

Agenda Item: 7.5

April 16-17, 2014

Prepared by: Jena Abel/Jolene Zych

**Consideration of Proposed Repeal of 22 Tex. Admin. Code Chapter 221,  
Pertaining to Advanced Practice Nurses and Proposed New Chapter 221,  
Pertaining to Advanced Practice Registered Nurses**

**Background:** At its January 2012 meeting, the Board charged the Advanced Practice Nursing Advisory Committee (Committee) with reviewing Chapter 221. The Committee met over the course of several months (July 2012; October 2012; March 2013; May 2013; July 2013; and September 2013) to review the chapter and make recommendations regarding proposed amendments. Because the proposed changes to the chapter are voluminous, Staff is recommending a repeal of the existing chapter and the proposal of a new chapter.

Many of the proposed changes are necessary for consistency and alignment with the foundational requirements for licensure specified in the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education (Consensus Model) and the Model Nursing Administrative Rules from the National Council of State Boards of Nursing (Model Rules). Although there are some aspects of the Consensus Model and Model Rules that are not within the Board's authority to implement, implementation of those aspects of the Consensus Model and Model Rules that are permitted under current statute would allow Texas to align its licensure requirements with other states to the greatest extent possible. This would assist in a smoother licensure transition process for APRNs who are new to Texas and intend to practice in this state. Additional proposed changes are intended to clarify Board processes for licensure, endorsement, and reactivation and ensure that APRNs licensed in Texas are safe and competent practitioners. A copy of the proposed new chapter is attached hereto as Attachment "A".

**Board Action:** Move to approve proposed new 22 Tex. Admin. Code Chapter 221, Pertaining to *Advanced Practice Registered Nurses*, with authority for the General Counsel to make editorial changes as necessary to clarify rule and Board intent and to comply with the formatting requirements of the *Texas Register*. If no negative comments and no request for a public hearing are received, move to adopt new 22 Tex. Admin. Code Chapter 221, Pertaining to *Advanced Practice Registered Nurses*, as proposed.

Further, move to approve the proposed repeal of 22 Tex. Admin. Code Chapter 221, Pertaining to *Advanced Practice Nurses*, with authority for the General Counsel to make editorial changes as necessary to clarify rule and Board intent and to comply with the formatting requirements of the *Texas Register*. If no negative comments and no request for a public hearing are received, move to adopt the repeal of 22 Tex. Admin. Code Chapter 221, Pertaining to *Advanced Practice Nurses*, as proposed.

## **Chapter 221. Advanced Practice Registered Nurses.**

§221.1. Definitions. The following words and terms, when used in this chapter, shall have the following meanings unless the context clearly indicates otherwise:

(1) Accredited program--An advanced practice registered nursing education program that has been deemed to have met certain standards set by the Board or by a national nursing education accrediting body recognized by the Board and the U. S. Department of Education and/or the Council for Higher Education Accreditation.

(2) Advanced practice registered nursing education program-A post-basic nursing education program at the master's degree level or higher that prepares its graduates to practice in one of the four advanced practice registered nurse roles and at least one population focus area as defined in this rule.

(3) Advanced practice registered nurse (APRN) - A registered nurse who:

(A) Has completed a graduate-level advanced practice registered nursing education program that prepared him/her for one of the four APRN roles;

(B) Has passed a national certification examination recognized by the Board and measures APRN role and population focused competencies;

(C) Maintains continued competence as evidenced by recertification/certification maintenance in the role and population focus through the national certification program;

(D) Practices by building on the competencies of registered nurses by demonstrating a greater depth and breadth of knowledge, a greater synthesis of data, and greater role autonomy as permitted by state law;

(E) 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, including the use and prescription of pharmacologic and non-pharmacologic interventions in compliance with state law;

(F) Has clinical experience of sufficient depth and breadth to reflect the intended practice; and

(G) Has been granted a license to practice as an APRN in one of the four APRN roles and at least one population focus area recognized by the Board.

(4) Advanced practice registered nurse (APRN) license-Authority to practice in one of the four advanced practice registered nurse roles and at least one population focus area. The APRN license is a regulatory mechanism used by the Board to grant legal authority to practice as an advanced practice registered nurse in the State of Texas.

(5) Advanced practice registered nurse role (role) – One of four categories of advanced practice registered nurses that defines the emphasis and implementation of patient care services across the health wellness-illness continuum by advanced practice registered nurses. The four advanced practice registered nurse roles are:

(A) Certified Clinical Nurse Specialist (CNS);

(B) Certified Nurse-Midwife (CNM);

(C) Certified Nurse Practitioner (CNP); and

(D) Certified Registered Nurse Anesthetist (CRNA).

(6) Adverse action—Any action permitted by a state's laws that are imposed on an advanced practice registered nurse (APRN) by a state board of nursing or other authority,

including actions against an individual's license, such as: revocation, suspension, probation, monitoring of the licensee, limitation on the licensee's practice, or any other encumbrance on licensure affecting an APRN's authority to practice, including the issuance of a cease and desist action.

(7) Board -The Texas Board of Nursing.

(8) Certified Clinical Nurse Specialist (CNS) – An advanced practice registered nurse who is educated to integrate care across the continuum and across three spheres of influence: Patient, Nurse/Nursing Practice, and Organization/System. The primary goal of the Clinical Nurse Specialist is continuous improvement of patient outcomes and nursing care. The Clinical Nurse Specialist is educated in diagnosis and treatment of health/illness states, disease management, health promotion, and prevention of illness and risk behaviors within a population focus area in compliance with state law.

(9) Certified Nurse-Midwife (CNM) – An advanced practice registered nurse who is educated to provide a full range of primary care services to women across the lifespan, including gynecologic care, family planning services, preconception care, prenatal and postpartum care, childbirth and care of the newborn in compliance with state law. The practice includes treatment of male partners of their female patients for sexually transmitted infections and reproductive health. Certified Nurse-Midwives provide patient care in diverse settings.

(10) Certified Nurse Practitioner (CNP) – An advanced practice registered nurse who is educated to provide care within a population focus area that includes health promotion, disease prevention, health education and counseling, as well as the diagnosis and management of acute and chronic diseases for patients with undifferentiated symptoms, as well as those with established diagnoses in compliance with state law. Certified Nurse Practitioners provide care along the wellness-illness continuum across patient care settings within the population focus area for which they have been licensed.

(11) Certified Registered Nurse Anesthetist (CRNA) – An advanced practice registered nurse who is educated to provide the full spectrum of anesthesia and anesthesia-related care for patients across the lifespan whose health status may range from healthy through all levels of acuity, including patients with immediate, severe, or life-threatening illnesses or injury in compliance with state law. Certified Registered Nurse Anesthetists provide care in diverse settings.

(12) Competence – The ability of advanced practice registered nurses to integrate knowledge, skills, judgment, and personal attributes to practice safely and ethically in a designated role and population focus area in accordance with the scope of their practice.

(13) Current national certification - Initial certification and maintenance of certification/recertification by national certifying bodies recognized by the Board.

(14) Current practice - Maintaining competence as an advanced practice registered nurse by practicing in the advanced role and population focus area in the clinical setting, practicing as an educator in the clinical and/or didactic portion of an advanced practice registered nursing education program of study, or practicing as a consultant or an administrator within the advanced role and population focus area.

