

4. If a majority of the parole panel votes to grant full reconsideration, the following procedures shall apply.

a. The case shall be set for review at the next available parole panel hearing date. The review shall be conducted from the record of the first hearing. The appearance of the offender shall not be necessary.

b. If a committee/panel member wishes to have additional testimony, an appearance hearing may be conducted.

c. The panel shall vote after reviewing the initial taped interview and the record.

d. A decision to change the result of the hearing that is the subject of the reconsideration review shall require a unanimous vote of the parole panel conducting the reconsideration review.

e. The panel's decision to change the result of the hearing under full reconsideration review or to let the result stand shall be final.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 15:574.2 et seq., R.S. 15:535 et seq., and R.S. 15:540 et seq.

**HISTORICAL NOTE:** Promulgated by the Department of Public Safety and Corrections, Board of Parole, LR 24:2301 (December 1998), amended by the Office of the Governor, Board of Pardons, Committee on Parole, LR 39:2266 (August 2013), amended by the Office of the Governor, Board of Pardons, LR 40:58 (January 2014).

#### **Chapter 11. Violations of Parole**

##### **§1115. Decision of the Parole Panel**

A. - B.2. ...

C.1. At the conclusion of the hearing, the panel will advise the offender orally of its decision and he will be furnished with a copy of the parole revocation decision form.

2. A copy of each parole revocation decision form will also be forwarded to the Probation and Parole district office assigned supervision of the offender.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 15:574.2 et seq., R.S. 15:535 et seq., and R.S. 15:540 et seq.

**HISTORICAL NOTE:** Promulgated by the Department of Public Safety and Corrections, Board of Parole, LR 24:2306 (December 1998), amended by the Office of the Governor, Board of Pardons, Committee on Parole, LR 39:2274 (August 2013), amended by the Office of the Governor, Board of Pardons, LR 40:59 (January 2014).

#### **Chapter 13. Time Served**

##### **§1301. Time Must Be Served if Revoked**

A.1. - 2. ...

3. A parolee, offender who has been granted parole by the committee before August 15, 1997 for a crime committed on or after July 26, 1972, and who has been revoked for violating the terms of parole granted by the board committee, shall forfeit all good time earned on that portion of the sentence served prior to the granting of parole, up to a maximum of 180 days.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 15:574.2 et seq., R.S. 15:535 et seq., R.S. 15:540 et seq. and R.S. 15:571.5.

**HISTORICAL NOTE:** Promulgated by the Department of Public Safety and Corrections, Board of Parole, LR 24:2306 (December 1998), amended by the Department of Public Safety and Corrections, Corrections Services, LR 36:2872 (December 2010), amended by the Office of the Governor, Board of Pardons,

Committee on Parole, LR 39:2274 (August 2013), amended by the Office of the Governor, Board of Pardons, LR 40:59 (January 2014).

Sheryl M. Ranatza  
Chairman

1401#014

### **RULE**

#### **Department of Health and Hospitals Board of Nursing**

Advance Practice Registered Nurses  
(LAC 46:XLVII.4503, 4505, 4507, 4511, 4513, and 4517)

In accordance with R.S. 37.911 et seq., authorizes the Louisiana State Board of Nursing to regulate individuals with the desire to practice as a registered nurse or advanced practice registered nurse and adopts the rules and regulations to implement the provisions of the Nurse Practice Act. The Rule will allow for alignment with the nationally proposed uniform requirements for advanced practice registered nurses. This model is aimed at public protection by ensuring uniformity across all jurisdictions. Uniformity of national standards and regulation not only allows for the mobility of nurses, it also served the public by increasing access to care. The need for standardization also affects the livelihood of practicing APRN's and their ability to relocate to areas experiencing health care shortages. The changes provide for consistent definitions regarding advanced practice registered nursing which specify role and population focus. The rules eliminate issuance of a temporary permit to practice as a advanced practice registered nurse for the new graduate and assures that authorization to practice depends on achieving certification. The revisions streamline the requirements for submitting changes in collaborative practice agreements. The rules clarify the actions the regulatory agency may take if the licensee does not meet requirements for licensure or if the licensee must demonstrate further competency to ensure public safety; modification of the licensure/credentialing processes to require evidence of completed education and board certification prior to licensure, requirement for continued certification requirement and authorization of prescriptive authority which allows for thorough validation of core competencies.

