

**APRN SCHEDULE II APPLICATION
PLAN OF SUPERVISION AMENDMENT**

(Include The Updated Plan Of Supervision, A Letter Of Request, And The \$50 Fee With This Document)

The Board will not approve the initiation of schedule II prescriptions for chronic pain and ADHD. The authority, if granted, is for the renewal of those prescriptions only. The Board will approve the initiation of no more than one week's supply of schedule II drugs for acute pain. Applications requesting methadone prescribing authority will be rejected.

Proposed Effective date: _____

This proposed addition to our original Plan of Supervision intends to include the ability of the Advanced Practice Registered Nurse (APRN) to initiate acute prescriptions or renew chronic prescriptions of certain schedule II drugs under the following conditions (continue on separate paper, if necessary):

1. Practice setting description, in detail.

2. Schedule II prescribing authority is sought for:

Type 1: Type 2: Type3:

The Board has defined 3 types of prescribing authorities. They are:

Type 1: Pain*

Type 2: ADHD/Psychiatric**

Type 3: Pain* & ADHD/Psychiatric**

* Pain – The APRN may prescribe for Acute Pain with limited quantity (one-week supply) prescriptions only; the APRN may prescribe for Chronic Pain with renewal prescriptions only.

** ADHD/Psychiatric – The APRN may prescribe for ADHD or Psychiatric conditions with renewal prescriptions only, i.e. the primary supervising physician must initiate the prescription..

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3. Describe the training and knowledge base of the APRN and the plan for continuing education related specifically to the drugs being proposed for use.

4. Every situation in which schedule II drugs are prescribed must be fully supervised and monitored. Describe the plan for supervision and monitoring.

This proposal is jointly agreed to and submitted by **(Please Print and Sign your names)**:

Advanced Practice Registered Nurse

Primary Supervising Physician

_____, APRN

_____, MD

Date: _____

Date: _____

Request For Schedule II Prescriptive Authority for Advanced Practice Registered Nurses

The process for requesting, reviewing, and granting authority to the Primary Supervising Physician to delegate the prescribing of schedule II drugs includes the following steps:

1. Requests for authorization to prescribe schedule II drugs should be submitted by the Primary Supervising Physician (PSP) by a letter of request, including a proposed amendment to the Plan Of Supervision (POS), with that document including relevant detail regarding what types of drugs may be prescribed, to whom, and in what circumstances essential to their practice to assure patient safety and appropriate treatment. **Also indicate whether any open complaints exist against the APRN's license.**
2. APRN's will be bound by specific criteria established by the board regarding their POS agreement. Within the POS, specific guidelines must be documented in detail concerning when the prescribing of schedule II drugs are considered necessary within the practice.
3. The application fee is \$50.00. The renewal fee after two years is \$50.00.

If the board finds the criteria are sufficiently met within the POS, the board may grant the APRN limited schedule II prescription authority as defined in the submitted POS. The Board will consider the following criteria in assessing the appropriateness of the request:

1. Travel distance or lack of access to a licensed physician by the patient or the APRN.
 2. Training and general competence of the APRN.
 3. Specific training and supervision management by the supervising physician.
 4. Clearly identified protocols in the written Plan of Supervision.
 5. Other situation-specific facts or particular needs that will improve patient access to critically needed medications, while assuring the protection of the health and safety of the public.
 6. Any open complaints.
4. The schedule II authority expires when the applicable supervisory relationship ends.

PLAN OF SUPERVISION AMENDMENT GUIDELINES

Include:

1. A detailed description of the practice setting which will clearly demonstrate the need for the APRN to prescribe schedule II drugs for the particular practice.
 - a. APRN's may initiate prescriptions for up to a one-week supply of schedule II drugs for the treatment of acute pain syndromes, or may renew prescriptions to treat chronic pain syndromes and/or behavioral/psychiatric conditions in which schedule II drugs are indicated. The POS should implement the Board's Rule Chapter 11: Use of Controlled Substances in the Treatment of Pain.
 - b. This authority should exclude the use of narcotics for the treatment of narcotic addiction, except for methadone in a licensed narcotic treatment center.
 - c. The Board will not approve the prescribing of methadone for pain.
2. A detailed description of the APRN's current competence base derived from educational contact hours (see Chapter 8 of the Maine State Board Of Nursing Rules), other formal training, and knowledge from work with the supervising physician; and a detailed plan of education to maintain competence, to show knowledge of use and management of schedule II's. Continuing education specific to the drug types proposed in the POS should have been completed within six (6) months prior to the application. The POS will also include a plan for future continuing education to maintain current competency.
3. A counter signature attesting to agreement and support of the POS by the PSP. An onsite copy of the POS should include the signatures of all secondary supervising physicians with a clear delineation of schedule II prescribing supervision responsibilities.

The request for authority to prescribe schedule II drugs shall be renewed every two years from the time granted, unless interim changes are needed.