(15) Monitored anesthesia care - refers to situations where a patient undergoing a diagnostic or therapeutic procedure receives doses of medication that create a risk of loss of normal protective reflexes or loss of consciousness and the patient remains able to protect the airway for the majority of the procedure. If, for an extended period of time, the patient is rendered unconscious and/or loses normal protective reflexes, then anesthesia care shall be considered a

general anesthetic. Monitored anesthesia care includes all aspects of anesthesia care, including the administration of sedatives, analgesics, hypnotics, and other anesthesia agents or medications necessary to ensure patient safety and comfort.

(16) Outpatient anesthesia setting - Any facility, clinic, center, office, or other setting that is not a part of a licensed hospital or a licensed ambulatory surgical center, with the exception of all of the following:

(A) a clinic located on land recognized as tribal land by the federal government and maintained or operated by a federally recognized Indian tribe or tribal organization as listed under 25 U.S.C. Section 479-1 or as listed under a successor federal statute or regulation;

(B) a facility maintained or operated by a state or governmental entity;

(C) a clinic directly maintained or operated by the United States or by any of its departments, officers, or agencies; and

(D) an outpatient setting accredited by either The Joint Commission relating to ambulatory surgical centers, the American Association for the Accreditation of Ambulatory Surgery Facilities, or the Accreditation Association for Ambulatory Health Care.

(17) Population focus area--The section of the population for which the advanced practice registered nurse has been licensed to practice by the Board.

(18) Prescriptive authority agreement--An agreement entered into by a physician and an APRN or physician assistant through which the physician delegates to the APRN or physician assistant the act of prescribing or ordering a drug or device.

(19) Privilege to Practice – Legal authority to practice as a registered nurse in the state of Texas based on registered nurse licensure in a state that is party to the Nurse Licensure Compact and meeting all requirements for multi-state privilege associated with that license.

(20) Protocols or other written authorization - Written authorization to provide medical aspects of patient care that are agreed upon and signed by the APRN and delegating physician, reviewed and signed at least annually, and maintained in the practice setting of the APRN. The term "protocols or other written authorization" is separate and distinct from a prescriptive authority agreement. However, a prescriptive authority agreement may reference or include the terms of a protocol or other written authorization. Protocols or other written authorization shall be defined to promote the exercise of professional judgment by the APRN commensurate with his/her education and experience. Such protocols or other written authorization need not describe the exact steps that the APRN must take with respect to each specific condition, disease, or symptom and may state types or categories of drugs or devices that may be prescribed or ordered rather than just list specific drugs or devices.

(21) Shall and must - Mandatory requirements.

(22) Should - A recommendation.

(23) Unencumbered - Licensure status that is not subject to current limitation due to adverse action.

#### §221.2. Scope and Standards Related to the Advanced Practice Registered Nurse.

(a) Scope of Practice. The advanced practice registered nurse shall comply with the standards of nursing practice set forth in §217.11 of this title (relating to Standards of Nursing Practice) and to the standards of the national professional nursing associations recognized by the

Board. Standards for a specific advanced practice registered nurse role and population focus area supersede standards for registered nurses where conflict between the standards, if any, exists. The advanced practice registered nurse shall know and conform to all federal, state, and local laws, rules, and regulations affecting the advanced role and population focus area. When collaborating with other health care providers, the advanced practice registered nurse shall be accountable for knowledge of the statutes and rules relating to advanced practice registered nursing and function within the boundaries of the appropriate advanced practice registered nurse role and population focus.

(b) Advanced practice registered nurses shall practice within standards established by the Board and assure patient care is provided according to relevant patient care standards recognized by the Board, including standards of national professional nursing associations. Advanced practice registered nurses shall practice within the advanced role and population focus area appropriate to their advanced practice registered nursing educational preparation and national certification. The advanced practice registered nurse may perform only those functions that are within relevant patient care standards and that are consistent with the Nursing Practice Act, Board rules, other laws, and regulations of the state of Texas.

(c) The advanced practice registered nurse's scope of practice shall be in addition to the scope of practice permitted a registered nurse and does not prohibit the advanced practice registered nurse from practicing in those areas deemed to be within the scope of practice of a registered nurse.

(d) The advanced practice registered nurse acts independently and/or in collaboration with the health team in the observation, assessment, diagnosis, intervention, evaluation, rehabilitation, care and counsel, and health teachings of persons who are ill, injured, or infirm or experiencing changes in normal health processes, and in the promotion and maintenance of health or prevention of illness.

(e) When providing medical aspects of care, advanced practice registered nurses shall utilize mechanisms that provide authority for that care. These mechanisms include a prescriptive authority agreement or Protocols or other written authorization. This requirement shall not be construed as requiring authority for nursing aspects of care.

(1) Prescriptive authority agreements and Protocols or other written authorization shall promote the exercise of professional judgment by the advanced practice registered nurse commensurate with his/her education and experience. The degree of detail within prescriptive authority agreements and Protocols or other written authorization may vary in relation to the complexity of the situations covered, the area of practice, the advanced practice registered nursing educational preparation of the individual, and the experience level of the advanced practice registered nurse.

(2) Protocols or other written authorization:

(A) should be jointly developed by the advanced practice registered nurse and the appropriate physician(s);

(B) shall be signed by both the advanced practice registered nurse and the physician(s);

(C) shall be reviewed and re-signed at least annually;

(D) shall be maintained in the practice setting of the advanced practice registered nurse;

(E) shall be made available as necessary to verify authority to provide medical aspects of care; and

(F) shall be retained for a minimum of two years.

(3) A prescriptive authority agreement as required by Chapter 222 of this title (relating to Advanced Practice Registered Nurses with Prescriptive Authority) may be utilized to meet the requirement for a Protocol or other written authorization to provide medical aspects of patient care.

(f) The advanced practice registered nurse shall retain professional accountability for all care provided by the advanced practice registered nurse.

### §221.3. Licensure as an Advanced Practice Registered Nurse.

(a) Application for Initial Licensure as an Advanced Practice Registered Nurse.

(1) An applicant for licensure as an advanced practice registered nurse in this state shall submit to the Board the required fee specified in §223.1 of this title (relating to Fees), verification of licensure or privilege to practice as a registered nurse in Texas, and a completed application that provides the following information:

(A) Graduation from an advanced practice registered nurse graduate or post-graduate program, as evidenced by official documentation received directly from an advanced practice registered nursing education program accredited by a nursing accrediting body that is recognized by the Board and the U.S. Secretary of Education and/or the Council for Higher Education Accreditation (CHEA), or its successor organization, as recognized by the Board; and

(B) Documentation of education shall verify the date of graduation; credential conferred; number of clinical hours completed; completion of three separate graduate level courses in advanced physiology and pathophysiology; advanced health assessment; advanced pharmacology that includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents; role and population focus area of the education program; and evidence of meeting the standards of advanced practice registered nursing education set forth in this rule.

(2) In order to be licensed in this state, all advanced practice registered nurse applicants must be currently licensed as a registered nurse in Texas or hold a current privilege to practice as a registered nurse in Texas.

(3) In order to be licensed in this state, all advanced practice registered nurse applicants must take and pass the appropriate advanced practice registered nurse national certification examination in the advanced practice registered nurse role and population focus congruent with the applicant's educational preparation. Only those national certification examination(s) recognized by the Board for each advanced practice registered nurse role and population focus area shall be accepted.

(4) Identification of any state, territory, or country in which the applicant holds a professional license or credential, if applicable, must be provided. Required information includes:

(A) The number, type, and status of the license or credential; and

(B) The original state or country of licensure or credentialing.

