KBN GUIDELINE TO ADVANCED PRACTICE REGISTERED NURSE (APRN) ON CONTROLLED SUBSTANCE PRESCRIPTIVE AUTHORITY: DEFINING SAME OR SIMILAR SPECIALTY

KRS 314.042(9)(d), sets the following requirement:

> The APRN who is prescribing controlled substances and the collaborating physician shall be qualified in the same or in a similar specialty.

How is "specialty" determined?

The APRN's specialty is determined by his or her certification. The physician's specialty is determined by either the physician's certification from the American Board of Medical Specialties (ABMS), or as individually established by the physician. It should be noted that certification is not required as a condition of physician licensure, nor is the physician's scope of practice limited by certification. Concerning physician specialties, the ABMS states:

> Some specialists are primary care doctors, such as family physicians, general internists, and general pediatricians. Other specialists concentrate on certain body systems, specific age groups, or complex scientific techniques developed to diagnose or treat certain types of disorders.

The requirement stated in KRS 314.042(9)(d) raises additional questions as follows:

1. How is the term "similar specialty" defined?
2. Whom may the APRN collaborate with for controlled substance prescriptive authority?
3. Based on this collaboration, what, if any, further limitations to the controlled substance prescriptive authority exist?

As a general guideline for APRNs and Kentucky licensed physicians, and for the purpose of prescribing scheduled drugs, the Board of Nursing will expect the APRN's certification and the physician's specialty to have an overlap in order to qualify as "a similar specialty." This means that the populations served or the disorders treated by the APRN are similar to that of the collaborating physician's populations served or disorders treated. For example, a Family Nurse Practitioner (FNP) who treats children has an overlap in practice with that of a pediatrician or a family physician, and thus, shares a similar specialty of practice. Similarly, a Pediatric Nurse Practitioner (PNP), who by statute already has a limited scope of advanced practice and can only treat children, has an overlap in practice with a pediatrician or a family physician.

The Board has also determined that the collaborating physician's certification or specialty does not, in and of itself, limit the APRN's controlled substance prescriptive authority. The scope of controlled substance prescriptive authority, other than what is set out in the statutes, must be written in the Collaborative Agreement for APRN Prescriptive Authority for Controlled Substances (CAPA-CS)*. Subsequently, if an FNP treats children and collaborates with a pediatrician, and if the parties wish to limit the FNP to controlled substance prescriptions for children only, that must be set forth in the CAPA-CS. If a PNP collaborates with a family physician, then the PNP is already limited to

writing controlled substance prescriptions for children only. If the parties wish to further limit the PNP's controlled substances prescriptive authority, then the limitations must be set forth in the CAPA-CS.

If no further limitations are listed in the CAPA-CS, other than those limitations listed in KRS Chapter 314, then the APRN may prescribe the controlled substances as specified by KRS Chapter 314 that are within the APRN's scope of practice. (201 KAR 20:057 Scope and standards of advanced practice registered nurses).

Note that KRS 314.042(9)(c) states that the CAPA-CS shall describe the arrangement for collaboration and communication between the APRN and the physician regarding the prescribing of controlled substances.

In summary, when an APRN and Kentucky licensed physician do not have the same specialty area of practice, then the APRN is encouraged to establish the CAPA-CS with a Kentucky licensed physician who has a substantial overlap in practice with that of the APRN. By law, the APRN and physician must minimally share a similar specialty area of practice.

Prior to prescribing controlled substances, the APRN should assure that all the requirements specified in KRS 314.042 are met. Additional information on APRN prescriptive authority and a copy of the statute is on the Board's website at www.kbn.ky.gov

Specific questions should be addressed to Pamela C. Hagan, MSN, RN, APRN/Nursing Practice Consultant, at (502) 429-7181, or e-mail at PamelaC.Hagan@ky.gov.

*KRS 314.042(9) states:
"Before an APRN engages in the prescribing of Schedules II through V controlled substances as authorized by KRS 314.011(8), the APRN shall enter into a written "collaborative agreement for the APRN's prescriptive authority for controlled substances" (CAPA-CS) with a physician that defines the scope of the prescriptive authority for controlled substances..."

Section (a) through (h) of this same statute state further requirements for the CAPA-CS. In addition, KRS 314.042(9)(i) states:

> "The CAPA-CS shall state the limits on controlled substances which may be prescribed by the APRN, as agreed to by the APRN and the collaborating physician. The limits may be more stringent than either the schedule limits on controlled substances established in subsection (8) of Section 1 of this Act, or..."

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