



Prescriptive Authority Agreement Advanced Practice Registered Nurses, and Physician Assistants

I. Purpose

This Prescriptive Authority Agreement (referred to as “PAA”, “agreement” or “document”) authorizes the advanced practice registered nurse (APRN) including nurse practitioners (NPs) and clinical nurse specialists (CNSs), and physician assistants (PAs) to perform medical acts, including prescribing and ordering drugs and medical devices, in accordance with the Nursing Practice Act, §301.152, Texas Occupations Code and the Medical Practice Act, §157.051 – 157.060, Texas Occupations Code. This document delegates certain other medical acts, as required by Texas law, and sets forth guidelines for communication between the delegating physician and the APRN/PA. Any exercise of delegated medical acts pursuant to this agreement is contingent on the APRN/PA being granted the appropriate clinical privileges by Children’s HealthSM and such exercise shall be in accordance with any conditions placed on those clinical privileges.

Unless specifically stated in this document, this agreement is not intended to limit the health care services the APRN/PA shall provide under the APRN’s scope of practice in the advanced practice role and specialty authorized by the Texas Board of Nursing (BON), or the PA’s scope of practice authorized by the Texas Medical Board (TMB) and the Texas Physician Assistant Board, as well as the APRN/PA’s education and experience and relationship with the Delegating Physician. Services provided by the APRN/PA include, but are not limited to, performing physical examinations and medical histories, ordering and interpreting laboratory tests and radiologic exams, providing health promotion and safety instructions, evaluation and management of acute episodic illnesses and stable chronic diseases, and referrals to other health care providers, as needed.

II. Representations

- A. APRN/PA represents that he/she is currently licensed in good standing by the Texas Board of Nursing or the Texas Physician’s Assistant Board as applicable, and that he/she has been approved by the applicable board to prescribe or order a drug or device. APRN/PA further represents that he/she is not currently prohibited from executing a Prescriptive Authority Agreement by the applicable board and that he/she will comply with all continuing education requirements to ensure he/she maintains prescribing authority from the applicable board.
- B. Delegating physician represents that he/she holds a full and unencumbered Medical License issued by the Texas Medical Board (TMB) and is not currently prohibited from executing a Prescriptive Authority Agreement by the TMB. The physician is limited to delegating to no more than the full-time equivalent (1 FTE = 50 hours) of seven APRNs/PAs.
- C. Before executing this agreement, the physician and APRN/PA must disclose to all other prospective parties any prior disciplinary action taken by the respective licensing board. Within 30 days of executing this agreement, the physician and APRN/PA must complete TMB’s “Prescriptive Delegation Registration.” Any party to this agreement will notify the other parties immediately if, at any time while this PAA is in effect, a licensing board notifies the party he/she is under investigation.

III. Setting

The APRN/PA will provide care to pediatric _____ patients in a (describe the type of practice) at the following locations:

1. Children’s HealthSM Children’s Medical Center Dallas 1935 Medical District Dr Dallas TX 75235
2. Children’s HealthSM Children’s Medical Center Plano 7601 Preston Road Plano TX 75024
3. Children’s HealthSM Specialty Center Southlake 470 E. State Hwy 114 Southlake TX 76092

Settings include: _____ (i.e. hospital clinic, operating room, etc).



IV. Document Review and Approval

The PAA is developed collaboratively by the APRN/PA and Delegating Physician. This PAA and any amendments shall be reviewed and signed at least annually by all parties (Delegating Physicians, Alternate Delegating Physician(s), and APRN/PA(s)) to the agreement.

V. Delegation of Prescriptive Authority & Other Medical Acts

The APRN may establish medical diagnoses and order or prescribe drugs for patients who are within the APRN's scope of practice. The APRN may order/prescribe medical devices, including medical supplies, durable medical equipment, prosthetics or orthotics as authorized by the Texas Board of Nursing (BON) under Rule 222, and the Texas Medical Board (TMB) under Rules 193.2 and 193.6, and other applicable law.

The PA may provide medical services that are within the PA's scope of practice which may include:

- (1) obtaining patient histories and performing physical examinations;
- (2) ordering or performing diagnostic and therapeutic procedures;
- (3) formulating a working diagnosis;
- (4) developing and implementing a treatment plan;
- (5) monitoring the effectiveness of therapeutic interventions
- (6) offering counseling and education to meet patient needs;
- (7) making appropriate referrals.

The PA may order/prescribe medical devices, including medical supplies, durable medical equipment, prosthetics or orthotics as authorized by the Texas Medical Board (TMB) under Rules 193.2 and 193.6, and other applicable law.

