Individual members of the Board are not civilly liable for actions regarding the approval, modification, or disapproval of a delegation agreement described in this section . . . ***Md. HEALTH OCCUPATIONS Code Ann. § 15-302 (2005) Delegation agreements***

G. A nurse practitioner has a right and obligation to refuse to perform any delegated act, oral or written, if in the nurse practitioner's judgment it is unsafe or an invalidly prescribed medical act. ***COMAR 10.27.07.02 (2005) .02 Nurse Practitioner - - Scope and Standards of Practice***

F. Administration of medication is a nursing function. As such, the nurse retains full responsibility for medication administration . . . ***COMAR 10.27.11.05 (2005) Nursing Functions***

C. In order for a physician to delegate medical duties to a physician assistant, the supervising physician shall: . . . (11) Include an attestation that the supervising physician accepts responsibility for any care given by the physician assistant . . . ***COMAR 10.32.03.06 (2005) Delegation Agreements***

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APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

STATE	ASSESSMENT OF PATIENT STATUS			EXECUTION OF A PRESCRIPTION			ADMINISTRATION OF MEDICATIONS		
	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>
Massachusetts	1	2		3	4		5		

MASSACHUSETTS

NOTE 1

(3) . . . A registered nurse shall . . . (a) systematically assess health status of individuals and groups and record the related health data; (b) analyze and interpret said recorded data; and make informed judgments therefrom as to the specific problems and elements of nursing care mandated by a particular situation; (c) plan and implement nursing intervention which includes all appropriate elements of nursing care, prescribed medical or other therapeutic regimens mandated by the particular situation, scientific principles, recent advancements and current knowledge in the field. **244 CMR 3.02: Responsibilities and Functions – Registered Nurse**

(1) . . . a nurse midwife is . . . (a) Assessing the health status of women and infants by obtaining health and medical histories . . . (f) Assessing the growth and development of infants. . . .

(2) Nurse Practitioner. The area of practice of a nurse practitioner includes: (a) Assessing the health status of individuals and families by obtaining health and medical histories. **244 CMR 4.26. Scope of Practice for Categories of Nurses Practicing in an Expanded Role.**

(4) A licensed practical nurse participates in direct and indirect nursing care . . . to: (a) assess an individual’s basic health status, records and related health data; (b) participate in analyzing and interpreting said recorded data; and making informed judgments as to the specific elements of nursing care mandated by a particular situation; (c) participate in planning and implementing nursing intervention including appropriate health care components in nursing care plans that take account of the most recent advancements and current knowledge in the field. **244 CMR 3.04: Responsibilities and Functions – Practical Nurse**

NOTE 2

(1) A physician assistant may, under the supervision of a licensed physician, perform any and all services which are: (a) Within the competence of the physician assistant in question, as determined by the supervising physician’s assessment of his or her training and experience; and (b) Within the scope of services for which the supervising physician can provide adequate supervision to ensure that accepted standards of medical practice are followed. (2) A physician assistant may approach patients of all ages and with all types of conditions; elicit histories; perform examinations; order, perform and interpret diagnostic studies; order and perform therapeutic procedures; instruct and counsel patients regarding physical and mental health issues . . . consistent with his or her supervising physician’s scope of expertise and responsibility and the level of authority and responsibility delegated to him or her by the supervising physician. . . . (4) Where a physician assistant is involved in the performance of major invasive procedures, such procedures shall be undertaken under specific written protocols, available to the Board upon request, which have been developed between the supervising physician and the physician assistant and which specify, inter alia, the level of supervision the service requires, e.g., direct (physician in room), personal (physician in building), or general (physician available by telephone). **263 CMR 5.04 (2005) Scope of Services Which May Be Performed.**

NOTE 3

4.05: Definitions . . . Nurse engaged in prescriptive practice means a nurse with: (a) authorization to practice in the expanded role; (b) a minimum of 24 contact hours in pharmacotherapeutics which are beyond those acquired through a generic nursing education program . . . and (c) valid registration(s) to issue written or oral prescriptions or medication orders for controlled substances from the Massachusetts Department of Public Health. . . . Prescriptive practice means the issuance of written or oral prescriptions for medication orders for controlled substances or other medications. **244 CMR 4.05 Definitions (2005).**

Prescriptive Practice means the written and oral issuance of any prescription and medication order for prescription and non-prescription drugs. **244 CMR 9.02 (2005) Definitions Standards of Conduct for Nurses**

A nurse practicing in an expanded role includes nurses whose professional activities fall within the following categories: (1) Nurse Midwife (2) Nurse Practitioner (3) Psychiatric Nurse Mental Health Clinical Specialist (4) Nurse Anesthetist (5) Other categories as the board and Board of Registration in Medicine determine from time to time. **244 CMR 4.11 Categories of Nurses Practicing in Expanded Roles (2005).**

continued

APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

(1) All nurses practicing in an expanded role (physician's office, institution or private practice) shall practice in accordance with written guidelines developed in collaboration with and mutually acceptable to the nurse and to: (a) a physician expert by virtue of training or experience in the nurse's area of practice in the case of the nurse in the physician's office and the nurse in private practice; or (b) the appropriate medical staff and nursing administration staff of the institution employing the nurse. **244 CMR 4.22: Development, Approval, and Review of Guidelines for Nurse Midwives, Nurse Practitioners and Nurse Anesthetists**

A nurse authorized to practice as a certified nurse-midwife may . . . issue written prescriptions . . . Any prescription for medication made by a certified nurse-midwife shall include the name of the supervising physician. **ALM GL ch. 112, § 80G (2005) Nurse-Midwives Authorized to Order Certain Tests and Issue Certain Prescriptions.**

A nurse practitioner or psychiatric nurse mental health clinical specialist may issue written prescriptions . . . pursuant to guidelines mutually developed and agreed upon by the nurse and the supervising physician in accordance with regulations promulgated jointly by the board and the board of registration in medicine after consultation with the board of registration in pharmacy. A prescription made by a nurse practitioner or psychiatric nurse mental health clinical specialist shall include the name of the physician with whom such nurse has developed and signed mutually agreed upon guidelines approved by said board and said board of registration in medicine pursuant to section eighty B. **ALM GL ch. 112, § 80E (2005) Nurse Practitioners or Psychiatric Nurse Mental Health Clinical Specialist; Ordering of Therapeutics and Tests; Issuance of Written Prescriptions.**

NOTE 4

Any physician assistant . . . may issue written or oral prescriptions or medication orders for a patient . . . (3) Any prescription or medication order issued by a physician assistant for a Schedule II controlled substance . . . shall be reviewed by his or her supervising physician, or by a temporary supervising physician designated . . . within 96 hours after its issuance. (4) All physician assistants shall issue prescriptions or medication orders in accordance with written guidelines governing the prescription of medication which are mutually developed and agreed upon by the physician assistant and his or her supervising physician(s). . . (5) All prescriptions or medication orders issued by a physician assistant shall be issued in a manner which is consistent with the scope of practice of the physician assistant, the guidelines developed . . . and accepted standards of good medical practice for licensed physicians with respect to prescription practices. (6) At least four hours of the continuing medical education which a physician assistant is required to obtain . . . as a condition for license renewal shall be in the field of pharmacology and/or pharmacokinetics. **263 CMR 5.07: Prescription Practices of a Physician Assistant**

A physician assistant may . . . issue written prescriptions for patients. . . . Any prescription of medication made by a physician assistant must include the name of the supervising physician. **112 § 9E. Physician Assistants; Services Which May be Performed Under Supervision; Legal Responsibility of Supervising Person or Agency, etc.**

NOTE 5

Nursing practice involves . . . the administration of medication, therapeutics and treatment prescribed by duly authorized nurses in advanced roles, including certified nurse midwives, nurse practitioners and psychiatric nurse mental health clinical specialists; dentists; physicians; and physician assistants' and the evaluation of responses to care and treatment. **ALM GL ch. 112, § 80B (2005) Practice of Nursing Defined; Advanced Nursing Practice; Standards, Practice of Licensed Practical Nurses.**

(38) Administration of Drugs. A nurse licensed by the Board shall not administer any prescription drug or non-prescription drug to any person in the course of nursing practice except as directed by an authorized prescriber. **244 CMR 9.03(38)** shall not apply where a Registered Nurse authorized by the Board to practice as a nurse anesthetist administers anesthesia or perioperative medications, or both, under guidelines required by **244 CMR 4.25(4)**. **244 CMR 9.03 (2005) Standards of Conduct for Nurses**

Board of Registration in Nursing Advisory Rulings: It is the responsibility of the licensed nurse [registered and licensed practical nurses] to ensure that there is a proper medication order from a duly authorized prescriber prior to the administration of any prescription or non-prescription medication in accordance with accepted standards of practice and in compliance with the Boards regulations at **244 CMR 9.03 (38)** and assessment of any allergy history. **Verification of Medication Orders. Ruling 9324 (issued 1993, revised 2002)**

A written order, provided and signed by an authorized prescriber, is required in order for an R.N. or L.P.N to administer any vaccine. . . . Nurses shall be directly accountable for the delivery of safe and effective nursing care in the administration of immunizing agents. Parental permission must be obtained in the case of administration to children. **Administration of Immunizing Agents. Ruling 9804 (issued 1998, revised 2000)**

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APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

STATE	ASSESSMENT OF PATIENT STATUS			EXECUTION OF A PRESCRIPTION			ADMINISTRATION OF MEDICATIONS		
	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>
Michigan					1				

MICHIGAN

NOTE 1

(5) The board may promulgate rules for the delegation by a supervising physician to a physician’s assistant of the function of prescription drugs. The rules may define the drugs or classes of drugs the prescription of which shall not be delegated and other procedures and protocols necessary to promote consistency with federal and state drug control and enforcement laws. Until the rules are promulgated, a supervising physician may delegate the prescription of drugs other than controlled substances . . . ***MCLS § 333.17048 (2005) Limitation on number of physician assistants supervised; prohibiting or restricting delegation of medical care service or requiring higher levels of supervision; delegation of ultimate responsibility prohibited; rules as to drugs; ordering, receiving, and dispensing complimentary starter dose drugs***

(3) A physician’s assistant may prescribe drugs as a delegated act of a supervising physician, but shall do so only in accordance with procedures and protocol for the prescription established by rule of the appropriate board. Until the rules are promulgated, a physician’s assistant may prescribe a drug other than a controlled substance . . . as a delegated act of the supervising physician . . . ***MCLS § 333.17076 (2005) Medical care services by physician’s assistant; supervision required; exception; medical care setting required; making calls or going on rounds; prescribing drugs; indicating name of supervising physician; ordering, receiving, and dispensing complimentary starter dose drugs***

Liability

(4) A physician shall not delegate ultimate responsibility for the quality of medical care services, even if the medical care services are provided by a physician’s assistant . . . ***MCLS § 333.17048 (2005) Limitation on number of physician assistants supervised; prohibiting or restricting delegation of medical care service or requiring higher levels of supervision; delegation of ultimate responsibility prohibited; rules as to drugs; ordering, receiving, and dispensing complimentary starter dose drugs***

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APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

STATE	ASSESSMENT OF PATIENT STATUS			EXECUTION OF A PRESCRIPTION			ADMINISTRATION OF MEDICATIONS		
	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>
Minnesota		1			2			3	

MINNESOTA

NOTE 1

Subd. 2. Delegation. Patient services may include, but are not limited to, the following, as delegated by the supervising physician and authorized in the agreement: (1) taking patient histories and developing medical status reports; (2) performing physical examinations; (3) interpreting and evaluating patient data . . . *Minn. Stat. § 147A.09 (2005) Scope of practice, delegation (Physician Assistant)*

NOTE 2

Subd. 2. Delegation. Patient services may include, but are not limited to, the following, as delegated by the supervising physician and authorized in the agreement: . . . (10) prescribing . . . legend drugs and medical devices if this function has been delegated by the supervising physician . . . *Minn. Stat. § 147A.09 (2005) Scope of practice, delegation*

Subdivision 1. Delegation. (a) A supervising physician may delegate to a physician assistant who is registered with the board, certified by the National Commission on Certification of Physician Assistants or successor agency approved by the board, and who is under the supervising physician’s supervision, the authority to prescribe . . . medical devices, and controlled substances subject to the requirements in this section. . . *Minn. Stat. § 147A.18 (2005) Delegated authority to prescribe, dispense, and administer drugs and medical devices*

NOTE 3

Subd. 2. Delegation. Patient services may include, but are not limited to, the following, as delegated by the supervising physician and authorized in the agreement: . . . (10) . . . administering, and dispensing legend drugs and medical devices if this function has been delegated by the supervising physician . . . (11) for physician assistants not delegated prescribing authority, administering legend drugs and medical devices following prospective review for each patient by and upon the direction of the supervising physician . . . *Minn. Stat. § 147A.09 (2005) Scope of practice, delegation*

Subdivision 1. Delegation. (a) A supervising physician may delegate to a physician assistant who is registered with the board, certified by the National Commission on Certification of Physician Assistants or successor agency approved by the board, and who is under the supervising physician’s supervision, the authority to . . . dispense, and administer . . . medical devices, and controlled substances subject to the requirements in this section. . . *Minn. Stat. § 147A.18 (2005) Delegated authority to prescribe, dispense, and administer drugs and medical devices*

Liability

. . . Orders of physician assistants shall be considered the orders of their supervising physicians in all practice-related activities, including, but not limited to, the ordering of diagnostic, therapeutic, and other medical services. *Minn. Stat. § 147A.09 (2005) Scope of practice, delegation*

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APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

STATE	ASSESSMENT OF PATIENT STATUS			EXECUTION OF A PRESCRIPTION			ADMINISTRATION OF MEDICATIONS		
	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>
Mississippi	1	2		3	4		5	6	

MISSISSIPPI

NOTE 1

(2) The “practice of nursing” by a registered nurse means the performance . . . of . . . assessment, diagnosis, planning, intervention and evaluation in the promotion and maintenance of health . . . *Miss. Code Ann. § 73-15-5 (2005) Definitions*

1. Functions of the Registered Nurse . . . f. Assessing the patient’s needs, formulating a nursing diagnosis, planning for, implementing and evaluating the nursing care in the promotion and the maintenance of health of each patient for whom responsibility has been accepted . . . *CMSR 50-015-001 (2005) Rules and Regulations*

NOTE 2

XXII. REGULATIONS GOVERNING THE PRACTICE OF PHYSICIAN ASSISTANTS A. SCOPE 1. . . Physician assistants may perform those duties and responsibilities, including diagnosing . . . as delegated by their supervising physician(s). . *CMSR 50-013-001 Rules and Regulations*

NOTE 3

2.4 Prescribing Controlled Substances and Medications by Nurse Practitioners a. Scope. . . [A]uthorized nurse practitioners may prescribe Schedules II-V . . . (3) The word “prescribe” shall mean to designate or order by means of either a written or oral prescription, the delivery of a controlled substance or legend drug to an ultimate user . . . *CMSR 50-015-001 (2005) Rules and Regulations*

NOTE 4

XXII. REGULATIONS GOVERNING THE PRACTICE OF PHYSICIAN ASSISTANTS A. SCOPE 1. . . Physician assistants may perform those duties and responsibilities, including . . . the ordering, prescribing or prepackaged drugs . . . as delegated by their supervising physician(s). . *CMSR 50-013-001 Rules and Regulations*

D. REQUIREMENT OF PROTOCOL – PRESCRIBING/DISPENSING 1. Physician Assistants shall practice according to a Board approved protocol which has been mutually agreed upon by the Physician Assistant and the supervising physician. Each protocol shall be prepared taking into consideration the specialty of the supervising physician, and must outline . . . categories of pharmacologic agents which may be . . . prescribed for patients with diagnoses identified by the Physician Assistant. . . *CMSR 50-013-001 Rules and Regulations*

NOTE 5

(2) . . . “Nursing practice” includes, but is not limited to . . . execution of the medical regimen, including the administration of medications and treatments prescribed by any licensed or legally authorized physician or dentist . . . (3) The “practice of nursing” by a licensed practical nurse . . . the administration of medications and treatments prescribed by any licensed physician or licensed dentist authorized by state law to prescribe . . . *Miss. Code Ann. § 73-15-5 (2005) Definitions*

1.3 . . . The registered nurse: a. May: . . . (2) Assign duties of administration of patient medications to other licensed nurses only (either a RN or LPN, or one authorized by a temporary permit to practice) . . . *CMSR 50-015-001 (2005) Rules and Regulations*

NOTE 6

XXII. REGULATIONS GOVERNING THE PRACTICE OF PHYSICIAN ASSISTANTS A. SCOPE 1. . . Physician assistants may perform those duties and responsibilities, including . . . the administration of drugs and medical devices as delegated by their supervising physician(s). 2. Physician Assistants may provide any medical service which is delegated by the supervising physician when the service is within the Physician Assistant’s training and skills; forms a component of the physician’s scope of practice; and is provided with supervision. . . *CMSR 50-013-001 Rules and Regulations*

continued

APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

D. REQUIREMENT OF PROTOCOL – PRESCRIBING/DISPENSING 1. Physician Assistants shall practice according to a Board approved protocol which has been mutually agreed upon by the Physician Assistant and the supervising physician. Each protocol shall be prepared taking into consideration the specialty of the supervising physician, and must outline . . . categories of pharmacologic agents which may be . . . administered, dispensed . . . for patients with diagnoses identified by the Physician Assistant. . . ***CMSR 50-013-001 Rules and Regulations***

Liability

1.3 The RN shall be held accountable for the quality of nursing care given by self or others being supervised . . . ***CMSR 50-015-001 (2005) Rules and Regulations***

XXII. REGULATIONS GOVERNING THE PRACTICE OF PHYSICIAN ASSISTANTS A. SCOPE . . . 3. Physician Assistants shall be considered the agents of their supervising physicians in the performance of all practice-related activities including, but not limited to, the ordering of diagnostic, therapeutic, and other medical services. ***CMSR 50-013-001 Rules and Regulations***

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APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

STATE	ASSESSMENT OF PATIENT STATUS			EXECUTION OF A PRESCRIPTION			ADMINISTRATION OF MEDICATIONS		
	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>
Missouri	1			2			3		

MISSOURI

NOTE 1

“Professional nursing”, the performance . . . of any act . . . including, but not limited to . . . (b) Assessment, nursing diagnosis, nursing care, and counsel of persons who are ill, injured or experiencing alterations in normal health processes . . . § 335.016 R.S.Mo. (2005)

Definitions

NOTE 2

(3) Methods of Treatment. (A) The methods of treatment and the authority to . . . prescribe drugs delegated in a collaborative practice arrangement between a collaborating physician and collaborating registered professional nurse or advanced practice nurse shall be within the scope of practice of each professional and shall be consistent with each professional’s skill, training, education, and competence . . . (C) The methods of treatment and the authority to . . . prescribe drugs delegated to the collaborating registered professional nurse or advanced practice nurse in a collaborative practice arrangement shall also be consistent with the scope of practice of the collaborating physician. . . 4 CSR 200-4.200 (2006) *Collaborative Practice*

. . . 2. Collaborative practice arrangements, which shall be in writing, may delegate to a registered professional nurse the authority to . . . prescribe drugs . . . if the registered professional nurse is an advance practice nurse . . . Such collaborative practice arrangements shall be in the form of written agreements, jointly agreed-upon protocols or standing orders for the delivery of health care services. . . § 334.104 R.S.Mo. (2005) *Collaborative practice agreements, form, delegation of authority - - rules, approval, restrictions - - disciplinary actions - - nurses may provide anesthesia services, when*

NOTE 3

“Professional nursing”, the performance . . . of any act . . . including, but not limited to . . . (c) The administration of medications and treatments as prescribed by a person licensed by a state regulatory board to prescribe medications and treatments . . . § 335.016 R.S.Mo. (2005) *Definitions*

(3) Methods of Treatment. (A) The methods of treatment and the authority to administer, dispense . . . drugs delegated in a collaborative practice arrangement between a collaborating physician and collaborating registered professional nurse or advanced practice nurse shall be within the scope of practice of each professional and shall be consistent with each professional’s skill, training, education, and competence . . . (C) The methods of treatment and the authority to administer, dispense. . . drugs delegated to the collaborating registered professional nurse or advanced practice nurse in a collaborative practice arrangement shall also be consistent with the scope of practice of the collaborating physician. . . 4 CSR 200-4.200 (2006) *Collaborative Practice*

2. Collaborative practice arrangements, which shall be in writing, may delegate to a registered professional nurse the authority to administer, dispense. . . drugs . . . if the registered professional nurse is an advance practice nurse . . . Such collaborative practice arrangements shall be in the form of written agreements, jointly agreed-upon protocols or standing orders for the delivery of health care services. . . § 334.104 R.S.Mo. (2005) *Collaborative practice agreements, form, delegation of authority - - rules, approval, restrictions - - disciplinary actions - - nurses may provide anesthesia services, when*

Liability

(I) Methods of treatment delegated and authority to administer, dispense, or prescribe drugs shall be subject to the following: 1. The physician retains the responsibility for ensuring the appropriate administering, dispensing, prescribing and control of drugs utilized pursuant to a collaborative practice arrangement in accordance with all state and federal statutes, rules, or regulations . . . 4 CSR 200-4.200 (2006) *Collaborative Practice*

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APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

STATE	ASSESSMENT OF PATIENT STATUS			EXECUTION OF A PRESCRIPTION			ADMINISTRATION OF MEDICATIONS		
	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>
Montana	1	2		3	4		5	6	7

MONTANA

NOTE 1

(8) “Practice of professional nursing” . . . The nursing process is the assessment, nursing analysis, planning, nursing intervention, and evaluation in the promotion and maintenance of health, the prevention . . . of illness . . . *Mont. Code Anno., § 37-8-102 (2005)*

Definitions

(1) Nurse practitioner practice means the independent and/or collaborative management of primary and/or acute health care of individuals, families and communities including: (a) assessing the health status of individuals and families using methods appropriate to the client populations and area of practice such as health history taking, physician examination . . . (iii) making medical and nursing diagnoses . . . *MONT. ADMIN. R. 8.32.301 (2005) NURSE PRACTITIONER PRACTICE*

(1) Clinical nurse specialist practice means the independent and collaborative delivery and management of expert level nursing care to individuals or groups, including the ability to: (a) assess the health status of individuals and families using methods appropriate to the client population and area of practice; (b) diagnose human responses to actual or potential health problems using the nursing process; (c) plan for health promotion, disease prevention and/or therapeutic intervention in collaboration with the client . . . *MONT. ADMIN. R. 8.32.307 (2005) CLINICAL NURSE SPECIALIST PRACTICE*

The registered nurse shall: (1) conduct and document nursing assessments of the health status of individuals and groups . . . *MONT. ADMIN. R. 8.32.1403 (2005) STANDARDS RELATED TO THE REGISTERED NURSE’S RESPONSIBILITY TO APPLY THE NURSING PROCESS*

NOTE 2

(3) “Physician assistant” means a member of a health care team, licensed by the board, who provides medical services that may include but are not limited to examinations, diagnosis . . . under the supervision of a physician licensed by the board. *Mont. Code Anno., § 37-20-401 (2005) Definitions*

NOTE 3

(2) An APRN granted prescriptive authority by the board of nursing may prescribe and dispense drugs pursuant to applicable state and federal laws. (a) NPs, CRNAs, and CNMs with unencumbered licenses may hold prescriptive authority. . . (3) Prescriptive authority permits the APRN to . . . prescribe . . . prescription drugs in the prevention of illness . . . and/or the maintenance of health . . . *MONT. ADMIN. R. 8.32.1501 (2005) PRESCRIPTIVE AUTHORITY FOR ELIGIBLE APRNS*