(5) An applicant must provide the date and jurisdiction the applicant previously applied for a license in another jurisdiction and either was denied a license, withdrew the application, or allowed the application to expire, if applicable.

(6) An applicant must provide a detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's eligibility for licensure.

(7) An applicant must submit to state and federal criminal background checks.

(8) An applicant must attest, on forms provided by the Board, to having completed a minimum of 400 hours of current practice with the last 24 calendar months in the advanced practice registered nurse role and population focus area for which the applicant is applying, unless the applicant has completed an advanced practice registered nursing educational program in the advanced practice role and population focus area within the last 24 calendar months.

(A) If less than four years but more than two years have lapsed since completion of the advanced practice registered nursing educational program and/or the applicant does not have 400 hours of current practice in the advanced practice registered nurse role and population focus area during the previous 24 calendar months, the advanced practice registered nurse shall be required to demonstrate proof of completion of 400 hours of current practice obtained under the direct supervision of a qualified preceptor who meets the requirements of §221.6(c)(1)(C) of this chapter (relating to Reactivation or Reinstatement of Advanced Practice Registered Nurse Licensure).

(B) If more than four years have lapsed since completion of the advanced practice registered nursing educational program and/or the applicant has not practiced in the advanced practice registered nurse role during the previous four years, the applicant shall successfully complete a refresher course or extensive orientation in the appropriate advanced practice registered nurse role and population focus area that includes a supervised clinical component by a qualified preceptor who meets the requirements of §221.6(c)(1)(C) of this chapter.

(i) The course(s)/orientation shall be of sufficient length to satisfy the learning needs of the applicant and to assure that he/she meets the minimum standard for safe, competent care and include a minimum of 400 hours of current practice as described in this paragraph. The course(s)/orientation shall cover the entire scope of the authorized advanced practice registered nurse role and population focus area. Content shall comply with the requirements specified in the form titled "Requirements for APRN Refresher Course or Extensive Orientation", which is adopted by reference in §221.6(c)(2) of this chapter.

(ii) The preceptor must provide written verification of satisfactory completion of the refresher course/extensive orientation on forms provided by the Board and assurance that the individual has reviewed current practice-related information pertinent to his/her advanced practice registered nurse role and population focus area.

(9) An applicant must attest, on forms provided by the Board, to having obtained 20 contact hours of continuing education within the last 24 calendar months appropriate for the advanced practice registered nurse role and population focus area for which the applicant is applying. Continuing education in the advanced practice registered nurse role and population focus area must meet the requirements of Chapter 216 of this title (relating to Continuing Competency). The 20 contact hours required for RN licensure may be met by the 20 hours required by this paragraph.

(10) Advanced practice registered nurse applicants who wish to practice in more than one role and/or population focus area shall complete additional education in the desired area(s) of licensure in compliance with the educational requirements set forth in this chapter and meet all requirements for licensure in each additional role or population focus area. To apply for licensure for more than one role and/or population focus area, the applicant shall submit a separate application and fee for each desired role and/or population focus area. Additional licensure is required for those licensed advanced practice registered nurses seeking to include an additional:

- (A) Advanced practice registered nurse role and population focus area;
- (B) Population focus area within the same advanced practice registered nurse role; or
- (C) Advanced practice registered nurse role within the same population focus area.

(11) Upon initial licensure, the advanced practice registered nurse license is issued for a period ranging from six months to 29 months depending on the licensee's birth month. Licensees born in even-numbered years shall renew their licenses in even-numbered years; licensees born in odd-numbered years shall renew their licenses in odd-numbered years.

(b) Licensure of an Internationally Educated APRN.

(1) An internationally educated applicant for licensure as an advanced practice registered nurse in Texas shall:

(A) Graduate from a graduate or post-graduate level advanced practice registered nursing education program equivalent to an advanced practice registered nursing educational program in the United States that is accepted by the Board. All curricular requirements set forth in this rule must be met.

(B) Submit documentation through an official transcript directly from the international nursing education program and an original Credential Evaluation Service (CES) Full Education course-by-course report, sent directly from an approved organization for the license being sought.

(2) An internationally educated advanced practice registered nurse applicant shall meet all other licensure criteria required of applicants educated in the United States.

(3) Upon initial licensure, the advanced practice registered nurse license is issued for a period ranging from six months to 29 months depending on the licensee's birth month. Licensees born in even-numbered years shall renew their licenses in even-numbered years; licensees born in odd-numbered years shall renew their licenses in odd-numbered years.

(c) Application for Licensure by Endorsement.

(1) An applicant for licensure by endorsement as an advanced practice registered nurse in this state shall submit to the Board the required fee as specified in §223.1 of this title, verification of licensure or privilege to practice as a registered nurse in Texas, and a completed advanced practice registered nurse application that provides the following information:

(A) Graduation from a graduate or post-graduate level advanced practice registered nursing education program, as evidenced by an official transcript or other official documentation received directly from a graduate program accredited by a nursing

accrediting body that is recognized by the U.S. Secretary of Education and/or Council for Higher Education Accreditation, or its successor organization, as acceptable by the Board.

(B) Documentation of education shall verify the date of graduation; credential conferred; number of clinical hours completed; completion of three separate graduate level courses in advanced physiology and pathophysiology, advanced health assessment, and advanced pharmacology that includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents; role and population focus area of the education program; and evidence of meeting the standards of nursing education in this rule.

(2) An applicant must provide evidence of current certification by a national certifying body in the advanced practice registered nurse role and population focus area appropriate to the advanced practice registered nurse educational preparation. National certifications accepted for advanced practice registered nurse licensure shall meet the requirements for national certification programs set forth in this rule. Primary source verification of certification is required.

(3) An applicant must attest, on forms provided by the Board, to having completed a minimum of 400 hours of current practice within the last 24 calendar months in the advanced practice registered nurse role and population focus area for which the applicant is applying, unless the applicant has completed an advanced practice registered nursing educational program in the advanced practice registered nurse role and population focus area within the last 24 calendar months.

(A) If the applicant has not been in clinical practice in the advanced practice registered nurse role and population focus area for at least 400 hours within the past two years, the applicant shall provide evidence of:

(i) Satisfactory completion of 20 contact hours of continuing education within the two years prior to applying for licensure; and

(ii) If less than four years but more than two years have lapsed since completion of the advanced practice registered nursing education program and/or the applicant does not have 400 hours of current practice in the advanced practice registered role and population focus area during the previous 24 calendar months, the advanced practice registered nurse shall be required to demonstrate proof of completion of 400 hours of current practice obtained under the direct supervision of a qualified preceptor who meets the requirements of §221.6(c)(1)(C) of this chapter.

(B) If the applicant has not been in clinical practice for more than the past four years, the applicant shall provide evidence of satisfactory completion of 45 contact hours of pharmacotherapeutics within the two years prior to application. The applicant must also successfully complete a refresher course or an extensive orientation in the appropriate advanced practice registered nurse role and population focus area that includes a supervised clinical component by a qualified preceptor who meets the requirements of §221.6(c)(1)(C) of this chapter.

(C) The course(s)/orientation shall be of sufficient length to satisfy the learning needs of the applicant and to assure that he/she meets the minimum standard for safe, competent care and include a minimum of 400 hours of current practice as described in this paragraph. The course(s)/orientation shall cover the entire scope of the authorized advanced practice registered nurse role and population focus area. Content shall comply with the requirements specified in the form titled "Requirements for APRN Refresher Course or Extensive Orientation", which is adopted by reference in §221.6(c)(2) of this chapter.