#### **Title 46**

#### **PROFESSIONAL AND OCCUPATIONAL STANDARDS**

#### **Part XLVII. Nurses: Practical Nurses and Registered Nurses**

#### **Subpart 2. Registered Nurses**

#### **Chapter 45. Advanced Practice Registered Nurses**

##### **§4503. Titles**

A. Advanced practice registered nurse (APRN) means a licensed registered nurse who has completed an accredited graduate level education program preparing the individual in one or more APRN role and population foci, is certified by a nationally recognized certifying body in one or more role and population focus and who meets the criteria for an advanced practice registered nurse as established by the board.

B. A nurse licensed as an advanced practice registered nurse (APRN) shall include, but not be limited to, the following functional roles.

1. *Certified Nurse Midwife (CNM)*—an advanced practice registered nurse educated in the disciplines of nursing and midwifery and certified according to a nationally recognized certifying body, such as the American College of Nurse-Midwives Certification Council, as approved by the board and who is authorized to manage the nurse-midwifery care of newborns and women in the antepartum, intrapartum, and postpartum periods as well as primary care for women across their lifespan and treatment of their male partners for sexually transmitted infections (STI).

2. *Certified Registered Nurse Anesthetist (CRNA)*—an advanced practice registered nurse educated in the field of nurse anesthesia and certified according to the requirements of a nationally recognized certifying body as approved by the board and who is authorized to select and administer anesthetics or ancillary services to patients across the life span under their care.

3. *Clinical Nurse Specialist (CNS)*—an advanced practice registered nurse educated as a CNS and is certified according to the requirements of a nationally recognized certifying body as approved by the board. CNSs are expert clinicians in a specialized area of nursing practice and population focus and practice in a wide variety of health care settings by providing direct patient care and influencing health care outcomes by providing expert consultation and by implementing improvements in health care delivery systems. CNS practice integrates nursing practice which focuses on assisting patients in the prevention or resolution of illness through medical diagnosis and treatment of disease, injury or disability.

4. *Certified Nurse Practitioner (CNP)*—an advanced practice registered nurse educated in a specified area of care and certified according to the requirements of a nationally recognized certifying body as approved by the board and who is authorized to provide primary, acute, or chronic care as an advanced nurse practitioner acting within his scope of practice to individuals, families, and other populations in a variety of settings including, but not limited to, homes, institutions, offices, industry, schools, and other community agencies.

5. Repealed.

C. A licensed advanced practice registered nurse must use the title "APRN." The APRN role of certification and/or education designation may be used before or after APRN as follows:

1. certification:

- a. CNM—certified nurse midwife;
- b. CRNA—certified registered nurse anesthetist;
- c. CNS—clinical nurse specialist;
- d. CNP—certified nurse practitioner;

2. education:

- a. MSN, MN, MS or other appropriate degree at the master's level;
- b. DNP, DNS, EdD, PhD, or other appropriate degree at the doctorate level.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 22:281 (April 1996),

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amended LR 27:723 (May 2001), LR 31:2012 (August 2005), LR 40:59 (January 2014).

#### §4505. Definitions

*Accrediting Agency*—an organization which establishes and maintains standards for professional nursing or nursing-related programs and recognizes those programs that meet these standards.

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*Advanced Practice Nursing Education Program*—a program whose purpose is to prepare advanced practitioners of nursing with a graduate degree or post-graduate certification/award by an academic institution accredited or awarded pre-approval, pre-accreditation status by a nursing or nursing-related accrediting organization recognized by the U.S. Department of Education (USDE) and/or the Council for Higher Education Accreditation (CHEA) and whose graduates are eligible for certification as an advanced practice registered nurse.

*Advanced Practice Registered Nurse (APRN)*—a registered nurse:

1. who has completed an accredited graduate-level education program preparing him/her for one of the four recognized APRN roles in addition to a population focus;
2. who has passed a national certification examination that measures APRN role and population-focused competencies and who maintains continued competence as evidenced by recertification in the role and population through the national certification program;
3. who has acquired advanced clinical knowledge and skills preparing him/her to provide direct care to patients;
4. whose practice builds on the competencies of registered nurses (RNs) by demonstrating a greater depth and breadth of knowledge, a greater synthesis of data, increased complexity of skills and interventions, and greater role autonomy;
5. who is educationally prepared to assume responsibility and accountability for health promotion and/or maintenance as well as the assessment, diagnosis, and management of patient problems, which includes the use and prescription of pharmacologic and non-pharmacologic interventions;
6. who has clinical experience of sufficient depth and breadth to reflect the intended license;
7. who has obtained a license to practice as an APRN;
8. who is expected to practice within established standards and is accountable for the quality of advanced nursing care rendered, for recognizing limits of knowledge and experience, planning for the management of situations beyond one's expertise; and for consulting with or referring patients to other health care providers as appropriate.

