



FREQUENTLY ASKED QUESTIONS REGARDING NURSE PRACTITIONER PRACTICE

Practice Questions

Can a Registered Nurse dispense self-administered hormonal contraceptives and contraceptive injections?

Yes, a Registered Nurse may dispense self-administered hormonal contraceptives and may administer injections of hormonal contraceptives approved by the Federal Food & Drug Administration (FDA) in strict adherence to standardized procedures. Standardized procedure shall include minimum training requirements outlined in Section 2725.2 including examination that is consistent with Centers for Disease Control & Prevention (CDC) and the United States Medical Eligibility Criteria for Contraceptive Use guidelines, educating patients on medical standards for women's health, referral criteria for patients with contraindications for hormonal contraceptives and follow-up visits, physician and surgeon supervision requirements, periodic review of nurses competence including frequency and person conducting the review. A patient seen exclusively by an RN for three consecutive years, prior to continuing dispensing or administering of hormonal contraceptives, shall be evaluated by physician, nurse practitioner, certified nurse midwife, or physician assistant. (BPC §2725.1)

Can a nurse practitioner with Schedule III-V furnishing privileges obtain Schedule II furnishing privileges to meet the rescheduling Hydrocodone Combination Products (HCP) legislation?

Yes, Nurse practitioners with Schedule III-V furnishing privileges already will need to take a continuing education course for Controlled Substances (CS) II Nurse Practitioners will need to complete a BRN-Approved CS II Authority Continuing Education Course. (BPC §2836.1)

Please mail to: Board of Registered Nursing
Advanced Practice Unit
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Can a nurse practitioner function in the emergency department?

Yes. Nurse practitioners are permitted to perform consultation and treatment in an emergency department under certain conditions. Section 1317.1 of the Health and Safety Code, relating to emergency services was repealed and amended September 26, 2011, changing definition of emergency service and care to include appropriately licensed persons, nurse practitioners and physician assistants, under the supervision of a physician and surgeon, to include medical screening, examination, and evaluation by a physician, or to the extent permitted by applicable law, by other appropriate personnel (NP&PA) under the supervision of a physician and surgeon, to determine care, treatment, and surgery by physician necessary to relieve or eliminate the emergency medical condition or active labor, within the capability of the facility. (HSC §1317.1)

Can nurse practitioners authorize durable medical equipment, certify disability and approve, sign, or modify care for home health services within the standardized procedure?

Yes. (BPC §2835.7)

Can a nurse practitioner authorize disability benefits?

Yes, the Unemployment Insurance Code was updated to reflect nurse practitioners' authority to authorize disability benefits. (UIC §2708 and §3075)

Can nurse practitioners obtain consent for blood transfusions?

Yes, nurse practitioners are clearly authorized to obtain consent for autologous blood and direct/non-direct homologous blood transfusions. (HSC §1645)

Can nurse practitioners sign DMV physical exams for school bus drivers?

Yes, nurse practitioners have the ability to sign DMV physical exams for drivers of school buses, school pupil activity buses, youth buses, general paratransit vehicles, and farm-labor vehicles. (VC §12517.2)

Can nurse practitioners certify disability for purpose of persons obtaining a disability placard or disability car license plate?

Yes, a nurse practitioner is authorized to certify disability for purposes of a disability placard or disability license plate. (VC §22511.55, and §22511.59)

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. (California Nursing Practice Act Article 8 BPC §2834 §2835 §2835.5 §2835.7 §2836 §2836.1-3 §2837)

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

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 law became effective January 1, 2000. (BPC §2725.1)

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.

(California Nursing Practice Act Article 8 BPC §2834 §2835 §2835.5 §2835.7 §2836 §2836.1-3 §2837)

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. (California Nursing Practice Act Article 8 BPC §2834 §2835 §2835.5 §2835.7 §2836 §2836.1-3 §2837)

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. (CCR §1480(c))

Once competencies are achieved for the adult population, 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, (Section 1474 (4)) which enables the NP to diagnose and treat the adult population. The standardized procedures must identify the method used to establish initial and continuing evaluation of your competence to perform the standardized procedure functions. (CCR §1474(4)(5))

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 to update the standardized procedures include, but are not limited to, patient population and acuity, treatment modalities, and advances in pharmacology and diagnostic technology. (California Nursing Practice Act Article 8 BPC §2834 §2835 §2835.5 §2835.7 §2836 §2836.1-3 §2837)

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

Yes, if the nurse practitioner program's standardized procedures meet the requirements of the Standardized Procedure Guidelines (CCR 1474) and are approved by the organized health care system including nursing, administration, and medicine. (California Nursing Practice Act Article 8 BPC §2834 §2835 §2835.5 §2835.7 §2836 §2836.1-3 §2837)

I am a geriatric nurse practitioner and work with a physician who has patients in a number of long term health care facilities. 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. (California Nursing Practice Act Article 8 BPC §2834 §2835 §2835.5 §2835.7 §2836 §2836.1-3 §2837)

What are the requirements for Nurse practitioner practice in a long term care facility?