NOTE 4

(3) “Physician assistant” means a member of a health care team, licensed by the board, who provides medical services that may include but are not limited to . . . prescription of medications . . . under the supervision of a physician licensed by the board. *Mont. Code Anno., § 37-20-401 (2005) Definitions*

(1) A physician assistant may prescribe . . . drugs to the extent authorized by the supervising physician. . . *Mont. Code Anno., § 37-20-404 (2005) Prescribing and dispensing authority - - discretion of supervising physician on limitation of authority*

NOTE 5

(7)(a) “Practice of practical nursing” means . . . the administration of medications and treatments prescribed by a physician, advanced practice registered nurse, dentist, osteopath, or podiatrist authorized by state law to prescribe medications and treatments. These services are performed under the supervision of a registered nurse or a physician, dentist, osteopath, or podiatrist authorized by state law to prescribe medications and treatments. . . *Mont. Code Anno., § 37-8-102 (2005) Definitions*

continued

APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATON OF MEDICATIONS BY NON-PHYSICIANS

(8) "Practice of professional nursing" . . . The term also includes . . . the administration of medications and treatments prescribed by physicians, advanced practice registered nurses, dentists, osteopaths, or podiatrists authorized by state law to prescribe medications and treatments. . . *Mont. Code Anno., § 37-8-102 (2005) Definitions*

(1) Clinical nurse specialist practice means the independent and collaborative delivery and management of expert level nursing care to individuals or groups, including the ability to . . . (d) implement therapeutic interventions based on the clinical nurse specialist's area of expertise, including, but not limited to: . . . (iv) providing medications or treatments according to protocol . . . *MONT. ADMIN. R. 8.32.307 (2005) CLINICAL NURSE SPECIALIST PRACTICE*

. . . (2) An APRN granted prescriptive authority by the board of nursing may prescribe and dispense drugs pursuant to applicable state and federal laws. (a) NPs, CRNAs, and CNMs with unencumbered licenses may hold prescriptive authority. . . (3) Prescriptive authority permits the APRN to . . . dispense and administer prescription drugs in the prevention of illness . . . and/or the maintenance of health . . . *MONT. ADMIN. R. 8.32.1501 (2005) PRESCRIPTIVE AUTHORITY FOR ELIGIBLE APRNS*

NOTE 6

(1) A physician assistant may . . . dispense, and administer drugs to the extent authorized by the supervising physician. . . *Mont. Code Anno., § 37-20-404 (2005) Prescribing and dispensing authority - - discretion of supervising physician on limitation of authority*

NOTE 7

(1) (a) "Administer" means the direct application of a drug to the body of a patient by injection, inhalation, ingestion, or any other means. (b) The term does not include immunization by injection for children under 18 years of age . . . (4) "Collaborative pharmacy practice" means the practice of pharmacy by a pharmacist who has agreed to work in conjunction with one or more prescribers, on a voluntary basis and under protocol, and who may perform certain patient care function are certain specified conditions, or limitations authorized by the prescriber. (5) "Collaborative pharmacy practice agreement" means a written and signed agreement between one or more pharmacists and one or more prescribers that provides for collaborative pharmacy practice for the purpose of drug therapy management of patients. *Mont. Code Anno., § 37-7-101 (2005) Definitions*

Liability

(1) A pharmacist making a product selection under the provision of this part assumes no greater responsibility for selecting the dispensed drug product than he would incur in filling a prescription for a drug product prescribed by a generic name. (2) When a pharmacist selects a drug product, the prescriber may not be held liable in an action for loss, damage, injury, or death to a person caused by the use of the selected drug product, except that if the original drug product was incorrectly prescribed, the prescriber is not relieved of liability. *Mont. Code Ann., § 37-7-509 (2005) Limitations on liability*

(1) A physician assistant is considered the agent of the supervising physician with regard to all duties delegated to the physician assistant and is professionally and legally responsible for the care and treatment of a patient by a physician assistant licensed in accordance with this chapter. A health care provider shall consider the instructions of a physician assistant as being the instructions of the supervising physician as long as the instructions concern duties delegated to the physician assistant. . . *Mont. Code Anno., § 37-20-403 (2005) Physician assistant as agent of supervising physician - - degree of supervision required - - scope of practice*

(8) . . . Each registered nurse is directly accountable and responsible to the consumer for the quality of nursing care rendered . . . *Mont. Code Anno., § 37-8-102 (2005) Definitions*

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APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

STATE	ASSESSMENT OF PATIENT STATUS			EXECUTION OF A PRESCRIPTION			ADMINISTRATION OF MEDICATIONS		
	Nurse	Physician Assistant	Pharmacist	Nurse	Physician Assistant	Pharmacist	Nurse	Physician Assistant	Pharmacist
Nebraska	1		2		3		4		5

NEBRASKA

NOTE 1

(7) The practice of nursing . . . include[s] the identification of and intervention in actual or potential health problems of individuals, families, or groups, which acts are directed toward maintaining health status, preventing illness, injury, or infirmity, improving health status, and providing care supportive to or restorative of life and well-being through nursing assessment . . . (8) The practice of nursing by a registered nurse means assuming responsibility and accountability for nursing actions which include, but are not limited to: (a) Assessing human responses to actual or potential health conditions; (b) Establishing nursing diagnoses . . .

(9) . . . A licensed practical nurse may function at the direction of a licensed practitioner or a registered nurse. Such responsibilities . . . must include, but not be limited to: (a) Contributing to the assessment of the health status of individuals and groups. **R.R.S. Neb. § 71-1,132.05 (2005) Nursing; terms, defined [Operative date July 1, 2007]**

NOTE 2

(3) Administration means the act of (a) administering, (b) keeping a record of such activity, and (c) observing, monitoring, reporting, and otherwise taking appropriate action regarding desired effect, side effect, interaction, and contraindication associated with administering the drug or device . . . **R.R.S. Neb. § 71-1,142 (2005) Terms, defined (Pharmacists)**

NOTE 3

A physician assistant may prescribe drugs and devices as delegated to do so by a supervising physician. Any limitation placed by the supervising physician on the prescribing authority of the physician assistant shall be recorded on the physician assistant's scope of practice agreement. . . . A physician assistant to whom has been delegated the authority to prescribe controlled substances shall obtain a federal Drug Enforcement Administration registration number. . . **R.R.S. Neb. § 71-1,107.30 (2005) Physician assistants; prescribe drugs and devices; restrictions**

NOTE 4

(7) The practice of nursing means . . . the execution of nursing care and of diagnostic or therapeutic regimens prescribed by any person lawfully authorized to prescribe. . . (8) The practice of nursing by a registered nurse means assuming responsibility and accountability for nursing actions which include, but are not limited to: . . .(f) Implementing the plan of care . . .(n) Collaborating with other health professionals in the management of health care . . .

(9) A licensed practical nurse may function at the direction of a licensed practitioner or a registered nurse. Such . . . acts . . . must include, but not be limited to: . . .(c) Implementing the appropriate aspects of the plan of care. **R.R.S. Neb. § 71-1,132.05 (2005) Nursing; terms, defined [Operative date July 1, 2007]**

NOTE 5

1. Practice of pharmacy means . . . (d) the administration of drugs or devices . . . (2) Administer means to directly apply a drug or device by injection . . . to the body of a patient or research subject; (3) Administration means the act of (a) administering, (b) keeping a record of such activity, and (c) observing, monitoring, reporting, and otherwise taking appropriate action regarding desired effect, side effect, interaction, and contraindication associated with administering the drug or device . . . (8) Delegated dispensing means the practice of pharmacy by which one or more pharmacists have jointly agreed, on a voluntary basis, to work in conjunction with one or more persons . . . under a protocol which provides that such person may perform certain dispensing functions authorized by the pharmacist or pharmacists under certain specified conditions and limitations . . . **R.R.S. Neb. § 71-1,142 (2005) Terms, defined (Pharmacists)**

(3) Administration means the act of (a) administering, (b) keeping a record of such activity, and (c) observing, monitoring, reporting, and otherwise taking appropriate action regarding desired effect, side effect, interaction, and contraindication associated with administering the drug or device . . . **R.R.S. Neb. § 71-1,142 (2005) Terms, defined (Pharmacists)**

continued

APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

Liability

Any physician or physician groups utilizing physician assistants shall be liable for any negligent acts or omissions of physician assistants while acting under their supervision and control. *R.R.S. Neb. § 71-1,107.28 (2005) Physician assistants; negligent acts; liability*

. . . Each nurse is directly accountable and responsible to the consumer for the quality of nursing care rendered. . . (9) The practice of nursing by a licensed practical nurse means the assumption of responsibilities and accountability for nursing practice in accordance with knowledge and skills acquired through an approved program of practical nursing. . . *R.R.S. Neb. § 71-1,132.05 (2005) Nursing; terms, defined [Operative date July 1, 2007]*

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APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

STATE	ASSESSMENT OF PATIENT STATUS			EXECUTION OF A PRESCRIPTION			ADMINISTRATION OF MEDICATIONS		
	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>
Nevada	1	2		3	4		5	6	7

NEVADA

NOTE 1

“Assessment” means the systematic collection, analysis and interpretation of data that is relevant to the status of health of a patient to determine the actual or potential needs of the patient regarding health care. *NAC 632.026 (2005) “Assessment” defined. (NRS 632.120)*

... 2. A registered nurse shall demonstrate ... competence in ... (e) evaluating, assessing and altering, if appropriate, the established plan of care ... *NAC 632.212 (2005) Duties included; competency required. (NRS 632.120)*

1. A registered nurse shall perform or supervise: (a) The assessment and evaluation of the health of each patient under his care ... *NAC 632.216 (2005) Care of patients; additional duties. (NRS 632.120)*

An advanced practitioner of nursing may perform the following acts in addition to the ordinary functions of a registered nurse if he is properly prepared and the acts are currently within the standard of medical practice for his specialty and appear in his protocols: 1. Systematically assess the health status of persons and families by: (a) Taking, recording and interpreting medical histories and performing physical examinations; and (b) Performing or initiating selected diagnostic procedures. . . *NAC 632.255 (2005) Scope of practice. (NRS 632.120, 632.237)*

NOTE 2

Before offering advice about the means or instrumentality of treatment, the licensee shall undertake an assessment of the patient. The assessment must be documented in the medical chart of the patient and should include, without limitation, the conventional methods of diagnosis ordinarily utilized by physicians in good standing practicing in the same specialty field. The assessment may include nonconventional methods of diagnosis . . . *NAC 630.615 (2005) Assessment of patient; contents of assessment. (NRS 630.130) CHAPTER 630. Physicians, Physician Assistants and Practitioners of Respiratory Care*

NOTE 3

1 . . . an advanced practitioner of nursing who is authorized to prescribe . . . controlled substances, poisons, dangerous drugs and devices, as applicable, only: (a) for a legitimate medical purpose; and (b) In such amounts as are authorized by his collaborating physician, except that the amounts must not exceed a 365-day supply . . . *NAC 639.854 (2005) Scope of authority to prescribe. (NRS 639.070, 639.2351)*

“Practice of nursing” . . . The term does not include acts of medical diagnosis or prescription of therapeutic or corrective measures, except as authorized by specific statute. *Nev. Rev. Stat. Ann. § 632.0169 (2005) “Practice of nursing” defined*

“Practice of professional nursing” . . . does not include acts of medical diagnosis or prescription of therapeutic or corrective measures. *Nev. Rev. Stat. Ann. § 632.018 (2005) “Practice of professional nursing” defined*

2. An advanced practitioner of nursing may: (a) Engage in selected medical diagnosis and treatment; and (b) If authorized . . . prescribe controlled substances, poisons, dangerous drugs and devices, pursuant to a protocol approved by a collaborating physician. A protocol must not include and an advanced practitioner of nursing shall not engage in any diagnosis, treatment or other conduct which the advanced practitioner of nursing is not qualified to perform. . . *Nev. Rev. Stat. Ann. § 632.237 (2005)*

“Prescription” means authorization to administer medications or treatments issued by an advanced practitioner of nursing . . . in the form of a written or oral order, a policy or procedure of a facility or a written protocol developed by the prescribing practitioner. *NAC 632.071 (2005) “Prescription” defined*

1 . . . an advanced practitioner of nursing will be authorized to issue written prescriptions for controlled substances, poisons, dangerous drugs and devices only if he: (a) Is authorized to do so by the Board; (b) Submits and application for authority to issue written prescriptions for controlled substances, poisons, dangerous drugs or devices to the Board; and (c) Has successfully completed: (1) a

continued

APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

program that complies with the requirements set forth . . . and includes an advanced course in pharmacotherapeutics; or (2) A program of academic study that: (I) Is approved by the Board . . . *NAC 632.257 (2005) Authorization to issue written prescriptions for controlled substances, poisons, dangerous drugs and devices. (NRS 632.120, 632.237)*

1. An advanced practitioner of nursing may only prescribe controlled substances, poisons, dangerous drugs or devices which are: (a) Currently within the standard of medical practice in his identified medical specialty; and (b) Listed in his protocols. 2. The collaborating physician must approve, in writing, any change in the list of controlled substances, poisons, dangerous drugs or devices in the protocol. He may approve the change only if the advanced practitioner of nursing is capable of safely prescribing the controlled substance, poison, dangerous drug or device. 3. A comprehensive review and revision of the list of drugs must be conducted and documented by the advanced practitioner of nursing and the collaborating physician at least once each year. *NAC 632.259 (2005) Controlled substances, dangerous drugs or devices that may be prescribed; review and revision of list of drugs. (NRS 632.120, 632.237)*

NOTE 4

1. . . a physician assistant who is authorized to prescribe . . . controlled substances, poisons, dangerous drugs and devices as applicable, only: (a) For a legitimate medical purpose; and (b) In such amounts as are authorized by his supervising physician except that the amounts must not exceed a 365-day supply. 4. A physician assistant who prescribes . . . drugs to a patient under the direction of a supervising physician . . . shall do so by a written prescription, unless the prescription is issued as an oral order to a pharmacy. *NAC 639.280 (2005) Scope of authority to prescribe and dispense. (NRS 639.070, 639.1373)*

1. A physician assistant or an osteopathic physician's assistant may, if authorized by the board . . . prescribe . . . controlled substances or . . . prescribe . . . poisons, dangerous drugs and devices in or out of the presence of his supervising physician only to the extent and subject to the limitations specified in the registration certificate issued to the physician assistant or osteopathic physician's assistant, as appropriate, by the board pursuant to this section . . . *Nev. Rev. Stat. Ann. § 639.1373 (2005) Physician assistant and osteopathic physician's assistant: Authority regarding possession, administration and dispensing of controlled substances, poisons, dangerous drugs and devices; registration; regulations*

"Prescription" means authorization to administer medications or treatment issued by . . . a licensed physician assistant . . . in the form of a written or oral order, a policy or procedure of a facility or a written protocol developed by the prescribing practitioner. *NAC 632.071 (2005) "Prescription" defined. (NRS 632.120)*

NOTE 5

1. An advanced practitioner of nursing who dispenses drugs to a patient under the direction of a collaborating physician or pursuant to NRS 454.00958 shall do so by a written prescription, unless the prescription is issued as an oral order from a practitioner. 2. . . an advanced practitioner of nursing who is authorized to dispense . . . poisons, dangerous drugs and devices may dispense, as applicable only: (a) For a legitimate medical purpose; and (b) In such amounts as are authorized by his collaborating physician, except that the amounts must not exceed a 365-day supply . . . *NAC 639.879 (2005) Scope of authority to dispense. (NRS 639.070, 639.1375)*

1. An advanced practitioner of nursing may dispense controlled substances, poisons, dangerous drugs and devices . . . *Nev. Rev. Stat. Ann. § 639.1375 (2005) Advanced practitioners of nursing: Authority to dispense controlled substances, poisons, dangerous drugs and devices; registration; regulations*

"Practice of professional nursing" means . . . the . . . administration of medications and treatments as prescribed by an advanced practitioner of nursing, a licensed physician assistant, a licensed dentist or a licensed podiatric physician . . . *Nev. Rev. Stat. Ann. § 632.018 (2005) "Practice of professional nursing" defined*

1. A nurse licensed pursuant to the provisions of this chapter, while working at an institution of the department of corrections, may treat patients, including the administration of a dangerous drug, poison or related device, pursuant to orders given by a physician assistant if those orders are given pursuant to a protocol approved by the board of medical examiners and the supervising physician. . . 3. This section does not authorize a physician assistant to give orders for the administration of any controlled substance. . . *Nev. Rev. Stat. Ann. § 632.473 (2005) Treatment of patients by nurse employed by department of corrections*

continued

APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

A registered nurse shall perform or supervise: (a) The verification of an order given for the care of a patient to ensure that it is appropriate and properly authorized and that there are no documented contraindications in carrying out the order . . . 2. A registered nurse shall take orders only from a licensed physician, physician assistant, dentist, podiatric physician or advanced practitioner of nursing. A registered nurse may refuse an order if he takes appropriate action to ensure the safety of a patient. 3. If a prescription specifies a range of the dosage or frequency for the administration of medication, a registered nurse may adjust the dosage or frequency of the medication within that range when he administers the medication to a patient. *NAC 632.220 (2005) Medication and treatment of patients; response to orders; adjustment of dosage or frequency of medication. (NRS 632.120)*

NOTE 6

1. [A] physician assistant who is authorized to . . . dispense controlled substances, poisons, dangerous drugs and devices as applicable, only: (a) For a legitimate medical purpose; and (b) In such amounts as are authorized by his supervising physician except that the amounts must not exceed a 365-day supply. . . 4. A physician assistant who prescribes or dispenses drugs to a patient under the direction of a supervising physician . . . shall do so by a written prescription, unless the prescription is issued as an oral order to a pharmacy. *NAC 639.280 (2005) Scope of authority to prescribe and dispense. (NRS 639.070, 639.1373)*

1. A physician assistant or an osteopathic physician's assistant may, if authorized by the board . . . administer . . . controlled substances, or . . . administer . . . poisons, dangerous drugs or devices in or out of the presence of his supervising physician only to the extent and subject to the limitations specified in the registration certificate issued to the physician assistant or osteopathic physician's assistant, as appropriate, by the board pursuant to this section . . . *Nev. Rev. Stat. Ann. § 639.1373 (2005) Physician assistant and osteopathic physician's assistant: Authority regarding possession, administration and dispensing of controlled substances, poisons, dangerous drugs and devices; registration; regulations*

2. A registered nurse shall demonstrate . . . competence in . . . (i) Administering medication and carrying out treatments which are properly authorized . . . *NAC 632.212 (2005) Duties included; competency required. (NRS 632.120)*

1. The State Board of Nursing will issue a certificate to dispense controlled substances, poisons, dangerous drugs and devices to an advanced practitioner of nursing if the practitioner: (a) Successfully completes an examination administered by the State Board of Nursing on Nevada law relating to pharmacy; and (b) Submits to the State Board of Nursing his affidavit verifying that he has made application with the state Board of Pharmacy for a certificate of registration . . . *NAC 632.2595 (2005) Certification to dispense controlled substances, poisons, dangerous drugs and devices. (NRS 632.120, 632.237)*

NOTE 7

1. A pharmacist may administer immunizations by an intranasal, intramuscular or subcutaneous injection in compliance with a written protocol from a physician that authorizes a pharmacist to administer such an immunization. Such a protocol must contain: . . . I The location or locations at which the pharmacist may administer immunizations; (d) The immunizations that may be administered by the pharmacist; . . . (h) A restriction that the pharmacist may not administer any immunization to a patient who is less than 14 years of age; (i) A restriction that the pharmacist may not delegate his authority to administer an immunization; (j) A restriction that the pharmacist may not administer an immunization except at the authorized location, which location may not be the home of the patient, unless the patient resides in a licensed facility for long-term care or in a hospital . . . *NAC 639.2971 (2005) Written protocol for immunization; deviation. (NRS 454.213, 639.070)*

1. Before a pharmacist may enter into a written protocol with a physician to administer immunizations, the pharmacist must be trained and certified to administer immunizations by completing a course provided by the Nevada College of Pharmacy, the University of Nevada School of Medicine or a provider approved by the American Council on Pharmaceutical Education that includes: . . . (d) Instruction consistent with the current training guidelines of the Centers for Disease control and Prevention; and (e) Except as otherwise provided in subsection 2, a minimum of 20 hours of instruction and practical training concerning: (1) The standards for pediatric, adolescent and adult immunization practices recommended and approved by the United States Public Health Service Advisory Committee on Immunization Practices . . . *NAC 639.2973 (2005) Training and certification to administer immunizations. (NRS 454.213, 639.070)*

continued

APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

Liability

A physician who has authorized a pharmacist to administer immunizations pursuant to a written protocol shall supervise the implementation of the protocol by the pharmacist by: 1. Retaining responsibility for the quality of care rendered by the pharmacist; 2. Being readily accessible to the pharmacist or the patient when the pharmacist is authorized to administer the immunizations for consultation, assistance and direction; and 3. Reviewing a periodic status report from the pharmacist concerning any problems, complications or emergencies encountered while administering immunizations. *NAC 639.2972 (2005) Supervision by physician or implementation of protocol. (NRS 454.213, 639.070)*

1. The drugs administered as immunizations by a pharmacist must be in the legal possession of: (a) The pharmacy that employs the pharmacist who will be administering the immunizations, which pharmacy is responsible for the drugs . . . or (b) The physician who has authorized the pharmacist to administer the immunizations, which physician is responsible for the drugs . . . of administration of the immunizations. . . *NAC 639.2975 (2005) Legal possession and control of drugs administered as immunizations; drugs to counteract adverse reactions. (NRS 454.213, 639.070)*

13. The collaborating physician is responsible for all the medical services performed by the advanced practitioner of nursing. *NAC 630.490 (2005) Collaboration with advanced practitioner of nursing. (NRS 630.130)*

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APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

STATE	ASSESSMENT OF PATIENT STATUS			EXECUTION OF A PRESCRIPTION			ADMINISTRATION OF MEDICATIONS		
	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>
N. Hampshire	1			2			3		

NEW HAMPSHIRE

NOTE 1

I. Advanced registered nursing practice by nurse practitioners . . . scope of practice . . . shall be limited to: (a) Performing acts of advanced assessment . . . ***RSA § 326-B:11 (2005) Scope of Practice and Authority; Advanced Registered Nurse Practitioner.***

I. An RN shall . . .

(a) Provid[e] comprehensive nursing assessment of the health status of clients, families, groups, and communities. . .(c) Develop a plan of nursing strategies to be integrated within the client-centered health care plan that establishes nursing diagnoses . . . prescribing nursing interventions, and implementing nursing care through the execution of independent nursing strategies and prescribed medical regimen. ***RSA § 326-B:12 (2005) Scope of Practice; Registered Nurse.***

NOTE 2

I. Advanced registered nursing practice by nurse practitioners . . . scope of practice . . . shall be limited to:

(a) Performing acts of . . . prescribing, selecting . . . therapeutic measures and treatment regimes; III. An ARNP shall have plenary authority to . . . prescribe . . . to clients controlled and non-controlled drugs in accordance with the formulary established by the joint health council and within the scope of the ARNP's practice. . . ***RSA § 326-B:11 (2005) Scope of Practice and Authority; Advanced Registered Nurse Practitioner.***

I. An RN shall . . . (c) Develop a plan of nursing strategies to be integrated within the client-centered health care plan that establishes nursing diagnoses, setting goals to meet identified health care needs, prescribing nursing interventions, and implementing nursing care through the execution of independent nursing strategies and prescribed medical regimen. ***RSA § 326-B:12 (2005) Scope of Practice; Registered Nurse.***

NOTE 3

I. Advanced registered nursing practice by nurse practitioners . . . scope of practice . . . shall be limited to: (a) Performing acts of . . . administering, and providing therapeutic measures and treatment regimes; III. An ARNP shall have plenary authority to . . . administer, and dispense and distribute to clients controlled and non-controlled drugs in accordance with the formulary established by the joint health council and within the scope of the ARNP's practice as defined by this chapter. . . ***RSA § 326-B:11 (2005) Scope of Practice and Authority; Advanced Registered Nurse Practitioner***

The administration of medications by non-licensees to individuals receiving community-based services pursuant to RSA 135-C or RSA 171-A shall not be construed as practicing nursing. ***RSA § 326-B:45 (2005) Direct Care in Community-Based Services***

Liability

This chapter shall not be construed to relieve the responsible physician of professional or legal responsibility for the care and treatment of his patients. ***RSA § 328-D:12 (2005) Physician Liability***

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APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

STATE	ASSESSMENT OF PATIENT STATUS			EXECUTION OF A PRESCRIPTION			ADMINISTRATION OF MEDICATIONS		
	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>
New Jersey	1	2		3	4	5			6

NEW JERSEY

NOTE 1

b. . . Diagnosing in the context of nursing practice means the identification of and discrimination between physical and psychosocial signs and symptoms essential to effective execution and management of the nursing regimen within the scope of practice of the registered professional nurse. Such diagnostic privilege is distinct from a medical diagnosis. *N.J. Stat. § 45:11-23 (2005) Definitions*

(a) The registered professional nurse is responsible for the . . . assessment of the nursing needs, the plan of nursing care, the implementation, and the monitoring and evaluation of the plan. *N.J.A.C. 13:37-6.2 (2005) Delegation of selected nursing tasks*

NOTE 2

a. A physician assistant may perform the following procedures: (1) Approaching a patient to elicit a detailed and accurate history, perform an appropriate physical examination, identify problems, record information and interpret and present information to the supervising physician; . . . (3) Providing patient counseling services and patient education consistent with directions of the supervising physician; . . . (5) Assisting a physician in the delivery of services to patients requiring continuing care in a private home, nursing home, extended care facility or other setting, including the review and monitoring of treatment and therapy plans. *N.J. Stat. § 45:9-27.16 (2005) Allowable procedures*

NOTE 3

A certified nurse midwife . . . may prescribe drugs, as delineated in standing orders and practice protocols developed in agreement between a certified nurse midwife and a collaborative physician. The practice protocols shall be established in accordance with standards adopted by the board. *N.J. Stat. § 45:10-18 (2005) Certified nurse midwife may prescribe drugs*

(a) . . . "Medication" means any substance for which a prescription is required which is intended for use in the . . . prevention of disease . . . or health problem in humans or intended to affect the structure or function of the human body.