*Advanced Practice Registered Nurse Student*—any licensed registered nurse enrolled as a student in an educational program approved by the board which prepares the individual for APRN licensure.

*Advanced Practice Registered Nursing*—nursing by a certified registered nurse anesthetist, certified nurse midwife, clinical nurse specialist, or nurse practitioner which is based on knowledge and skills acquired in a basic nursing education program, licensure as a registered nurse, and a minimum of a graduate degree with a concentration in one or more respective advanced practice nursing role and population focus which includes both didactic and clinical

components, advanced knowledge in nursing theory, physical and psychosocial assessment, nursing interventions, and management of health care.

**Advanced Practice Registered Nursing Role**—a designated area of advanced practice in which the registered nurse holds a graduate degree with a concentration in the respective area of practice that includes both the didactic and clinical components, advanced knowledge in nursing theory, physical and psychosocial assessment, nursing interventions, pharmacotherapeutics, and management of health care and also prepares the APRN for national certification. For the purpose of this part, the *area of practice* is defined within the context of the role and population focus of advanced practice nursing. The four APRN roles include: certified registered nurse anesthetist, certified nurse midwife, clinical nurse specialist, and nurse practitioner.

**Approval**—a status indicating the program has met the legal standards established by the board.

**Approved Program**—a nursing education program approved by the board.

**Assessment Studies**—diagnostic studies including, but not limited to laboratory testing, radiologic studies, electrocardiograms, pulmonary function tests, and pharmaceutical diagnostic testing.

**Board**—the Louisiana State Board of Nursing.

**Clinical Practice Guidelines**—refers to written or electronic documents, jointly agreed upon by the collaborating professionals that describe a specific plan, arrangement, or sequence of orders, steps, or procedures to be followed or carried out in providing patient care in various clinical situations. These may include textbooks, reference manuals, electronic communications, and internet sources. *Clinical practice guidelines* must be commensurate with the APRN's knowledge, skills and abilities; in accordance with current standards of care and evidence-based practice for the APRN role and population focus; address types or categories or schedules of drugs for prescription; be specific to the practice setting; and be maintained on site.

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**Collaborative Practice Agreement**—a formal written statement/document addressing the parameters of the collaborative practice which are mutually agreed upon by the advanced practice registered nurse and one or more licensed physicians or dentists which shall include but not be limited to the following provisions:

1. - 3. ...

**Contact Hour**—a unit of measurement that describes 60 minutes of participation in an educational activity, which meets the board's continuing education criteria. Ten *contact hours* equal one continuing education unit (CEU).

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**National Nursing Accrediting Body**—the National League for Nursing Accreditation Commission (NLNAC), the Commission for Collegiate Nursing Education (CCNE), Accreditation Commission for Midwifery Education (ACME), or the Council on Accreditation of Nurse Anesthesia Educational Programs (COA).

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**Nationally Recognized Certifying Body**—a national certification organization which certifies qualified licensed registered nurses as advanced practice registered nurses and

which establishes and requires certain eligibility criteria related to education and practice, offers an examination in an advanced practice nursing role and population which meets current psychometric guidelines and tests, and is approved by the board.

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**Population Focus**—term referenced in the National Counsel for State Boards of Nursing's document entitled "Consensus Model for APRN Regulation: Licensure Accreditation, Certification, and Education" which refers to one of the areas of concentrated study and practice provided to a collection of specified individuals who have characteristics in common. A broad, population-based focus of study encompasses common problems and aspects of that group of patients and the likely co-morbidities, interventions, and responses to those problems. Examples include, but are not limited to neonatal, pediatric, women's health, adult, family, mental health, etc. A *population focus* is not defined as a specific disease/health problem or specific intervention.

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**Prescription Monitoring Program (PMP)**—a system for the monitoring of controlled substances and other drugs of concern dispensed in the state or dispensed to an address within the state as established in R.S. 40:1001-1014.

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**Published Professional Standards**—level of performance that advanced practice registered nurses, within their specific role and population focus, are required to achieve and maintain in their practice; represents the criteria against which the performance of all advanced practice registered nurses within the role and population focus is considered as published by the relevant professional nursing organizations.

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**Role**—the advanced practice area for which a graduate level nursing program prepares its graduates. The four *roles* for advanced practice registered nurse licensure include certified nurse midwives, certified registered nurse anesthetists, clinical nurse specialists, and certified nurse practitioners.

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**Subspecialty**—Repealed.

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**AUTHORITY NOTE:** Promulgated in accordance with R.S. 37:918.