(D) The preceptor must provide written verification of satisfactory completion of the refresher course/extensive orientation on forms provided by the Board and assurance that the individual has reviewed current practice-related information pertinent to his/her advanced practice registered nurse role and population focus area.

(4) Identification of any state, territory, or country in which the applicant holds a professional license or credential, if applicable, must be provided. Required information includes:

(A) The number, type, and status of the license or credential; and

(B) The original state or country of licensure or credentialing.

(5) An applicant must provide the date and jurisdiction the applicant previously applied for a license in another jurisdiction and either was denied a license, withdrew the application, or allowed the application to expire, if applicable.

(6) An applicant must provide a detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's eligibility for licensure.

(7) An applicant must submit to state and federal criminal background checks.

(8) Advanced practice registered nurse applicants who wish to practice in more than one role and/or population focus area shall complete additional education in the desired area(s) of licensure in compliance with the educational requirements set forth in this chapter and meet all requirements for licensure in each additional role or population focus area. To apply for licensure for more than one role and/or population focus area, the applicant shall submit a separate application and fee for each desired role and/or population focus area. Additional licensure is required for those licensed advanced practice registered nurses seeking to include an additional:

(A) Advanced practice registered nurse role and population focus area;

(B) Population focus area within the same advanced practice registered nurse role; or

(C) Advanced practice registered nurse role within the same population focus area.

(9) Upon initial licensure by endorsement, the advanced practice registered nurse license is issued for a period ranging from six months to 29 months depending on the licensee's birth month. Licensees born in even-numbered years shall renew their licenses in even-numbered years; licensees born in odd-numbered years shall renew their licenses in odd-numbered years.

#### §221.4. Advanced Practice Registered Nurse Licensure Renewal.

(a) In conjunction with RN license renewal or at least on a biennial basis, an applicant for license renewal as an advanced practice registered nurse shall submit to the Board the required nonrefundable fee for license renewal as specified in §223.1 of this title and a completed license renewal application.

(1) An applicant must provide a detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's eligibility for licensure.

(2) An applicant must attest on forms provided by the Board to maintaining current national certification or recertification as applicable by the national professional certification organization that meets the requirements set forth in this rule and is recognized by the Board. This requirement shall apply to advanced practice registered nurses who:

(A) completed an advanced practice registered nursing education program on or after January 1, 1996; or

(B) were licensed as advanced practice registered nurses based upon obtaining national certification.

(3) An applicant must attest, on forms provided by the Board, to having a minimum of 400 hours of current practice within the preceding biennium.

(4) An applicant must attest, on forms provided by the Board, to being in compliance with the requirements of Chapter 216 and Chapter 222 of this title, where applicable.

(b) Failure to renew the registered nurse license or to provide the required fee and documentation for maintaining advanced practice registered nurse licensure shall result in expiration of the advanced practice registered nurse license and prescriptive authority where applicable. The individual whose advanced practice registered nurse license has expired may not practice as an advanced practice registered nurse or use any titles that imply that he/she is an advanced practice registered nurse.

#### §221.5. Quality Assurance/Documentation and Audit.

The Board may conduct a random audit of nurses to verify compliance with the requirements of this chapter, including but not limited to compliance with requirements for current practice, current national certification, and/or continuing education. Upon request of the Board, licensees shall submit documentation of compliance.

#### §221.6. Reactivation or Reinstatement of Advanced Practice Registered Nurse Licensure.

(a) To reactivate a license that has expired due to non-renewal, the advanced practice registered nurse shall meet the requirements for advanced practice registered nurse licensure renewal and pay all required fees.

(b) If more than two years but less than four years have lapsed since completion of the advanced practice registered nursing education program and/or the applicant does not have 400 hours of current practice in the advanced role and population focus area during the previous biennium, the advanced practice registered nurse shall meet the requirements for application for advanced practice registered nurse licensure renewal and pay all required fees. The applicant shall be required to demonstrate proof of completion of 400 hours of current practice in the advanced practice registered nurse role and population focus area as well as the continuing competency requirement as outlined in Chapter 216 of this title. The 400 hours of current practice shall be obtained under the direct supervision of a qualified preceptor who meets the requirements of subparagraph (C) of subsection (c) of this chapter.

(c) If more than four years have lapsed since completion of the advanced practice registered nursing education program and/or the applicant has not practiced in the advanced role and population focus area during the previous four years, the applicant shall apply for

reactivation, meet current requirements for advanced practice registered nurse licensure renewal, and

(1) successfully complete a refresher course or extensive orientation in the appropriate advanced practice registered nurse population focus area and role that includes a supervised clinical component by a qualified preceptor who meets the requirements of subparagraph (C) of this paragraph.

(A) The course(s)/orientation shall be of sufficient length to satisfy the learning needs of the inactive advanced practice registered nurse and to assure that he/she meets the minimum standard for safe, competent care. The course(s)/orientation shall cover the entire scope of the role and population focus area of licensure. Content shall comply with the requirements specified in the form titled "Requirements for APRN Refresher Course or Extensive Orientation", which is adopted by reference in paragraph (2) of this subsection.

(B) The preceptor must provide written verification of satisfactory completion of the course/orientation on forms provided by the Board and assurance that the individual has reviewed current practice-related information pertinent to his/her advanced role and population focus area.

(C) A preceptor must meet the following requirements:

(i) Holds an active, unencumbered license or privilege to practice as an advanced practice registered nurse or physician;

(ii) Practices in a comparable practice focus area; and

(iii) Functions as a supervisor and teacher and evaluates the individual's performance in the clinical setting.

(2) The Board adopts by reference the form titled "Requirements for APRN Refresher Course or Extensive Orientation" that comprises the instructions and requirements for a refresher course or extensive orientation in an advanced practice registered nurse role and population focus area. This form is available at: <http://www.bon.texas.gov/practice/gen-apn.html>.

(d) An advanced practice registered nurse who has not completed an advanced practice registered nursing education program in the last 24 calendar months and has not practiced in the advanced practice registered nurse role and population focus area in Texas or another jurisdiction within the last 24 calendar months shall apply for a six-month temporary permit as specified in paragraph (5) of this subsection to be used only for the completion of the current practice hours required for reinstatement of the advanced practice registered nurse license.

(1) The advanced practice registered nurse applicant shall submit:

(A) an application for a six month temporary permit as specified in paragraph (5) of this subsection to be used for completion of the requirements specified in this chapter;

(B) evidence of a current, valid unencumbered license or privilege to practice as a registered nurse in the state of Texas; and

(C) the required non-refundable, six-month temporary permit fee provided for in §223.1 of this title.

(2) The six-month temporary permit for advanced practice registered nurses shall not include prescriptive authority.

(3) The advanced practice registered nurse applicant who is completing practice hours on a six month temporary permit shall use the appropriate advanced practice registered nurse licensure credential, followed by the notation "permit".

(4) The advanced practice registered nurse applicant who is completing practice hours on a six month temporary permit shall practice under the supervision of a qualified preceptor who meets the requirements of subparagraph (C) of subsection (c) of this paragraph.

(5) The Board adopts by reference the form titled Application for Six Month Temporary Permit (APRN) that includes the requirements for completing supervised practice hours on a temporary permit. This form may be found at: <http://www.bon.texas.gov/practice/gen-apn.html>.

