

CHAPTER 6340

BOARD OF NURSING

PRESCRIBING AUTHORITY

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6340.0050 SCOPE.

This chapter applies to nurse practitioners and clinical specialists. Parts 6340.0950 and 6340.1000, subparts 1 to 3, also apply specifically to nurse midwives.

Statutory Authority: *MS s 62A.15; 147.235; 148.191*

History: *19 SR 2223*

6340.0100 DEFINITIONS.

Subpart 1. **Scope.** For the purpose of this chapter, the following terms have the meanings given them.

Subp. 2. **Attachments.** "Attachments" means the materials that must be submitted with the application to demonstrate eligibility to prescribe drugs and therapeutic devices. The materials include a copy of the certificate from the national professional nursing organization, a document verifying completion of a program of study, evidence of successful completion of the required prescribing course, and a written agreement as defined in subpart 19.

Subp. 3. **Board.** "Board" means the Board of Nursing.

Subp. 4. **Certificate.** "Certificate" means the document issued by a national professional nursing organization which certifies nurse practitioners and/or clinical specialists.

Subp. 4a. **Clinical specialist.** "Clinical specialist" means a registered nurse who has a master's or higher degree in nursing or a mental health field and is certified by the American Nurses Credentialing Center as a clinical specialist in psychiatric and mental health nursing.

Subp. 5. **Collaborating physician.** "Collaborating physician" means an individual physician licensed under Minnesota Statutes, chapter 147, who agrees to delegate prescribing authority to a nurse practitioner or a clinical specialist by giving direction and review consistent with the written agreement. For clinical specialists, the collaborating physician means a psychiatrist.

Subp. 6. **Drug.** "Drug" means all medicinal substances and preparations recognized by the United States Pharmacopoeia and National Formulary, or any revision, and all substances and preparations intended for external and internal use in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans or other animals, and all substances and preparations, other than food, intended to affect the structure or any function of the bodies of humans.

Subp. 7. **Drug categories or drug types.** "Drug categories" or "drug types" means the major therapeutic classifications in which medications are organized. The drug categories are:

- A. anesthetics;
- B. anti-infectives;
- C. antineoplastic and immunosuppressant medications;
- D. cardiovascular medications;
- E. autonomic and central nervous system medications;
- F. dermatological medications;
- G. ear-nose-throat medications;
- H. endocrine medications;

- I. gastrointestinal medications;
- J. immunologicals and vaccines;
- K. musculoskeletal medications;
- L. nutritional products;
- M. blood modifiers and electrolytes;
- N. obstetrical and gynecological medications;
- O. ophthalmic medications;
- P. respiratory medications;
- Q. urological medications; and
- R. diagnostic and miscellaneous medications.

The drugs used by clinical specialists to treat psychiatric and behavioral disorders and the side effects of those drugs are included in the drug categories in items A to R.

Subp. 8. **Licensure.** "Licensure" means the process by which the board confers legal authority upon an individual authorizing the person to engage in professional nursing, thereby certifying that those licensed have attained the minimal degree of competency necessary to ensure that the public health, safety, and welfare will be reasonably well protected.

Subp. 9. **National professional nursing organizations.** "National professional nursing organizations" means the organizations adopted by the board under Minnesota Statutes, section 62A.15, subdivision 3a, with the authority to certify nurse practitioners and clinical specialists. The organizations are the American Nurses Credentialing Center, the National Certification Board of Pediatric Nurse Practitioners and Nurses, and the National Certification Corporation for the Obstetric, Gynecologic and Neonatal Specialties.

Subp. 10. **Nurse practitioner.** "Nurse practitioner" means a registered nurse who has graduated from a program of study designed to prepare a registered nurse for advanced practice as a nurse practitioner and who is certified through a national professional nursing organization.

Subp. 11. **Practice setting.** "Practice setting" means the organizational entity and all its physical locations in which the nurse practitioner or clinical specialist provides care to patients.

Subp. 12. **Practice specialty.** "Practice specialty" means the area in which the individual is certified as a nurse practitioner. These areas are gerontological, adult, family, school, pediatric, women's health care, and neonatal.

Subp. 13. **Prescribe.** "Prescribe" means to direct, order, or designate by means of a prescription the preparation, use of, or manner of using a drug or therapeutic device.