Delegation of duties to nurse practitioner in long-term health care facilities
Section 14111 Welfare and Institutions Code describes delegation of duties to nurse practitioners in long term health care facility.

- (a) As permitted by federal law or regulation, for health care services provided in a long-term health facility that are reimbursed by Medicare, a physician and surgeon may delegate any of the following to a nurse practitioner:
 - (1) Alternating visits required by federal law and regulation with a physician and surgeon.
 - (2) Any duties consistent with federal law and regulation within the scope of practice of nurse practitioner so long as all the following conditions are met:
 - (A) A physician and surgeon approves, in writing, the admission of the individual facility.
 - (B) The medical care of each resident is supervised by a physician and surgeon.
 - (C) A physician and surgeon performs the initial visit and alternate required visits.
- (b) This section does not authorize benefits not otherwise authorized by federal law or regulation.
- (c) All responsibilities delegated to a nurse practitioner pursuant to this section shall be performed under the supervision of the physician and surgeon and pursuant to standardized procedures among the physician and surgeon, nurse practitioner, and facility.
- (d) No task that is required by federal law or regulated to be performed personally by a physician may be delegated to a nurse practitioner.
- (e) Nothing in this section shall be construed as limiting the authority of a long-term health care facility to hire and employ nurse practitioners so long as that employment is consistent with federal law and within the scope of practice of a nurse practitioner. (WIC §14111)

Tasks of nurse practitioner in long-term health care facility

- (a) As permitted by federal law or regulations, for health care services provided in a long-term health care facility that are reimbursed under this chapter, a nurse practitioner may, to the extent consistent with his or her scope of practice, perform any of the following tasks otherwise required of a physician and surgeon:
 - (1) With respect to visits required by federal law or regulations, making alternating visits, or more frequent visits if the physician and surgeon is not available.
 - (2) Any duty or task that is consistent with federal law or regulation within the scope of practice of nurse practitioners, so long as all of the following conditions are met.
 - (A) A physician and surgeon approves, in writing, the admission of the individual to the facility.
 - (B) The medical care of each resident is supervised by a physician and surgeon.
 - (C) A physician and surgeon performs the initial visit and alternate required visits.
- (b) This section does not authorize benefits not otherwise authorized by visits.
- (c) All responsibilities undertaken by a nurse practitioner pursuant to this section shall be performed in collaboration with the physician and surgeon and pursuant to a standardized procedure among the physician and surgeon, nurse practitioner, and facility.
- (d) Except as provided in subdivisions (a) to (c), inclusive, any task that is required by federal law or regulation to be performed personally by a physician may be delegated to a nurse practitioner who is not an employee of the long-term health care facility.
- (e) Nothing in this section shall be construed as limiting the authority of a long-term health care facility to hire and employ nurse practitioners so long as that employment is consistent with federal law and with the scope of practice of a nurse practitioner (WIC §14111)

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.

(California Nursing Practice Act Article 8 BPC §2834 §2835 §2835.5 §2835.7 §2836 §2836.1-3 §2837)

***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 (BPC 2725 (c))

No. The nurse practitioner cannot furnish drugs and devices for the chiropractor’s patients. The furnishing law, BPC 2836.1, the drugs and devices are furnished or ordered by a nurse practitioner in accord with standardized procedures or protocols developed by the nurse practitioner and the supervising physician and surgeon, when the drugs or devices furnished or ordered are consistent with the practitioner educational preparation or for which clinical competency has been established and maintained. (BPC §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 NP without BRN certification may subject their RN license to possible discipline. (BPC §2836.1)

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, BPC 2836.1 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. (BPC §2836.1)

Nurse Practitioner and Medicare Information: Required Qualifications.

A NP must be a registered professional nurse authorized by the State in which services are furnished by the NP in accordance with state law: Obtain Medicare billing privileges as a NP for the first time on or after January 1, 2003, and:

- Is certified as a NP by a recognized national certification body that has established standards for NPs; and has a Master’s degree in nursing or a Doctor of Nursing Practice (DNP) doctoral degree.
 - Obtain Medicare billing privilege as a NP for the first time before January 1, 2003, and meets the certification requirements described above, or
 - Obtained Medicare billing privileges as a NP for the first time before January 1, 2001
- (Department of Health and Human Services, Centers for Medicare and Medicaid Services)

Nurse Practitioner and Medi-Cal Billing: Required Qualifications.