(e) For those individuals applying for licensure reinstatement following disciplinary action, compliance with all Board licensure requirements, as well as any specified requirements set forth in the Board's disciplinary order, is required. A six month temporary permit may be issued, as appropriate, while a license is encumbered under a disciplinary order.

§221.7. Acceptable certification examinations. The Board shall determine whether a certification examination may be used to satisfy a requirement for advanced practice registered nurse licensure under this chapter based upon the following standards:

- (1) The certification program is national in the scope of its credentialing;
- (2) Conditions for taking the certification examination are consistent with acceptable standards of the testing community and are intended to ensure minimal competence to practice at an advanced level of nursing;
- (3) Education requirements are consistent with the requirements of the advanced practice registered nurse role and population focus area;
- (4) The standard methodologies used are acceptable to the testing community, such as incumbent job analysis studies and logical job analysis studies;
- (5) Certification examinations are accredited by a national accreditation body as acceptable by the Board;
- (6) The examination represents entry-level practice, with minimum, though critical competencies in the advanced practice registered nurse role and population focus area;
- (7) The examination represents the knowledge, skills, and abilities essential for the delivery of safe and effective advanced nursing care to patients;
- (8) Examination items are reviewed for content validity, cultural bias, and correct scoring using an established mechanism, both before use and periodically;
- (9) Examinations are evaluated for psychometric performance;

- (10) The passing standard is established using acceptable psychometric methods and is re-evaluated periodically;
- (11) Examination security is maintained through established procedures;
- (12) Certification is issued based upon passing the examination and meeting all other certification requirements;
- (13) A retake policy is in place;
- (14) A certification maintenance/recertification program that includes review of qualifications and continued competence is in place;
- (15) Mechanisms are in place for communication to the Board of timely verification of an individual's certification status, changes in certification status, and changes in the certification program, including qualifications, test plan, and scope of practice; and
- (16) An evaluation process is in place to provide quality assurance in the certification program.

§221.8. Titles and Abbreviations.

(a) Individuals may be licensed or granted privilege to practice as advanced practice registered nurses in the following roles and population focus areas:

- (1) Roles:
  - (A) Certified Nurse-Midwife (CNM);
  - (B) Certified Nurse Practitioner (CNP) ;
  - (C) Certified Registered Nurse Anesthetist (CRNA); and
  - (D) Certified Clinical Nurse Specialist (CNS).
- (2) Population focus areas:
  - (A) Adult-gerontology:
    - (i) Acute care; and
    - (ii) Primary care;
  - (B) Family/individual across the lifespan;
  - (C) Neonatal;
  - (D) Pediatrics:
    - (i) Acute care; and
    - (ii) Primary care;
  - (E) Psychiatric/mental health; and
  - (F) Women's health/ gender-related.

(b) A registered nurse who holds current licensure as an advanced practice registered nurse issued by the Board shall, at a minimum, use the designation "APRN", along with the role for purposes of identification and documentation. Certified nurse practitioners and clinical nurse specialists shall also identify the population focus area of licensure.

(c) When providing care to patients, the advanced practice registered nurse shall wear and provide clear identification that indicates the appropriate advanced practice registered nurse designation, as specified in this section.

(d) Unless licensed as an advanced practice registered nurse by the Board as provided in this chapter, a nurse shall not:

(1) claim to be an advanced practice registered nurse or hold himself/herself out to be an advanced practice registered nurse in this state; or

(2) use a title or any other designation tending to imply that the person is an advanced practice registered nurse.

(d) A nurse who violates subsections (c) or (d) of this section may be subject to discipline under the Nursing Practice Act and Board Rules.

#### §221.9. Advanced Practice Registered Nurse Education Requirements for Licensure.

(a) For purposes of this section, the following terms have the following definitions:

(1) Advanced Health Assessment Course--a course that offers content supported by related clinical experience such that students gain the knowledge and skills needed to perform comprehensive assessments to acquire data, make diagnoses of health status, and formulate effective clinical management plans. Content must include assessment of all human systems, advanced assessment techniques, concepts and approaches.

(2) Advanced Pharmacotherapeutics--a course that offers content in pharmacokinetics and pharmacodynamics, pharmacotherapeutics of all broad categories of agents, and the application of drug therapy to the treatment of disease and/or the promotion of health.

(3) Advanced Physiology and Pathophysiology--a course that offers content that provides a comprehensive, system-focused pathology course that provides students with the knowledge and skills to analyze the relationship between normal physiology and pathological phenomena produced by altered states across the life span.

(4) Role preparation--formal didactic and clinical experiences/content that prepares nurses to function in an advanced practice registered nurse role.

(5) Clinical major courses--courses that include didactic content and offer clinical experiences in a specific population focus area.

(6) Practicum/Preceptorship/Internship--a designated portion of a formal advanced practice registered nursing education program that is offered in a health care setting and affords students the opportunity to integrate theory and role in both the advanced practice registered nurse role and population focus area through direct patient care/client management. Practicums/Preceptorships/Internships are planned and monitored by either a designated faculty member or qualified preceptor.

(b) In order to be eligible to apply for licensure as an advanced practice registered nurse, the registered nurse must have completed a post-basic advanced practice registered nursing education program of study appropriate for practice in an advanced practice registered nurse role and population focus area recognized by the Board. RN to BSN programs shall not be considered post-basic programs for the purpose of this rule.

(c) Individuals prepared in more than one advanced practice registered nurse role and/or population focus area (including blended role or dual population focus/specialty programs) shall be considered to have completed separate advanced practice registered nursing education programs of study for each role and/or population focus area.

(d) Applicants for licensure in an advanced practice registered nursing role and population focus area recognized by the Board must submit verification of completion of all requirements of an advanced practice registered nursing education program that meets the following criteria:

(1) Graduation from an advanced practice registered nurse graduate or post-graduate program as evidenced by official documentation received directly from an advanced practice registered nursing education program accredited by a nursing accrediting body that is recognized by the Board and the U.S. Secretary of Education and/or the Council for Higher Education Accreditation (CHEA), or its successor organization, as recognized by the Board.

(2) Programs of study shall be at least one academic year in length and shall include a formal preceptorship.

(3) Graduates of advanced practice registered nurse education programs who were prepared for two population foci or two different advanced practice registered nurse roles shall demonstrate that they have completed didactic content and clinical experience in both functional roles and population foci.

(e) Applicants for licensure as clinical nurse specialists in any population focus area must submit verification of the following requirements, in addition to meeting other advanced practice registered nursing education requirements for licensure:

(1) completion of a minimum of a master's degree in the discipline of nursing;  
and

(2) completion of a minimum of nine semester credit hours or the equivalent in a specific clinical major. Clinical major courses must include didactic content and clinical experiences in the clinical nurse specialist role in a specific population focus area. Courses in advanced health assessment, advanced pathophysiology, and advanced pharmacotherapeutics cannot be counted toward meeting the nine semester credit hour requirement.

(f) Applicants for advanced practice registered nurse licensure shall provide evidence of completion of an advanced practice registered nursing education program that prepared the graduate to practice in one of the four advanced practice registered nurse roles and at least one of the population foci recognized by the Board. The curriculum shall include:

(1) Three separate, dedicated graduate level courses in:

(A) Advanced health assessment that includes assessment of all human systems, advanced assessment techniques, concepts and approaches;

(B) Advanced pharmacology that includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents; and

(C) Advanced physiology and pathophysiology, including general principles that apply across the lifespan;

(2) Diagnosis and management of diseases and conditions across practice settings, including diseases representative of all systems appropriate to the role and population focus area of licensure;

(3) Preparation that provides a basic understanding of the principles for decision making in the identified role;

(4) Preparation in the core competencies for the identified advanced practice registered nurse role;

(5) Role preparation in one identified population focus area of practice; and

(6) Advanced practice registered nursing core content including legal, ethical, and professional responsibilities of the advanced practice registered nurse.