(b) Advance practice nurses who seek to prescribe . . . medications . . . and the collaborating physician(s) with whom they are in collaboration shall develop a joint protocol, which shall be: 1. In writing; 2. Signed by both the advanced practice nurse and the physician, with an acknowledgment that any inappropriate professional behavior or violation of the protocol on the part of either the physician or the advanced practice nurse will be reported to his or her respective licensing board; . . .

(c) The content of a joint protocol under (b) above shall address: 1. The nature of the practice, the patient population (for example, pediatric patients) and settings (for example, inpatient, nursing home, patient residences or other alternative care environments); 2. Any particular circumstances for which, prior to prescribing, a specific examination is to be performed or a definitive diagnosis made . . . 5. A delineation of specific medications and the specific number of refills, to be prescribed pursuant to the direction of the physician; 6. Specific requirements with respect to the recordation, in the patient record and/or in separate logs, of medications prescribed or dispensed, dosages, frequency, duration, instructions for use and authorizations for refills; 7. Any medical conditions or findings within the nature of the practice which should require direct consultation prior to the prescribing or ordering of medications or devices; . . . 10. Procedures for the use of medications in emergency situations; and . . . (d) Failure to establish and implement joint protocols consistent with the standards set forth in this section and any violation of the joint protocol by an advanced practice nurse or physician may be deemed professional misconduct or other grounds for disciplinary sanction . . . by his or her respective licensing board. *N.J.A.C. 13:37-6.3 (2005) Standards for joint protocols between advanced practice nurses and collaborating physicians*

Each nurse practitioner/clinical nurse specialist shall prescribe/order medications . . . in conformity with . . . jointly developed protocols. Each nurse practitioner/clinical nurse specialist shall prescribe/order medications . . . only at location(s) where written joint protocols are reviewed, updated and signed at least annually by the nurse practitioner/clinical nurse specialist and his or her collaborating physician. *N.J.A.C. 13:37-7.6 (2005) Prescriptive practice*

continued

APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

a. In addition to all other tasks which a registered professional nurse may, by law, perform, an advanced practice nurse may manage preventive care services . . . consistent with the needs of the patient and within the scope of practice of the advanced practice nurse, by: . . . (2) prescribing or ordering medications . . .

b. An advanced practice nurse may order medications . . . in the inpatient setting, subject to the following conditions: (1) the collaborating physician and advanced practice nurse shall address in the joint protocols whether prior consultation with the collaborating physician is required to initiate an order for a controlled dangerous substance; (2) the order is written in accordance with standing orders or joint protocols developed in agreement between a collaborating physician and the advanced practice nurse, or pursuant to the specific direction of a physician; . . .(4) the physician is present or readily available through electronic communications; . . .(6) the joint protocols developed by the collaborating physician and the advanced practice nurse are reviewed, updated and signed at least annually by both parties; and (7) the advanced practice nurse has completed six contact hours of continuing professional education in pharmacology related to controlled substances, including pharmacologic therapy and addiction prevention and management, . . .

c. An advanced practice nurse may prescribe medications . . . in all other medically appropriate settings, subject to the following conditions: (1) the collaborating physician and advanced practice nurse shall address in the joint protocols whether prior consultation with the collaborating physician is required to initiate a prescription for a controlled dangerous substance; (2) the prescription is written in accordance with standing orders or joint protocols developed in agreement between a collaborating physician and the advanced practice nurse, or pursuant to the specific direction of a physician; . . .(7) the joint protocols developed by the collaborating physician and the advanced practice nurse are reviewed, updated and signed at least annually by both parties; and (8) the advanced practice nurse has completed six contact hours of continuing professional education in pharmacology related to controlled substances, including pharmacologic therapy and addiction prevention and management *N.J. Stat. § 45:11-49 (2005) Permitted duties of advanced practice nurse*

NOTE 4

b. A physician assistant may perform the following procedures only when directed, ordered or prescribed by the supervising physician or specified in accordance with protocols . . . (4) Writing prescriptions or ordering medications in an inpatient or outpatient setting. *N.J. Stat. § 45:9-27.16 (2005) Allowable Procedures*

A temporary licensed physician assistant may write an order for medications; however, the order may not be executed without the immediate countersignature of a physician or licensed physician assistant. When the countersignature is provided by a licensed physician assistant, the order must also be countersigned by a physician within 24 hours of its entry by the temporary licensed physician assistant. *N.J. Stat. § 45:9-27.19a (2005) Countersignature required for order for medications by temporary licensee*

NOTE 5

b. A physician assistant may perform the following procedures only when directed, ordered or prescribed by the supervising physician or specified in accordance with protocols . . . (2) Giving injections, administering medications and requesting diagnostic studies . . . *N.J. Stat. § 45:9-27.16 (2005) Allowable Procedures*

NOTE 6

b. Notwithstanding any law, rule or regulation to the contrary, other than for pediatric immunizations, a pharmacist may administer drugs in immunization programs and programs sponsored by governmental agencies that are not patient specific provided the pharmacist is appropriately educated and qualified, as determined by the board in accordance with the requirements set forth in the rules jointly promulgated by the board and the State Board of Medical Examiners. *N.J. Stat. § 45:14-63 (2005) Administration of prescription medication directly to patient, immunizations*

Liability

a. A physician may delegate to a physician assistant under his supervision only those procedures identified in section 7 of this act. b. Any physician who permits a physician assistant under his supervision to practice contrary to the provisions of this act shall be deemed to have engaged in professional misconduct in violation of subsection e. of section 8 of P.L.1978, c. 73 (C. 45:1-21) and shall be subject to disciplinary action by the board pursuant to P.L.1978, c. 73 (C. 45:1-14 et seq.); c. In the performance of a medical procedure, a physician assistant shall be conclusively presumed to be the agent of the physician under whose supervision the physician assistant is performing. *N.J. Stat. § 45:9-27.17 (2005) Physician's responsibility for assistant*

continued

APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

a. A physician assistant and a temporary licensed physician assistant shall be under the direct supervision of a physician at all times during which the physician assistant or temporary licensed physician assistant is working in his official capacity. b. In an inpatient setting, direct supervision of a physician assistant shall include, but not be limited to: (1) continuing or intermittent presence with constant availability through electronic communications; (2) regularly scheduled review of the practice of the physician assistant; and (3) personal review by a physician of all charts and records of patients and countersignature by a physician of all medical orders, including prescribing and administering medication, within 24 hours of their entry by the physician assistant. c. In an outpatient setting, direct supervision of a physician assistant shall include, but not be limited to: (1) constant availability through electronic communications; (2) regularly scheduled review of the practice of the physician assistant; and (3) personal review by a physician of the charts and records of patients and countersignature by a

b. physician of all medical orders, within seven days of their entry by the physician assistant, except that in the case of any medical order prescribing or administering medication, a physician shall review and countersign the order within 48 hours of its entry by the physician assistant. d. In any setting, direct supervision of a temporary licensed physician assistant shall include, but not be limited to: (1) continuing physical presence of a physician or a licensed physician assistant; (2) regularly scheduled review by a physician of the practice of the temporary licensed physician assistant; and (3) personal review by a physician of all charts and records of patients within 24 hours of an entry by the temporary licensed physician assistant. *N.J. Stat. § 45:9-27.18 (2005) Direct supervision required*

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APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

STATE	ASSESSMENT OF PATIENT STATUS			EXECUTION OF A PRESCRIPTION			ADMINISTRATION OF MEDICATIONS		
	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>
New Mexico	1			2	3	4	5	6	7

NEW MEXICO

NOTE 1

M. “practice of nursing” means . . . assessing and implementing a plan of care to accomplish defined goals and evaluating responses to care and treatment . . . and includes but is not limited to: . . . (4) collaborating on the health care regimen . . . (6) recoding and reporting nursing observations, assessments, interventions and responses to health care . . . N. “professional registered nursing” means . . . (1) assessing the health status of individuals, families and communities (2) establishing a nursing diagnosis . . . (10) collaborating with other health care professionals in the management of health care . . . *N.M. Stat. Ann. § 61-3-3 (2006) Definitions*

NOTE 2

B. PRESCRIPTIVE AUTHORITY acknowledges the ability of the certified nurse-midwife to practice independently within the limits of the scope of practice described in these regulations, and as necessary collaborate with other providers. Certified nurse-midwives who have fulfilled requirements for prescribing drugs, may . . . prescribe, distribute and administer to their patients dangerous drugs and devices, including controlled substances included in Schedules II through V . . . that have been prepared, packaged or fabricated by a licensed pharmacist or doses of drugs that have been prepackaged by a pharmaceutical manufacturer in accordance with the Pharmacy Act and New Mexico Drug, Device and Cosmetic Act. . . (b) **LIMITATIONS ON PRESCRIBING DANGEROUS DRUGS:** The CNM while holding such a permit may prescribe and distribute only the dangerous drugs and devices that are included in the formulary developed by the Division . . . and which are directly applicable to the Scope of Practice. *16.11.2..9 NMAC (2006) PRACTICE OF THE CERTIFIED NURSE-MIDWIFE*

All drugs prescribed are based on the Scope of Practice . . . A CNM may not prescribe any controlled substances unless she/he has a DEA number . . . X. Immunizations and immune globulins, including Rhogam . . . *16.11.2.13 NMAC (2006) CNM FORMULARY*

NOTE 3

D. Physician assistants may prescribe . . . dangerous drugs other than controlled substances in Schedule I of the Controlled Substances Act . . . under the direction of a supervising licensed physician and within the parameters of a board-approved formulary and guidelines . . . E. A physician assistant shall perform only the acts and duties assigned to the physician assistant by a supervising licensed physician that are within the scope of practice of the supervising licensed physician. . . *N.M. Stat. Ann. § 61-6-7 (2006) Short title; licensure as a physician assistant; scope of practice; biennial registration of supervision; license renewal; fees. (Repealed effective July 1, 2010.)*

B. Physician assistants may prescribe dangerous drugs under the direction of the supervising physician, subject to the following: (1) Physician assistants may only prescribe those drugs designated in a board-approved formulary. Additions to or deletions from the formulary may be requested by the supervising physician based upon the physician’s specialty and scope of practice. (2) Physician assistants may prescribe dangerous drugs other than controlled substances in Schedule I of the Controlled Substances Act . . . (3) Physician assistants may telephone prescriptions to pharmacies for any drug they are authorized to prescribe . . . *16.10.16.8 NMAC (2006) ADMINISTERING AND PRESCRIBING DANGEROUS DRUGS*

NOTE 4

A. A pharmacist clinician planning to exercise prescriptive authority in his practice shall have on file at his place of practice written guidelines or a protocol. The guidelines or protocol shall authorize a pharmacist clinician to exercise prescriptive authority and shall be established and approved by a practitioner in accordance with regulations adopted by the board . . . The practitioner who is a party to the guidelines or protocol shall be in active practice and the prescriptive authority that he grants to a pharmacist clinician shall be within the scope of the practitioner’s current practice . . . *N.M. Stat. Ann. § 61-11B-3 (2006) Pharmacist clinician prescriptive authority*

E. PRESCRIPTIVE AUTHORITY, GUIDELINES OR PROTOCOL: (1) No pharmacist clinician may exercise prescriptive authority unless guidelines or protocol from the current supervising practitioner are on file with the Board. . . **F. SCOPE OF PRACTICE:** (1) A pharmacist clinician shall perform only those services that are delineated in the guidelines or protocol and are within the scope of practice of the supervising practitioner. . . *16.19.4.17 NMAC (2006) PHARMACIST CLINICIAN*

continued

APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

A. PROTOCOL: (1) Prescriptive authority for vaccines shall be exercised solely in accordance with the written protocol for vaccine prescriptive authority approved by the Board . . . **B. EDUCATION AND TRAINING:** (1) The pharmacist must successfully complete a course of training provided by: a) the Centers for Disease Control and Prevention (CDC); or b) a similar health authority or professional body accredited by the American Council on Pharmaceutical Education (ACPE) approved by the Board. . . **C. AUTHORIZED DRUGS:** (1) Prescriptive authority shall be limited to those drugs and vaccines delineated in the written protocol for vaccine prescriptive authority approved by the Board and; (2) Other vaccines as determined by the CDC or New Mexico Department of Health that may be required to protect the public health and safety in an established emergency. . . **16.19.26.8 NMAC (2006) VACCINES**

NOTE 5

M. 'practice of nursing' means . . . (4) collaborating with the health care regimen; (5) administering medications and performing treatments prescribed by a person authorized in this state or in any other state in the United States to prescribe them . . . N. "professional registered nursing" means . . . (6) implementing the plan of care commensurate with education and verified competence . . . (10) collaborating with other health care professional in the management of health care . . . **N.M. Stat. Ann. § 61-3-3 (2006) Definitions**

NOTE 6

D. Physician assistants may . . . administer and distribute dangerous drugs other than controlled substances in Schedule I of the Controlled Substances Act . . . if the . . . administering and distributing are done under the direction of a supervising licensed physician and within the parameters of a board-approved formulary and guidelines . . . Physician assistants shall not otherwise dispense dangerous drugs or controlled substances. E. A physician assistant shall perform only the acts and duties assigned to the physician assistant by a supervising licensed physician that are within the scope of practice of the supervising licensed physician. . . **N.M. Stat. Ann. § 61-6-7 (2006) Short title; licensure as a physician assistant; scope of practice; biennial registration of supervision; license renewal; fees. (Repealed effective July 1, 2010.)**

A. Unless otherwise provided by law, physician assistants may provide medical services delegated to them by the supervising physician when such services are within the physician assistant's skills and form a usual component of the physician's scope of practice. . . **16.10.15.13 NMAC (2006) SCOPE OF PRACTICE**

A. Physician assistants may administer dangerous drugs under the direction of the supervising physician, subject to the following: (1) Physician assistants may only administer those drugs designated in a board-approved formulary. The supervising physician, based upon the physician's specialty and scope of practice, may request from the board additions to or deletions from the formulary. (2) Physician assistants may administer dangerous drugs other than controlled substances in Schedule I of the Controlled Substances Act . . . **16.10.16.8 NMAC (2006) ADMINISTERING AND PRESCRIBING DANGEROUS DRUGS**

NOTE 7

E. NOTIFICATION: (1) Upon signed consent of the patient or guardian, the pharmacist shall notify the New Mexico Department of Health Immunization Program of any vaccine administered . . . **16.19.26.8 NMAC (2006) VACCINES**

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APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

STATE	ASSESSMENT OF PATIENT STATUS			EXECUTION OF A PRESCRIPTION			ADMINISTRATION OF MEDICATIONS		
	Nurse	Physician Assistant	Pharmacist	Nurse	Physician Assistant	Pharmacist	Nurse	Physician Assistant	Pharmacist
New York	1			2	4		3		

NEW YORK

NOTE 1

(4) Order and Protocol . . . (iii) The protocol, incorporated into the order prescribed in subparagraph (ii) of this paragraph, shall require the registered professional nurse to meet the following requirements: (a) The registered professional nurse shall ensure that each potential recipient is assessed for untoward conditions that would preclude immunization(s) and each recipient's record of immunization with manufacturer and lot number or a potential recipient's refusal to be immunized shall be documented in accordance with section 29.2(a)(3) of this Title. **8 NYCRR § 64.7 Immunizations, emergency treatment of anaphylaxis, and purified protein derivative (PPD) mantoux tuberculin skin tests pursuant to non-patient specific orders and protocols.**

NOTE 2

3. (b) Prescriptions for . . . immunizing agents may be issued by a nurse practitioner . . . in accordance with the practice agreement and practice protocols. . . .

(g) The provisions of this subdivision shall not apply to any activity authorized, pursuant to statute, rule or regulation, to be performed by a registered professional nurse in a hospital as defined in article twenty-eight of the public health law. **§ 6902. Definition of practice of nursing.**

4. A certified nurse practitioner may prescribe and order a non-patient specific regimen to a registered professional nurse, pursuant to regulations promulgated by the commissioner . . . and consistent with the public health law, for: (a) administering . . . immunizations. **§ 6909. Special provision.**

(f) Prescriptive privilege. . . . [A] nurse practitioner may be authorized to issue prescriptions pursuant to *section 6902(3)(b) of the Education Law* after completing instruction, satisfactory to the department, in New York State and Federal laws and regulations relating to prescriptions and recordkeeping. **§ 64.4 Nurse practitioner certification**

Attorney General Opinion: A certified nurse practitioner with the authority to prescribe drugs, including controlled substances, in accordance with the practice agreement and practice protocols between the nurse practitioner and the collaborating physician, is not required to obtain a physician to approve or counter-sign any prescription. The name of the physician is not required to appear on the prescription form. By law, the agreement and protocols set forth the collaborative relationship between the doctor and nurse practitioner. **Formal Opinion No. 92-F2; 1992 N.Y. 2, June 1, 1992.**

NOTES 1, 3

1. The practice of the profession of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual or potential health problems through such services as . . . provision of care supportive to or restorative of life and well-being, and executing medical regimens prescribed by a licensed . . . physician . . . or other licensed health care provider legally authorized under this title and in accordance with the commissioner's regulations. A nursing regimen shall be consistent with and shall not vary any existing medical regimen. . . . 3. (a) The practice of registered professional nursing by a nurse practitioner, certified under section six thousand nine hundred ten of this article, may include the diagnosis of illness and physical conditions and the performance of therapeutic and corrective measures within a specialty area of practice, in collaboration with a licensed physician qualified to collaborate in the specialty involved, provided such services are performed in accordance with a written practice agreement and written practice protocols. The written practice agreement shall include explicit provisions for the resolution of any disagreement between the collaborating physician and the nurse practitioner regarding a matter of diagnosis or treatment that is within the scope of practice of both. To the extent the practice agreement does not so provide, then the collaborating physician's diagnosis or treatment shall prevail. **NY CLS Educ § 6902. Definition of practice of nursing.**

(a) Immunizations. (1) . . . a registered professional nurse shall be authorized to administer immunization agents . . . pursuant to a non-patient specific order and protocol prescribed and ordered by a licensed physician or a certified nurse practitioner . . . and the order and protocol meets the requirements of paragraph (4) of this subdivision. pursuant to a non-patient specific order and protocol prescribed and

continued

APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

ordered by a licensed physician or a certified nurse practitioner . . . (2) Authorized immunization agents. (i) Adult immunizations. A registered professional nurse . . . shall be authorized to administer the following immunization agents to patients 18 years of age or (ii) Child immunizations. A registered professional nurse . . . who is employed or is acting as an agent for the Visiting Nurses Association or other equivalent organization as determined by the department that is legally authorized to provide nursing services, or for a State, county, municipal or other government agency, shall be authorized to administer the following immunization agents to patients under the age of 18, pursuant to a non-patient specific order and protocol prescribed and ordered by a licensed physician or a certified nurse practitioner that meets the requirements of paragraph (4) of this subdivision. . . . (iii) Epidemics. . . . [A] registered professional nurse . . . shall be authorized to administer to patients, pursuant to a non-patient specific order and protocol prescribed and ordered by a licensed physician or a nurse practitioner that meets the requirements of paragraph (4) of this subdivision, any immunization agents authorized under such order and protocol to be administered as part of an immunization program maintained, authorized, or under the auspices of the Commissioner of Health, a county commissioner of health, or a county public health director, when such an immunization program is instituted pursuant to an epidemic declared by such official. **8 NYCRR § 64.7 Immunizations, emergency treatment of anaphylaxis, and purified protein derivative (PPD) mantoux tuberculin skin tests pursuant to non-patient specific orders and protocols.**

NOTE 4

(e) Prescriptions and medical orders may be written by a registered physician's assistant as provided in this subdivision when assigned by the supervising physician. (1) A registered physician's assistant may write a prescription for a patient who is under the care of the physician responsible for the supervision of the registered physician's assistant. . . . (6) A registered physician's assistant employed or extended privileges by a hospital may, if permissible under the bylaws, rules and regulations of the hospital, write medical orders, including those for controlled substances, for inpatients under the care of the physician responsible for his supervision. In every case, medical orders so written shall be countersigned by the supervising physician within 24 hours, but such countersignature shall not be required prior to the execution of any such order. **10 NYCRR § 94.2 (2005) § 94.2 Supervision and scope of duties**

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APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

STATE	ASSESSMENT OF PATIENT STATUS			EXECUTION OF A PRESCRIPTION			ADMINISTRATION OF MEDICATIONS		
	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>
North Carolina	1		2	3	4		5	6	7

NORTH CAROLINA

NOTE 1

(7) The ‘practice of nursing by a registered nurse’ consists of the following 10 components: a. Assessing the patient’s physical and mental health, including the patient’s reaction to illnesses and treatment regimens . . . (8) The “practice of nursing by a licensed practical nurse” consists of the following seven components: (a) Participating in the assessment of the patient’s physical and mental health, including the patient’s reaction to illnesses and treatment regimens. *N.C. Gen. Stat. § 90-171.20 (2005) Definitions*

c) Clinical nurse specialist scope of practice incorporates the basic components of nursing practice . . . which includes: (1) assessing clients' health status, synthesizing and analyzing multiple sources of data, and identifying alternative possibilities as to the nature of a healthcare problem. *21 N.C.A.C. 36.0228 (2005) CLINICAL NURSE SPECIALIST PRACTICE*

