



FREQUENTLY ASKED QUESTIONS REGARDING NURSE PRACTITIONER PRACTICE

Practice Questions

➤ ***Do my patient charts need to be countersigned by a physician?***

The Nursing Practice Act (NPA) does not require physician countersignature of nurse practitioner charts. However, other statutes or regulations, such as those for third party reimbursement, may require the physician countersignature. Additionally, some malpractice insurance carriers require physicians to sign NP charts as a condition of participation. Standardized procedures may also be written to require physicians to countersign charts.

➤ ***Can a nurse practitioner dispense medications? If so, what laws should the nurse practitioner know about to perform this function?***

The Business and Professions (B&P) Code Section 2725.1 allows registered nurses to dispense (hand to a patient) medication, except controlled substances, upon the valid order of a physician in primary, community and free clinics.

AB 1545, Chaptered 914 (Correa) amended Section 2725.1 to enable NPs to dispense drugs, including controlled substances, pursuant to a standardized procedure or protocol in primary, community and free clinics. Pharmacy law, Business and Professions Code, Section 4076 was amended to include NPs dispensing using required pharmacy containers and labeling. This new law became effective January 1, 2000.

➤ ***Is a nurse practitioner practicing illegally when the physician supervisor is more than 50 miles away?***

The mileage between the nurse practitioner and the supervising physician is not specifically addressed in the NPA. However, the physician should be within a geographical distance, which enables her/him to effectively supervise the nurse practitioner in the performance of the standardized procedure functions.

➤ ***Does the nurse practitioner need a physician supervisor who is approved by the medical board?***

No. Nurse practitioner laws do not require that the physician supervisor be approved by the Medical Board.

➤ ***I am a pediatric nurse practitioner and the physician wants me to start treating adults. I feel comfortable treating adults, so can we develop standardized procedures to cover this new population, diagnosis/treatments and furnishing?***

You must first be clinically competent to provide care to this new patient population. Clinically competent is defined in California Code of Regulations (CCR) Section 1480(c) as "...to possess and exercise the degree of learning, skill, care and experience ordinarily possessed and exercised by a member of the appropriate discipline in clinical practice." In this instance, you would have to demonstrate knowledge and skills comparable to those of an adult nurse practitioner. Clinical competence in this new specialty can be achieved by successful completion of theory course(s) and a supervised clinical practicum at an advanced level for the new patient population.

Once competency is achieved, and as required by the Standardized Procedure Guidelines (CCR 1474), the standardized procedures for the adult population must specify the experience, training, and/or education, which enables you to diagnose and treat this population. The method used to establish initial and continuing evaluation of your competence to perform the standardized procedure functions must also be specified.

➤ ***How often do my standardized procedures need updating?***

The standardized procedures should be updated frequently enough to ensure that patients are receiving appropriate care. Factors to consider in making the determination include, but are not limited to, patient population and acuity, treatment modalities, and advances in technology pharmacology and technology.

➤ ***Can I adopt my nurse practitioner program's standardized procedures as my own when I go out into practice?***

If the nurse practitioner program's standardized procedures meet the requirements of the Standardized Procedure Guidelines (CCR 1474) and are approved by nursing, administration, and medicine at the agency, then they may be used.

➤ ***I am a geriatric nurse practitioner and work with a physician who has patients in a number of nursing homes. We have developed standardized procedures for the medical care I will be providing in these facilities. Do the standardized procedures have to be approved by each facility?***

Yes. Standardized procedures are agency specific and must be approved by nursing, administration and medicine in the agency in which they are used.

➤ ***I am certified as a nurse practitioner by a national certifying body. Do I need to apply to the BRN for a nurse practitioner certificate?***

Yes, you do if you use the title "Nurse Practitioner" (NP) because BRN certification is required if you "hold out" as an NP in California. You also need to apply to the BRN for a certificate if you are certified in another state as an NP and wish to use that title in California.

➤ ***Can a nurse practitioner develop and use standardized procedures with a chiropractor? Can the nurse practitioner furnish drugs and devices to these patients?***

No. The law restricts use of standardized procedures to performance of medical functions; therefore, the standardized procedures cannot be developed by the nurse practitioner and chiropractor. However, the chiropractor can be part of the interdisciplinary team including the supervising physician, which must include nursing, administration, and medicine that develops the standardized procedures. Nurse practitioners may not furnish drugs or devices to the patients of a chiropractor. The nurse practitioner furnishing law requires that the standardized procedures or protocols be developed by the nurse practitioner and his or her supervising physician and surgeon, (B&P Code Section 2836.1 .

➤ ***May I call myself a nurse practitioner once I have completed my nurse practitioner program?***

No. You cannot use the title nurse practitioner until you have been certified by the BRN as a nurse practitioner. Furthermore, registered nurses who use the title without BRN certification subject their licenses to Board discipline.

➤ ***I am a nurse practitioner and I do not have a nurse practitioner furnishing number. Can I still "furnish" medications for patients using a standardized procedure?***

No. There is explicit statutory language related to furnishing of drugs and devices by nurse practitioners . The furnishing of drugs and devices by nurse practitioners is conditional on issuance of a furnishing number to the nurse practitioner by the BRN. The furnishing number must be included on all nurse practitioner prescriptions transmittal order forms.