(g) The curriculum shall be consistent with competencies of the specific areas of practice.

(h) Graduates of advanced practice registered nurse education programs who were prepared for two population foci or completed advanced practice registered nurse role preparation in more than one role within the same program shall provide such evidence as is required for staff to verify that the program included sufficient content and clinical experience to practice the full scope of practice of both functional roles and population foci.

(i) Each instructional track/major shall have a minimum of 500 supervised clinical hours as defined by the Board. The supervised experience shall have been directly related to the role and population focus area of licensure and include pharmacotherapeutic management of patients.

(j) Evidence of recognition of prior learning and advanced placements in the curriculum for individuals who hold a master's in nursing and are seeking preparation in a different role and/or population focus area through post-graduate preparation must be provided to the Board for review. Evidence shall be provided demonstrating that the post-master's nursing student completed the requirements of the master's advanced practice registered nurse program through a formal graduate level certificate in the desired role and population focus area. Post-master students must demonstrate they have met the same advanced practice registered nurse outcome competencies as master level students in the full scope of the role and population focus area.

#### §221.10. Petitions for Waiver.

(a) A registered nurse who submits a request for waiver from requirements of this rule must submit documentation as required by the Board to support his or her petition and assure the Board that he or she possesses the knowledge, skills, and abilities appropriate for the role and population focus/specialty area of licensure desired. Those petitioners who are under investigation or current Board order are not eligible for waiver.

(b) Petitions for waiver from the program accreditation requirements set forth in this chapter may be granted by the Board for individuals who completed their advanced practice registered nursing education programs on or before December 31, 1996. Petitioners must meet the length of academic program requirements set forth in this chapter and provide evidence of national certification in the advanced practice registered nurse role and population focus area.

(c) Petitions for waiver from the current national certification requirements of this chapter may be granted by the Board as follows:

(1) Applicants who completed their advanced practice registered nursing education programs prior to January 1, 1996 may be granted an exemption from the national certification requirement, provided the program was accredited by a national nursing education accrediting body that is recognized by the Board and the U.S. Secretary of Education and/or the Council for Higher Education Accreditation (CHEA), or its successor organization, as acceptable to the Board at the time the applicant completed the program.

(2) Under this section, only those petitioners who completed their advanced practice registered nursing education program on or after January 1, 1996 for whom no national certification examination within the advanced role and population focus area or a related advanced specialty exists will be considered for waiver by the Board. The Board reserved the right to determine an appropriate alternate national certification examination for licensure in those specialty areas for which no specific examination existed for the specialty area.

(3) A written request for waiver of the national certification requirement must be submitted.

(d) Waivers from the master's degree requirement may be granted to qualified certificate-prepared nurse-midwives and women's health care nurse practitioners who completed their advanced practice registered nursing education programs on or before December 31, 2006. Applicants must meet all other advanced practice registered nursing education requirements as stated in this chapter.

(1) Petitioners approved on the basis of this waiver shall be limited to providing advanced practice registered nursing care within the geographical boundaries of the State of Texas. This shall not prevent the individual from utilizing Nurse Licensure Compact privileges to practice as a registered nurse.

(2) The applicant must submit all required documentation necessary to demonstrate that the requirements (except for the master's degree) for licensure have been met.

(3) The applicant must submit a written request for waiver of the master's degree requirement.

(e) Exemptions granting authorization to utilize licensure titles not otherwise authorized by this chapter may be granted to qualified petitioners who completed their advanced practice registered nursing education programs prior to the date specified. Petitioners must meet all other education and national certification requirements as stated in this chapter.

(1) The following specialty titles may be considered for exemption if the individual is not qualified for authorization to utilize a licensure title authorized by this chapter for qualified applicants who completed their advanced practice registered nursing education programs prior to January 1, 2010:

(A) Acute Care Clinical Nurse Specialist;

(B) Critical Care Nurse Practitioner;

(C) Cardiovascular Clinical Nurse Specialist;

(D) Emergency Nurse Practitioner or Clinical Nurse Specialist;

(E) Family Clinical Nurse Specialist;

(F) Home Health Clinical Nurse Specialist;

(G) Maternal (Parent)-Child Health Clinical Nurse Specialist (with or without subspecialization);

(H) Neonatal Clinical Nurse Specialist;

(I) Oncology Nurse Practitioner or Clinical Nurse Specialist;

- (J) Pediatric Critical Care Nurse Practitioner;
- (K) Perinatal Nurse Practitioner or Clinical Nurse Specialist;
- (L) School Nurse Practitioner; and
- (M) Women's Health Clinical Nurse Specialist.

(2) The following titles may be considered for exemption if the individual is not qualified to utilize a licensure title authorized by this chapter for qualified applicants who completed their advanced practice nursing education programs prior to January 1, 2015:

- (A) Adult Health Clinical Nurse Specialist;
- (B) Adult Nurse Practitioner;
- (C) Community Health Clinical Nurse Specialist;
- (D) Critical Care Clinical Nurse Specialist;
- (E) Gerontological Clinical Nurse Specialist; and
- (F) Gerontological Nurse Practitioner.

(3) Those individuals licensed on the basis of this exemption shall be limited to providing advanced practice nursing care within the geographical boundaries of the State of Texas. This shall not prevent the individual from utilizing Nurse Licensure Compact privileges to practice as a registered nurse.

(4) The applicant must submit all required documentation necessary to demonstrate that all requirements for licensure have been met.

(5) The applicant must submit a written request for exemption and indicate the desired title.

(6) Advanced practice registered nurses licensed on the basis of this exemption shall use the advanced practice registered nurse title specified on the licensure document provided by the Board.

(f) Exemptions from specific curricular requirements may be granted to otherwise qualified applicants based on the education requirements set forth in Board rules that were in effect at the time the applicants completed their advanced practice registered nursing education programs.

(g) Applicants who are endorsing advanced practice registered nurse licensure in Texas and have practiced in the advanced practice registered nurse role and population focus in another state for a minimum of 24 months following completion of the advanced practice registered nursing education program who are required to take a single academic course in order to meet the education requirements for Texas licensure may be issued a six-month temporary permit as specified in §221.6(d)(5) of this chapter to practice in a limited capacity while completing the academic course.

(1) Only those applicants who need to complete a dedicated, graduate-level course in advanced health assessment, advanced pathophysiology, or advanced

pharmacotherapeutics may be considered for a permit. If more than one course is required, the applicant shall not be eligible for the permit.

(2) Prescriptive authority shall not be granted to applicants who are granted limited authority to practice under this provision.

(3) Applicants who practice under this provision shall practice under the supervision of a qualified preceptor who meets the requirements of §221.6(c)(1)(C) of this chapter.

(4) The applicant must demonstrate that all other education and licensure requirements set forth in this chapter have been met before the six month temporary permit may be issued.

(5) Six month temporary permits issued for this purpose may be issued one time only. Six month temporary permits issued for the purpose of completion of an academic course cannot be extended or renewed.