**HISTORICAL NOTE:** Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 27:724 (May 2001), amended LR 31:2013 (August 2005), LR 40:60 (January 2014).

#### **§4507. Licensure as Advanced Practice Registered Nurse**

A. - A.1.a. ...

b. completion of a minimum of a graduate degree with a concentration in the respective advanced practice nursing role and population focus or completion of a post master's concentration in the respective advanced practice nursing role and population focus from a program accredited by a nursing or nursing related accrediting body that is recognized by the U.S. secretary of education and/or the Council for Higher Education Accreditation (CHEA) and otherwise approved by the board. Exception to the graduate degree may be granted to those applicants who provide documentation as requested by the board that, prior to

December 31, 1995, the applicant completed or was continuously enrolled in a formalized post-basic education program preparing for the advanced practice nursing role and population focus as approved by the board prior to December 31, 1995 as follows:

i. a program of studies offered through an institution of higher education which qualifies the graduate to take a certification examination in the advanced practice role and population foci; or

ii. a program of studies accepted by a nationally recognized certifying body which is recognized by the Louisiana State Board of Nursing.

iii. Repealed.

c. ...

d. submission of evidence of current certification in the respective advanced practice nursing role and population focus by a nationally recognized certifying body approved by the board.

e. ...

f. submission to criminal history record information as specified in LAC 46:XLVII.3330;

g. after initial licensure, applicants seeking licensure for advanced practice in an additional specialty and/or functional role shall meet the requirements stated in LAC 46:XLVII.4507.A.1.a-d.

h. if there is a gap equal to or greater than two years between the completion of the graduate or post graduate program as delineated in LAC 46:XLVII.4507.A.1.b and the application for initial licensure, the applicant must provide additional verification of competency as requested by the board and may be required to appear before the board (or its committee) for further consideration before licensure or a temporary permit may be granted.

2. The board will verify all licensure and certification requirements via primary source verification as requested including:

- a. licensure;
- b. education;
- c. certification; and
- d. information relevant to the practice of the APRN.

3. An APRN license shall be issued with an expiration date that coincides with the applicant's RN license.

#### B. Temporary Permit—Initial Applicants

1. An APRN applicant that has a gap equal to or greater than two years between the completion of the graduate or post graduate program as delineated in LAC 46:XLVII.4507.A.1.b and the application for initial licensure, may be granted a temporary permit for a maximum of 120 days which allows the applicant to practice under the guidance of an APRN or physician who is engaged in active clinical practice and holds an active, unencumbered, unrestricted licensed within the role and population or practice specialty of the applicant. Evidence must be submitted to the board delineating that the applicant:

a. holds an active, unencumbered, unrestricted and valid registered nurse license in Louisiana;

b. is in the process of applying for initial licensure under LAC 46:XLVII.4507.A;

c. holds current certification in the respective advanced practice nursing role and population focus by a nationally recognized certifying body approved by the board;

d. meets requirements of LAC 46:XLVII.4507.A.1.h; and

e. there are no grounds for disciplinary proceedings as stated in R.S. 37:921.

2. A nurse practicing under the temporary permit shall use the title advanced practice registered nurse applicant or APRN applicant.

3. The APRN temporary permit may be extended for justifiable causes.

4. If allegations of acts or omissions which constitute grounds for disciplinary action as defined in R.S. 37:911 et seq., or any rule promulgated by the board is received during the permit interval, the temporary permit issued pursuant to this Section above shall be recalled and licensure denied or delayed in accordance with LAC 46:XLVII.3331 or until such time as the person completes the disciplinary process.

C. ...

1. If the applicant is applying from another jurisdiction that licenses the role and population focus of the APRN for which the applicant is seeking licensure, the applicant shall submit:

a. - c. ...

d. verification of licensure status directly from the jurisdiction of original licensure in the advanced practice nursing role and population focus;

e. verification of current unencumbered, unrestricted license in the registered nurse and advanced practice nursing role and population focus directly from the jurisdiction of current or most recent employment as an APRN;

f. verification of educational requirements as stated in LAC 46:XLVII.4507.A.1.b;

g. verification of current unconditional national certification in the respective role and population focus as recognized by the board; and

h. submission to criminal history record information as specified in LAC 46:XLVII.3330.

2. If the applicant is applying from a jurisdiction that does not license the APRN role and/or population focus for which the applicant is seeking licensure, the applicant shall submit in addition to Subparagraphs C.1.a, b, c, f, g, and h as stated above:

a. documentation of the applicant's qualifications for advanced practice directly from the board in the state where the applicant first practiced in the APRN role and/or population focus; and

b. documentation of the applicant's qualifications for advanced practice directly from the board in the state where the applicant was last employed in the APRN role and/or population focus.