Subp. 14. **Prescription.** "Prescription" means a signed written order, or an oral order reduced to writing, given by a practitioner authorized to prescribe drugs for patients in the course of the practitioner's practice, issued for an individual patient and containing the following: the date of issue, name and address of the patient, name and quantity of the drug prescribed, directions for use, and the name and address of the prescriber.

Subp. 15. **Program of study.** "Program of study" means a formal organized nursing curriculum composed of didactic and supervised clinical experience that specifically prepares nurse practitioners. The program of study must be accepted by a national professional nursing organization that certifies nurse practitioners, have a formal admission procedure, and recognize the graduate by means of a completion document such as a transcript or certificate.

Subp. 16. **Registration.** "Registration" means the process by which the names and original license numbers of individuals licensed by the board are listed as individuals authorized to engage in professional nursing during a registration period.

Subp. 17. **Registration renewal.** "Registration renewal" means the periodic process by which an individual who is licensed and registered with the board to practice professional nursing requests and obtains registration for the next registration period.

Subp. 18. **Therapeutic device.** "Therapeutic device" means durable medical equipment and assistive or rehabilitative appliances, objects, or products that are required to implement the overall plan of care for the patient.

Subp. 19. **Written agreement.** "Written agreement" means a written document developed jointly by the nurse practitioner or clinical specialist and collaborating physician that contains statements that define the delegated responsibilities that relate to the prescription of drugs and, for nurse practitioners, therapeutic devices. The delegated prescribing responsibilities must be consistent with the standards established by the Minnesota Medical Association and the Minnesota Nurses Association for nurse practitioners, and by the Minnesota Psychiatric Society and the Minnesota Nurses Association for clinical specialists.

Statutory Authority: *MS s 62A.15; 147.235; 148.191; 148.235*

History: *16 SR 960; 19 SR 2223*

6340.0200 ELIGIBILITY CRITERIA FOR PRESCRIBING AUTHORITY.

Subpart 1. **Licensure and current registration.** An applicant shall be licensed and currently registered to practice professional nursing in Minnesota. The applicant shall not be the subject of a board disciplinary order affecting the applicant's license or current registration.

Subp. 2. **Graduation.** A nurse practitioner applicant shall have completed a program of study designed to prepare a registered nurse for advanced practice as a nurse practitioner. A clinical specialist applicant shall have a master's or higher degree in nursing or a mental health field.

Subp. 2a. **Prescribing course.** A clinical specialist applicant shall have completed no less than 30 hours of formal study in the prescribing of psychotropic medications and medications to treat their side effects, including instruction in health assessment, psychotropic classifications, psychopharmacology, indications, dosages, contraindications, side effects, and evidence of application. "Formal study" means that the course has written measurable objectives, has an organized plan of study which includes instructors, uses a formalized method of evaluating student performance, and issues a document which verifies successful completion of the course. The applicant must have taken the course within the four years prior to application unless the individual has been legally prescribing during the four years.

Subp. 3. **Certification.** An applicant shall be certified as a nurse practitioner or clinical specialist by one of the national professional nursing organizations listed in part 6340.0100, subpart 9, and hold a current certificate.

Subp. 4. **Written agreement.** An applicant shall have a written agreement with a collaborating physician that is signed and dated by the nurse practitioner or clinical specialist and the collaborating physician. The nurse practitioner or clinical specialist shall have a written agreement for each practice setting.

Statutory Authority: *MS s 62A.15; 147.235; 148.191; 148.235*

History: *16 SR 960; 19 SR 2223*

6340.0300 INITIAL APPLICATION PROCEDURE.

Subpart 1. **Procedure.** A nurse practitioner or clinical specialist who seeks prescribing authority shall submit a practice agreement for each practice setting and shall follow the procedures in subparts 2 to 6.

Subp. 2. **Application.** An applicant shall obtain the application forms and instruction for filing from the board. Information required on the application includes the applicant's name, registered nurse license number, home and practice setting addresses, home and practice setting telephone numbers, name of collaborating physician, drug categories and, for the nurse practitioner, the therapeutic devices that the applicant has been authorized to prescribe, and the practice specialty of the nurse practitioner. The application must be notarized. An applicant shall submit true, complete, and accurate information.

An applicant shall submit an application, fee, and attachments for each written agreement.

Subp. 3. **Fee.** An applicant shall submit a fee of \$50 with the application. The fee must be paid to the board. If for any reason the applicant is not eligible for prescribing authority, the fee is not refundable.