(6) The advanced practice registered nurse candidate shall submit:

(A) an application for a six month temporary permit as specified in §221.6(d)(5) of this chapter to be used for completion of the requirements specified in this chapter;

(B) evidence of a current, valid unencumbered license or privilege to practice as a registered nurse in the state of Texas; and

(C) the required non-refundable six-month temporary permit fee as provided for in §223.1 of this title.

#### §221.11. Inactive Status.

(a) The advanced practice registered nurse may choose to change current advanced practice registered nurse licensure status to inactive status by providing a written request for such change.

(b) Inactive advanced practice registered nurse licensure status means that the registered nurse may not practice in the advanced practice registered nurse role and may not hold himself/ herself out to be an advanced practice registered nurse by using any titles that imply that he/she is an advanced practice registered nurse. Prescriptive authority shall be placed on inactive status concurrent with inactivation of the advanced practice registered nurse license.

#### §221.12. Nurse-Midwives Providing Controlled Substances.

(a) In this section "provide" means to supply, for a term not to exceed 48 hours, one or more unit doses of a controlled substance for the immediate needs of a patient.

(b) An advanced practice registered nurse recognized by the Board as a nurse-midwife may provide one or more unit doses of a controlled substance during intra-partum or immediate post-partum care subject to the following conditions:

(1) Physician delegation of authority to provide controlled substances must be made through a physician's order, medical order, standing delegation order, or protocol that requires adequate and documented availability for access to medical care. Delegation may not include the use of a prescription sticker or the use or issuance of an official prescription form under § 481.075, Health and Safety Code.

(2) The nurse-midwife's protocols or other orders must require the reporting of or monitoring of each patient's progress, including complications of pregnancy and delivery and the administration and provision of controlled substances to the patient.

(3) Delegation is limited to seven full-time equivalent nurse-midwives at the designated facility where the nurse-midwife practices.

(4) The controlled substance must be supplied in a suitable container that is labeled in compliance with the applicable drug laws and must include:

(A) the patient's name and address;

(B) the drug to be provided;

(C) the name, address, and telephone number of the physician;

(D) the name, address, and telephone number of the nurse-midwife; and

(E) the date.

§221.13. Provision of Anesthesia Services by Nurse Anesthetists in Licensed Hospitals or Ambulatory Surgical Centers.

(a) In a licensed hospital or ambulatory surgical center, consistent with facility policy or medical staff bylaws, a nurse anesthetist may select, obtain, and administer drugs including determination of appropriate dosages, techniques and medical devices for their administration and in maintaining the patient in sound physiologic status pursuant to a physician's order for anesthesia or an anesthesia-related service. This order need not be drug specific, dosage specific, or administration-technique specific.

(b) Pursuant to a physician's order for anesthesia or an anesthesia-related service, the nurse anesthetist may order anesthesia-related medications during perianesthesia periods in the preparation for or recovery from anesthesia. Another RN may carry out these orders.

(c) In providing anesthesia or an anesthesia-related service, the nurse anesthetist shall select, order, obtain and administer drugs that fall within categories of drugs generally utilized for anesthesia or anesthesia-related services and provide the concomitant care required to maintain the patient in sound physiologic status during those experiences.

(d) A nurse anesthetist to whom a physician has delegated the ordering of drugs and devices necessary for the nurse anesthetist to administer anesthesia or anesthesia-related services pursuant to Section 157.058, Occupations Code is not required to obtain a prescriptive authority agreement for the ordering of non-prescription drugs, dangerous drugs, controlled substances or devices.

§221.14. Provision of Anesthesia Services by Nurse Anesthetists in Certain Outpatient Settings.

(a) Purpose. The purpose of this section is to identify the roles and responsibilities of certified registered nurse anesthetists authorized to provide anesthesia services in outpatient settings and to provide the minimum acceptable standards for the provision of anesthesia services in outpatient settings.

(1) Certified registered nurse anesthetists shall comply with subsections (b)(2)-(3) and (c)-(e) of this section in order to be authorized to provide general anesthesia, regional anesthesia, or monitored anesthesia care in outpatient settings. This requirement shall include certified registered nurse anesthetists administering any inhaled anesthetic agents, including, but not limited to, nitrous oxide, due to the significant variability in patient response to such drugs.

(2) Subsections (b)(2)-(3) and (c)-(e) do not apply to the registered nurse anesthetist who practices in the following settings:

(A) an outpatient setting in which only local anesthesia, peripheral nerve blocks, or both are used;

(B) a licensed hospital, including an outpatient facility of the hospital that is separately located apart from the hospital;

(C) a licensed ambulatory surgical center;

(D) a clinic located on land recognized as tribal land by the federal government and maintained or operated by a federally recognized Indian tribe or tribal organization as listed by the United States secretary of the interior under 25 U.S.C. Section 479-1 or as listed under a successor federal statute or regulation;

(E) a facility maintained or operated by a state or governmental entity;

(F) a clinic directly maintained or operated by the United States or by any of its departments, officers, or agencies; or

(H) an outpatient setting accredited by:

(i) The Joint Commission;

(ii) the American Association for the Accreditation of Ambulatory Surgery Facilities; or

(iii) the Accreditation Association for Ambulatory Health Care.

(b) Roles and Responsibilities.

(1) Certified registered nurse anesthetists shall follow current, applicable standards and guidelines as put forth by the American Association of Nurse Anesthetists (AANA) and other relevant national standards regarding the practice of nurse anesthesia as adopted by the AANA or the Board.

(2) Certified registered nurse anesthetists shall comply with all building, fire, and safety codes. A two-way communication source not dependent on electrical current shall be available. Each location should have sufficient electrical outlets to satisfy anesthesia machine and monitoring equipment requirements, including clearly labeled outlets connected to an emergency power supply. Sites shall also have a secondary power source as appropriate for equipment in use in case of power failure.

(3) In an outpatient setting, where a physician has delegated to a certified registered nurse anesthetist the ordering of drugs and devices necessary for the nurse anesthetist to administer an anesthetic or an anesthesia-related service ordered by a physician, a certified registered nurse anesthetist may select, obtain and administer drugs, including determination of appropriate dosages, techniques and medical devices for their administration and in maintaining the patient in sound physiologic status. This order need not be drug-specific,

dosage specific, or administration-technique specific. Pursuant to a physician's order for anesthesia or an anesthesia-related service, the certified registered nurse anesthetist may order anesthesia-related medications during perianesthesia periods in the preparation for or recovery from anesthesia. In providing anesthesia or an anesthesia-related service, the certified registered nurse anesthetist shall select, order, obtain and administer drugs which fall within categories of drugs generally utilized for anesthesia or anesthesia-related services and provide the concomitant care required to maintain the patient in sound physiologic status during those experiences.

(c) Standards.

(1) The certified registered nurse anesthetist shall perform a pre-anesthetic assessment, counsel the patient, and prepare the patient for anesthesia per current AANA standards. Informed consent for the planned anesthetic intervention shall be obtained from the patient/legal guardian and maintained as part of the medical record. The consent must include explanation of the technique, expected results, and potential risks/ complications. Appropriate pre-anesthesia diagnostic testing and consults shall be obtained per indications and assessment findings.

(2) Physiologic monitoring of the patient shall be determined by the type of anesthesia and individual patient needs.

(A) Minimum monitoring shall include continuous monitoring of ventilation, oxygenation, and cardiovascular status.