NOTE 2

(r) . . . A pharmacist may . . . assess, record and report adverse drug and device reactions; take and record patient histories relating to drug and device therapy. *N.C. Gen. Stat. § 90-85.3 (2005) Definitions*

NOTE 3

(7) The ‘practice of nursing by a registered nurse’ consists of the following 10 components: . . . e. Collaborating with other health care providers in determining the appropriate health care for a patient but . . . not prescribing a medical treatment regimen or making a medical diagnosis, except under supervision of a licensed physician. *N.C. Gen. Stat. § 90-171.20 (2005) Definitions*

c) Clinical nurse specialist scope of practice incorporates the basic components of nursing practice . . . as well as the understanding and application of nursing principles at an advanced level in his/her area of clinical nursing specialization which includes: . . . (4) prescribing . . . therapeutic and corrective nursing measures . . . *21 N.C.A.C. 36.0228 (2005) CLINICAL NURSE SPECIALIST PRACTICE*

(b) Nurse practitioners are authorized to write prescriptions for drugs under the following conditions . . . (4) The supervising physician has provided to the nurse practitioner written instructions about indications and contraindications for prescribing drugs and a written policy for periodic review by the physician of the drugs prescribed. (c) Nurse practitioners are authorized to compound and dispense drugs under the following conditions: (1) The function is performed under the supervision of a licensed pharmacist; and (2) Rules and regulations of the North Carolina Board of Pharmacy governing this function are complied with. (d) Nurse practitioners are authorized to order medications, tests and treatments in hospitals, clinics, nursing homes and other health facilities under the following conditions: . . . (3) The supervising physician has provided to the nurse practitioner written instructions about ordering medications, tests and treatments, and when appropriate, specific oral or written instructions for an individual patient, with provision for review by the physician of the order within a reasonable time, as determined by the Board, after the medication, test or treatment is ordered; and (4) The hospital or other health facility has adopted a written policy, approved by the medical staff after consultation with the nursing administration, about ordering medications, tests and treatments, including procedures for verification of the nurse practitioners' orders by nurses and other facility employees and such other procedures as are in the interest of patient health and safety. (e) Any prescription written by a nurse practitioner or order given by a nurse practitioner for medications, tests or treatments shall be deemed to have been authorized by the physician approved by the boards as the supervisor of the nurse practitioner and such supervising physician shall be responsible for authorizing such prescription or order. (f) Any registered nurse or licensed practical nurse who receives an order from a nurse practitioner for medications, tests or treatments is authorized to perform that order in the same manner as if it were received from a licensed physician. *N.C. Gen. Stat. § 90-18.2 (2005) Limitations on nurse practitioners*

(b) Prescribing and dispensing stipulations are as follows: (1) Drugs . . . that may be prescribed by the nurse practitioner in each practice site shall be included in the collaborative practice agreement . . . (2) Controlled Substances (Schedules II, IIN, III, IIIN, IV, V) defined by the State and Federal Controlled Substances Acts may be procured, prescribed or ordered as established in the collaborative practice

continued

APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

agreement. . . (3) The nurse practitioner may prescribe a drug . . . not included in the collaborative practice agreement only as follows: (A) upon a specific written or verbal order obtained from a primary or back-up supervising physician before the prescription or order is issued by the nurse practitioner. **21 N.C.A.C. 36.0809 (2005) PRESCRIBING AUTHORITY**

A nurse practitioner shall be held accountable by both Boards for the continuous and comprehensive management of a broad range of personal health services for which the nurse practitioner is educationally prepared and for which competency has been maintained, with physician supervision and collaboration . . . These services include but are not restricted to . . . (5) prescribing. . . therapeutic measures, tests, procedures and drugs; . . . **21 N.C.A.C. 32M.0102 (2005) SCOPE OF PRACTICE**

(a) The prescribing stipulations . . . apply to writing prescriptions and ordering the administration of medications. (b) Prescribing and dispensing stipulations are as follows: (1) Drugs . . . that may be prescribed by the nurse practitioner in each practice site shall be included in the collaborative practice agreement . . . (3) The nurse practitioner may prescribe a drug . . . not included in the collaborative practice agreement only as follows: (A) upon a specific written or verbal order obtained from a primary or back-up supervising physician before the prescription or order is issued by the nurse practitioner; and (B) the written or verbal order. . . shall be entered into the patient record with a notation that it is issued on the specific order of a primary or back-up supervising physician and signed by the nurse practitioner and the physician. **21 N.C.A.C. 32M.0109 (2005) PRESCRIBING AUTHORITY**

A nurse practitioner shall be held accountable . . . for the continuous and comprehensive management of a broad range of personal health services for which the nurse practitioner is educationally prepared and for which competency has been maintained, with physician supervision and collaboration . . . These services include but are not restricted to: . . . (5) prescribing . . . drugs. **21 N.C.A.C. 36.0802 (2005) SCOPE OF PRACTICE**

NOTE 4

(b) Physician assistants are authorized to write prescriptions for drugs under the following conditions: . . . (4) The supervising physician has provided to the physician assistant written instructions about indications and contraindications for prescribing drugs and a written policy for periodic review by the physician of the drugs prescribed. **N.C. Gen. Stat. § 90-18.1 (2005) Limitations on physician assistants**

(a) Physician assistants perform medical acts, tasks or functions with physician supervision. Physician assistants perform those duties and responsibilities, including the prescribing . . . of drugs . . . that are delegated by their supervising physician(s). **21 N.C.A.C. 32S.0108 (2005) SCOPE OF PRACTICE**

A physician assistant is authorized to prescribe . . . drugs . . . subject to the following conditions . . . (2) The physician assistant has received from the supervising physician written instructions for prescribing . . . drugs . . . and a written policy for periodic review by the physician of these instructions and policy. **21 N.C.A.C. 32S.0109 (2005) PRESCRIPTIVE AUTHORITY**

NOTE 5

(7) The ‘practice of nursing by a registered nurse’ consists of the following 10 components: . . . f. Implementing the treatment and pharmaceutical regimen prescribed by any person authorized by State law to prescribe the regimen. **N.C. Gen. Stat. § 90-171.20 (2005) Definitions**

c) Clinical nurse specialist scope of practice incorporates the basic components of nursing practice . . . as well as the understanding and application of nursing principles at an advanced level in his/her area of clinical nursing specialization which includes: . . . (4) . . . implementing therapeutic and corrective nursing measures. **21 N.C.A.C. 36.0228 (2005) CLINICAL NURSE SPECIALIST PRACTICE**

A nurse practitioner shall be held accountable . . . for the continuous and comprehensive management of a broad range of personal health services for which the nurse practitioner is educationally prepared and for which competency has been maintained, with physician supervision and collaboration . . . These services include but are not restricted to . . . (5) . . . administering . . . drugs. **21 N.C.A.C. 32M.0102 (2005) SCOPE OF PRACTICE**

continued

APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

A nurse practitioner shall be held accountable . . . for the continuous and comprehensive management of a broad range of personal health services for which the nurse practitioner is educationally prepared and for which competency has been maintained, with physician supervision and collaboration . . . These services include but are not restricted to: . . . (5) . . . administering . . . drugs. **21 N.C.A.C. 36.0802 (2005) SCOPE OF PRACTICE**

NOTE 6

A physician assistant is authorized to . . . administer drugs . . . subject to the following conditions . . . (2) The physician assistant has received from the supervising physician written instructions for . . . administering drugs . . . and a written policy for periodic review by the physician of these instructions and policy . . . **21 N.C.A.C. 32S.0109 (2005) PRESCRIPTIVE AUTHORITY**

NOTE 7

(a) The purpose of this section is to provide standards for pharmacists engaged in the administration of influenza vaccines . . . (c) . . . (1) Pharmacists must follow a written protocol . . . for administration of influenza vaccines and the treatment of severe adverse events following administration. . . (5) The pharmacist shall not administer influenza vaccines to patients under 18 years of age. **21 N.C.A.C. 32U.0101 (2005) ADMINISTRATION OF VACCINES BY PHARMACISTS**

(r) . . . A pharmacist who has received special training may be authorized and permitted to administer drugs pursuant to a specific prescription order. . . . An approved clinical pharmacist practitioner may collaborate with physicians in determining the appropriate health care for a patient, subject to the provisions of **G.S. 90-18.4. N.C. Gen. Stat. § 90-85.3 (2005) Definitions**

(e) Pharmacists may administer drugs in accordance with **21 NCAC 46 .250721 21 N.C.A.C. 36.0221 (2005) LICENSE REQUIRED**

Liability

(c) The registered nurse or licensed practical nurse shall not delegate the professional judgment required to implement any treatment or pharmaceutical regimen which is likely to produce side effects, toxic effects, allergic reactions, or other unusual effects; or which may rapidly endanger a client's life or well-being and which is prescribed by a person authorized by state law to prescribe such a regimen. The nurse who assumes responsibility for implementing a treatment or pharmaceutical regimen shall be accountable for: (1) recognizing side effects; (2) recognizing toxic effects; (3) recognizing allergic reactions; (4) recognizing immediate desired effects; (5) recognizing unusual and unexpected effects; (6) recognizing changes in client's condition that contraindicates continued administration of the medication; (7) anticipating those effects which may rapidly endanger a client's life or well-being; and (8) making judgments and decisions concerning actions to take in the event such untoward effects occur. (d) When health care needs of an individual are incidental to the personal care needs of the individual, nurses shall not be accountable for care performed by clients themselves, their families or significant others, or by caretakers who provide personal care to the individual. . . **21 N.C.A.C. 36.0221 (2005) LICENSE REQUIRED**

The following definitions apply to this Section: . . . (4) "Nurse Practitioner or NP" means a currently licensed registered nurse approved to perform medical acts consistent with the nurse's area of nurse practitioner academic educational preparation and national certification under an agreement with a licensed physician for ongoing supervision, consultation, collaboration and evaluation of the medical acts performed. Such medical acts are in addition to those nursing acts performed by virtue of registered nurse (RN) licensure. The NP is held accountable under the RN license for those nursing acts that he or she may perform. . . **21 N.C.A.C. 36.0801 (2005) DEFINITIONS**

A nurse practitioner shall be held accountable by both Boards for the continuous and comprehensive management of a broad range of personal health services for which the nurse practitioner is educationally prepared and for which competency has been maintained, with physician supervision and collaboration . . . These services include but are not restricted to: (1) promotion and maintenance of health; (2) prevention of illness and disability; (3) diagnosing, treating and managing acute and chronic illnesses; (4) guidance and counseling for both individuals and families; (5) prescribing, administering and dispensing therapeutic measures, tests, procedures and drugs; . . **21 N.C.A.C. 36.0802 (2005) SCOPE OF PRACTICE**

continued

APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

(a) A physician assistant may perform medical acts, tasks, or functions only under the supervision of a physician. Supervision shall be continuous but . . . shall not be construed as requiring the physical presence of the supervising physician at the time and place that the services are rendered. (b) It is the obligation of each team of physician(s) and physician assistant(s) to ensure that the physician assistant's scope of practice is identified; that delegation of medical tasks is appropriate to the skills of the supervising physician(s) as well as the physician assistant's level of competence . . . *21 N.C.A.C. 32S.0110 (2005) SUPERVISION OF PHYSICIAN ASSISTANTS*

(e) Supervising Physician responsibilities. Pharmacists who administer influenza vaccines shall enter into a written protocol with a supervising physician who agrees to meet the following requirements: (1) be responsible for the formulation or approval and periodic review of the physician's order, standing medical order, standing delegation order, or other order or written protocol and periodically reviews the order or protocol and the services provided to a patient under the order or protocol; (2) be accessible to the pharmacist administering the vaccines or be available through direct telecommunication for consultation, assistance, direction, and provide adequate back-up coverage; (3) review written protocol with pharmacist at least annually and revise if necessary; and (4) receive, as appropriate, a periodic status report on the patient, including any problem or complication encountered. . . .(f) Drugs. The following requirements pertain to drugs administered by a pharmacist: (1) Drugs administered by a pharmacist under the provisions of this section shall be in the legal possession of: (A) a pharmacy, which shall be the pharmacy responsible for drug accountability, including the maintenance of records of administration of the immunization or vaccination; or (B) a physician, who shall be responsible for drug accountability, including the maintenance of records of administration of the immunization or vaccination . . . *21 N.C.A.C. 32U.0101 (2005) ADMINISTRATION OF VACCINES BY PHARMACISTS*

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APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

STATE	ASSESSMENT OF PATIENT STATUS			EXECUTION OF A PRESCRIPTION			ADMINISTRATION OF MEDICATIONS		
	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>
North Dakota	1			2	3	4	5	6	7

NORTH DAKOTA

NOTE 1

5. "Nursing" means . . . a. The maintenance of health and prevention of illness. b. Diagnosing human responses to actual or potential health problems . . . *N.D. Cent. Code § 43-12.1-02 (2005) Definitions*

6. "Prescriptive practices" means assessing the need for drugs, immunizing agents, or devices . . . *N.D. Cent. Code, § 43-12.1-02 (2005) Definitions*

The licensed practical nurse under the direction of the registered nurse, advanced practice registered nurse, or licensed practitioner: 1. Contributes to the assessment of health status of individuals including interactions of individuals with family members or group members, by: a. Collecting basic objective and subjective data from observations, examinations, interviews, and written records. The scope and the depth of data collection is determined by the knowledge, skills, and abilities of the licensed practical nurse and by the client's immediate condition or needs. Data collection will consider: . . . (4) Health history (5) Information collected by other health member teams . . . (10) Such additional data as may be necessary to assess health status. *N.D. Admin. Code 54-05-01-02.1 (2005) Licensed practical nurse's contribution to, and responsibility for, the nursing process*

The registered nurse: 1. Conducts and documents nursing assessments of health status of individuals, families, and groups, and communities by: a. Collecting objective and subjective data from observations, examinations, interviews, and written records. The scope and depth of the nursing assessment is determined by the knowledge, skills, and abilities of the registered nurse and by the client's immediate condition or needs. The assessment will consider: . . . (4) Health history; (5) Information collected by other health team members . . . (11) Such additional data as may be necessary to assess health status . . . *N.D. Admin. Code 54-05-02-02.1 (2005) Registered nurse responsibility to implement the nursing process*

The advanced practice registered nurse has evolved into the roles of clinical nurse specialist, nurse anesthetist, nurse midwife, and nurse practitioner. . . The advanced practice registered nurse functions in any setting as a member of the interdisciplinary team and provides care to the fullest extent of the scope of practice which includes: 1. Complete the assessment of the health status and health needs based on interpretation of health-related data and preventive health services . . . *N.D. Admin. Code 54-05-03.1-03.1 (2005) Standards of practice for the advanced registered nurse*

1. Practice as an advanced practice nurse may include: a. Perform a comprehensive assessment of clients and synthesize and analyze data within a nursing framework . . . *N.D. Admin. Code 54-05-03.1-03.2 (2005) Scope of practice as an advanced practice registered nurse*

NOTE 2

6. "Prescriptive practices" means assessing the need for drugs, immunizing agents, or devices and writing a prescription to be filled by a licensed pharmacist . . . *N.D. Cent. Code, § 43-12.1-02 (2005) Definitions*

The board shall adopt rules establishing standards for nursing practice. The board shall consult with the medical profession in the establishment of prescriptive practice standards for advanced practice registered nurses. Prescriptive practices must be consistent with the scope of practice of the advanced practice registered nurse and include evidence of a collaborative agreement with a licensed physician. . . *N.D. Cent. Code, § 43-12.1-18 (2005) Nursing practice standards*

1. Practice as an advanced practice nurse may include: . . . c. Prescribe a therapeutic regimen of health care, including diagnosing, prescribing . . . legend drugs and controlled substances . . . *N.D. Admin. Code 54-05-03.1-03.2 (2005) Scope of practice as an advanced practice registered nurse*

continued

APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

Applicants for prescriptive authority shall: . . . 1. Be currently registered as an advanced practice registered nurse in North Dakota. . . . 4. Submit an affidavit from the licensed physician who will be participating in the collaborative prescriptive agreement acknowledging the manner of review and approval of the planned prescriptive practices. Information in the affidavit must also indicate that the advanced registered nurse's scope of prescriptive practice is appropriately related to the collaborating physician's medical specialty or practice. The affidavit must address all of the following area: a. Broad classifications of drugs or devices to be commonly prescribed by the advanced practice registered nurse . . . *N.D. Admin. Code 54-05-03.1-09 (2005) Requirements for prescriptive authority*

3. The advanced practice registered nurse with prescriptive authority may prescribe drugs as defined . . . Notice of the prescriptive authority granted will be forwarded to the board of pharmacy. . . *N.D. Admin. Code 54-05-03.1-10 (2005) Authority to prescribe*

NOTE 3

A physician assistant may prescribe medications as delegated to do so by a supervising physician. This may include schedule III through V controlled substances; however, a physician assistant may not prescribe schedule II controlled substances. . . *N.D. Cent. Code, § 43-17-02.1 (2005) Physician assistant – Limitations on prescribing drugs*

NOTE 4

1. A licensed pharmacist in an institutional setting has limited prescriptive practices to initiate or modify drug therapy following diagnosis and initial patient assessment by a licensed physician, under the supervision of the same licensed physician, in accordance with this section. An institutional setting, for the purpose of this section, is a hospital, a physician clinic, a skilled nursing facility, or a swing bed facility in which a patient's medical records are readily available to the licensed physician and the licensed pharmacist. 2. The licensed physician and the licensed pharmacist shall prepare a collaborative agreement concerning the scope of the pharmacist's prescriptive practices. The collaborative agreement, or an amendment to the agreement, is effective when approved by the board of medical examiners and the board of pharmacy. . . *N.D. Cent. Code, § 43-15-31.4 (2005) Limited prescriptive practices*

1. A physician and pharmacist who are licensed and practicing their respective profession in this state are eligible . . . to enter into the collaborative agreement allowing the pharmacist to provide prescription drug therapy to patients in an institutional setting on a limited basis. . . *N.D. Admin. Code 61-04-08-03 (2005) Eligibility and approval*

1. "Collaborative agreement" means the written document signed by a physician and a pharmacist which describes the limited prescribing authority granted the pharmacist . . . *N.D. Admin. Code 61-04-08-02 (2005) Definitions*

NOTE 5

5. "Nursing" means . . . Providing . . . medication administration . . . *N.D. Cent. Code, § 43-12.1-02 (2005) Definitions*

The licensed practical nurse assists in implementing the nursing process. The licensed practical nurse under the direction of the registered nurse, advanced practice registered nurse, or licensed practitioner: . . . 4. Participates in implementing the nursing plan of care and the nursing interventions for the client under the licensed practical nurse's care by: . . . h. Administering medications and treatments as prescribed by a licensed practitioner. . . *N.D. Admin. Code 54-05-01-02.1 (2005) Licensed practical nurse's contribution to, and responsibility for, the nursing process*

The registered nurse: . . . 4. Implements the plan of care and the nursing interventions for the client under the registered nurse's care by . . . h. Executing the regimen prescribed by a licensed practitioner . . . *N.D. Admin. Code 54-05-02-02.1 (2005) Registered nurse responsibility to implement the nursing process*

1. Practice as an advanced practice nurse may include: . . . c. . . . administering . . . legend drugs and controlled substances . . . *N.D. Admin. Code 54-05-03.1-03.2 (2005) Scope of practice as an advanced practice registered nurse*

NOTE 6

Physician assistants may perform only those duties and responsibilities that are delegated by their supervising physicians. No supervising physician may delegate to a physician assistant any duty or responsibility for which the physician assistant has not been adequately trained. Physician assistants are the agents of their supervising physicians in the performance of all practice-related activities. A physician assistant may provide patient care only in those areas of medical practice where the supervising physician provides patient care. *N.D. Admin. Code 50-03-01-06 (2005) Assistant's functions limited*

continued

APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

NOTE 7

1. “Administration” means the direct application of a drug to the body of a patient. a. The term includes: . . . (2) Immunization and vaccination by injection of an individual who is more than eighteen years of age, upon an order by a physician or nurse practitioner authorized to prescribe such a drug or by written protocol with a physician or nurse practitioner . . . 23. “Practice of pharmacy” means . . . drug administration . . . *N.D. Cent. Code, § 43-15-01 (2005) Definitions*

Any pharmacist who administers drug by injection must have a certificate of authority from the board. The authority to administer a drug by injection may not be delegated. . . Rules adopted by the board under this section must include: . . . 4. Requirements for content of physician orders and protocols . . . *N.D. Cent. Code, § 43-15-31.5 (2005) Injection of drugs – Rules*

The order must be written, received electronically or if received orally be reduced to writing, and must contain at a minimum the: . . . 3. Identity of the medication or vaccine, and dose, to be administered . . . *N.D. Admin. Code 61-04-11-04 (2005) Requirements of physician or nurse practitioner order for a pharmacist to administer injections*

A physician or nurse practitioner may prepare a written protocol governing the administration of medications by injection with an authorized pharmacist for a specific period of time or purpose. . . The protocol must contain the: . . . 2. Identity of the immunization or vaccination which may be administered; 3. Identity of the patient or groups of patients to receive the authorized immunization or vaccination. . . 6. Identify of the location at which the pharmacist may administer the authorized immunization or vaccination . . . *N.D. Admin. Code 61-04-11-05 (2005) Requirement of written protocol*

Liability

The physician assistant is a skilled person, qualified by academic and clinical training to provide patient services under the supervision and responsibility of a licensed doctor of medicine or osteopathy who is responsible for the performance of that assistant. The assistant may be involved with the patients of the physician in any medical setting for which the physician is responsible. *N.D. Admin. Code 50-03-01-01 (2005) Description and authority of physician assistant*

For purposes of this section, “supervision” means overseeing the activities of, and accepting the responsibility for, the medical services rendered by a physician assistant. . . It is the obligation of each team of physicians and physician assistants to ensure that the physician assistant’s scope of practice is identified; that delegation of medical tasks is appropriate to the physician assistant’s level of competence; that the relationship of, and access to, the supervising physician is defined; and that a process for evaluation of the physician assistant’s performance is established. *N.D. Admin. Code 50-03-01-04 (2005) Supervising physician’s responsibility*

The licensed practical nurse is responsible and accountable for the care provided and assuring the safety and well-being of the clients . . . *N.D. Admin. Code 54-05-01-03 (2005) Licensed practical nurse responsibilities as a member of the health care team*

The registered nurse is responsible and accountable for the care provided and for assuring the safety and well-being of the client. . . *N.D. Admin. Code 54-05-02-03 (2005) Registered nurse responsibilities as a member of the nursing profession*

The advanced practice registered nurse has evolved into the roles of clinical nurse specialist, nurse anesthetist, nurse midwife, and nurse practitioner. . . The advanced practice registered nurse functions in any setting as a member of the interdisciplinary team and provides care to the fullest extent of the scope of practice which includes: . . . 4. Maintain accountability and responsibility for the quality of nursing care provided . . . *N.D. Admin. Code 54-05-03.1-03.1 (2005) Standards of practice for the advanced registered nurse*

A physician who has signed an approved collaborative agreement with a pharmacist shall remain responsible for the care of the patient following initial diagnosis and assessment, and for the supervision of the pharmacist as prescriptive authority is exercised . . . *N.D. Admin. Code 61-04-08-04 (2005) Procedures*

