

Memorandum

To: Nurses with Prescriptive Authority

From: Tracy Klein, RN, MS, FNP
Advanced Practice Consultant

Re: Board Update

Date: March 18, 2009

Policy Adopted

The Board adopted an update to its policy on Nurse Practitioners and Involuntary Commitment Orders to add Clinical Nurse Specialists. An updated policy can be located on the Board's website at www.oregon.gov/OSBN under the "Board Policies" link.

Legislative Update: Prescribing Issues HB 3022 (Expedited Partner Therapy)

This bill was introduced at the request of the Department of Human Services. At the direction of the Board, testimony was provided on March 9, 2009 in support of potential legislative change to permit the process of Expedited Partner Therapy. Expedited Partner Therapy is the term used for allowance by a licensing Board and/or pharmacy for additional prescriptions to be generated when a patient is diagnosed with gonorrhea or chlamydia. If passed HB 3022 states that a Board may write rules which would allow this practice for identified sexually transmitted infections. The Board is monitoring this bill and would need to initiate public rulemaking in order to enact it if passed.

SB 605 (Practitioner Dispensing)

This bill was introduced at the request of the Oregon Nurses Association. It would permit Nurse Practitioners or Clinical Nurse Specialists with dispensing authority to delegate non-judgmental dispensing functions to other persons such as their staff. If passed it would require rulemaking by the Board to change the current requirement that all medications dispensed by nurse prescribers be personally dispensed.

SB 355 (Electronic Prescription Monitoring Program)

This bill was introduced at the request of the Human Services and Rural Health Policy Committee. It would require a data base of any controlled substances prescribed through a pharmacy, which could be queried by patients as well as practitioners. Similar legislation was passed in Washington last year, though it has not been enacted due to budget restrictions. The Board offered written testimony in support of this bill.

Signing Prescriptions and other Prescribing Questions

The Board relies on guidance from several sources to determine the foundations of what constitutes a legal and valid prescription. For nurse prescribers, the majority of regulations are found in Division 56 of the Oregon Nurse Practice act, which has been written to reflect current state pharmacy and federal law. However, the Board continues to get a number of questions regarding what is expected related to the legal transmission of a prescription in Oregon. The following FAQs will help address some of the more common areas of concern:

I am a Nurse Midwife. The pharmacist called and told me I can't use CNM on my prescription. What are they talking about?

There are a number of different categories of midwifery practice in Oregon, both licensed and unlicensed. Only nurse midwife nurse practitioners have prescriptive authority for a full range of legend and controlled substances. Therefore, in order to verify your prescriptive authority the pharmacist is looking for the title "NMNP" in conjunction with your legal signature. The addition of CNM, which indicates national board certification, is optional, but cannot be used in place of your legal title of licensure.

I am married and practice as Susan Jones, but my married name is Susan Smith. What must be on my prescriptions?

Your prescriptive authority is issued in conjunction with a current NP or CNS license. Therefore, the name on your license must be the same as the name on your prescriptions.

My name is Marguerite Johnson. I sign my prescriptions M. Johnson because everyone knows who I am and it is printed at the top of my prescription pad. I was recently told this is a problem—why?

A quick search of the DEA data base reveals a total of 32 prescribers in Oregon and Washington alone whose names could be abbreviated M. Johnson. The assumption cannot be made that the name printed on the prescription matches the signature unless the full name is spelled out.

How come I can write for 90 days worth of Ritalin but can't write for 30 days with 2 refills?

There are no refills on Schedule II medications per federal law. It is, however, legal to write one prescription with up to a 90 day supply indicated. See the Oregon State Board of Pharmacy's website for frequently asked questions regarding controlled substance prescriptions:

<http://www.oregon.gov/Pharmacy/FrequentlyAskedQuestions.shtml>.

I have a patient on Suboxone. Can I prescribe this?

No. This drug may only be prescribed by an MD or DO with specific DEA registration. See this link for further details and frequently asked questions:

<http://buprenorphine.samhsa.gov/faq.html#A15>.

What happened to those notices on the Nurse Practitioner Formulary you used to send out?

The Nurse Practitioner Formulary was eliminated in the 2008 interim legislative session. In its place, the Board adopted requirements in Division 56 which spell out the basic standards and expectations for safe prescribing. As with the old Formulary, all drugs prescribed by nurse prescribers must have FDA approval. The exception is a patient enrolled in an expanded access or US Institutional Review Board clinical trial.