3. If the applicant is applying from a jurisdiction that does not verify advanced practice or does not meet the endorsement requirements, the applicant shall qualify by meeting the requirements for initial APRN licensure, LAC 46:XLVII.4507.A and B.

4. if the applicant has not been engaged in clinical practice as an APRN for two years or more, the applicant must provide additional verification of competency as requested by the board and may be required to appear before the board (or its committee) for further consideration before licensure or a temporary permit may be granted.

D. Temporary Permit: Endorsement Applicants

- 1. - 1.c. ...
- d. Repealed.

2. The APRN temporary permit may be extended for justifiable causes.

3. If allegations of acts or omissions which constitute grounds for disciplinary action as defined in R.S. 37:911 et seq., or any rule promulgated by the board is received during the permit interval, the temporary permit issued pursuant to this Section above shall be recalled and licensure denied or delayed in accordance with LAC 46:XLVII.3331 or until such time as the person completes the disciplinary process.

E. Renewal of Licenses by Certification or Commensurate Requirements

1. The date for renewal of licensure to practice as an APRN shall coincide with renewal of the applicant's RN license. Renewal of the APRN license is contingent upon renewal of the RN license and verification that there are no grounds for disciplinary proceedings as stated in R.S. 37:921. RN and APRN license renewal must be submitted to the board electronically through the board website annually prior to current licensure expiration. Renewal includes but is not limited to the following components:

- a. completion of renewal applications for both RN and APRN licensure available at the board website during annual renewal season;

- b. evidence of current certification/recertification in each APRN role and population focus being renewed by a national certifying body approved by the board;

- c. payment of the annual licensure renewal fee as specified in LAC 46:XLVII.3341.

2. APRNs initially licensed in accordance with R.S. 37:912(B)(3)(4) (grandfathered) and who are not advanced practice certified, or R.S. 37:920(A)(2) whose role and population focus does not provide for certification/recertification (commensurate requirements) shall submit the following documentation for renewal, in addition to meeting the requirements specified above in §4507.E.1.a-c:

- a. - d. ...
- e. Repealed.

3. An advanced practice registered nurse shall maintain current national certification and/or recertification as required in all subsections regarding licensure throughout the entire licensure period. Failure of any APRN to submit evidence of and maintain current active certification or recertification shall result in the APRN license becoming inactive and invalid and the APRN shall not practice or use the title of advanced practice registered nurse until the requirements for reinstatement of the APRN license are met.

4. Any advanced practice registered nurse who practices during the time the APRN license is inactive and invalid will be subject to disciplinary action and will not be reinstated until such time as the person completes the disciplinary process.

F. Reinstatement of an APRN License

- 1. - 1.c. ...

- d. APRNs initially licensed in accordance with R.S. 37:912(B)(3)(4) or 920(A)(2) whose role and population focus does not provide for certification/recertification shall submit the following documentation for each year of inactive or lapsed status:

- 1.d.i. - 2.a. ...

- b. practice under the temporary permit and current practice standards set forth by the respective advanced practice nursing role and population focus; and

- c. - d. ...

- e. if seeking commensurate requirements the applicant must practice under the guidance of a clinical preceptor approved by the board for a minimum of 800 hours of clinical practice in the area of clinical specialization when certification is not available; and

- f. - g. ...

3. If allegations of acts or omissions which constitute grounds for disciplinary action as defined in R.S. 37:911 et seq., or any rule promulgated by the board is received during the permit interval, the temporary permit issued pursuant to this Section above shall be recalled and licensure denied or delayed in accordance with LAC 46:XLVII.3331 or until such time as the person completes the disciplinary process.

4. if the applicant has not been in clinical practice as an APRN for two years or more, the applicant must provide additional verification of competency as requested by the board and may be required to appear before the board (or its committee) for further consideration before licensure or a temporary permit may be granted.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 22:281 (April 1996), amended LR 27:724 (May 2001), LR 29:580 (April 2003), LR 31:1340 (June 2005), LR 31:2015 (August 2005), LR 32:247 (February 2006), LR 37:3027 (October 2011), LR 40:61 (January 2014).

**§4511. Advanced Practice Registered Nurse Professional Certification Programs**

A. A national certifying body which meets the following criteria shall be recognized by the board as mandated by R.S. 37:913:

- 1. - 3. ...