A. The APRN/PA may order or prescribe:

- i. **Nonprescription and Dangerous Drugs:**
The APRN/PA may order and prescribe nonprescription drugs and all categories of dangerous drugs that are within the APRN/PA's scope of practice. Dangerous drugs are defined as all drugs that can only be dispensed with a prescription from a licensed practitioner excluding controlled substances.
- ii. **Controlled Substances, Schedules III – V:**
 - a. Limited to a 90-day supply or less.
 - b. No new prescriptions or refills after the initial 90-day supply without prior consultation with the physician.
 - c. No prescription for children under 2 years of age without prior consultation with the physician.
 - d. Prior consultation must be noted in the chart.
 - e. In accordance with §481.071, Health & Safety Code, an APRN/PA may not prescribe an anabolic steroid or human growth hormone listed in Schedule III.
- iii. **Controlled Substances, Schedule II:**
The APRN/PA may order and prescribe Schedule II controlled substances as part of the care provided to a patient who:
 - a. Has been admitted to the hospital for an intended length of stay of 24 hours or greater; or
 - b. Is receiving services in the emergency department of the hospital; or
 - c. As part of the plan of care for a patient who is receiving treatment from a qualified hospice provider.



iv. **Device**
 Defined as an instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent, or other similar or related article, including component or accessory required under law to be ordered or prescribed by a practitioner as defined by Texas Occupations Code § 551.003.

v. **“Off Label use”**
 “Off Label” use, or prescription of FDA-approved medications for uses other than that indicated by the FDA, is only permitted when such practices are: (i) within the current standard of care for treatment of the disease or condition; and (ii) supported by evidence-based research.

B. **Persons Who May Call Prescriptions to the Pharmacy as Directed by the APRN/PA:**
 The physician designates any licensed vocational nurse or registered nurse working in this site as a person who may orally transmit a prescription to a pharmacist on behalf of the APRN/PA.

C. **Specialty Specific Procedures: Indicate level of supervision where:**

Available: a sponsoring physician must be able to be available within a reasonable amount of time.

Indirect Supervision: a sponsoring physician must be physically present in the hospital and immediately available to the Allied Health Professional.

Direct Supervision: a sponsoring physician must be physically present to observe the Allied Health Professional.

| Procedure, Diagnostic Studies, Special Medications | Direct Supervision | Indirect Supervision | Available |
|---|----------------------------------|----------------------------------|----------------------------------|
| | <input type="checkbox"/> Granted | <input type="checkbox"/> Granted | <input type="checkbox"/> Granted |
| | <input type="checkbox"/> Granted | <input type="checkbox"/> Granted | <input type="checkbox"/> Granted |
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D. **Medical Verifications for Disabled Parking Placards**

The APRN/PA may sign a prescription or notarized statement for patients who meet the legal requirements for a disabled parking placard. Subsequent renewals for temporary parking placards must be signed by the physician.

E. The APRN/PA may determine medical necessity and sign any documentation related to providing the following services to persons insured by Texas Medicaid, CHIP, or ECI who are age 20 years or younger:

- 1) Private Duty Nursing;
- 2) Physical Therapy;
- 3) Occupational Therapy; and
- 4) Speech Therapy.



VI. Consultation and Referral:

The Delegating Physician, or designated Alternate Physician, shall be available for consultation at any time on-site, by telephone, or by other electronic means of communication when needed. However, the APRN/PA may seek consultation and refer patients directly to the most appropriate health care provider to treat the patient's condition when, in the APRN/PA's judgment, such steps are necessary for optimal resolution of the patient's problem. Such consultations and/or referrals shall be documented in the patient's medical record.

VII. Emergency Care

In the event of an emergency situation, the APRN/PA may provide care to stabilize a patient to help prevent deterioration of a patient's condition. As indicated, the APRN/PA will activate the hospital code blue system or if outside the hospital setting contact the emergency medical service (EMS) response team to transport the patient to an emergency care facility. The APRN/PA is to immediately report any emergency situations to the Delegating Physician.

VIII. General Communication Process Concerning Patient Care and Treatment

The Delegating Physician will be available by telephone or email as well as videoconferencing as applicable. If discussions reveal the patient's identity, HIPAA compliant forms of communication will be used. Daily communication between the APRN/PA and Delegating Physician is not required, but the physician will be available to discuss patient care and treatment upon the request of the APRN/PA. At a minimum, at the quality assurance and improvement meetings specified below, the APRN/PA and Delegating Physician or Alternate Delegating Physician will discuss patient care and treatment plans for patients with complex problems, or problems the APRN/PA does not have experience treating. The physician or APRN/PA will have additional meetings, when either party thinks patient care would benefit from more frequent communication and requests additional time to discuss patient care and treatment.