Subp. 4. **Certificate.** An applicant shall submit a notarized copy of the current certificate issued to the applicant by the national professional nursing organization.

Subp. 5. **Graduation verification.** A nurse practitioner applicant shall submit a notarized copy of a document such as a diploma, letter, or certificate that indicates graduation

from a nurse practitioner program. An official transcript may be submitted in lieu of the notarized document providing that the transcript clearly indicates that the program of study prepared the individual for practice as a nurse practitioner. For clinical specialist applicants, the certification from the American Nurses Credentialing Center shall be accepted in lieu of a graduation verification.

Subp. 5a. Prescribing course. A clinical specialist applicant shall submit a document that verifies successful completion of a prescribing course that meets the specifications in part 6340.0200, subpart 2a. The document must be completed by the sponsor of the course.

Subp. 6. Written agreement. An applicant shall submit a copy of the written agreement between the nurse practitioner or clinical specialist and the collaborating physician.

Subp. 7. Nullification. The board shall nullify an application that is not completed within one year. For a nullified application, the fee shall be forfeited and the application and other documents may be destroyed according to the process specified in Minnesota Statutes, section 138.17, subdivision 7. If an individual whose application has been nullified seeks prescribing authority, the applicant shall submit a new initial application, fee, and attachments.

Statutory Authority: *MS s 62A.15; 147.235; 148.191; 148.235*

History: *16 SR 960; 19 SR 2223*

6340.0400 CONFIRMATION OF ELIGIBILITY.

Subpart 1. Procedure. When the board has received a completed application, fee, and attachments, the board shall determine whether the nurse practitioner or clinical specialist has demonstrated eligibility to prescribe drugs and, for the nurse practitioner, therapeutic devices. If the applicant has demonstrated eligibility for prescribing authority, the board shall issue a document and identification number.

Subp. 2. Document. The board shall issue a document each time the nurse practitioner or clinical specialist submits the required evidence to demonstrate eligibility to prescribe. The board shall print the nurse practitioner's or clinical specialist's name, identification number, practice setting, and expiration date on the document. The expiration date on the document is the same as the registered nurse registration expiration date. The document authorizes practice only for the practice setting and for the nurse practitioner or clinical specialist named in the document. It is in effect until the date of expiration printed on the document or until there is a loss of eligibility, whichever occurs first.

Subp. 3. Identification number. The board shall issue an identification number to a nurse practitioner or clinical specialist when the nurse practitioner or clinical specialist has demonstrated eligibility to prescribe. The identification number must include the prefix "NP" and seven digits or "CS" and seven digits. The seven digits must be the nurse practitioner's or clinical specialist's registered nurse license number, preceded by zeros when necessary.

Subp. 4. Replacement document. If a nurse practitioner or clinical specialist requests the replacement of the authorization to prescribe document, the nurse practitioner or clinical specialist shall explain in writing the reason for requesting a replacement. In addition to the request for replacement, the nurse practitioner or clinical specialist shall submit a \$5 fee unless the reason for the replacement is failure to receive the original authorization to prescribe document. The board shall require substantiation of a name change by requiring official documentation.

Statutory Authority: *MS s 62A.15; 147.235; 148.191; 148.235*

History: *16 SR 960; 19 SR 2223*

6340.0500 VERIFICATION OF CONTINUING ELIGIBILITY.

Subpart 1. Cycle. The nurse practitioner or clinical specialist with prescribing authority shall demonstrate continuing eligibility to prescribe at the time of renewal of registered nurse registration. The board shall mail a verification form for demonstrating ongoing eligibility with the renewal of registration application.

Subp. 2. Required information. Information required on the verification of continuing eligibility form includes the nurse practitioner's or clinical specialist's name, registered

nurse license number, home and practice setting addresses, home and practice setting telephone numbers, name of collaborating physician, drug categories, and, for the nurse practitioner, therapeutic devices that have been authorized, and the practice specialty of the nurse practitioner. The nurse practitioner or clinical specialist shall submit true, complete, and accurate information. The nurse practitioner or clinical specialist shall submit a verification form and fee for each written agreement. In addition, the nurse practitioner or clinical specialist shall submit a copy of the current certificate issued by the national professional nursing organization and a copy of the current written agreement, signed and dated, by the nurse practitioner or clinical specialist and collaborating physician.

Subp. 3. **Fee.** The nurse practitioner or clinical specialist must submit a fee of \$20 with the verification of continuing eligibility. The fee must be paid to the board and is not refundable.