- 4. requires a graduate degree as the minimal educational level for certification or otherwise approved by the board;

- 5. utilizes an application process and credential review which includes documentation that the applicant's didactic education has concentrated in the advanced nursing practice role and population focus being certified, and that the applicant's clinical practice is in the advanced nursing role and population focus of certification;

- 6. - 9. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 22:283 (April 1996), amended LR 31:2023 (August 2005), LR 40:63 (January 2014).

**§4513. Authorized Practice**

- A. - C.8. ...

- D. Prescriptive and Distributing Authority. An advanced practice registered nurse (APRN) shall practice in a manner consistent with the definition of advanced practice set forth in R.S. 37:913(3). An APRN may be granted prescriptive authority to prescribe assessment studies, including pharmaceutical diagnostic testing (e.g., dobutamine stress testing) legend and certain controlled drugs, therapeutic regimens, medical devices and appliances, receiving and distributing a therapeutic regimen of prepackaged drugs

prepared and labeled by a licensed pharmacist, and free samples supplied by a drug manufacturer, and distributing drugs for administration to and use by other individuals within the scope of practice as defined by the board in R.S. 37.913(3)(b).

1. The applicant shall:

a. hold a current, unencumbered, unrestricted and valid registered nurse license in Louisiana with no pending disciplinary proceedings as stated in R.S. 37:921;

b. hold a current, unencumbered, unrestricted and valid APRN license;

c. hold current national certification in the advanced practice nursing role and population focus by a nationally recognized certifying body approved by the board;

d. submit a notarized application on a form provided by the board with a non-refundable fee as set forth in LAC 46:XLVII.3341;

e. provide evidence of:

i. 500 hours of clinical practice as a licensed APRN or APRN applicant within two years in the role and population focus for which the applicant was educationally prepared as an APRN immediately prior to applying for prescriptive and distributing authority; practice in another state as a licensed APRN may be accepted to meet this requirement; clinical practice obtained during the graduate program which meets requirements of eligibility for certification and which prepared the APRN or APRN applicant for the advanced practice nursing role may be accepted to meet this requirement;

ii. successful completion of a minimum of 45 contact hours of education (3 credit hour academic course) in advanced pharmacotherapeutics obtained as a component of a formal educational program preparing registered nurses for advanced practice, approved by the board;

iii. successful completion of a minimum of 45 contact hours (3 credit hour academic course) in advanced physiology/pathophysiology in a formal educational program approved by the board for preparation for advanced practice registered nurses;

iv. successful completion of a minimum of 45 contact hours (3 credit hour academic course) in advanced health assessment in a formal educational program approved by the board for preparation for advanced practice registered nurses; or

v. any deviation from Clause I.e.i, ii, iii, or iv shall be submitted to the board for review and approval; and

vi. a collaborative practice agreement as defined in §4513.B.1, 2 and 3, with one or more licensed collaborating physicians which shall include, but not be limited to:

(a). a plan of accountability among the parties that:

(i). defines the prescriptive authority of the APRN and the responsibilities of the collaborating physician or physicians;

(ii). delineates a plan for hospital and other healthcare institution admissions and privileges which includes a statement that the collaborating physician must have said privileges at the same institution before an APRN can receive this determination at said institution;

(iii). delineates mechanisms and arrangements for diagnostic and laboratory requests for testing; and

(iv). delineates a plan for documentation of medical records;

(b). clinical practice guidelines as required by R.S. 37:913(9)(b) shall contain documentation of the types or categories or schedules of drugs available and generic substitution for prescription and be in accordance with current standards of care and evidence-based practice for the APRN specialty and functional role and be:

(i). mutually agreed upon by the APRN and collaborating physician;

(ii). specific to the practice setting;

(iii). maintained on site; and

(iv). reviewed and signed at least annually by the APRN and physician to reflect current practice;

(c). documentation of the availability of the collaborating physician when the physician is not physically present in the practice setting. Physicians shall be available to provide consultation as needed:

(i). physician shall be available by telephone or direct telecommunications for consultation, assistance with medical emergencies, or patient referral, as delineated in the collaborative practice agreement; and

(ii). the secondary (back-up) physician or physicians shall be in good standing and approved by the Louisiana State Board of Medical Examiners and sign the collaborative practice agreement;

(iii). in the event the collaborating physician and any secondary (back-up) collaborating physician(s) are unavailable, the APRN will not prescribe;

(d). documentation shall be shown that patients are informed about how to access care when both the APRN and/or the collaborating physicians are absent from the practice setting; and

(e). an acknowledgement of the mutual obligation and responsibility of the APRN and collaborating physician to insure that all acts of prescriptive authority are properly documented.