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APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

STATE	ASSESSMENT OF PATIENT STATUS			EXECUTION OF A PRESCRIPTION			ADMINISTRATION OF MEDICATIONS		
	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>
Ohio	1	2		3	4		5	6	7

OHIO

NOTE 1

As used in this chapter: (A) "Registered nurse" . . . Such nursing care includes . . . (3) Assessing health status for the purpose of providing nursing care . . . (D) "Assessing health status" means the collection of data through nursing assessment techniques, which may include interviews, observation, and physical evaluations for the purpose of providing nursing care. (E) "Licensed practical nurse" . . . Such nursing care includes: (1) Observation, patient teaching, and care in a diversity of health care settings . . . ***ORC Ann. 4723.01 (2006) Definitions***

(3) The nurse shall prescribe in a valid prescriber-patient relationship. This includes, but is not limited to: (a) Obtaining a thorough history of the patient; (b) Conducting a physical examination of the patient; (c) Rendering a diagnosis; (d) Prescribing medication, ruling out the existence of any recognized contraindications; (e) Consulting with the collaborating physician when necessary; and . . . ***OAC Ann. 4723-9-09 (Anderson 2005) Standards of prescribing for nurses with a certificate to prescribe***

NOTE 2

(B) Pursuant to a standard utilization plan as approved by the board, a supervising physician may authorize a physician assistant to perform the following functions: . . . (a) Obtaining comprehensive patient histories . . . (e) Assessing patients . . . (k) Screening patients to aid the supervising physician in determining the need for further medical attention . . . ***OAC Ann. 4731-4-01 (Anderson 2005) Standard functions.***

NOTE 3

(A) A nurse who holds a current valid certificate to prescribe may prescribe a drug or therapeutic device provided the prescription is in accordance with: (1) The nurse's standard care arrangement; (2) The scope of practice in the nurse's specialty area; (3) The requirements of the formulary . . . and (4) The requirements of this chapter of the Administrative Code. (B) The nurse's prescriptive authority shall not exceed the prescriptive authority of the collaborating physician. . . (2) The nurse's prescriptive authority shall be in accordance with standards of practice imposed by state or federal law, including but not limited to, Chapters 4731-11 and 4731-21 of the Administrative Code. (3) The nurse shall prescribe in a valid prescriber-patient relationship. This includes, but is not limited to: . . . (d) Prescribing medication, ruling out the existence of any recognized contraindications; (e) Consulting with the collaborating physician when necessary . . . ***OAC Ann. 4723-9-09 (Anderson 2005) Standards of prescribing for nurses with a certificate to prescribe***

NOTE 4

A physician assistant shall not perform services or acts including, but not limited to, the following: . . . (B) Prescribe any treatment or regimen not previously set forth by the supervising physician; (C) Prescribe medication; sign or stamp prescriptions on behalf of the supervising physician; have prescription blanks available that have been presigned or stamped by the physician; or dispense or order medication, although the supervising physician's order for medication may be carried out or relayed by the physician assistant in accordance with existing drug laws . . . ***OAC Ann. 4731-4-04 (Anderson 2005) Physician assistant prohibitions***

NOTE 5

(A) "Registered nurse" . . . (B) . . . Such nursing care includes . . . (5) Administering medications, treatments, and executing regimens authorized by an individual who is authorized to practice in this state and is acting within the course of the individual's professional practice . . . (F) "The practice of nursing as a licensed practical nurse" . . . Such nursing care includes . . . (3) Administration of medications and treatments authorized by an individual who is authorized to practice in this state and is acting within the course of the individual's professional practice . . . Medications may be administered by a licensed practical nurse upon proof of completion of a course in medication administration approved by the board of nursing. (4) Administration to an adult of intravenous therapy authorized by an individual who is authorized to practice in this state and is acting within the course of the individual's professional practice, on the condition that the licensed practical nurse is authorized . . . to perform intravenous therapy and performs intravenous therapy only in accordance with those sections . . . ***ORC Ann. 4723.01 (2006) Definitions***

continued

APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

NOTE 6

(B) Pursuant to a standard utilization plan as approved by the board, a supervising physician may authorize a physician assistant to perform the following functions: . . . (o) Administering medication and intravenous fluids upon order of the supervising physician . . . (s) Carrying out or relaying the supervising physician's orders for medication, to the extent permitted under laws pertaining to drugs . . . *OAC Ann. 4731-4-01 (Anderson 2005) Standard functions*

NOTE 7

(B) "Practice of pharmacy" means providing pharmacist care requiring specialized knowledge, judgment, and skill derived from the principles of biological, chemical, behavioral, social, pharmaceutical, and clinical sciences. As used in this division, "pharmacist care" includes the following . . . (9) Administering the adult immunizations . . . *ORC Ann. 4729.01 (2006) Definitions*

(A) A pharmacist licensed under this chapter who meets the requirements of division (B) of this section may administer adult immunizations for any of the following: (1) Influenza; (2) Pneumonia; (3) Tetanus; (4) Hepatitis A; (5) Hepatitis (B) To be authorized to administer the adult immunizations specified in division (A) of this section, a pharmacist shall do all of the following: (1) Successfully complete a course in the administration of adult immunizations that has been approved by the state board of pharmacy as meeting the standards established for such courses by the centers for disease control and prevention in the public health service of the United States department of health and human services; (2) Receive and maintain certification to perform basic life-support procedures by successfully completing a basic life-support training course certified by the American red cross or American heart association; (3) Practice in accordance with a definitive set of treatment guidelines specified in a protocol established by a physician and approved by the state board of pharmacy. The protocol shall include provisions requiring that the pharmacist do both of the following: (a) Observe an individual who has been immunized by the pharmacist to determine whether the individual has an adverse reaction to the immunization. The length of time and location of the observation shall be specified in rules adopted by the state board of pharmacy under division (D) of this section. (b) Not later than thirty days after administering an adult immunization to an individual, notify the individual's family physician or, if the individual has no family physician, the board of health of the health district in which the individual resides. (C) No pharmacist shall do either of the following: (1) Engage in the administration of adult immunizations by injection unless the requirements of division (B) of this section have been met; (2) Delegate to any person the pharmacist's authority to administer adult immunizations. (D) The state board of pharmacy shall adopt rules to implement this section, including rules for approval of courses in administration of adult immunizations and approval of protocols to be followed by pharmacists in administering adult immunizations. Prior to adopting the rules regarding approval of protocols, the state board of pharmacy shall consult with the state medical board and the board of nursing. . . *ORC Ann. 4729.41 (2006) Administration of certain adult immunizations by pharmacists*

(K) "Standing order" will mean the same as the term "protocol". (L) "Protocol" is defined as: (1) A definitive set of written treatment guidelines that include definitive orders for drugs and their specified dosages which have been authorized by a prescriber and have been approved by the state board of pharmacy pursuant. / . . . A protocol may be used only by licensed health care professionals when providing limited medical services to individuals in an emergency situation when the services of a prescriber are not immediately available; or (2) A definitive set of written treatment guidelines that include definitive orders for drugs and their specified dosages which have been authorized by a prescriber and have been approved by the state board of pharmacy pursuant to *section 4729.54 of the Revised Code*. A protocol may be used only by licensed health care professionals when administering biologicals or vaccines to individuals for the purpose of preventing diseases; or (3) A definitive set of written treatment guidelines that include patient specific and dose specific orders for the administration of a specific drug that have been authorized by a prescriber to be used when the services of that prescriber are not immediately available. The state board of pharmacy must approve the treatment guidelines prior to implementation. A list of the board approved drugs used in the treatment guidelines shall be displayed on the pharmacy board web site (www.pharmacy.ohio.gov). To be considered for approval by the board, the treatment guidelines must meet the following requirements: (a) The drugs shall only be administered by an individual authorized by law to administer the drugs that are listed in the treatment guidelines. (b) A prescriber must complete an assessment and make a diagnosis prior to ordering a set of treatment guidelines. (c) The treatment guidelines: (i) Can only be initiated upon the order of a prescriber, and the prescriber, utilizing positive identification, must create an order in the patient record to acknowledge and document an adjustment made pursuant to the treatment guidelines before another dose or frequency adjustment can be made; (ii) Shall only apply to adjusting the dose or frequency of the administration of a specific drug that has been previously ordered by a prescriber; (iii) Apply only to those drugs that may require calculations for specific dose and frequency adjustments which shall be based on objective measures; . . . (vi) Can be performed without requiring the exercise of medical judgment; (vii) Will lead to results that are reasonably predictable and safe; (viii) Can be performed safely without repeated medical assessments; (ix) If performed improperly, would not present a danger of immediate and serious harm to the patient. A protocol may be used only by individuals authorized by law to administer the drugs and to perform the procedures included in the protocol. Protocols submitted for approval by the

continued

APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

state board of pharmacy may be reviewed with the appropriate health care related board prior to any approval by the state board of pharmacy. (M) "Prescriber" means any person authorized . . . to prescribe dangerous drugs as part of their professional practice. . . **OAC Ann. 4729-5-01 (Anderson 2005) Definitions**

(A) A course in the administration of adult immunizations developed pursuant to division (B)(1) of *section 4729.41 of the Revised Code* shall meet at least the following requirements: (1) The instructor shall be a licensed health care professional and have the appropriate education and experience to teach a course in the administration of adult immunizations. (2) The content must meet the standards established for such courses by the centers for disease control and prevention in the public health service of the United States department of health and human services. (3) The course must be a minimum of five hours in length and include at least the following: (a) A review of immunology that includes a discussion of the body's immune system reaction to the immunizations. (b) A review of each immunization listed in division (A) of *section 4729.41 of the Revised Code* that includes the following: (i) Disease states associated with the immunization; (ii) Type or nature of activity of the immunization; (iii) Appropriate administration schedules; (iv) Appropriate routes of administration; (v) Appropriate injection sites; (vi) Appropriate dosages; (vii) Appropriate monitoring of the patient for adverse reactions; (viii) Appropriate patient populations; (ix) Precautions and contraindications; (x) Proper storage requirements for the immunization. (c) A review of sterile technique in injectable dosage preparation and administration. (d) A minimum of one hour of instruction and physical participation in administration techniques. (e) A review of the proper disposal procedures for contaminated needles and immunizations. (f) A review of the proper procedures for accidental needle sticks. (4) The course must provide a method to evaluate the successful mastery of the content. (B) All courses in adult immunizations must be submitted to the state board of pharmacy for approval. The courses may be reviewed with the state medical board and the board of nursing, as appropriate. Any subsequent revisions to the course, after the initial approval, must be submitted to the state board of pharmacy for approval. **OAC Ann. 4729-5-36 (Anderson 2005) Course requirements in the administration of adult immunizations**

(A) To be considered an approved protocol pursuant to division (B)(3) of *section 4729.41 of the Revised Code*, the physician-established protocol for the administration of adult immunizations must include at least the following: (1) For each immunization listed in division (A) of *section 4729.41 of the Revised Code*: (a) Name and strength; (b) Precautions and contraindications; (c) Intended audience or patient population; (d) Appropriate dosage; (e) Appropriate administration schedules; (f) Appropriate routes of administration; (g) Appropriate injection sites. (2) The length of time the pharmacist must observe an individual for adverse effects, which shall be based on appropriate standards of care established by the physician. The location of the observation shall be in the general vicinity of the administering pharmacist to allow for on-going evaluation. (3) A method to address emergency situations including, but not limited to, adverse reactions, anaphylactic reactions, and accidental needle sticks. (4) A method to notify an individual's physician or the applicable board of health within thirty days after administering an immunization. (B) All physician-established protocols must be signed and dated by the physician prior to implementation and maintained by the administering pharmacist. The pharmacist must renew the protocol annually with the physician.

(C) Upon the request of the state board of pharmacy, a pharmacist shall immediately provide the protocols for adult immunizations pursuant to division (B)(3) of *section 4729.41 of the Revised Code*. The state board of pharmacy, after review, may approve the protocol or return it to the pharmacist for revision without approval. If a protocol has been returned for revision without approval, it may not be implemented until the board has approved it. The state board of pharmacy may review the protocols with the state medical board and the board of nursing, as appropriate. **OAC Ann. 4729-5-37 (Anderson 2005) Protocols for the administration of adult immunizations**

Liability

As used in this chapter: (A) "Physician assistant" means a skilled person qualified by academic and clinical training to provide services to patients as a physician assistant under the supervision and direction of one or more physicians who are responsible for the physician assistant's performance. . . **ORC Ann. 4730.01 (2006) Definitions**

A physician assistant's supervising physician assumes legal liability for the services provided by the physician assistant. The physician is not liable for any services provided by the assistant after their supervision agreement is terminated. . . An individual who follows the orders of a physician assistant practicing in a health care facility is not liable in damages in a civil action for injury, death, or loss to person or property resulting from the individual's act or omissions in the performance of any procedure, treatment, or other health care service if the individual reasonably believed that the physician assistant was acting within the proper scope of practice or was relaying medical orders from a supervising physician, unless the act or omission constitutes willful or wanton misconduct. **ORC Ann. 4730.22 (2006) Liability of a physician; duties of health care facility**

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APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

STATE	ASSESSMENT OF PATIENT STATUS			EXECUTION OF A PRESCRIPTION			ADMINISTRATION OF MEDICATIONS		
	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>
Oklahoma	1	2		3	4			5	6

OKLAHOMA

NOTE 1

3. "Registered nursing" means the practice of the full scope of nursing which includes, but is not limited to: a. assessing the health status of individuals, families and groups, b. analyzing assessment data to determine nursing care needs . . . 1. collaborating with other health professionals in the management of health care. . . 4. "Licensed professional nursing" means the practice of nursing under the supervision or direction of a registered nurse, licensed physician or dentist. This directed scope of nursing practice includes, but is not limited to: a. contributing to the assessment of the health status of individuals and groups . . . **59 Okl. St. § 567.3a (2005) Definitions**

NOTE 2

As used in the Physician Assistant Act: . . . 3. "Health care services" means services which require training in the diagnosis, treatment and prevention of disease, including the use and administration of drugs, and which are performed by physician assistants under the supervision and at the direction of physicians. Such services include, but are not limited to: a. initially approaching a patient of any age group in a patient care setting to elicit a detailed history, performing a physical examination, delineating problems and recording the data . . . **59 Okl. St. § 519.2 (2005) Definitions**

(a) Health care services allowed. A physician assistant may perform the following health care services under the supervision and at the direction of the supervising physician. Such services include, but are not limited to: (1) Initially approach a patient of any age group in a patient care setting to elicit a detailed history . . . **O.A.C. § 435:15-5-1.1 (2005) Health care services performed and prohibited**

NOTE 3

An advanced registered nurse practitioner . . . shall be eligible . . . to prescribe, as defined by the rules promulgated by the Board pursuant to this section and subject to the medical direction of a supervising physician. . . c. A clinical nurse specialist in accordance with the scope of practice of such clinical nurse specialist shall be eligible . . . to prescribe, as defined by the rules promulgated by the Board . . . and subject to the medical direction of a supervising physician. . . 8. . . A certified nurse-midwife in accordance with the scope of practice of such certified nurse-midwife shall be eligible . . . to prescribe, as defined by the rules promulgated by the Board . . . and subject to the medical direction of a supervising physician . . . **59 Okl. St. § 567.3a Definitions**

(2) The ARNP is responsible and accountable for the continuous and comprehensive management of a broad range of health services which include, but are not limited to: . . . (C) diagnosis and prescription of medications, treatments, and devices . . . (F) consultation and/or collaboration with other health care providers and community resources . . . **O.A.C. § 485:10-15-6 (2005) Practice as an Advanced Registered Nurse Practitioner**

Prescribing authority shall be allowed, under the medical direction of a supervising physician, for an advanced practice nurse . . . in one of the following categories: advanced registered nurse practitioners, clinical nurse specialists, or certified nurse-midwives. The advanced practice nurse may write or sign, or transmit by word of mouth, telephone or other means of communication an order for drugs or medical supplies that is intended to be filled, compounded, or dispensed by a pharmacist. The supervising physicians and the advanced practice nurse shall be identified at the time of origination of the prescription and the name of the advanced practice nurse shall be printed on the prescription label. **59 Okl. St. § 353.1a (2005) Advanced practice nurses - - Prescribing authority**

NOTE 4

As used in the Physician Assistant Act: . . . 3. "Health care services" means services which require training in the diagnosis, treatment and prevention of disease, including the use and administration of drugs, and which are performed by physician assistants under the supervision and at the direction of physicians. Such services include, but are not limited to: . . . d. ordering . . . routine procedures such as injections, immunizations . . . **59 Okl. St. § 519.2 (2005) Definitions**

(a) Health care services allowed. A physician assistant may perform the following health care services under the supervision and at the direction of the supervising physician. Such services include, but are not limited to: (4) Order . . . or perform routine procedures such as injections, immunizations . . . **O.A.C. § 435:15-5-1.1 (2005) Health care services performed and prohibited**

continued

APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

NOTE 5

As used in the Physician Assistant Act: . . . 3. "Health care services" means services which require training in the diagnosis, treatment and prevention of disease, including the use and administration of drugs, and which are performed by physician assistants under the supervision and at the direction of physicians. Such services include, but are not limited to: . . .d. . . . performing routine procedures such as injections, immunizations . . . *59 Okl. St. § 519.2 (2005) Definitions*

a) Health care services allowed. A physician assistant may perform the following health care services under the supervision and at the direction of the supervising physician. Such services include, but are not limited to: . . . (4) . . . perform routine procedures such as injections, immunizations . . . *O.A.C. § 435:15-5-1.1 (2005) Health care services performed and prohibited*

NOTE 6

B. The Board of Pharmacy shall develop and prepare permanent rules relating to training requirements and administration of immunizations and therapeutic injections in consultation within the State Board of Medical Licensure and Supervision and the State Board of Osteopathic Examiners. C. A pharmacist who has completed a requisite course of training as approved by the Board of Pharmacy in consultation with the State Board of Medical Licensure and Supervision and the State Board of Osteopathic Examiners, may administer immunizations and therapeutic injections only upon patient specific orders from an osteopathic physician or allopathic physician. D. In the case of both immunization and therapeutic injection to be administered by a pharmacist, the required patient specific prescriptions shall be written in accordance with rules promulgated by the licensing board of the licensed practitioner issuing the prescription. *59 Okl. St. § 353.30 (2005) Use of agreements - - Training requirements and administration of immunizations and therapeutic injections*

(a) A pharmacist may administer drugs that have been dispensed on orders from a prescribing practitioner. . . *O.A.C. § 535:10-9-13 (2005) Administer*

(a) A D.Ph. must have completed an approved training course and received registration for immunization with the Board prior to administering immunizations. (b) A D.Ph. shall administer immunizations only on the patient specific prescription order of a prescribing practitioner. (c) The Board will maintain a register of those pharmacists who have been approved for immunizations. *O.A.C. § 535:10-11-3 (2005) D.Ph. administering of immunization requirements*

(a) The following is a list of approved pharmacist training programs for administration of immunizations: (1) Programs that included training in immunizations offered by the two state colleges of pharmacy: (A) Southwestern Oklahoma State University (SWOSU) School of Pharmacy (B) University of Oklahoma (OU) College of Pharmacy (2) Immunization programs approved by the American Council on Pharmaceutical Education (ACPE), (3) Immunization programs offered by the American Pharmaceutical Association (APHA), (4) Immunization programs offered by the National Community Pharmacy Association (NCPA), (5) Immunization programs offered by the American Society on Health System Pharmacists (ASHP), (b) Each D.Ph must have successfully completed one of these training courses in immunization prior to registering with the Board or administering immunizations prescribed by an Oklahoma licensed prescribing practitioner. *O.A.C. § 535:10-11-5 (2005) D.Ph. training requirements for administration of immunizations*

Liability

The advanced registered nurse practitioner accepts responsibility, accountability, and obligation to practice in accordance with the usual and customary advanced practice nursing standards and functions as defined by the scope of practice/role definition statements for the advanced registered nurse practitioner . . . d. The clinical nurse specialist accepts responsibility, accountability, and obligation to practice in accordance with usual and customary advanced practice nursing standards and functions as defined by the scope of practice/role definition statements for the clinical nurse specialist . . . 8 . . . The certified nurse-midwife accepts responsibility, accountability, and obligation to practice in accordance with usual and customary advanced practice nursing standards and functions as defined by the scope of practice/role definition statements for the certified nurse-midwife . . . 12. "Supervision of an advanced practice nurse with prescriptive authority" means overseeing and accepting responsibility for the ordering and transmission by an advanced registered nurse practitioner, a clinical nurse specialist, or a certified nurse-midwife of written, telephonic, electronic or oral prescriptions for drugs and other medical supplies, subject to a defined formulary . . . *59 Okl. St. § 567.3a Definitions*

(a) Health care services allowed. A physician assistant may perform the following health care services under the supervision and at the direction of the supervising physician. Such services include, but are not limited to: (4) Order . . . or perform routine procedures such as injections, immunizations . . . *O.A.C. § 435:15-5-1.1 (2005) Health care services performed and prohibited*

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APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

STATE	ASSESSMENT OF PATIENT STATUS			EXECUTION OF A PRESCRIPTION			ADMINISTRATION OF MEDICATIONS		
	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>
Oregon	1			2	3		4	3	5

OREGON

NOTE 1

(8) “Practice of nursing” means diagnosing and treating human responses to actual or potential health problems through such services as identification thereof . . . and providing care supportive to . . . life and well-being . . . Practice of nursing includes executing medical orders as prescribed by a physician. **ORS § 678.010. Definitions for ORS 678.010 to 678.410.**

NOTE 2

(4) A registered nurse, certified as a nurse practitioner, is authorized to prescribe drugs for the use of and administration to other persons if approval has been given under ORS 678.390. The drugs which the nurse practitioner is authorized to prescribe shall be included within the certified nurse practitioner’s scope of practice as defined by rules of the board. **ORS § 678.375 (2003) Nurse practitioners; certificates; prohibitions; authority to sign Death certificates; drug prescriptions.**

(1) The Oregon State Board of Nursing may grant to a certified nurse practitioner the privilege of writing prescriptions described in the formulary under [other section of state law]. **ORS § 678.390 (2003) Authority of nurse practitioner to write prescriptions or dispense drugs; notice; requirements; revocation; rules.**

NOTE 3

(5) A supervising physician . . . may delegate to the physician assistant the authority to administer and dispense limited emergency medications and to prescribe medications pursuant to this section and [the state law]. **ORS § 677.515 (2003) Medical services rendered by physician assistant.**

NOTE 4

(1) In a hospital or long term care facility having a pharmacy and employing a pharmacist, the pharmacy and pharmacist are subject to the requirements of this chapter, except that in a hospital when a pharmacist is not in attendance, pursuant to standing orders of the pharmacist, a registered nurse supervisor on the written order of a person authorized to prescribe a drug may withdraw such drug in such volume or amount as needed for administration to or treatment of an inpatient or outpatient until regular pharmacy services are available in accordance with the rules adopted by the board. However, the State Board of Pharmacy may grant an exception to the requirement for a written order by issuing a special permit authorizing the registered nurse supervisor in a hospital to dispense medication on the oral order of a person authorized to prescribe a drug . . . (6) A registered nurse who is an employee of a local health department established under the authority of a county or district board of health and registered by the board . . . may, pursuant to the order of a person authorized to prescribe a drug or device, dispense a drug or device to a client of the health department for purposes of . . . prevention or treatment of a communicable disease. **ORS § 689.605 (2003) Authority to dispense drugs from hospital pharmacies, drug rooms and penal institutions; rules.**