IX. Quality Assurance and Improvement (QAI) Plan

To assure the quality and integrity of this Prescriptive Authority Agreement, the Delegating Physician shall:

- A. Based on the experience and longevity of the relationship between the Delegating Physician and the APRN/PA, regularly review charts of patients seen by the APRN/PA, (this needs to be a predetermined number—TMB has suggested 10%) with a minimum of at least five (5) charts being reviewed per month. The APRN/PA will document the number of charts reviewed. The APRN/PA will retain a copy of any documentation verifying the chart review, and provide same to the Delegating Physician that performed the review. If the Delegating Physician and APRN/PA are practicing in separate locations, the Delegating Physician will retain a copy of any documentation verifying the chart review in addition to the copy the APRN/PA retains. Copies of this documentation will be retained while this PAA is in effect and for two years after the date the PAA is terminated.
- B. Participate in a face-to-face meeting ("QA meeting") with the APRN/PA which must include:
 - i. the sharing of information relating to patient treatment and care, needed changes in patient care plans and issues relating to referrals
 - ii. discussion of patient care improvement
- C. The APRN/PA will record the date and time of each meeting, whether the meeting was face-to-face or by other means (videoconferencing technology, internet, email). All records of face-to-face meetings will include the patients/topics discussed, which may include chart reviews noted above. The APRN/PA will retain a copy of any documentation verifying the meetings and provide same to



the physician. If the Delegating Physician and APRN/PA are practicing in separate locations, the Delegating Physician will retain a copy in addition to the copy the APRN/PA retains. Copies of this documentation will be retained while this PAA is in effect and for two years after the date the PAA is terminated.

For new APRN/PA delegations, QA meetings between the Delegating Physician and APRN/PA shall occur at least monthly until the third anniversary of the initial Prescriptive Authority Agreement, then at least quarterly. After that time, monthly QA meetings shall still occur but may be held via electronic communication or via the internet, with documentation as directed above.

For an APRN/PA who is currently employed by Children's HealthSM and has been in a prescriptive authority agreement for at least 5 years with the Delegating Physician with whom the Prescriptive Authority Agreement is entered, the QA meetings shall occur at least monthly until the first anniversary of the Prescriptive Authority Agreement, then at least quarterly. At the time quarterly QA meetings begin, monthly meetings shall still occur but may be held via electronic communication or via the internet, with documentation as directed above.

Alternate Delegating Physicians named by the Delegating Physician may conduct and document the QA meetings as needed.

X. Documentation, Notification & Amendment

Delegating Physicians who enter into a Prescriptive Authority Agreement with any APRN/PA must register with the Texas Medical Board within 30 days of signing this Agreement. Likewise, a Delegating Physician terminating a Prescriptive Authority Agreement shall notify the Texas Medical Board in writing within 30 days of such termination.

Children's HealthSM shall maintain a copy of all Prescriptive Authority Agreements, and shall provide a copy of the agreement if requested by the Texas Medical Board, Texas Board of Nursing, or the Texas Physician's Assistant Board. The APRN/PA shall retain a copy of this agreement until the second anniversary of the date the agreement is terminated.

In the event that any party to this agreement becomes the subject of an investigation by the Texas Medical Board, Texas Board of Nursing, or the Texas Physician Assistant Board, that individual shall immediately notify all other parties in the Prescriptive Authority Agreement and Children's HealthSM administration.

In the event that any party to this Agreement is prohibited from entering a prescriptive authority agreement by the applicable board during effective period of this Agreement, the Agreement will terminate as of the effective date of the prohibition.

The provisions of this Prescriptive Authority Agreement are governed by Texas laws and regulations and no portion of this Prescriptive Authority Agreement may be waived, voided, or nullified by contract or agreement of the parties.

Delegating Physician and APRN/PA have fully reviewed this Prescriptive Authority Agreement and hereby agree to abide by the terms of this Prescriptive Authority Agreement.

The effective date of this Agreement is (insert date here).



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|--|----------------|----------------------------------|----------------|
| _____ | | _____ | |
| Delegating Physician's Name and Professional Title | | Delegating Physician's Signature | |
| _____ | _____ | _____ | |
| TMB License # | TX DPS # | DEA # | |
| _____ | | _____ | _____ |
| Address | | City | State Zip Code |
| _____ | | _____ | |
| APRN/PA's Name and Professional Title | | APRN/PA's Signature | |
| _____ | _____ | _____ | _____ |
| RN/PA License # | Rx#(APRN only) | TX DPS # | DEA # |
| _____ | | _____ | _____ |
| Address | | City | State Zip Code |

XI. Alternate Delegating Physicians

If the Delegating Physician is unavailable for any reason, alternate physician(s) may assume the consultation, supervisory and quality assurance and improvement responsibilities of the Delegating Physician. The following may serve as Alternate Delegating Physician(s):

| Printed Name/Professional Title | License # | Signature | Date |
|---------------------------------|-----------|-----------|------|
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