Statutory Authority: *MS s 62A.15; 147.235; 148.191; 148.235*

History: *16 SR 960; 19 SR 2223*

6340.0600 LOSS OF ELIGIBILITY.

The nurse practitioner's or clinical specialist's prescribing authority ceases immediately if one or more of the following occur:

- A. change or loss of collaborating physician within the practice setting;
 - B. failure to renew registration as a registered nurse;
 - C. failure to demonstrate continuing eligibility to prescribe at the time of renewal of registration;
 - D. failure to maintain a nurse practitioner or a clinical specialist certificate issued by the national professional nursing organization;
 - E. change of practice setting;
 - F. termination of the written agreement by either party;
 - G. revocation of the certificate by the national professional nursing organization;
- or
- H. disciplinary action taken by the board which affects the registered nurse license or current registration certificate.

The nurse practitioner or clinical specialist shall report in writing any of the occurrences in items A to H to the board within 30 days.

Statutory Authority: *MS s 62A.15; 147.235; 148.191; 148.235*

History: *16 SR 960; 19 SR 2223*

6340.0700 PROCEDURE FOR REESTABLISHING PRESCRIBING AUTHORITY.

Subpart 1. **Reestablishing prescribing authority; first part.** For loss of eligibility as described in part 6340.0600, items A to D, the following documentation is required to reestablish eligibility.

A. If the collaborating physician changes within the practice setting, then the nurse practitioner or clinical specialist shall submit a copy of the written agreement that includes the name of the current collaborating physician.

B. If the nurse practitioner or clinical specialist fails to renew registration as a registered nurse, then the licensee shall meet the requirements for registered nurse reregistration.

C. If the nurse practitioner or clinical specialist fails to demonstrate continuing eligibility to prescribe at the time of renewal, then the nurse practitioner or clinical specialist shall submit the verification of eligibility form and fee.

D. If the nurse practitioner or clinical specialist fails to maintain current certification, then the nurse practitioner or clinical specialist shall meet the certification requirements of the national professional nursing organization and submit a copy of the current certificate.

Subp. 2. **Reestablishing prescribing authority; second part.** For loss of eligibility as listed in part 6340.0600, item E or F, the nurse practitioner or clinical specialist shall follow the procedures in items A to D to reestablish eligibility.

A. An applicant shall obtain the application forms and instruction for filing from the board. Information required on the application includes the nurse practitioner's or clinical specialist's name, registered nurse license number, home and practice setting addresses, home and practice setting telephone numbers, name of collaborating physician, drug categories and, for the nurse practitioner, therapeutic devices that have been authorized, and the practice specialty of the nurse practitioner. The application must be notarized. An applicant shall submit true, complete, and accurate information.

The nurse practitioner or clinical specialist shall submit an application, fee, and attachments for each written agreement.

B. An applicant shall submit a fee of \$50 with the application. The fee must be paid to the board. If for any reason the applicant is not eligible for prescribing authority, the fee is not refundable.

C. An applicant shall submit a copy of the current certificate issued by the national professional nursing organization.

D. An applicant shall submit a copy of the current written agreement.

Subp. 3. Reestablishing prescribing authority; third part. For loss of eligibility as listed in part 6340.0600, item G, the national professional nursing organization shall have reinstated the certificate. After the nurse practitioner or clinical specialist has been recertified, the nurse practitioner or clinical specialist shall follow the procedures in subpart 2 to reestablish eligibility.

Subp. 4. Reestablishing prescribing authority; fourth part. For loss of eligibility as listed in part 6340.0600, item H, the board shall have issued the nurse practitioner or clinical specialist an unconditional registered nurse license or current registration certificate. After the board orders an unconditional license, the nurse practitioner or clinical specialist shall follow the procedures in subpart 2 to reestablish eligibility.

Statutory Authority: *MS s 62A.15; 147.235; 148.191; 148.235*

History: *16 SR 960; 19 SR 2223*

6340.0800 CHANGES REQUIRING NOTIFICATION TO THE BOARD.

Subpart 1. Name change. The nurse practitioner or clinical specialist who has a name change shall notify the board in writing within 30 days.

Subp. 2. Address change. The nurse practitioner or clinical specialist who has a change in home or practice setting address shall notify the board in writing within 30 days.

Subp. 3. Telephone number change. The nurse practitioner or clinical specialist who has a change in home or practice setting telephone number shall notify the board in writing within 30 days.