Attorney General Opinion: Under Section 678.015, registered nurses may administer immunizations when they have been prescribed by a person authorized to practice medicine or other specified health arts. The physician is not required to be physically present on the premises when the ordered services are performed by a licensed nurse. **No. 6682. 34 Op. Atty Gen. Ore. 900 (1969). NOTE: Section 678.015 has been repealed.**

NOTE 5

The practice of pharmacy means . . . the administering of vaccines and immunizations pursuant to ORS 689.645 . . . the responsibility for advising, where necessary or where regulated, of therapeutic values, content, hazards and use of drugs and devices. **ORS § 689.015 (2003) Practice of pharmacy defined.**

(1) [A] pharmacist may administer vaccines and immunization only to persons who are more than 18 years of age. **ORS § 689.645 (2003) Authority to administer vaccines and immunizations; Immunization Advisory Committee; rules.**

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APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

STATE	ASSESSMENT OF PATIENT STATUS			EXECUTION OF A PRESCRIPTION			ADMINISTRATION OF MEDICATIONS		
	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>
Pennsylvania	1	2		3	4		5	6	7

PENNSYLVANIA

NOTE 1,3

Certified Registered Nurse Practitioner (C.R.N.P.) -- A registered nurse . . . who is certified . . . in a particular clinical specialty area and who, while functioning in the expanded role as a professional nurse, performs acts of medical diagnosis or prescription of medical therapeutic or corrective measures in collaboration with and under the direction of a physician licensed to practice medicine in this Commonwealth. (63 P. S. § 212). **49 Pa. Code § 18.21 (2005) Definitions**

NOTE 2

Physician assistants may be permitted to perform the following functions. This list is not intended to be all-inclusive. (1) Screen patients to determine need for medical attention. (2) Review patient records to determine health status. (3) Take a patient history. (4) Perform a physical examination. . . . (14) Provide counseling and instruction regarding common patient problems. **49 Pa. Code § 18.151 (2005) Role of physician assistant**

NOTE 3

(a) Immunization and skin testing is a proper function of a registered nurse and is a function regulated by this section, and the function may not be performed unless all of the following conditions are met: (1) A written order has been issued by a licensed physician. The order may be a standing order applicable to individuals or groups. (2) The policies and procedures under which the registered nurse may administer immunizing agents and do skin testing have been established by a committee representing the nurses, the physicians and the administration of the agency or institution. These written policies and procedures shall be available to the nurse. The committee shall also perform the following functions: (i) Identify the immunizing and skin testing agents which the nurse may administer. (ii) Determine contraindications for the administration of specific immunizing and skin testing agents. (iii) Outline medical principles governing the treatment of possible anaphylactic reactions. (iv) Establish instruction and supervised practice required to insure competency in administering immunizing and skin testing agents. (b) Following skin testing, the size of the induration or its absence may be observed and recorded by the properly instructed registered nurse. **49 Pa. Code § 21.16 (2005) Immunizations**

The midwife is authorized and required to do the following (3) Prescribe medical, therapeutic and diagnostic measures for essentially normal women and their normal neonates in accordance with the midwife protocol or a collaborative agreement, or both. **49 Pa. Code § 18.6 (2005) Practice of midwifery**

A CRNP may prescribe and dispense drugs **49 Pa. Code § 18.53 (2005) Prescribing and dispensing drugs**

A CRNP may prescribe and dispense drugs **49 Pa. Code § 21.283 (2005) Prescribing and dispensing drugs**

(b) A CRNP may prescribe and dispense a drug relevant to the area of practice of the CRNP from the following categories if that authorization is documented in the collaborative agreement (unless the drug is limited or excluded under this or another subsection): . . . (17) Serums, toxoids and vaccines. . . **49 Pa. Code § 18.54 (2005) Prescribing and dispensing parameters**

(b) A CRNP may prescribe and dispense a drug relevant to the area of practice of the CRNP from the following categories if that authorization is documented in the collaborative agreement (unless the drug is limited or excluded under this or another subsection) . . . (17) Serums, toxoids and vaccines. . . **49 Pa. Code § 21.284 (2005) Prescribing and dispensing parameters**

(a) A certified registered nurse practitioner may prescribe medical therapeutic or corrective measures if the nurse . . . (2) is acting in collaboration with a physician as set forth in a written agreement. **63 P.S. § 218.3 (2005) Prescriptive authority for certified registered nurse practitioners.**

continued

APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

NOTE 5

(b) The LPN administers medication and carries out the therapeutic treatment ordered for the patient in accordance with the following: (1) The LPN may accept a written order for medication and therapeutic treatment from a practitioner authorized by law and by facility policy to issue orders for medical and therapeutic measures. (2) The LPN may accept an oral order if the following conditions are met . . . (e) The LPN may administer immunizing agents and do skin testing only if the following conditions are met: (1) The LPN has . . . satisfactorily completed a . . . program . . . intended to provide training necessary for administering immunizing agents and for performing skin testings. (2) A written order has been issued by a licensed physician pertaining to an individual patient or group of patients. (3) Written policies and procedures under which the LPN may administer immunizing agents and do skin testing have been established by a committee representing the nurses, the physicians and the administration of the agency or institution employing or having jurisdiction over the LPN. A current copy of the policies and procedures shall be provided to the LPN at least once every 12 months. The policies and procedures shall provide for: (i) Identification of the immunizing and skin testing agents which the LPN may administer. (ii) Determination of contraindications for the administration of specific immunizing and skin testing agents. (iii) The listing, identification, description and explanation of principles, including technical and clinical indications, necessary for the identification and treatment of possible adverse reactions. (iv) Instruction and supervised practice required to insure competency in administering immunizing and skin testing agents. . . **49 Pa. Code § 21.145 (2005) Functions of the LPN**

The midwife is authorized and required to do the following . . . (4) Administer specified drugs as provided in collaborative agreements or as directed by a collaborating physician for a specific patient and, if specifically authorized to do so in a collaborative agreement, relay to other health care providers medical regimens prescribed by the collaborating physician, including drug regimens. . . **49 Pa. Code § 18.6 (2005) Practice of midwifery**

NOTES 6

Physician assistants may be permitted to perform the following functions. This list is not intended to be all-inclusive. . . (viii) Administration of medications. **49 Pa. Code § 18.151 (2005) Role of physician assistant**

NOTES 6

(a) A physician assistant may not: (1) Provide medical services except as described in the written agreement. (2) Prescribe or dispense drugs except as described in the written agreement. . . (9) Perform a medical service without the supervision of a physician assistant supervisor. **49 Pa. Code § 18.152 (2005) Prohibitions**

(a) (1) Categories from which a physician assistant may prescribe and dispense without limitation are as follows . . . (xii) Serums, toxoids and vaccines . . . (b) If the physician assistant supervisor intends to authorize a physician assistant to prescribe or dispense drugs, the supervisor shall: . . (4) Assume full responsibility for every prescription issued and drug dispensed by a physician assistant under his supervision. . . **49 Pa. Code § 18.158 (2005) Prescribing and dispensing drugs**

(f) DRUGS.-- A physician assistant shall not independently prescribe or dispense drugs. **63 P.S. § 422.13 (2005) Physician assistants**

NOTE 7

(a) Within eighteen months from the effective date of this section, the board shall by regulation establish education and training standards and practice guidelines pursuant to which pharmacists shall be authorized to administer injectable medications, biologicals and immunizations to persons who are more than eighteen years of age. Such standards and guidelines shall include, but not be limited to, the following: (1) Satisfactory completion of an academic and practical curriculum approved by the board that includes the current guidelines and recommendations of the Centers for Disease Control and Prevention in the Public Health Service of the United States Department of Health and Human Services, the American Council on Pharmaceutical Education or a similar health authority or professional body and includes, but is not limited to, disease epidemiology, vaccine characteristics, injection technique, emergency response to adverse events and related topics. . .

(3) That the administration of injectable medications, biologicals and immunizations be in accordance with a definitive set of treatment guidelines established by a physician and approved by the board. (4) That a minimum of two hours of the thirty-hour requirement for continuing education for license renewal be dedicated to this area of practice. (b) A pharmacist's authority to administer injectable medications, biologicals and immunizations shall not be delegated to any other person. **63 P.S. § 390-9.2 (2005) Authority to administer injectable medications, biologicals and immunizations**

continued

APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATON OF MEDICATIONS BY NON-PHYSICIANS

Liability

The Certified Registered Nurse Practitioner shall be responsible for his own professional judgments and shall be accountable to the individual consumer. He shall also be accountable to the physician and the employing agency in the area of medical diagnosis and therapeutics. **49 Pa. Code § 18.71 (2005) Accountability of C.R.N.P**

(7) Accept full professional and legal responsibility for the performance of the physician assistant and the care and treatment of his patients. **49 Pa. Code § 18.144 (2005) Responsibility of primary physician assistant supervisor**

"HEALTH CARE PRACTITIONER." An individual, other than a physician assistant, who is authorized to practice some component of the healing arts by a license, permit, certificate or registration issued by a Commonwealth licensing agency or board. **63 P.S. § 422.2 (2005) Definitions**

(a) GENERAL RULE.-- A medical doctor may delegate to a health care practitioner or technician the performance of a medical service if: (1) The delegation is consistent with the standards of acceptable medical practice embraced by the medical doctor community in this Commonwealth. (2) The delegation is not prohibited by regulations promulgated by the board. (3) The delegation is not prohibited by statutes or regulations relating to other licensed health care practitioners. **63 P.S. § 422.17 (2005) Delegation of duties to health care practitioner or technician**

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APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

STATE	ASSESSMENT OF PATIENT STATUS			EXECUTION OF A PRESCRIPTION			ADMINISTRATION OF MEDICATIONS		
	Nurse	Physician Assistant	Pharmacist	Nurse	Physician Assistant	Pharmacist	Nurse	Physician Assistant	Pharmacist
Rhode Island	1			2	3				

RHODE ISLAND

NOTE 1

(3) "Certified registered nurse practitioner" is an advanced practice nurse utilizing independent knowledge of physical assessment and management of health care and illnesses. The practice includes prescriptive privileges. The practice includes collaboration with other licensed health care professionals including, but not limited to, physicians, pharmacists, podiatrists, dentists and nurses.

(10) "Professional nursing" is practiced by registered nurses (R.N.s). The practice of professional nursing is a dynamic process of assessment of an individual's health status, identification of health care needs, determination of health care goals with the individual and/or family participation and the development of a plan of nursing care to achieve these goals. Each R.N. is directly accountable and responsible to the consumer for the nursing care rendered. ***R.I. Gen. Laws § 5-34-3 (2006) Definitions***

NOTE 2

(a) Prescriptive privileges for the certified registered nurse practitioner: . . . (2) Shall include prescription of legend medications and prescription of controlled substances from schedules II, III, IV and V . . . and (3) Must not include controlled substances from Schedule I.
 (b) A certified registered nurse practitioner (R.N.P.) . . . is permitted to prescribe in accordance with annually updated guidelines, written in collaboration with the medical director or physician consultant of their individual establishments. ***R.I. Gen. Laws § 5-34-39 (2006) Process for prescriptive privileges of certified registered nurse practitioner***

NOTE 3

(a) Physician assistants shall practice with physician supervision. Physician assistants may perform those duties and responsibilities consistent with the limitations of this section, including prescribing of drugs and medical devices, which are delegated by their supervising physician(s). Physician assistants may request, receive, sign for and distribute professional samples of drugs and medical devices to patients only within the limitations of this section. Notwithstanding any other provisions of law, a physician assistant may perform health care services when those services are rendered under the supervision of a licensed physician. . ***R.I. Gen. Laws § 5-54-8 (2006) Permitted health care practices by physician assistants***

6.1 Physician assistants practice with physician supervision. Physician assistants may perform those duties and responsibilities . . . including prescribing of drugs and medical devices, that are delegated by their supervising physician(s). . .

6.2 Physician assistants, depending upon their level of professional training and experience, as determined by a supervising physician, may perform health care services consistent with their expertise and that of the supervising physician who is a licensed physician in solo practice, in group practice, or in health care facilities. . .

6.4.3 Physician assistants employed directly by physicians, health maintenance organizations or other health care delivery organizations may prescribe legend medications, including schedules II, III, IV, and V medications under Title 21 Chapter 28 of the Rhode Island Uniform Controlled Substance Act, medical therapies, medical devices and medical diagnostics according to guidelines established by the employing physician, health maintenance organization, or other health care delivery organization.

6.4.4 Prescriptive privileges for physician assistants shall be granted for all legend medications, including controlled substances from schedules II, III, IV, and V, in accordance with the agreement developed by the supervising physician and the physician assistant.

6.4.5 If a physician assistant does prescribe controlled substances from schedules II, III, IV, and V . . . he/she must obtain a state registration for prescribing controlled substances from the Board of Pharmacy, as well as a federal registration. . . .

8.2 The formulary committee shall develop a list of medications which physician assistants may prescribe. This list shall only apply in non-hospital settings. The committee shall submit a completed formulary to the Director and said formulary shall be updated annually by the formulary committee. ***CRIR 14-140-033 (2004) Licensure of Physician Assistants***

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APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

STATE	ASSESSMENT OF PATIENT STATUS			EXECUTION OF A PRESCRIPTION			ADMINISTRATION OF MEDICATIONS		
	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>
South Carolina	1	2		3	4		5	6	

SOUTH CAROLINA

NOTE 1

c. "Delegated Medical Acts" means those additional acts delegated by the physician that include formulating a medical diagnosis . . . under approved written protocols. . . *S.C. Code Regs. 91-1 (2005) Definition of Terms Applying to Registered Nurses and Licensed Practical Nurses.*

(47) . . . The practice of practical nursing includes, but is not limited to: (a) collecting health care data to assist in planning care of persons; (b) administering and delivering medications and treatments as prescribed by an authorized licensed provider; (c) implementing nursing interventions and tasks . . . (48) "Practice of registered nursing" means the performance of health care acts in the nursing process that involve assessment, analysis, intervention, and evaluation. . . The practice of registered nursing includes, but is not limited to: (a) assessing the health status of persons and groups; (b) analyzing the health status of persons and groups; (c) establishing outcomes to meet identified health care needs of persons and groups; (d) prescribing nursing interventions to achieve outcomes; . . . (m) collaborating with other health care professionals in the management of health care. *S.C. Code Ann. § 40-33-20 (2004) Definitions*

NOTE 2

(E)(1) A NP, CNM, or CNS who applies for prescriptive authority: . . . (F)(1) Authorized prescriptions by a nurse practitioner, certified nurse-midwife, or clinical nurse specialist with prescriptive authority: . . . (b) is limited to drugs and devices utilized to treat common well-defined medical problems within the specialty field of the nurse practitioner or clinical nurse specialist, as authorized by the physician and listed in the approved written protocols. . . (c) do not include prescriptions for Schedule II controlled substances; however, Schedules III through V controlled substances may be prescribed if listed in the approved written protocol. *S.C. Code Ann. § 40-33-34 (2004) Performance of delegated medical acts; qualifications; protocols; prescriptive authorization; anesthesia care*

c. "Delegated Medical Acts" means those additional acts delegated by the physician . . . including prescribing drug therapy, under approved written protocols. . . *S.C. Code Regs. 91-1 (2005) Definition of Terms Applying to Registered Nurses and Licensed Practical Nurses.*

h. Standards for Approved Written Protocols . . . k. Standards for Authorized Prescriptions by the Nurse Practitioner with Prescriptive Authority. . . 2. Prescriptions shall be limited to drugs and devices utilized to treat common well-defined medical problems within the specialty field of the nurse practitioner as authorized by the physician and listed in the approved written protocols. . . 3. Controlled substances in Schedules II through IV cannot be prescribed. Controlled substances in Schedule V may be prescribed if listed in the approved written protocols. . . *S.C. Code Regs. 91-6 (2005) Requirements for Official Recognition as a Nurse Practitioner, Clinical Nurse Specialist Functioning in the Extended Role, and Certified Registered Nurse Anesthetist.*

NOTE 3

(10) "Approved written protocols" means specific statements developed collaboratively by a physician or the medical staff and a NP, CNM, or CNS that establishes physician delegation for medical aspects of care, including the prescription of medications. . . (23) "Delegated medical acts" means additional acts delegated by a physician or dentist to the NP, CNM, or CNS and may include formulating a medical diagnosis and initiating, continuing, and modifying therapies, including prescribing drug therapy, under approved written protocols as provided in *Section 40-33-34. . . S.C. Code Ann. § 40-33-20 (2004) Definitions*

NOTE 4

Physician assistants may perform: (1) medical acts, tasks, or functions with written scope of practice guidelines under physician supervision; (2) those duties and responsibilities, including the prescribing . . . of drugs and medical devices, that are lawfully delegated by their supervising physicians. A physician assistant is an agent of his or her supervising physician in the performance of all practice related activities including, but not limited to, the ordering of diagnostic, therapeutic, and other medical services. *S.C. Code Ann. § 40-47-935 (2004) Act and duties physician assistant authorized to perform; agency relationship to supervising physician*

continued

APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

A physician assistant may not: . . . (2) prescribe drugs, medications, or devices not specifically authorized by the supervising physician and documented in the written scope of practice guidelines; (3) prescribe, under any circumstances, controlled substances in Schedules II through IV. *S.C. Code Ann. § 40-47-970 (2004) Limitations on permissible tasks for physician assistant's.*

NOTE 5

(47) . . . The practice of registered nursing includes, but is not limited to: . . . (f) administering and delivering medications and treatments prescribed by an authorized licensed provider. . . *S.C. Code Ann. § 40-33-20 (2004) Definitions*

1.A(7). Subject to the rights of licensed physicians and dentists under their respective medical and dental practice acts, the administration of medications is recognized as the responsibility of a registered nurse or licensed practical nurse as prescribed by the licensed physician or dentist. *S.C. Code Regs. 91-1A (2005 Definitions Applying to the Practice of Professional Nursing which Include Supervision and Delegation of Nursing Practice (40-33-10-f) and Additional Acts Performed by a Licensed Practical Nurse Approved by the Board (40-33-10-g)*

(4) "Administration of medications" means the acts of preparing and giving drugs in accordance with the orders of a licensed, authorized nurse practitioner, certified nurse-midwife, clinical nurse specialist, or a physician, dentist, or other authorized licensed provider *S.C. Code Ann. § 40-33-20 (2004) Definitions*

NOTE 6

Physician assistants may perform: (1) medical acts, tasks, or functions with written scope of practice guidelines under physician supervision; (2) those duties and responsibilities, including the . . . dispensing of drugs and medical devices, that are lawfully delegated by their supervising physicians. A physician assistant is an agent of his or her supervising physician in the performance of all practice related activities . . . *S.C. Code Ann. § 40-47-935 (2004) Act and duties physician assistant authorized to perform; agency relationship to supervising physician*

Liability

(A) The supervising physician is responsible for all aspects of the physician assistant's practice. . . *S.C. Code Ann. § 40-47-955 (2004)*

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APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

STATE	ASSESSMENT OF PATIENT STATUS			EXECUTION OF A PRESCRIPTION			ADMINISTRATION OF MEDICATIONS		
	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>
South Dakota	1			2			3		4

SOUTH DAKOTA

NOTE 1

A nurse practitioner may perform the following overlapping scope of advanced practice nursing and medical functions . . .including: (1) The initial medical diagnosis and the institution of a plan of therapy or referral . . . *S.D. Codified Laws § 36-9A-12 (2006)*

NOTE 2

A nurse practitioner may perform the following overlapping scope of advanced practice nursing and medical functions . . .including . . . (2) The prescription of medications . . . including controlled drugs or substances listed on Schedule II . . .for one period of not more than forty eight hours, for treatment of causative factors and symptoms . . . *S.D. Codified Laws § 36-9A-12 (2006)*

A nurse midwife may perform the following overlapping scope of advance practice nursing and medical functions . . .including: (4) Prescription of appropriate medications . . . including controlled drugs or substances listed on Schedule II . . . for one period of not more than forty-eight hours. . . *S.D. Codified Laws § 36-9A-13 (2006)*

NOTE 3

As used in this chapter, the practice of licensed practical nursing means: . . . (4) . . . the administration of medications and treatments consistent with the practical nurse’s education and preparation under the direction of a physician licensed or exempt from licensing . . . dentist or registered nurse. *S.D. Codified Laws § 36-9-4 (2006)*

NOTE 4

A pharmacist may administer influenza immunizations to eligible patients eighteen years of age and older if the pharmacist has met the qualifications set forth by this chapter and has been granted authorization by the board. The board may issue a certificate authorizing this function to the pharmacists who meets the qualifications . . . The authority to administer influenza immunizations is valid only for the pharmacist meeting this requirement and may not be delegated to any other pharmacist or employee. *ARSD 20:51:28:01 (2005)*
Authority to administer influenza immunizations

An institution desiring to offer a training program for administration of influenza immunizations must submit an application for approval to the board. The board may grant approval to an applicant training program upon proof that the training program meets the following requirements: . . . (2) The training program is offered in an institution accredited by the American Council on Pharmaceutical Education . . . *ARSD 20:51:28:03 (2005) Standards for approval of influenza immunization training programs*

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APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

STATE	ASSESSMENT OF PATIENT STATUS			EXECUTION OF A PRESCRIPTION			ADMINISTRATION OF MEDICATIONS		
	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>
Tennessee	1	2		3	4		5	6	7

TENNESSEE

NOTE 1,3

(1) . . . [I]t shall be . . . a . . . violation . . . for an Advanced Practice Nurse, having proper authority to prescribe, to prescribe or dispense any drug to any individual . . . unless the Advanced Practice Nurse with proper authority to prescribe or the A.P.N.'s licensed supervisee and pursuant to appropriate protocols or orders, has completed and appropriately documented, for the person to whom a prescription is to be issued or drugs dispensed, all of the following: (a) Performed an appropriate history and physical examination; and (b) Made a diagnosis based upon the examinations and all diagnostic and laboratory tests consistent with good health care; and (c) Formulated a therapeutic plan, and discussed it, along with the basis for it and the risks and benefits of various treatments options, a part of which might be the prescription or dispensed drug, with the patient; and (d) Insured availability of the Advanced Practice Nurse with proper authority to prescribe, or coverage for the patient for appropriate follow-up care. . . *Tenn. Comp. R. & Regs. R. 1000-4-.09 (2005) PREREQUISITES TO PRESCRIBING OR DISPENSING MEDICATIONS.*

NOTE 2

(5) "Physician assistant" means an individual who renders services, whether diagnostic or therapeutic, that are acts constituting the practice of medicine or osteopathic medicine and, but for the provisions of § 63-6-204 and § 63-9-113, could only be performed by a licensed physician. *Tenn. Code Ann. § 63-19-102 (2005) Part definitions*

NOTE 3

(2) The nurse practitioner . . . shall be authorized to prescribe and/or issue controlled substances listed in Schedules II, III, IV and V . . . upon joint adoption of physician supervisory rules concerning controlled substances . . . (3) (A) Any prescription written and signed or drug issued by a nurse practitioner under the supervision and control of a supervising physician shall be deemed to be that of the nurse practitioner. . . (B) . . . The prescribing nurse practitioner must sign the handwritten prescription order on the day it is issued, unless the prescription order is: (i) Issued as a standing order in a hospital, a nursing home or an assisted care living facility . . . or (ii) Prescribed by a nurse practitioner in the department of health or local health departments, or dispensed by the department of health or a local health department as stipulated in . . . (C) . . . The prescribing nurse practitioner must sign the typed or computer-generated prescription order on the day it is issued, unless the prescription order is: (i) Issued as a standing order in a hospital, nursing home or an assisted care living facility . . . or (ii) Prescribed by a nurse practitioner in the department of health or local health departments, or dispensed by the department of health or a local health department . . . (D) Nothing in this section shall be construed to prevent a nurse practitioner from issuing a verbal prescription order. (4) The nurse practitioner shall maintain a copy of the protocol the nurse practitioner is using at the nurse practitioner's practice location and shall make the protocol available upon request by the board of nursing, the board of medical examiners or authorized agents of either board. . . *Tenn. Code Ann. § 63-7-123 (2005) Certified nurse practitioners -- Drug prescriptions -- Temporary certificate -- Rules and regulations*