➤ ***What are the provisions of the Therapeutic Abortion Act that nurse practitioners need to know?***

The Reproductive Privacy Act (SB 1301, Kuehl, Chapter 385, 2003) deletes the provisions of the Therapeutic Abortion Act, among other things including the name of the act. The changes are found in Business and Professions Code Section 2253 and allow registered nurses, certified nurse practitioners, and certified nurse midwives to assist in the performance of a surgical abortion and to assist in performance of a non-surgical abortion. (SB 1301 Kuehl, Chapter 385, effective September 5, 2002).

The nurse practitioner may perform or assist in performing functions necessary for non-surgical abortion by furnishing or ordering medications in accordance with approved standardized procedures. (SB 1301 Kuehl, Chapter 385 effective September 5, 2002)

➤ **Can a nurse practitioner request and sign for complimentary samples of dangerous drugs and devices from a manufacture’s sales representative?**

Yes, the certified nurse practitioner and the certified nurse midwife may sign for the request and receipt of complimentary samples of dangerous drugs and devices identified in their standardized procedures or protocol that has been approved by the physician. (SB 1558, Figueroa Chapter 263 effective August 24, 2002).

➤ **Can the certified nurse practitioner and the certified nurse midwife supervise Medical Assistants?**

Yes, the NP or CNM may supervise the medical assistant in “community clinics” or “free clinics”. The supervision of medical assistants by NPs and CNMs is in accord with those supportive services the medical assistant is authorized to perform. (B&P Code 2069 (a)(1) and Health and Safety Code 1204 (A) (B)).

➤ **Can the nurse practitioner cosign worker’s compensation claimant report?**

Yes, the certified nurse practitioner may cosign Doctor’s First Report of Occupational Injury or Illness for a workers’ compensation claim to receive time off from work for a period not to exceed three (3) calendar days if that authority is included in standardized procedures or protocols. The treating physician is required to sign the report and to make any determination of any temporary disability. (AB 2919 (Ridley-Thomas) extends the operations of this provision indefinitely).

➤ **How do I find out about third party billing, especially medicare and medi-cal?**

**Northern California
Medicare**
620 “J” Street
Marysville, CA 95901
(877) 591-1587

**Southern California
Medicare**
P.O. Box 54905
Los Angeles, CA 90054-0905
(866) 502-9054

Medi-Cal
(916) 323-1945
EDS 1-800-544-5555
Provider Information

These numbers all have recorded responses and they are subject to change.

Furnishing Questions

➤ **What is a formulary?**

A pharmacy formulary is generally regarded as a drug compendium reference utilized by facilities or health plans as a reference. The drug name, dosage, clinical indications, and complications/adverse reactions are generally included. It is most common for the health insurer to identify by means of a formulary those drugs and devices covered by the plan. Nurse practitioners using furnishing numbers can identify a formulary(ies) in their furnishing standardized procedure.

➤ **What are the requirements for an NP to furnish or order Schedule II controlled substances?**

The NPs standardized procedure and protocols address the diagnosis of illness, injury or condition for which the Schedule II controlled substance is to be furnished. The standardized procedure or protocol for Schedule II contains patient-specific protocol approved by the treating physician. The NP with a current furnishing number, and DEA registration, completes as a part of his or her continuing

education requirement, a course including Schedule II controlled substances based on the standards developed by the BRN. (AB 1196 Montañez Chapter 748 1/2004)

- ***What is a “patient-specific protocol” for Schedule II and III, controlled substances?***

The patient-specific protocol required for nurse practitioners to furnish Schedule II and III controlled substances, as defined in Health and Safety Code 11055 and 11056, is a protocol, contained within the standardized procedure or protocols, that specifies which categories of patients may be furnished this class of drugs. The protocol may state other limitations, such as the amount of substance to be furnished, and/or criteria for consultation. (AB 1196 Montañez Chapter 748 1/2004)
- ***In my furnishing procedure, do I need to list the drugs and devices that can be furnished or can I use categories of drugs?***

The law requires the identification of the drugs and devices in standardized procedure or protocol. No, the nurse practitioner cannot use a category of drug to meet the furnishing requirements. The law states:

The standardized procedures or protocol covering the furnishing of drugs or devices shall specify which nurse practitioners may furnish drugs or devices, **which drugs or devices may be furnished**, under what circumstances, the extent of physician and surgeon supervision, the method of periodic review of the nurse practitioner’s competence, including peer review, and review of the provisions of the standardized procedures. (NPA, Section 2836.1) (Emphasis added.)
- ***How many nurse practitioners, with a furnishing number, may a physician supervise at one time within a medical practice?***

The furnishing law requires that the physician supervise no more than four nurse practitioners at a time. If the nurse practitioners are not furnishing, there are no limitations on the number of nurse practitioners the physician may supervise. (B&P Code Section 2836.1)
- ***I am certified as both a nurse practitioner and a nurse midwife. Do I need to have two furnishing numbers?***

The BRN does not require you to maintain two furnishing numbers. NPs and CNMs are required to have approved furnishing standardized procedures. However, the furnishing laws are different in their authorizations.

