

APRN Practice FAQs - COVID-19

Scope of Practice

1. What is my APRN scope when practicing as part of disaster relief efforts?

The scope of practice regulations for all nurses, including APRNs, remains unchanged and all nurses must practice within the scope of their respective licensure. Your scope of practice is based on your formal education in your advanced practice role and population focus area as provided for in [Board Rule 221.12](#). Additional information regarding scope of practice is [available here](#).

2. Is my scope of practice expanded during a declared disaster or emergency?

No. You are required to practice in the role and population focus area for which you have been educated and licensed by the Texas Board of Nursing (Board or BON). APRNs are educated to provide *medical aspects* of patient care to a particular population focus area. Informal continuing nursing education or on-the-job training and/or previous work experience cannot be substituted for formal education leading to the next level of practice/licensure or authorization. If necessary during a declared emergency or disaster the APRN could perform nursing aspects of care within his/her scope as an RN (i.e. performing nursing assessments, making nursing diagnoses, and developing nursing plans of care), but may not cross over into medical aspects of care or prescription of therapeutic or corrective measures when providing care to patients outside their population focus.

3. If a physician delegates the authority to expand my scope of practice or agrees to sign progress notes, may I do so?

No. Physician delegation does not provide authority for a nurse at any level of licensure to exceed the scope of practice for which he/she has been licensed, and co-signature is not an acceptable mechanism for expanding one's scope of practice. APRNs have a licensure duty to their patients that supersedes physician delegation and is in effect at all times when providing nursing care. Nurses function under their own licenses and assume responsibility and accountability for quality, safe care. Nurses do not practice under the protections of "a physician's license" and each nurse is ultimately individually responsible for the assignments he/she accepts.

4. Can an APRN work as an RN?

All APRNs are first licensed as RNs, and they are required to maintain RN licensure in order to maintain advanced practice licensure. An APRN is not prohibited from accepting an assignment that is within the scope of practice of a RN [[Board Rule 221.12\(2\)](#)]. When the APRN is working in the RN role, scope of practice is limited to that of the RN. RNs who are also APRNs may not cross over into APRN scope and engage in

activities such as medical diagnosis and ordering or prescribing when practicing in the RN role.

It is also important to note that a who holds current licensure as an APRN will be held to the highest level of his/her education and competency. To explain further, there may be a situation in which a nurse is caring for a patient in the RN role and due to his/her knowledge and skills related to medical diagnosis and management, he/she recognizes signs and symptoms of a health condition that is not readily recognizable to a RN who is not an APRN. In this situation, although the RN is not eligible to medically diagnose and manage this particular patient because it is outside the RN's scope of practice at the time, he/she should still recognize the condition (based on his/her advanced practice education) and take appropriate nursing action, such as notifying an appropriate provider. The Board's *Position Statement 15.15 [Board's Jurisdiction Over a Nurse's Practice in Any Role and Use of the Nursing Title](#)* provides further explanation.

Additionally, based on preference and facility policy, the dually licensed nurse would need to determine how he or she will identify him or herself when interacting with the public. When practicing in the RN role, RNs must clearly identify themselves as registered nurses in accordance with [Board Rule 217.10](#). RNs who are also licensed as APRNs are not prohibited from using the APRN designation when practicing in the RN role. However, use of APRN credentials while practicing in the RN role may imply to colleagues that the APRN is practicing in the APRN role when, in fact, he/she is practicing in the RN role. This may put the APRN in a position of being asked or expected to practice beyond the RN scope when he/she does not have appropriate physician delegation to do so. The nurse and employer may want to reflect on these concepts and plan ahead to avoid role confusion.

Physician Delegation to Provide Medical Aspects of Care and Prescriptive Authority

1. Can APRNs be exempted from requirements for protocols and prescriptive authority agreements?

In Texas APRNs must have delegated authority to provide medical aspects of care and prescriptive authority from a physician. While the disaster declaration approved by the Governor is in effect, APRNs are not required to have written agreements while practicing in a disaster relief operation setting [Texas Administrative Code [170.20](#) & [172.21\(c\)](#)]. However, APRNs must establish a verbal agreement for delegation. We recommend that APRNs keep their own personal records of the physician(s) with whom they collaborate for disaster relief purposes should that information be required in the future for any reason. The waiver of this requirement is only applicable to those APRNs who are providing health care services as part of the disaster relief efforts. APRNs practicing in their regular practice sites must continue to practice under their protocols/prescriptive authority agreements.

2. Do APRNs who are licensed in other states but are in Texas to help with relief efforts have to develop these documents prior to practicing?

No. Board Rules 221.13(d) and 222.5 potentially require production of documents establishing the physician and APRN's agreement that are time consuming. The waiver from requirements to execute a written protocol and/or prescriptive authority agreement is in effect to permit the providers to spend their time with patients and not in the preparation and negotiation of such agreements. All APRNs practicing in Texas are required to comply with the NPA and Board rules. As such all APRNs must establish a verbal agreement for delegated authority to provide medical aspects of care and prescriptive authority with a physician at the site where they are providing care.

3. Must the physician be licensed in Texas?

The physician must be licensed by the Texas Medical Board and practicing in Texas prior to the date of the disaster or emergency declaration and without restrictions on ability to supervise or delegate [[Texas Administrative Code section 172\(b\)\(1\)](#)]. For additional information regarding emergency procedures instituted by the Texas Medical Board, please [visit their website](#).

Prescriptive Authority

1. May I use prescriptive authority to assist in emergency relief efforts?

Yes. If you are licensed in Texas and have prescriptive authority, you may prescribe drugs and devices to patients during the emergency situation. Before doing so, you must have a verbal agreement with a physician at the disaster relief site where you are providing care. If you are assisting with relief efforts in Texas based on APRN licensure and prescriptive authority in another jurisdiction, you must work with a physician to delegate the authority to prescribe. For example, this can be a physician physically present at the practice site or a medical director for the site. You do not need to develop written prescriptive authority agreements while the waiver of certain Board Rules by the Office of the Governor is in effect and during the period the disaster declaration is in effect.

2. Can I prescribe controlled substances?

At this time, requirements related to prescribing controlled substances have not been waived in Texas. APRNs who already have a written prescriptive authority agreement with a delegating physician in Texas that includes prescribing controlled substances should discuss their ability to prescribe controlled substances with the delegating physician with whom they are registered with the Texas Medical Board. If both parties are in agreement that the APRN may prescribe controlled substances in support of disaster relief efforts, the APRN may do so under his/her existing prescriptive authority agreement. The APRN must comply with all federal and state laws and regulations

relating to the ordering and prescribing of controlled substances including those requirements specified by the DEA.

Out of state licensed APRNs practicing in Texas for disaster relief efforts must establish physician delegation to prescribe controlled substances, and ensure compliance with [Board rule 222.8](#) and [Texas Administrative Code section 172\(b\)\(1\)](#). The APRN must also all comply with all federal and state laws and regulations relating to the ordering and prescribing of controlled substances including those requirements specified by the DEA. Information regarding requests for DEA emergency disaster assistance involving the relocation of your DEA registered address to a new location, the approval of a new address to dispense controlled substances, or the transfer of an existing DEA registration number from an out of state location may be found at https://www.deadiversion.usdoj.gov/disaster_relief.htm. REMINDER: IT IS A VIOLATION OF FEDERAL LAW AND BOARD RULE TO ISSUE PRESCRIPTIONS FOR CONTROLLED SUBSTANCES UNDER ANOTHER PROVIDER'S DEA REGISTRATION.