It is the intent of these rules to maximize the collaborative practice of certified nurse practitioners and supervising physicians in a manner consistent with quality health care delivery. . . (2) Supervision does not require the continuous and constant presence of the supervising physician; however, the supervising physician must be available for consultation at all times or shall make arrangements for a substitute physician to be available. . . (5) Protocols are required and: . . . (e) Shall account for all protocol drugs by appropriate formulary; . . . *Tenn. Comp. R. & Regs. R. 0880-6-.02 (2005) CLINICAL SUPERVISION REQUIREMENTS*

NOTE 4

(13) The supervising physician may delegate to a physician assistant working under the physician's supervision the authority to issue prescriptions or medication orders for legend drugs and controlled substances listed in Schedules II, III, IV, and V . . . in accordance with written protocols which are mutually developed and agreed upon by the physician assistant and the supervising physician. *Tenn. Comp. R. & Regs. R. 0880-2-.18 (2005) SUPERVISION OF PHYSICIAN ASSISTANTS*

continued

APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

NOTE 5

(2) "Professional nursing" includes: . . .(D) Administration of medications and treatments as prescribed by a licensed physician, dentist, podiatrist or nurse authorized to prescribe . . . (b) . . . the practice of professional nursing does not include acts of medical diagnosis or the development of a medical plan of care and therapeutics for a patient, except to the extent such acts may be authorized by §§ 63-1-132, 63-7-123 and 63-7-207. *Tenn. Code Ann. § 63-7-103 (2005) "Practice of professional nursing" defined*

NOTE 6

F) No drugs shall be dispensed by a physician assistant except under the supervision, control, and responsibility of the supervising physician; *Tenn. Code Ann. § 63-19-107 (2005) Restrictions on supervising physicians and assistants*

NOTE 7

(1) To the extent that a medical order contains an order for the compounding, dispensing or administration of a prescription drug or device or related material, the medical order shall be treated as a prescription order. Written medical and prescription orders must be signed by the prescriber. Verbal medical and prescription orders must be immediately reduced to writing (by hand or other means), dated, and initialed by the authorized individual accepting the medical and prescription orders. . . *Tenn. Comp. R. & Regs. R. 1140-3-.03 (2005) MEDICAL AND PRESCRIPTION ORDERS; TENNESSEE BOARD OF PHARMACY*

Liability

(a) A physician assistant is authorized to perform selected medical services only under the supervision of a licensed physician. (1) Supervision requires active and continuous overview of the physician assistant's activities to ensure that the physician's directions and advice are in fact implemented, but does not require the continuous and constant physical presence of the supervising physician. The board and the committee shall adopt, by September 19, 1999, regulations governing the supervising physician's personal review of historical, physical and therapeutic data contained in the charts of patients examined by the physician assistant. (2) The range of services that may be provided by a physician assistant shall be set forth in a written protocol, jointly developed by the supervising physician and the physician assistant. The protocol shall also contain a discussion of the problems and conditions likely to be encountered by the physician assistant and the appropriate treatment for these problems and conditions. The physician assistant shall maintain the protocol at the physician assistant's practice location and shall make the protocol available upon request by the board of medical examiners, the committee on physician assistants or the authorized agents of the board or the committee. (3) A physician assistant may perform only those tasks that are within the physician assistant's range of skills and competence, that are within the usual scope of practice of the supervising physician, and that are consistent with the protection of the health and well-being of the patients. . . (b) A physician assistant shall function only under the control and responsibility of a licensed physician. The supervising physician has complete and absolute authority over any action of the physician assistant. There shall, at all times, be a physician who is answerable for the actions of the physician assistant and who has the duty of assuring that there is proper supervision and control of the physician assistant and that the assistant's activities are otherwise appropriate. . . *Tenn. Code Ann. § 63-19-106 (2005) Authorized services -- Supervision*

(1) A physician assistant who holds state license in accordance with T.C.A. § 63-19-105 may provide selected medical/surgical services as outlined in a written protocol according to T.C.A. § 63-19-106, and when such services are within his skills. The services delegated to the physician assistant must form a usual component of the supervising physician's scope of practice. Services rendered by the physician assistant must be provided under the supervision, direction, and ultimate responsibility of a licensed physician accountable to the Board of Medical Examiners or the Board of Osteopathic Examination under the provision of T.C.A. § 63-19-109. *Tenn. Comp. R. & Regs. R. 0880-3-.02 (2005)*

SCOPE OF PRACTICE

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APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

STATE	ASSESSMENT OF PATIENT STATUS			EXECUTION OF A PRESCRIPTION			ADMINISTRATION OF MEDICATIONS		
	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>
Texas	1,8	2,8	8	3,4	2,3,4		5,6,8	6,8	6,7,8

TEXAS

NOTE 1

(2) . . . Professional nursing involves: (A) the observation, assessment, intervention, evaluation . . . of a person who is ill, injured, infirm, or experiencing a change in normal health processes; (B) the maintenance of health or prevention of illness. ***Tex Occ. Code § 301.002 (2004) Definitions***

Attorney General Opinion: Advanced nurse practitioners may assess health status without the supervising physician being physically present.

Opinion No. H-1295, 1978 Tex. AG

NOTE 2

(b) Medical services provided by a physician assistant may include: (1) obtaining patient histories . . . (3) formulating a working diagnosis; (4) developing and implementing a treatment plan . . . (7) offering counseling and education to meet patient needs; . . . (9) signing or completing a prescription as provided by [other sections of the Texas code]. ***Tex Occ. Code § 204.202 (2004) Scope of Practice.***

NOTE 3

(c) The administration or provision of the drugs may be delegated through a physician’s order, as standing medical order, a standing delegation order, or another order defined by the Texas State Board of Medical examiners. . . . (e) A practitioner may designate a licensed vocational nurse or a person having education equivalent to or greater than that required for a licensed vocational nurse to communicate the prescriptions of an advanced practice nurse or physician assistant authorized by the practitioner to sign prescription drug orders under [other sections of Texas Code.] ***Tex Occ. Code § 563.051 (2004) General Delegation of Administration and Provision of Dangerous Drugs***

Attorney General Opinion: A nurse practitioner may not generally provide medications to patients under standing and/or written orders unless the physician has prescribed for the individual patient. ***Opinion No. H-1295, 1978 Tex. AG***

Board of Nurse Examiners: (a) The advanced practice nurse with a valid prescription authorization numbers: (1) shall carry out or sign prescription drug orders for only those drugs that are: (A) authorized by protocols or other written authorization for medical aspects of patient care; and (B) prescribed or patient populations within the accepted scope of professional practice for the advanced practice nurse’s specialty area; and (2) shall comply with the requirements for adequate physician supervision. ***Advanced Practice Nurses with Prescriptive Authority §222.4. Minimum Standards for Carrying Out or Signing Prescriptions.***

NOTE 4

(2) “Carrying out or signing a prescription drug order” means completing a prescription drug order prescribed by the delegating physician, or the signing of a prescription by a registered nurse or physician assistant after that person has been designated to the board by the delegating physician as a person delegated to sign a prescription. ***Tex Occ. Code § 157.051 (2004) Definitions.***

NOTE 5

(2) . . . Professional nursing involves: (C) the administration of a medication or treatment as ordered by a physician. ***Tex Occ. Code § 301.002 (2004) Definitions.***

NOTE 6

(b) A physician may delegate to any qualified and properly trained person acting under the physician’s supervision the act of administering or providing dangerous drugs in the physician’s office, as ordered by the physician, that are used or required to meet the immediate needs of the physician’s patients. The administration or provision of the dangerous drugs must be performed in compliance with laws relating to the practice of medicine and state and federal laws relating to those dangerous drugs. (c) A physician may also delegate to any qualified and properly trained person acting under the physician’s supervision the act of administering or providing

continued

APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

dangerous drugs through a facility licensed by the Texas State Board of Pharmacy, as ordered by the physician, that are used or required to meet the immediate needs of the physician's patients. The administration of those dangerous drugs must be in compliance with laws relating to the practice of medicine, professional nursing, and pharmacy and state and federal drug laws. . . . (d) In the provision of services and the administration of therapy by public health departments, as officially prescribed by the Texas Department of Health for the prevention or treatment of specific communicable diseases of health conditions for which the Texas Department of Health is responsible for control under state law, a physician may delegate to any qualified and properly trained person acting under the physician's supervision the act of administering or providing dangerous drugs, as ordered by the physician, that are used or required to meet the needs of the patients. The provision of those dangerous drugs must be in compliance with laws relating to the practice of medicine, professional nursing, and pharmacy. An order for the prevention or treatment of specific communicable disease or health condition for which the Texas Department of Health is responsible for control under state law may not be inconsistent with this chapter and may not be used to perform an act of duty that requires the exercise of independent medical judgment. (e) The administration of provision of the drugs may be delegated through a physician's order, a standing medical order, a standing delegation order, or another order defined by the board.

Tex Occ. Code § 157.002 (2004) General Delegation of Administration and Provision Of Dangerous Drugs.

NOTE 7

(a) The board shall specify conditions under which a pharmacist may administer medication, including an immunization and vaccination. . . . (6) the pharmacist administers an immunization or vaccination under a physician's written protocol and meets the standards established by the board; and (7) the authority of a pharmacist to administer medication may not be delegated. ***Tex Occ. Code § 554.004 (2004) Administration of Medication.***

NOTE 8

Attorney General Opinion: Vaccines may be administered by a qualified non-physician even though his supervising doctor has not made an individual determination as to each person's need for the vaccine, providing the recipient is free of any condition for which the immunization is contraindicated. No provision is made for prescription for individual patients. The non-physician has not engaged in the practice of medicine, has not diagnosed or treated any disorder, physical deformity, or injury. The immunization is given to a healthy person, to prevent him from getting a disease. A non-physician may determine that a person is free from conditions for which vaccine is contraindicated, if he can obtain that information by questioning the person without having to diagnose any illness himself. A non-physician could administer vaccine in compliance with the Dangerous Drug Act if he did so as the agent or employee of a physician in his practice or in the performance of official duties. ***Opinion No. MW-318, 1981 Tex. AG Delegation of medical acts by means of standing orders***

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APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

STATE	ASSESSMENT OF PATIENT STATUS			EXECUTION OF A PRESCRIPTION			ADMINISTRATION OF MEDICATIONS		
	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>
Utah	1	2		3	4		5	6	

UTAH

NOTE 1

[T]he RN practicing within the generally recognized RN scope of practice practices as follows: . . . (2) In demonstrating the responsibility for nursing practice implementation shall: (a) conduct a comprehensive nursing assessment; . . . ***U.A.C. R156-31b-704 (2005) Generally Recognized Scope of Practice of a RN***

NOTE 2

(4) "Practice as a physician assistant" means: (a) the professional activities and conduct of a physician assistant in diagnosing, treating, advising, or prescribing for any human disease, ailment, injury, infirmity, deformity, pain, or other condition, dependent upon and under the supervision of a supervising physician or substitute supervising physician in accordance with a delegation of services agreement; and (b) the physician assistant acts as the agent of the supervising physician or substitute supervising physician when acting in accordance with a delegation of services agreement. ***Utah Code Ann. § 58-70a-102 (2005) Definitions***

NOTE 3

(1) The lawful scope of practice for an RN employed by a department of health shall include implementation of standing orders and protocols, and completion and providing to a patient of prescriptions which have been prepared and signed by a physician. . . ***U.A.C. R156-31b-702 (2005) Scope of Practice***

(15) . . . Advanced practice registered nursing includes: . . . (c) prescription . . . of prescription drugs or devices . . . ***Utah Code Ann. § 58-31b-102 (2005) Definitions***

(2) A health department may implement the prescription procedure under Subsection (3) for prescription drugs, other than controlled substances, for use in clinics providing: . . . (c) travel immunization. (3) The following prescription procedure shall be carried out in accordance with the requirements of Subsection (4) and may be used only in the clinics listed under Subsection (2): (a) a physician writes and signs a prescription for prescription drugs, other than controlled substances, without the name and address of the patient and without the date the prescription is provided to the patient; and (b) the physician authorizes a registered nurse employed by the health department to complete the prescription written under this Subsection (3) by inserting the patient's name and address, and the date the prescription is provided to the patient, in accordance with the physician's standing written orders and a written health department protocol approved by the physician and the medical director of the state Department of Health. . . . ***Utah Code Ann. § 58-17b-620 (2005) Prescriptions issued within the public health system***

NOTE 4

(2) (a) "Delegation of services agreement" means written criteria jointly developed by a physician assistant's supervising physician and any substitute supervising physicians and the physician assistant, that permits a physician assistant, working under the direction or review of the supervising physician, to assist in the management of common illnesses and injuries. (b) The agreement defines the working relationship and delegation of duties between the supervising physician and the physician assistant as specified by division rule and shall include: (i) the prescribing of controlled substances; . . . ***Utah Code Ann. § 58-70a-102 (2005) Definitions***

(2) A physician assistant, in accordance with a delegation of services agreement, may prescribe . . . an appropriate controlled substance if: (a) the physician assistant holds a Utah controlled substance license and a DEA registration; (b) the prescription or administration of the controlled substance is within the prescriptive practice of the supervising physician and also within the delegated prescribing stated in the delegation of services agreement; and (c) the supervising physician cosigns any medical chart record of a prescription of a Schedule 2 or Schedule 3 controlled substance made by the physician assistant. ***Utah Code Ann. § 58-70a-501 (2005) Working Relationship and Delegation of Duties***

NOTE 5

[T]he RN practicing within the generally recognized RN scope of practice practices as follows: . . . (2) In demonstrating the responsibility for nursing practice implementation shall: . . . (g) implement treatments and therapy, including medication administration, delegated medical and independent nursing functions; ***U.A.C. R156-31b-704 (2005) Generally Recognized Scope of Practice of a RN***

continued

APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATON OF MEDICATIONS BY NON-PHYSICIANS

Advanced practice registered nursing includes: (c) . . . administration of prescription drugs or devices . . . *Utah Code Ann. § 58-31b-102 (2005)Definitions*

NOTE 6

(2) A physician assistant, in accordance with a delegation of services agreement, may . . . administer an appropriate controlled substance if: (a) the physician assistant holds a Utah controlled substance license and a DEA registration; (b) the prescription or administration of the controlled substance is within the prescriptive practice of the supervising physician and also within the delegated prescribing stated in the delegation of services agreement; and (c) the supervising physician cosigns any medical chart record of a prescription of a Schedule 2 or Schedule 3 controlled substance made by the physician assistant. *Utah Code Ann. § 58-70a-501 (2005) Scope of Practice*

Liability

When allowing prescriptions to be written under Subsection (3), the health department shall employ a physician who: (a) assumes specific responsibility for all prescriptions issued in his name under the procedure in Subsection (3) by the health department . . . *Utah Code Ann. § 58-17b-620 (2005)Prescriptions issued within the public health system* (4)

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APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

STATE	ASSESSMENT OF PATIENT STATUS			EXECUTION OF A PRESCRIPTION			ADMINISTRATION OF MEDICATIONS		
	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>
Vermont	1			2	3		4	5	6

VERMONT

NOTE 1

(2) “Registered nursing” . . . includes but is not limited to: (A) Assessing the health status of individuals and groups. (B) Establishing a nursing diagnosis. . . **26 V.S.A. § 1572 (2005) Definitions**

NOTE 2

Section 11. Persons Authorized to Prescribe 11.1 Pharmacists may accept prescription legend drug orders from authorized practitioners within the United State and Canada, including . . . 11.1.3 Nurse practitioner, as authorized by protocol . . . **CVR 04-030-230 (2004) Board of Pharmacy Administrative Rules**

III. Scope of Practice. . . 8. Prescriptions may be written and signed by the APRN for those medications covered in practice guidelines in compliance with other state laws and regulations. . . **CVR 04-030-170 (2004) Administrative Rules for the Board of Nursing**

(2) “Registered nursing” means the practice of nursing which includes but is not limited to: . . . (E) Prescribing nursing interventions to implement the strategy of care. . . **26 V.S.A. § 1572 (2005) Definitions**

(4) “Advanced practice registered nurse” means a licensed registered nurse authorized to practice in this state who, because of specialized education and experience is endorsed to perform acts of medical diagnosis and to prescribe medical, therapeutic or corrective measures under administrative rules adopted by the board. . . **26 V.S.A. § 1572 (2005) Definitions**

NOTE 3

Section 11. Persons Authorized to Prescribe 11.1 Pharmacists may accept prescription legend drug orders from authorized practitioners within the United State and Canada, including . . . 11.1.7 Physician’s assistant, as authorized by protocol . . . **CVR 04-030-230 (2004) Board of Pharmacy Administrative Rules**

II. RULES FOR PHYSICIAN ASSISTANTS PART 5. CERTIFICATION OF PHYSICIAN ASSISTANTS. 5.1 INTRODUCTION
Physician assistants practice medicine with physician supervision. Physician assistants may perform those duties and responsibilities, including the prescribing . . . of drugs and medical devices, that are delegated by their supervising physicians. Physician assistants shall be considered the agents of their supervising physicians in the performance of all practice-related activities, including but not limited to, the ordering of diagnostic, therapeutic and other medical services. . . **CVR 04-030-150 Rules of the Vermont Board of Medical Practice**

5.2 DEFINITIONS As used in these rules: (a) “Authorization to prescribe medications and medical devices” means the authorization for a physician assistant to prescribe . . . drugs and medical devices to the extent delegated by the supervising physician. Prescribing and dispensing of drugs may include DEA Schedules II through V. At no time shall the prescriptive practices of the physician assistant exceed the prescriptive practices of the supervising physician(s) . . . **CVR 04-030-150 Rules of the Vermont Board of Medical Practice**

7.4 AUTHORITY TO PRESCRIBE DRUGS; REQUIREMENTS The certified physician assistant may prescribe only those drugs utilized by the primary supervising physician and permitted by the scope of practice submitted to and approved by the Board. . . **CVR 04-030-150 Rules of the Vermont Board of Medical Practice**

NOTE 4

(2) “Registered nursing” . . . includes but is not limited to: . . . (F) Implementing the strategy of care. . . **26 V.S.A. § 1572 (2005) Definitions**

NOTE 5

5.2 DEFINITIONS As used in these rules: (a) “Authorization to prescribe medications and medical devices” means the authorization for a physician assistant to . . . dispense, and administer drugs and medical devices to the extent delegated by the supervising physician.

continued

APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATON OF MEDICATIONS BY NON-PHYSICIANS

Prescribing and dispensing of drugs may include DEA Schedules II through V. At no time shall the prescriptive practices of the physician assistant exceed the prescriptive practices of the supervising physician(s) . . . *CVR 04-030-150 Rules of the Vermont Board of Medical Practice*

NOTE 6

Section 19. Scope of Practice 19.1 Pharmacy is that profession which is concerned with the art and science of preparing, from natural and synthetic sources, suitable and convenient materials for distribution and use in the treatment and prevention of disease . . . As a health care provider, it also embraces . . . drug administration . . . It includes the management of drug therapy in collaboration with other health care providers responsible for patient care and the . . . selection of drug under protocol , and recommendation or provision of information necessary for drug therapy. . . *CVR 04-030-230 (2004) Board of Pharmacy Administrative Rules*

Liability

II. RULES FOR PHYSICIAN ASSISTANTS PART 5. CERTIFICATIOM OF PHYSICIAN ASSISTANTS. 5.1 INTRODUCTION . . . Physician assistants shall be considered the agents of their supervising physicians in the performance of all practice-related activities, including but not limited to, the ordering of diagnostic, therapeutic and other medical services. . . *CVR 04-030-150 Rules of the Vermont Board of Medical Practice*

(a) The supervising physician delegating activities to a physician's assistant shall be legally liable for such activities of the physician's assistant, and the physician's assistant shall in this relationship be the physician's agent. . . (b) . . . The physician delegating activities to his or employees shall be legally liable for such activities of such persons, and such person shall in this relationship be the physician's agent. . . *26 V.S.A. § 1739 (2005) Legal liability*

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APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

STATE	ASSESSMENT OF PATIENT STATUS			EXECUTION OF A PRESCRIPTION			ADMINISTRATION OF MEDICATIONS		
	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>
Virginia	1	2		3	4		5	6	7

VIRGINIA

NOTE 1

B. Nursing tasks that shall not be delegated to any unlicensed person are: 1. Activities involving nursing assessment, problem identification, and outcome evaluation which require independent nursing judgment. **18 VAC 90-20-460. (2005) *Nursing tasks that shall not be delegated.***

NOTE 2

A. A physician or a podiatrist . . . may . . . supervise assistants and delegate certain acts which constitute the practice of medicine to the extent and in the manner authorized by the Board. . . . Such services shall be limited to those which are . . . diagnostic, therapeutic or preventive in nature, but shall not include the establishment of a final diagnosis or treatment plan for the patient or the prescribing or dispensing of drugs, except as provided in § 54.1-2952.1 . . . ***Va. Code Ann. § 54.1-2952 (2005) Supervision of assistants by licensed physician, or podiatrist; services that may be performed by assistants; responsibility of licensee; employment of assistants***

NOTE 3

A. . . . a licensed nurse practitioner, other than a certified registered nurse anesthetist, shall have the authority to prescribe controlled substances . . . as follows: (i) Schedules V and VI controlled substances on and after July 1, 2000; (ii) Schedules IV through VI on and after January 1, 2002; and (iii) Schedules III through VI controlled substances on and after July 1, 2003.