DEA Questions

- ***The DEA application asks for “State License No.”. Which number, RN license number or NPF number, should the NP put on the application?***

The DEA requires the RN license number and the NPF number.
- ***The DEA application asks for a business address. Can the NP use a work address or personal address?***

The DEA requires a business address that is the physician’s address or clinic’s address for the DEA Registration Number. The DEA Number is clinic site specific for dispensing, prescribing and administering purposes. If you leave your place of employment, you must submit written notification to the DEA Office with a copy of your DEA Number, the California RN license and the NP Furnishing Number certificate. If you go to another clinic, you must submit a written request for change of address to the DEA. If the physician or office clinic has two locations (business addresses), the primary clinical site should be referenced for the DEA Registration Number.
- ***Does the NP need a furnishing number issued by the BRN to obtain a DEA number?***

Yes, an NPF number is required to obtain a DEA number for Schedule II through V controlled substances. (AB 1196 Montañez Chapter 748 1/2004 added Schedule II controlled substances)

The provisions of SB 816 added “order” to Business and Professions Code, Section 2836.1. SB 816 did not change the requirement to furnish using standardized procedures for controlled substances, Schedule III, IV, and V.

➤ ***Does having a DEA number eliminate the need for a furnishing number?***

No, the DEA number only allows NPs to write “order” controlled substances, Schedule II, III, IV, and V. NPs are required to have a furnishing number to make drugs and devices available to their patients using a transmittal form (prescription pad) and are to be furnished pursuant to approved standardized procedures. DEA registration numbers are site specific and used by the DEA for tracking prescribing of controlled substances.

➤ ***On the DEA application, it asks “Administer, Dispense, Prescribe”. Can an NP as a result SB 816 and now 1/2004 AB 1196 Montañez Chapter 748 prescribe?***

Yes, the B&P Code refers to furnishing or ordering a Schedule II through V controlled substance for the purposes of obtaining DEA registration.

➤ ***Are NPs now considered “prescribers”?***

For the purpose of obtaining a DEA number for (ordering) Schedule II, III, IV, V the NP with a furnishing number is considered by the DEA to be a prescriber.

➤ ***Can the NP with a furnishing number use the physician’s DEA number?***

No, the NP with a furnishing number may not use the physician’s DEA number. The new law requires the nurse practitioner with the furnishing number to obtain his or her own DEA number to furnish controlled substances.

➤ ***What is required to be printed on the prescription pad/transmittal order/drug order for Schedule II through V?***

When furnishing a controlled substance, Schedule II, III, IV, or V, write the “order” and include your name, title, furnishing number, and DEA number. The name of the prescriber or the name of the certified NP who functions pursuant to standardized procedures.

➤ ***How long is a controlled substance prescription (Schedule II –V) valid?***

The controlled substance prescription is valid for 6 months from the date of issuance. (SB 151 Burton Chapter 406 1/2004)

➤ ***Do nurse practitioners have prescriptive authority and can nurse practitioners get DEA numbers?***

Furnishing is a delegated authority and is done in accordance with approved standardized procedures. Physician supervision is required and the physician must be available, at least by telephonic means, at the time the nurse practitioner examines the patient.

AB 1196 Montañez Chapter 748 1/2004 expands NP furnishing to Schedule II controlled substances that requires a United States Drug Enforcement Registration in addition to the Schedule III through V. This new law requires use of a triplicate form and in July 1, 2004, DEA authorized NPs may use the new controlled substance prescription forms for Schedule II controlled substances prescriptions. January 1, 2005, triplicate prescription forms are no longer valid and all written controlled substance prescriptions (oral or faxed for Schedule II through V are permitted) shall be on controlled substance prescription forms. (SB 151, Burton 406 1/2004).

SB 816, Chapter 749, (Escutia), effective January 1, 2000, authorizes NPs with furnishing certificates to apply for a DEA number and furnish or order Schedule III-V controlled substances. The new law added “order” ~~or~~ and “drug order” to Section 2836.1. The intent of this legislation is furnishing can now be known as an “order”, and can be considered the same as an “order” initiated by the physician.

The Drug Enforcement Agency (DEA) monitors all prescribers who write for controlled substances. NPs, pursuant to Section 2836.1 of the Business and Professions Code, are legally authorized to furnish and “order” controlled substances, Schedule II, III, IV, V.

Registration with the Federal Drug Administration (DEA) can be done by calling:
Los Angeles Field Division: (213) 894-2216 or 1-888-415-9822
San Diego Field Division: (858) 616-4329
San Francisco Field Division: 1-888-304-3251

➤ ***Where can a nurse practitioner find information on controlled substances such as the Drug Enforcement Administration (DEA) and pharmacy laws? Numbers subject to change.***

DEA Main office, San Francisco: 1-888-304-3251
DEA Field office, San Diego: (858) 616-4329
DEA Field office, Los Angeles: (213) 621-6960
Board of Pharmacy: (916) 445-5014