(B) Monitors shall include, but not be limited to, pulse oximetry and EKG continuously and non-invasive blood pressure to be measured at least every five minutes. If general anesthesia is utilized, then an O<sub>2</sub> analyzer and end-tidal CO<sub>2</sub> analyzer must also be used.

(C) A means to measure temperature shall be readily available and utilized for continuous monitoring when indicated per current AANA standards.

(D) An audible signal alarm device capable of detecting disconnection of any component of the breathing system shall be utilized.

(E) The patient shall be monitored continuously throughout the duration of the procedure by the certified registered nurse anesthetist. Postoperatively, the patient shall be evaluated by continuous monitoring and clinical observation until stable by a licensed health care provider.

(F) Monitoring and observations shall be documented per current AANA standards.

(G) In the event of an electrical outage which disrupts the capability to continuously monitor all specified patient parameters, at a minimum, heart rate and breath sounds will be monitored on a continuous basis using a precordial stethoscope or similar device, and blood pressure measurements will be reestablished using a non-electrical blood pressure measuring device until electricity is restored.

(3) All anesthesia-related equipment and monitors shall be maintained to current operating room standards.

(A) All devices shall have regular service/maintenance checks at least annually or per manufacturer recommendations. Service/ maintenance checks shall be performed by appropriately qualified biomedical personnel.

(B) Prior to the administration of anesthesia, all equipment/ monitors shall be checked using the current FDA recommendations as a guideline.

(C) Records of equipment checks shall be maintained in a separate, dedicated log that must be made available upon request. Documentation of any criteria deemed to be substandard shall include a clear description of the problem and the intervention. If equipment is utilized despite the problem, documentation must clearly indicate that patient safety is not in jeopardy. All documentation relating to equipment shall be maintained for a period of time as determined by board guidelines.

(4) Each location must have emergency supplies immediately available.

(A) Supplies should include emergency drugs and equipment appropriate for the purpose of cardiopulmonary resuscitation. This must include a defibrillator, difficult airway equipment, and drugs and equipment necessary for the treatment of malignant hyperthermia if “triggering agents” associated with malignant hyperthermia are used or if the patient is at risk for malignant hyperthermia.

(B) Equipment shall be appropriately sized for the patient population being served.

(C) Resources for determining appropriate drug dosages shall be readily available.

(D) The emergency supplies shall be maintained and inspected by qualified personnel for presence and function of all appropriate equipment and drugs at intervals established by protocol to ensure that equipment is functional and present, drugs are not expired, and office personnel are familiar with equipment and supplies.

(E) Records of emergency supply checks shall be maintained in a separate, dedicated log and made available upon request. Records of emergency supply checks shall be maintained for a period of time as determined by board guidelines.

(5) Certified registered nurse anesthetists shall maintain current competency in advanced cardiac life support and must demonstrate proof of continued competency upon re-registration with the Board.

(A) Competency in pediatric advanced life support shall be maintained for those certified registered nurse anesthetists whose practice includes pediatric patients.

(B) Certified registered nurse anesthetists shall verify that at least one person in the setting other than the person performing the operative procedure maintains current competency in basic life support (BLS) at a minimum.

(6) Certified registered nurse anesthetists shall verify that the appropriate policies or procedures are in place. Policies, procedures, or protocols shall be evaluated and reviewed at least annually. Agreements with local emergency medical service (EMS) shall be in place for purposes of transfer of patients to the hospital in case of an emergency. EMS agreements shall be evaluated and re-signed at least annually. Policies, procedures, and transfer agreements shall be kept on file in the setting where procedures are performed and shall be made available upon request. Policies or procedures must include, but are not limited to:

(A) Management of outpatient anesthesia. At a minimum, these must address:

- (i) Patient selection criteria;
- (ii) Patients/providers with latex allergy;
- (iii) Pediatric drug dosage calculations, where applicable;
- (iv) ACLS algorithms;
- (v) Infection control;
- (vi) Documentation and tracking use of pharmaceuticals, including controlled substances, expired drugs and wasting of drugs; and
- (vii) Discharge criteria;

(B) Management of emergencies to include, but not be limited to:

- (i) Cardiopulmonary emergencies;
- (ii) Fire;
- (iii) Bomb threat;
- (iv) Chemical spill;
- (v) Natural disasters; and
- (vi) Power outage;

(C) EMS response and transport. Delineation of responsibilities of the certified registered nurse anesthetist and person performing the procedure upon arrival of EMS personnel. This policy should be developed jointly with EMS personnel to allow for greater accuracy; and

(D) Adverse reactions/events, including but not limited to those resulting in a patient's death intraoperatively or within the immediate postoperative period shall be reported in writing to the Board and other applicable agencies within 15 days. Immediate postoperative period shall be defined as 72 hours.

(d) Registration.

(1) Each certified registered nurse anesthetist who intends to provide anesthesia services in an outpatient setting must register with the Board and submit the required non-refundable registration fee set forth in §223.1 of this title, where such fee is required.

(2) The information provided on the registration form shall include, but not be limited to, the name and business address of each outpatient setting(s) and proof of current competency in advanced life support.

(e) Inspections and Advisory Opinions.

(1) The Board may conduct on-site inspections of outpatient settings, including inspections of the equipment owned or leased by a certified registered nurse anesthetist and of documents that relate to provision of anesthesia in an outpatient setting, for the purpose of enforcing compliance with the minimum standards. Inspections may be conducted as an audit to determine compliance with the minimum standards or in response to a complaint. The Board

may contract with another state agency or qualified person to conduct these inspections. Unless it would jeopardize an ongoing investigation, the Board shall provide the certified registered nurse anesthetist at least five business days' notice before conducting an on-site inspection.

(2) The Board may, at its discretion and on payment of a fee, conduct on-site inspections of outpatient settings in response to a request from a certified registered nurse anesthetist for an inspection and advisory opinion.

(A) The Board may require a certified registered nurse anesthetist to submit and comply with a corrective action plan to remedy or address current or potential deficiencies with the nurse anesthetist's provision of anesthesia in an outpatient setting.

(B) A certified registered nurse anesthetist who requests and relies on an advisory opinion of the Board may use the opinion as mitigating evidence in an action or proceeding by the Board to impose an administrative penalty or assess a monetary fine. The Board shall take proof of reliance on an advisory opinion into consideration and mitigate the imposition of administrative penalties or the assessment of a monetary fine accordingly.

(C) An advisory opinion issued by the Board is not binding on the Board and the Board, except as provided for in subsection (a) of this section, may take any action in relation to the situation addressed by the advisory opinion that the Board considers appropriate.

#### §221.15. Enforcement.

(a) The Board may conduct an audit to determine compliance with the requirements of this chapter.

(b) Any nurse who violates this chapter may be subject to disciplinary action under the Nursing Practice Act and Board Rules.

(c) Behaviors for which an advanced practice registered nurse may be disciplined by the Board include but are not limited to:

(1) failure to maintain current national certification or recertification;

(2) inappropriate use of advanced practice registered nurse titles;

(3) failure to provide therapeutic or prophylactic evidence based care within the current and prevailing professional standard;

(4) failure to properly assess a patient and accurately and completely document the assessment that supports the medical aspects of patient care provided;

(5) practicing in a role and/or population focus area for which the advanced practice registered nurse has not been educated or licensed; and

(6) failure to comply with an audit of the Texas Board of Nursing.

(d) Failure to cooperate with a representative of the Board or another state or federal agency who conducts an onsite investigation may result in disciplinary action.