Nurse practitioners shall have such prescriptive authority upon the provision . . . of such evidence . . . that the nurse practitioner has entered into and is, at the time of writing a prescription, a party to a written agreement with a licensed physician which provides for the direction and supervision by such physician of the prescriptive practices of the nurse practitioner. Such written agreements shall include the controlled substances the nurse practitioner is or is not authorized to prescribe and may restrict such prescriptive authority as deemed appropriate by the physician providing direction and supervision. B. It shall be unlawful for a nurse practitioner to prescribe controlled substances or devices pursuant to this section unless such prescription is authorized by the written agreement between the licensed nurse practitioner and the licensed physician. ***Va. Code Ann. § 54.1-2957.01 (2005) Prescription of certain controlled substances and devices by licensed nurse practitioners***

NOTE 4

A. . . . a licensed physician assistant shall have the authority to prescribe controlled substances . . . as follows: (i) Schedules V and VI controlled substances on and after July 1, 2001, (ii) Schedules IV through VI controlled substances on and after January 1, 2003, and (iii) Schedule III through VI controlled substances on and after July 1, 2004. A licensed physician assistant shall have such prescriptive authority upon the provision to the Board of Medicine of such evidence . . . that the assistant has entered into and is, at the time of writing a prescription, a party to a written agreement with a licensed physician or podiatrist which provides for the direction and supervision by such licensee of the prescriptive practices of the assistant. Such written agreements shall include the controlled substances the physician assistant is or is not authorized to prescribe and may restrict such prescriptive authority as deemed appropriate by the physician or podiatrist providing direction and supervision. B. It shall be unlawful for the assistant to prescribe controlled substances or devices pursuant to this section unless such prescription is authorized by the written agreement between the licensee and the assistant. ***Va. Code Ann. § 54.1-2952.1 (2005) Prescription of certain controlled substances and devices by licensed physician assistant***

C. If the role of the assistant includes prescribing for drugs and devices, the written protocol shall include those schedules and categories of drugs and devices that are within the scope of practice and proficiency of the supervising physician. **18 VAC 85-50-101. (2005) *Requirements for a protocol.***

The supervising physician shall . . . 3. Be responsible for all prescriptions issued by the assistant and attest to the competence of the assistant to prescribe drugs and devices. **18 VAC 85-50-110. (2005) *Responsibilities of the supervisor.***

continued

APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATON OF MEDICATIONS BY NON-PHYSICIANS

A. The physician assistant shall not render independent health care and shall: 1. Perform only those medical care services that are within the scope of the practice and proficiency of the supervising physician as prescribed in the physician assistant's protocol. . . . 2. Prescribe only those drugs and devices as allowed . . . 1. No assistant may render care to a patient unless the physician responsible for that patient has signed the protocol to act as supervising physician for that assistant. . . . **18 VAC 85-50-115. (2005) *Responsibilities of the physician assistant.***

B. The physician assistant may prescribe only those categories of drugs and devices included in the practice agreement as submitted for authorization. The supervising physician retains the authority to restrict certain drugs within these approved categories. **18 VAC 85-50-140. (2005) *Approved drugs and devices.***

A. A physician assistant with prescriptive authority may prescribe only within the scope of the written protocol. **18 VAC 85-50-150. (2005) *Protocol regarding prescriptive authority.***

NOTE 5

A protocol shall be submitted to the board prior to the administration of an adult immunization program which includes the following . . . 7. Immunization procedures . . . 10. Qualification of immunization providers. A. Virginia licensure as a registered nurse, licensed practical nurse. **18 VAC 90-20-410 (2005) *Requirements for Protocol for Administration of Adult Immunization***

"Professional nursing," "registered nursing" or "registered professional nursing" means . . . the prevention of illness or disease . . . the administration of medications and treatments as prescribed by any person authorized by law to prescribe such medications and treatment. Va. Code Ann. § 54.1-3000 (2005) Definitions

NOTE 6

D. This section shall not prohibit a licensed physician assistant from administering controlled substances . . . or from receiving and dispensing manufacturers' professional samples of controlled substances. **Va. Code Ann. § 54.1-2952.1 (2005) *Prescription of certain controlled substances and devices by licensed physician assistant***

NOTE 7

A protocol shall be submitted to the board prior to the administration of an adult immunization program which includes the following . . . 7. Immunization procedures . . . 10. Qualification of immunization providers. A. Virginia licensure as a . . . pharmacist. **18 VAC 90-20-410 (2005) *Requirements for Protocol for Administration of Adult Immunization***

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APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

STATE	ASSESSMENT OF PATIENT STATUS			EXECUTION OF A PRESCRIPTION			ADMINISTRATION OF MEDICATIONS		
	Nurse	Physician Assistant	Pharmacist	Nurse	Physician Assistant	Pharmacist	Nurse	Physician Assistant	Pharmacist
Washington	1			2	3		4		

WASHINGTON

NOTE 1

(1) "Registered nursing practice" means . . . (a) The observation, assessment, diagnosis, care or counsel, and health teaching of individuals with illnesses, injuries, or disabilities, or in the maintenance of health or prevention of illness of others . . . *Rev. Code Wash. (ARCW) § 18.79.040 (2005) "Registered nursing practice" defined -- Exceptions*

Licensed advanced registered nurse practitioners may perform the following functions: * Examine patients and establish medical diagnoses by client history, physical examination and other assessment criteria . . . *WAC § 246-840-300 (2005) Advanced registered nurse practitioner*

(2) The nursing process . . . consists of a series of phases: Assessment . . . (a) *Registered Nurse*: Minimum standards for registered nurses include the following . . . (A) *Assessment and Analysis*: The registered nurse initiates data collection and analysis that includes pertinent objective and subjective data regarding the health status of the clients. . . (b) *Licensed Practical Nurse*: . . . (A) *Assessment*: The licensed practical nurse makes basic observations, gathers data and assists in identification of needs and problems relevant to the clients, collects specific data as directed, and communicates outcomes of the data collection process . . . *WAC § 246-840-700 (2005) Standards of nursing conduct or practice*

NOTE 2

Upon approval by the commission, an advanced registered nurse practitioner may prescribe legend drugs and controlled substances contained in Schedule V of the Uniform Controlled Substances Act . . . and Schedules II through IV . . . *Rev. Code Wash. (ARCW) § 18.79.050 (2005) "Advanced registered nursing practice" defined -- Exceptions*

An advanced registered nurse practitioner under his or her license may perform . . . nursing care, as that term is usually understood, of the ill, injured, or infirm, and in the course thereof, she or he may do the following things . . . (2) Prescribe legend drugs and Schedule V controlled substances, as defined in the Uniform Controlled Substances Act, chapter 69.50 RCW, and Schedules II through IV . . . *Rev. Code Wash. (ARCW) § 18.79.250 (2005) Advanced registered nurse practitioner -- Activities allowed*

Licensed advanced registered nurse practitioners may perform the following functions: . . . * Prescribe medications when granted authority under this chapter . . . *WAC § 246-840-300 (2005) Advanced registered nurse practitioner*

An advanced registered nurse practitioner . . . may prescribe drugs pursuant to applicable state and federal laws . . . *WAC § 246-840-400 (2005) ARNP with prescriptive authorization*

NOTE 3

A physician assistant may issue written or oral prescriptions as provided herein when approved by the commission and assigned by the supervising physician(s). (1) A physician assistant may not prescribe controlled substances unless specifically approved by the commission or its designee. A physician assistant may issue prescriptions for legend drugs for a patient who is under the care of the physician(s) responsible for the supervision of the physician assistant. . . *WAC § 246-918-030 (2005) Prescriptions issued by physician assistants.*

A certified physician assistant may issue written or oral prescriptions as provided herein when approved by the commission or its designee. *WAC § 246-918-035 (2005) Certified physician assistant prescriptions*

NOTE 4

A midwife licensed under this chapter may . . . administer such other drugs or medications as prescribed by a physician. . . *Rev. Code Wash. (ARCW) § 18.50.115 (2005) Administration of drugs and medications -- Rules*

continued

APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

(2) . . . licensed midwives may obtain and administer the following medications: . . . (e) Measles, Mumps, and Rubella (MMR) vaccine to nonimmune postpartum women, HBIG and HBV for neonates born to hepatitis B+ mothers . . . (4) The midwife must have a procedure, policy or guideline for the use of each drug. *WAC § 246-834-250 (2005) Legend drugs and devices*

(1) A registered nurse under his or her license may perform for compensation nursing care, as that term is usually understood, to individuals with illnesses, injuries, or disabilities. (2) A registered nurse may, at or under the general direction of a licensed physician and surgeon, dentist, osteopathic physician and surgeon, naturopathic physician, podiatric physician and surgeon, physician assistant, osteopathic physician assistant, or advanced registered nurse practitioner acting within the scope of his or her license, administer medications . . . and inoculations, whether or not the severing or penetrating of tissues is involved and whether or not a degree of independent judgment and skill is required. Such direction must be for acts which are within the scope of registered nursing practice. . . *Rev. Code Wash. (ARCW) § 18.79.260 (2005) Registered nurse -- Activities allowed -- Delegation of tasks*

It is not a violation . . . for a registered nurse, at or under the general direction of a licensed physician and surgeon, or osteopathic physician and surgeon, to administer prescribed drugs, injections, inoculations, tests, or treatment whether or not the piercing of tissues is involved. *Rev. Code Wash. (ARCW) § 18.79.280 (2005) Medication, tests, treatments allowed*

Liability

A pharmacist who dispenses such drugs to a licensed midwife shall not be liable for any adverse reactions caused by any method of use by the midwife. . . *Rev. Code Wash. (ARCW) § 18.50.115 (2005) Administration of drugs and medications -- Rules*

An advanced registered nurse practitioner . . . (5) shall be held individually accountable for practice based on and limited to the scope of his/her education, demonstrated competence, and advanced nursing experience . . . *WAC § 246-840-300 (2005) Advanced registered nurse practitioner*

The ARNP when exercising prescriptive authority is accountable for competency in: (1) Patient selection;(2) Problem identification through appropriate assessment; (3) Medication and/or device selection; (4) Patient education for use of therapeutics; (5) Knowledge of interactions of therapeutics, if any; (6) Evaluation of outcome; and (7) Recognition and management of complications and untoward reactions. *WAC § 246-840-400 (2005) ARNP with prescriptive authorization*

The nurse shall be responsible and accountable for the quality of nursing care given to clients. This responsibility cannot be avoided by accepting the orders or directions of another person. . . *WAC § 246-840-700 (2005) Standards of nursing conduct or practice*

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APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

STATE	ASSESSMENT OF PATIENT STATUS			EXECUTION OF A PRESCRIPTION			ADMINISTRATION OF MEDICATIONS		
	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>
West Virginia	1	2		3	4		5		

WEST VIRGINIA

NOTE 1

(b) The practice of “registered professional nursing” shall mean the . . . responsible supervision of a patient requiring skill in observation of symptoms and reactions and the accurate recording of facts . . . *W. Va. Code § 30-7-1 (2006) Definitions*

NOTE 2

13.2 A physician assistant shall have, as a minimum, the knowledge and competency to perform the following functions and may under appropriate supervision perform them; this standard job description is not intended to be specific or all-inclusive: a. Screen patients to determine the need for medical attention . . . c. Take a patient history . . . d. Perform a physical exam . . . *W. Va. CSR § 11-1B-13- (2006)*

NOTE 3

(a) The board shall . . . authorize a nurse-midwife to prescribe prescription drugs in a collaborative relationship with a physician licensed to practice in West Virginia and in accordance with applicable state and federal laws. An authorized nurse-midwife may write or sign prescriptions or transmit prescriptions verbally or by other means of communication. . . *W. Va. Code § 30-15-7a (2006) Prescriptive authority for prescription drugs; collaborative relationship with physician requirements; promulgation or rules; classification of drugs to be prescribed; consultation with other boards; coordination with board of pharmacy*

(a) The board may . . . authorize an advanced nurse practitioner to prescribe prescription drugs in a collaborative relationship with a physician licensed to practice in West Virginia and in accordance with applicable state and federal laws. An authorized advanced nurse practitioner may write or sign prescriptions or transmit prescriptions verbally or by other means of communication. (b) For purposes of this section an agreement to a collaborative relationship for prescriptive practice between a physician and an advanced nurse practitioner shall be set forth in writing . . . *W. Va. Code § 30-7-15a (2006) Prescriptive authority for prescription drugs; collaborative relationship with physician requirements; promulgations of rules; classification of drugs to be prescribed; coordination with other boards; coordination with board of pharmacy*

NOTE 4

(l) A physician assistant may write or sign prescriptions or transmit prescriptions by word or mouth, telephone or other means of communication at the direction of his or her supervising physician . . . (2) All pharmacological categories of drugs to be prescribed by a physician assistant shall be listed in each job description submitted to the board . . . (4) a requirement that to be eligible for prescription privileges, a physician assistant shall have performed patient care services for a minimum of two years immediately preceding the submission to the board of the job description containing prescription privileges and shall have successfully completed an accredited course of instruction in clinical pharmacology approved by the board . . . (m) . . . A physician assistant may not sign any prescription, except in the case of an authorized physician assistant at the direction of his or her supervising physician . . . A physician assistant may not perform any service that is or her supervising physician is not qualified to perform. A physician assistant may not perform any service that is not included in his or her job description and approved by the board as provided for in this section . . . *W. Va. Code § 30-3-16 (2006) Physician assistants; definitions; board of medicine rules; annual report; licensure; temporary license; relicensure; job description required; revocation or suspension of licensure; responsibilities of supervising physician; ;legal responsibility for physician assistants; reporting by health care facilities; identification; limitations on employment an duties; fees; continuing education; unlawful representation of physician assistant as a physician; criminal penalties*

7.4. A physician assistant shall not sign prescriptions except in the case of certain physician assistants authorized to do so by the Board . . . *W. Va. CSR § 11-1B-7 (2006) Limitations on Supervision and Scope of Duties of Physician Assistants*

14.1 A physician assistant may be authorized by the Board to issue written or oral prescriptions for certain medicinal drugs at the direction of his or her supervising physician . . . *W. Va. CSR § 11-1B-14 (2006) Limited Prescriptive Privileges for Physician Assistants*

continued

APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

NOTE 5

(b) The practice of “registered professional nursing” shall mean the . . . administration of medications . . . as prescribed by a licensed physician or a licensed dentist . . . *W. Va. Code § 30-7-1 (2006) Definitions*

Liability

(h). . . The legal responsibility for any physician assistant remains with the supervising physician at all times, including occasions when the assistant under his or her direction and supervision, aids in the care and treatment of a patient in a health care facility. In his or her absence, a supervising physician must designate an alternate supervising physician, however, the legal responsibility remains with the supervising physician at all times. A health care facility is not legally responsible for the actions or omissions of the physician assistant unless the physician assistant is an employee of the facility. (i) The acts of omission of a physician assistant employed by health care facilities providing inpatient or outpatient services shall be the legal responsibility of the facilities. Physician assistants employed by facilities in staff positions shall be supervised by a permanently licensed physician . . . *W. Va. Code § 30-3-16 (2006) Physician assistants; definitions; board of medicine rules; annual report; licensure; temporary license; relicensure; job description required; revocation or suspension of licensure; responsibilities of supervising physician; legal responsibility for physician assistants; reporting by health care facilities; identification; limitations on employment and duties; fees; continuing education; unlawful representation of physician assistant as a physician; criminal penalties*

. . . 7.3. It is appropriate for a physician assistant to provide medical services to an alternate physician’s patients at his or her direction in settings such as a health care facility, partnerships, group practices and other mutually agreed on patient coverage arrangements. Where a physician assistant is providing medical services to the alternate physician’s patients at his or her direction in these settings, the alternate supervising physician is also legally responsible for the physician assistant. . . *W. Va. CSR § 11-1B-7 (2006) Limitations on Supervision and Scope of Duties of Physician Assistants*

9.3. The legal liability for any physician assistant remains that of his or her supervising physician at all times. Also, in temporary situations not to exceed twenty one (21) days, when a licensed and fully qualified physician assistant is substituting for another licensed physician assistant, the acts and omissions of the substituting physician assistant are the legal responsibility of the absent physician assistant’s designated supervising physician . . . *W. Va. CSR § 11-1B-9 (2006) Responsibilities of the Supervising Physician*

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APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

STATE	ASSESSMENT OF PATIENT STATUS			EXECUTION OF A PRESCRIPTION			ADMINISTRATION OF MEDICATIONS		
	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>
Wisconsin	1	2			3		4	5	6

WISCONSIN

NOTE 1

(1) GENERAL NURSING PROCEDURES. An R.N. shall utilize the nursing process in the execution of general nursing procedures in the maintenance of health, prevention of illness or care of the ill. The nursing process consists of the steps of assessment, planning, intervention and evaluation. This standard is met through performance of each of the following steps of the nursing process: (a) Assessment. Assessment is the systematic and continual collection and analysis of data about the health status of a patient culminating in the formulation of a nursing diagnosis. . . *Wis. Adm. Code N 6.03 (2005) Standards of practice for registered nurses*

NOTE 2

(1) SCOPE AND LIMITATIONS. In providing medical care, the entire practice of any physician assistant shall be under the supervision of a licensed physician. The scope of practice is limited to providing medical care specified in sub. (2). A physician assistant's practice may not exceed his or her educational training or experience and may not exceed the scope of practice of the supervising physician. . . .
 (2) MEDICAL CARE. Medical care a physician assistant may provide include: (a) Attending initially a patient of any age in any setting to obtain a personal medical history, perform an appropriate physical examination, and record and present pertinent data concerning the patient in a manner meaningful to the supervising physician. . . *Wis. Adm. Code Med 8.07 (2005) Practice*

NOTE 3

(1) SCOPE AND LIMITATIONS. In providing medical care, the entire practice of any physician assistant shall be under the supervision of a licensed physician. The scope of practice is limited to providing medical care specified in sub. (2). A physician assistant's practice may not exceed his or her educational training or experience and may not exceed the scope of practice of the supervising physician. . . .
 (2) MEDICAL CARE. Medical care a physician assistant may provide include: . . . (i) Issuing written prescription orders for drugs under the supervision of a licensed physician . . . *Wis. Adm. Code Med 8.07 Practice(2005)*
 (3) PRESCRIPTIVE AUTHORITY. A physician assistant may issue a prescription order for a drug or device in accordance with guidelines established by a supervising physician and the physician assistant and with rules promulgated by the board. If any conflict exists between the guidelines and the rules, the rules shall control. *Wis. Stat. § 448.21 (2005)Physician Assistants*

NOTE 4

(1) GENERAL NURSING PROCEDURES. An R.N. shall utilize the nursing process in the execution of general nursing procedures in the maintenance of health, prevention of illness or care of the ill. The nursing process consists of the steps of assessment, planning, intervention and evaluation. This standard is met through performance of each of the following steps of the nursing process: . . .
 (c) Intervention. Intervention is the nursing action to implement the plan of care by directly administering care
 (2) PERFORMANCE OF DELEGATED MEDICAL ACTS. In the performance of delegated medical acts an R.N. shall: (a) Accept only those delegated medical acts for which there are protocols or written or verbal orders; (d) Perform delegated medical acts under the general supervision or direction of a physician, podiatrist, dentist or optometrist. *Wis. Adm. Code N 6.03 (2005) Standards of practice for registered nurses*

NOTE 5

(1) SCOPE AND LIMITATIONS. In providing medical care, the entire practice of any physician assistant shall be under the supervision of a licensed physician. The scope of practice is limited to providing medical care specified in sub. (2) A physician assistant's practice may not exceed his or her educational training or experience and may not exceed the scope of practice of the supervising physician. . . .
 (2) MEDICAL CARE. Medical care a physician assistant may provide include: . . . (c) Performing routine therapeutic procedures, including, but not limited to, injections, immunizations . . . *Wis. Adm. Code Med 8.07 (2005)Practice*

continued

APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

NOTE 6

. . . (1) "Administer" means the direct application of a vaccine or a prescribed drug or device, whether by injection, ingestion or any other means, to the body of a patient or research subject by any of the following: (a) A practitioner or his or her authorized agent. (b) A patient or research subject at the direction of a practitioner. (c) A pharmacist. . . . (16) "Practice of pharmacy" means any of the following: . . . (k) Administering prescribed drug products and devices under *s. 450.035 (1r)* and, pursuant to vaccination protocols, vaccines. . . . (22) "Vaccination protocol" means a written protocol agreed to by a physician, as defined in *s. 448.01 (5)*, and a pharmacist that establishes procedures and record-keeping and reporting requirements for the administration of a vaccine by a pharmacist for a period specified in the protocol that may not exceed 2 years. ***Wis. Stat. § 450.01 (2005) Definitions***

(2) A pharmacist may not administer a vaccine unless he or she has successfully completed 12 hours in a course of study and training, approved by the American Council on Pharmaceutical Education or the board, in vaccination storage, protocols, administration technique, emergency procedures and record keeping and has satisfied the requirements specified in sub. (2t) A pharmacist may not administer a vaccine under this subsection to a person who is under the age of 18. . . . (2g) A person engaged in the practice of pharmacy under *s. 450.03 (1) (f)* or (g) may not administer a vaccine unless he or she acts under the direct supervision of a pharmacist and he or she and the supervising pharmacist have successfully completed 12 hours in a course of study and training, approved by the American Council on Pharmaceutical Education or the board, in vaccination storage, protocols, administration technique, emergency procedures and record keeping and the supervising pharmacist has satisfied the requirements specified in sub. (2t) A person engaged in the practice of pharmacy under *s. 450.03 (1) (f)* or (g) may not administer a vaccine under this subsection to a person who is under the age of 18. . . . (2m) Except as provided in sub. (1t) or (2g), a pharmacist may not delegate to any person any administration of a prescribed drug product or device or vaccine under sub. (1r) or (2) . . . ***Wis. Stat. § 450.035 (2005) Administration of drug products and devices; vaccines***

Liability

(2t) A pharmacist may not administer a vaccine under sub. (2) or supervise a person administering a vaccine under sub. (2g) unless the pharmacist satisfies each of the following: (a) The pharmacist has in effect liability insurance that covers the pharmacist and a person who administers a vaccine under sub. (2g) against loss, expense and liability resulting from errors, omissions or neglect in the administration of vaccines in an amount that is not less than 1,000,000 for each occurrence and 2,000,000 for all occurrences in any one policy year. (b) The pharmacist maintains proof that he or she satisfies the requirement specified in par. (a) and, upon request, provides copies of such proof to the department or the board. ***Wis. Stat. § 450.035 (2005) Administration of drug products and devices; vaccines.***

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APPENDIX IV Table: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

STATE	ASSESSMENT OF PATIENT STATUS			EXECUTION OF A PRESCRIPTION			ADMINISTRATION OF MEDICATIONS		
	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>
Wyoming	1			2	3		4	5	

WYOMING

NOTE 1

(a) . . . (ix) "Nursing process" means . . . (A) Assessment: A systematic and continuous collection of objective and subjective data about the health status of individuals and groups derived from observations, health assessment including physical assessment, interviews, written records and reports; . . . *Wyo. Stat. § 33-21-120 (2005) Definitions*

NOTE 2

(a) . . . (i) "Advanced practice registered nurse (APRN)" means a nurse who: (A) May prescribe . . . nonprescriptive and prescriptive medications including prepackaged medications, except schedule I drugs . . . *Wyo. Stat. § 33-21-120 (2005) Definitions*

NOTE 3

Section 17. Prescription of drugs. . . . (a) As the agent of the supervising physician, a physician assistant may prescribe . . . medications, including schedule III-V . . . *WCWR 024-052-005 (2004) RULES OF PRACTICE AND PROCEDURE FOR THE LICENSURE OF AND FOR THE CONDUCT OF DISCIPLINARY PROCEEDINGS AGAINST PHYSICIAN ASSISTANTS*

(c) A physician assistant may prescribe medications only as an agent of the supervising physician . . . *Wyo. Stat. § 33-26-510 (2005) Prescription of drugs*

NOTE 4

(a) . . . (i) "Advanced practice registered nurse (APRN)" means a nurse who: (A) May . . . administer, dispense or provide nonprescriptive and prescriptive medications including prepackaged medications, except schedule I drugs . . . (ix) "Nursing process" means . . . (D) Intervention: Actions in nursing practice which implement the plan of care to maximize health capabilities of individuals and groups; (xi) "Practice of professional nursing" means the . . . administration . . . and execution of the medical regimen. The therapeutic plan includes the administration of medications and treatments prescribed by any person authorized by state law to prescribe. Each registered professional nurse is accountable and responsible for the quality of nursing care rendered; § 33-21-120 (2005) *Definitions Wyo. Stat*

NOTE 5

(a) As the agent of the supervising physician, a physician assistant may administer . . . medications, including schedule III-V . . . *WCWR 024-052-005 (2004) RULES OF PRACTICE AND PROCEDURE FOR THE LICENSURE OF AND FOR THE CONDUCT OF DISCIPLINARY PROCEEDINGS AGAINST PHYSICIAN ASSISTANTS*

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NOTE: The footnotes begin at 1 within each state.

SOURCE: GWU/SPHHS Review of Standing Orders – Fall 2006