2. Prescriptive Authority

a. Prescribing Controlled Substances and Legend Drugs

i. The LSBN shall review the application, reapplication or renewal, the collaborative practice agreement for prescriptive authority and all related materials and shall approve, modify, or deny the application, reapplication or renewal for prescriptive authority. An APRN with prescriptive authority approved by the board may prescribe drugs and therapeutic devices as recommended by clinical practice guidelines and the parameters of the collaborative practice agreement.

ii. Prior to granting an APRN prescriptive authority the collaborating physician or physicians license(s) shall be verified through the Louisiana State Board of Medical Examiners.

iii. An APRN granted prescriptive authority shall comply with all federal and state laws and rules in prescribing, distributing, and administering drugs.

iv. The APRN who has been given proper authority to prescribe whether in person or by an electronic means or over the Internet or over telephone lines must meet the following requirements:

(a). perform and appropriately document a history and physical examination, and make a diagnosis based upon the examination and all diagnostic and laboratory tests;

(b). formulate a therapeutic plan that is discussed with the patient;

(c). state the availability of the APRN or coverage for the patient for follow-up care;

(d). all of the above must be included in the collaborative practice agreement.

v. Each order for a prescription, whether written, faxed, oral, or electronic shall include the information in accordance with the rules and regulations as set forth by the Louisiana Board of Pharmacy including LAC 46:LIII.2511.

(a). - (e).(iii). Repealed.

b. Controlled Substances. The board may authorize an APRN with prescriptive authority to prescribe or distribute controlled substances as defined, enumerated or included in federal or state statutes or regulations 21 CFR 1308.11-15, R.S 40:964, on an individual practice basis An APRN who is so authorized shall provide their Drug Enforcement Administration registration number on all written, electronic, or faxed prescriptions and be furnished on all oral prescriptions and shall comply with all scheduled drug prescription requirements in accordance with LAC 46:LIII.2511:

i. an APRN granted authority to prescribe or distribute controlled substances shall not utilize such substances in connection with the treatment of:

(a). - (c). ...

ii. any APRN authorized to prescribe controlled substances shall provide to the board a copy of his or her initial Louisiana controlled dangerous substance permit and Drug Enforcement Administration registration number prior to prescribing or distributing controlled substances;

iii. controlled substances which may be prescribed by an APRN shall include schedule II, III, IV and V. Controlled substances shall be limited to, consistent with, and exclusively within the parameters of the practice specialty of the collaborating physician and in the APRN's licensed role and population focus. The APRN must have been approved by the board to prescribe and distribute noncontrolled substances. The applicant must submit a collaborative practice agreement that clearly states that the controlled substances prescribed have been jointly agreed upon with the collaborating physician;

iv. the APRN must submit a collaborative practice agreement which delineates controlled substances utilization, which specifies the circumstances, limitations and extent to which such substances may be prescribed or distributed;

v. the APRNs application must state an identified need for controlled substances within the patient population served by the collaborative practice;

vi. the collaborative practice agreement must contain acknowledgment of responsibility by the

collaborating physician to ensure that the controlled substance authority of an APRN is utilized in a manner that is consistent with any rule or regulation imposed upon the APRNs practice;

vii. the APRN who is authorized to prescribe controlled substances must determine the type, dosage form, frequency of application of controlled substances prescribed to a patient. This responsibility must never be delegated to any other personnel;

viii. the APRN shall insure that the complete name and address of the patient to whom the APRN is prescribing the controlled substance appears on the prescription;

ix. the APRN shall not permit any prescription for controlled substances to be signed by any other person in the place of or on behalf of the APRN;

x. the APRN may utilize telefaxes as original prescriptions for schedule III-V as long as it has a true electronic signature;

xi. no APRN shall prescribe any controlled substance or other drug having addiction-forming or addiction-sustaining liability without a good faith prior examination and medical indication.

3. - 3.a....

b. The Louisiana State Board of Nursing has the authority to conduct random audits of patient records at practice sites where APRNs have been granted approval for prescribing legend and controlled substances.

4. - 4.d....

5. Continued Competency for Prescriptive Authority. Each year an APRN with prescriptive authority shall obtain six contact hours of continuing education in pharmacotherapeutics in their advanced nursing role and population foci. Documentation of completion of the continuing education contact hours required for prescriptive authority shall be submitted at the request of the board in a random audit procedure at the time of the APRN's license renewal. In order for the continuing education program to be approved by the board, the program shall:

a. be provided by a board approved national certifying organization or provider approved by the board;

b. include content relevant to advanced practice nursing and the use of pharmacological agents in the prevention of illness, and the restoration and maintenance of health.