Section 14132.41 Welfare and Institutions Code (a) Services provided by a certified nurse practitioner shall be covered under this chapter to the extent authorized by federal law, and subject to utilization controls. The department shall permit a certified nurse practitioner to bill Medi-Cal independently for his or her services; the department shall make payments

directly to the certified nurse practitioner. For purposes of this section, “certified” means a nationally board certified in a recognized specialty. (WIC §14016.11)

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

The Reproductive Privacy Act 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. (BPC §2253)

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. (BPC §2253)

What does the nurse practitioner need to know about the January 1, 2014 legislation adding Section 2725.4 Abortion by aspiration techniques, requirements?

Section 2725.4 states in order to perform an abortion by aspiration techniques pursuant to Section 2253, a person with a license or certificate to practice as a nurse practitioner or certified nurse-midwife shall complete training recognized by the Board of Registered Nursing. Beginning January 1, 2014, and until January 1, 2016, the competency-based training protocols established by Health Work-force Pilot Project (HWPP) No 171 through the Office of Statewide Health Planning and Development will be used. (BPC §2253)

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. (BPC §4061)

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

Yes, the supervising physician and surgeon may, at his or her discretion, in consultation with the nurse practitioner, certified nurse-midwife, or physician assistant, provide written instruction to be followed by a medical assistant in performance of tasks or supportive services. These written instructions may provide that the supervisory function for the medical assistant for tasks or supportive services may be delegated to the nurse practitioner, certified nurse-midwife, physician assistant within the standardized procedures or protocol, and that task may be performed when the supervising physician and surgeon is not onsite. The nurse practitioner or certified nurse-midwife is functioning pursuant to standardized procedures, as defined in BPC Section 2725 or protocol. The standardized procedure, including instruction for specific authorization, shall be developed and approved by the supervising physician and surgeon and the nurse practitioner or certified nurse-midwife. (BPC §2069)

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

Yes, Section 3209.10 of the Labor Code gives nurse practitioners the ability to cosign Doctor’s First Report of Occupational injury or illness for a worker’s 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 procedure or protocols. The treating physician is required to sign the report and to make any determination of any temporary disability. (LC §3209.10)

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. (BPC 2836.1)

What is the physician supervision requirement for when obtaining a furnishing number from the BRN?

Business and Professions Code Section 2836.1 (g) (2) amendment authorizes a physician and surgeon to determine the extent of the supervision necessary pursuant to this section in furnishing or ordering of drugs and devices. (BPC §2746.51 and §2836.1)

After January 1, 2013 Nurse Practitioners are no longer required to have six (6) months physician-supervised furnishing experience prior to receiving a furnishing number from the Board of Registered Nursing. (BPC 2836.1)

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. (BPC §2836.1 and HSC §11165)

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, in 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. (BPC §2836.1 and HSC §11165)

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 nurse practitioner cannot use a category of drug to meet the furnishing requirements. The law BPC 2836.1 Furnishing or ordering of drugs and devices by a nurse practitioner requires the identification of the drugs and devices in standardized procedure or protocol (BPC §2836.1 (c)(1)).

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. (BCP §2836.1)

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. (BPC §2836.1 (e))

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. (BCP §2836.1)

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. (BCP §2836.1)

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. (DEA Website)

Does the NP need a furnishing number issued by the BRN to obtain a DEA number?

Yes, a nurse practitioner furnishing number is required to obtain a DEA number for Schedule II through V Controlled Substances. (BPC §2836.1)

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. (BCP §2836.1)

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

No, the DEA number only allows NPs to write and or "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. (BCP §2836.1)

On the DEA application, it asks “Administer, Dispense, Prescribe”. Can an NP as a result SB 816 and now 1/2004 AB 1196 Montenez 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. (BCP §2836.1)

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. (BCP §2836.1)

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. (DEA Website)

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. (Pharmacy Law)

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. (HSC §11165.1 and §11166)

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. (BCP 2836.1(d))

History of laws related to Furnishing schedule III-V and schedule II controlled substances

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” 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.

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 law requires NPs to 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. (HSC §11165.1 and §11166).

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. (BCP §2836.1)

Where can a nurse practitioner find information on controlled substances such as the Drug Enforcement Administration (DEA) and pharmacy laws? Phone 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

Web: www.deadiversion.usdoj.gov