Subp. 4. Change in categories of drugs. The nurse practitioner or clinical specialist who adds or deletes categories of drugs shall notify the board in writing within 30 days.

Subp. 5. Changes in written agreement. The nurse practitioner or clinical specialist and collaborating physician shall initial and date any changes. At the time of verification of continuing eligibility to prescribe, the nurse practitioner or clinical specialist shall submit a copy of the current written agreement that incorporates the changes.

Statutory Authority: *MS s 62A.15; 147.235; 148.191; 148.235*

History: *16 SR 960; 19 SR 2223*

6340.0900 IDENTIFICATION.

Subpart 1. Identification. In writing prescriptions, the nurse practitioner or clinical specialist shall include the nurse practitioner's or clinical specialist's name, initials, practice setting, and telephone number.

Subp. 2. Initials. The nurse practitioner shall use the abbreviation "NP" with the prefix letter designating the practice specialty as follows:

- A. gerontological nurse practitioner, "GNP";
- B. adult nurse practitioner, "ANP";
- C. family nurse practitioner, "FNP";
- D. school nurse practitioner, "SNP";

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E. pediatric nurse practitioner, "PNP";

F. women's health care nurse practitioner, "WHNP"; and

G. neonatal nurse practitioner, "NNP."

The clinical specialist shall use the abbreviation "CS."

Statutory Authority: *MS s 62A.15; 147.235; 148.191; 148.235*

History: *16 SR 960; 19 SR 2223*

6340.0950 CERTIFIED NURSE MIDWIFE.

Subpart 1. Requirements. A certified nurse midwife (CNM) shall notify the board of certification by the national professional nursing organization that certifies nurse midwives. The board shall accept a copy of the current certificate as verification of certification as a nurse midwife. A certified nurse midwife shall submit a copy of the certificate at the time of original application for licensure, at the time of initial certification as a nurse midwife if this occurs after original licensure in Minnesota, and at each renewal of registration or reregistration. A nurse midwife shall notify the board of loss of certification within 30 days of loss of certification.

Subp. 2. Information to pharmacists. The name and license number of each certified nurse midwife must be included on every list pursuant to part 6340.1000.

Statutory Authority: *MS s 62A.15; 147.235; 148.191*

History: *19 SR 2223*

6340.1000 NOTIFICATION OF PHARMACISTS.

Subpart 1. Initial notification. On March 1, 1992, and every year thereafter, the board shall mail a list of all nurse practitioners and clinical specialists with prescribing authority and certified nurse midwives to the Board of Pharmacy and all pharmacies in Minnesota.

Subp. 2. Maintaining notification. After the initial and the annual notification, the board shall notify the Board of Pharmacy on a monthly basis of changes in the list of the nurse practitioners and clinical specialists with prescribing authority as well as any changes in the list of certified nurse midwives. This change list must include additional nurse practitioners and clinical specialists who are eligible to prescribe, those nurse practitioners and clinical specialists who have lost eligibility to prescribe, and those nurse practitioners and clinical specialists who have reestablished their eligibility to prescribe. The change list must include certified nurse midwives who have notified the board of their certification or loss of certification.

Subp. 3. Nurse practitioner, clinical specialist, or nurse midwife information. The information about each nurse practitioner or clinical specialist that must be included on every list is as follows: the name of the nurse practitioner or clinical specialist, identification number, practice specialty, practice setting name, practice setting address, and practice setting telephone number. For those nurse practitioners or clinical specialists who have lost eligibility to prescribe, the practice setting telephone number may be omitted. For nurse midwives, the information must include the nurse midwife's name and license number.

Subp. 4. Master record. The board shall maintain information on each nurse practitioner and clinical specialist that includes the drug categories and, for the nurse practitioner, the therapeutic devices that the nurse practitioner is authorized to prescribe. This information shall be made available to pharmacists on request.

Statutory Authority: *MS s 62A.15; 147.235; 148.191; 148.235*

History: *16 SR 960; 19 SR 2223*

6340.1100 VIOLATION OF RULES.

Any nurse practitioner, clinical specialist, or nurse midwife who violates a rule in this chapter is subject to board disciplinary action under Minnesota Statutes, sections 148.261, subdivision 1, and 148.262.

Statutory Authority: *MS s 62A.15; 147.235; 148.191; 148.235*

History: *16 SR 960; 19 SR 2223*