6. APRN prescriptive authority may be renewed after review and approval by the board.

7. Changes in Prescriptive Authority. The APRN shall notify the board in writing requesting approval of all changes regarding physicians and practice sites including the addition and deletion of any collaborating physicians within 30 days:

a. prior to adding new collaborating physician(s) or dentists(s) and sites concurrently (i.e. new employment) to prescriptive authority privileges, the APRN shall notify the Board in writing requesting approval of such additions on forms provided by the board and submit a collaborative practice agreement;

b. prior to the addition of physician(s) or dentist(s) to a collaborative practice agreement at a site that has previously been approved by the board, the APRN shall:

i. obtain a collaborative practice agreement which is signed by the additional physician(s) or dentist(s). The collaborative practice agreement shall be identical in all aspects and content to the collaborative practice agreement which has been previously approved by the board for collaborating physician(s) or dentist(s) at this site;

ii. maintain the signed collaborative practice agreement on site at all times and provide a copy to board staff at any time it is requested;

iii. notify the board in writing within 30 days of the addition of the collaborating physician(s) or dentist(s) on a form provided by the board;

iv. provide any additional documents as requested by the board;

v. cease practicing with a collaborating physician(s) or dentist(s) if notified by the board to do so;

c. failure to abide by all provisions of this Part may result in disciplinary action.

8. - 14.a. ...

b. patients are entitled to the same freedom of choice in selecting who will fill their prescription needs as they are in the choice of an APRN. The prescription is a written or electronic direction for a therapeutic or corrective agent. A patient is entitled to a copy of the APRN's prescription for drugs or other devices. The patient has a right to have the prescription filled wherever the patient wishes.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 37:918(K), and R.S. 37:1031-1034.

**HISTORICAL NOTE:** Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 10:598 (August 1984), amended by the Department of Health and Hospitals, Board of Nursing, LR 22:283 (April 1996), amended by the Department of Health and Hospitals, Board of Nursing and Board of Medical Examiners, LR 22:981 (October 1996), LR 25:1245 (July 1999), LR, amended by the Department of Health and Hospitals, Board of Nursing, 27:727 (May 2001), amended by the Department of Health and Hospitals, Board of Nursing and Board of Medical Examiners, LR 28:487 (March 2002) repromulgated LR 28:1205 (June 2002), amended LR 31:2023 (August 2005), amended by the Department of Health and Hospitals, Board of Nursing, LR 40:63 (January 2014).

**§4517. Additional Standards for Each Advanced Practice Nurse Category**

A. The APRN is responsible and accountable for compliance to the specific standards of practice for his/her specialty and functional role and for other state and federal rules and regulations that effect his/her patient population(s).

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 37:918.

**HISTORICAL NOTE:** Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 22:284 (April 1996), amended LR 27:727 (May 2001), LR 31:2027 (August 2005), LR 40:66 (January 2014).

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Executive Director

1401#015

**RULE**

**Department of Health and Hospitals  
Bureau of Health Services Financing**

**Coordinated Care Network  
Prescription Drugs Prior Authorization Form  
(LAC 50:1.3303 and 3503)**

The Department of Health and Hospitals, Bureau of Health Services Financing has amended LAC 50:1.3303 and §3503 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to title XIX of the Social Security Act. This Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

**Title 50**

**PUBLIC HEALTH—MEDICAL ASSISTANCE**

**Part I. Administration**

**Subpart 3. Medicaid Coordinated Care**

**Chapter 33. Coordinated Care Network Shared Savings Model**

**§3303. Shared Savings Model Responsibilities**

A. - T.3. ...

U. The department shall require all managed care organizations participating in coordinated care networks to utilize the standard form designated by the department for the prior authorization of prescription drugs, in addition to any other currently accepted facsimile and electronic prior authorization forms.

1. A CCN-S may submit the prior authorization form electronically if it has the capabilities to submit the form in this manner.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

**HISTORICAL NOTE:** Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 37:1578 (June 2011), amended LR 40:66 (January 2014).

**Chapter 35. Coordinated Care Network Managed Care Organization Model**

**§3503. Managed Care Organization Model Responsibilities**

A. - S.3. ...

T. The department shall require all managed care organizations participating in coordinated care networks to utilize the standard form designated by the department for the prior authorization of prescription drugs, in addition to any other currently accepted facsimile and electronic prior authorization forms.

1. A CCN-P may submit the prior authorization form electronically if it has the capabilities to submit the form in this manner.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

**HISTORICAL NOTE:** Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 37:1583 (June 2011), amended LR 39:92 (January 2013), LR 40:66 (January 2014).