



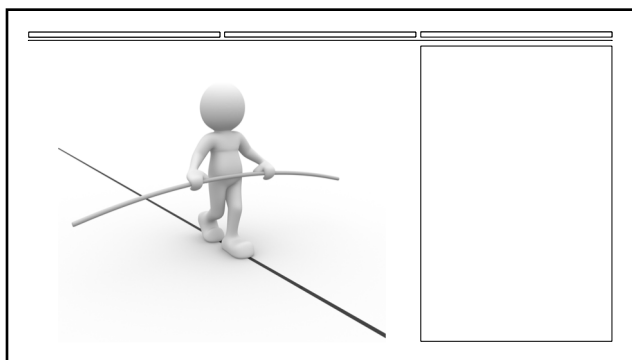
OBJECTIVE AND FINANCIAL DISCLOSURES

Objectives

At the completion of the session that attendee will be able to:

- Analyze the NP scope of practice?
- Discuss how to respond to scope of practice driven questions.
- Examine Texas laws which shape the NP Scope of practice.

- I have no financial disclosures



**TEXAS BOARD OF NURSING
RULES AND REGULATIONS**

**TEXAS BOARD OF
NURSING AND
SCOPE OF
PRACTICE**

HOW DOES THE TEXAS BOARD OF
NURSING DEFINE APRN SCOPE OF
PRACTICE?


TEXAS BON SOP DEFINITION

- SOP are those activities that we do while delivering patient care.
- Recognizes that SOP is variable and dependent upon education and certification.
- Board rule 221.12 Scope of Practice
 - SOP defined by national nursing organizations
 - APRN SOP is addition to the RN SOP
- Professional Scope of Practice
 - That which is defined by the national nursing organizations
- Individual Scope of Practice
 - Formed by your education, experience
 - Can evolve but there are limits to how much it can evolve


ANSWER

SO NOW WHAT? THAT DID NOT HELP?


- This means that you are required to know how NP scope of practice is defined at the national level by our professional organizations.
- BON rule 221.12 mandates that you know this.
- We will look at some common questions and explore these definitions and Texas Law.




WHAT KEY CONCEPT ABOUT SCOPE OF PRACTICE CAN YOU SHARE TO HELP GUIDE ME?



APRN CONSENSUS MODEL



- The National Council of State Boards of Nursing published the Consensus Model for APRN regulation: Licensure, Accreditation, Certification, and Education in 2008
- This document was the first to clarify that scope of practice is not setting specific, but rather based on the patient's needs.
- It states that one's education, certification, and licensure all have to be congruent.
- APRN programs are to follow the Consensus Model.
- This was done to ensure patient safety and obtain uniformity in APRN titles, education etc.
- The Consensus model was endorsed by a number of national nursing and APRN organizations.
- It has been adopted by the Texas BON



SO HOW IS MY NP ROLE DEFINED BY THE NATIONAL NURSING ORGANIZATIONS?

ACUTE CARE NURSE PRACTITIONERS

- AGACNP and PNP-AC
- Defined by the American Association of Critical Care Nurses
 - AACN define the scope of practice for the acute care nurse practitioner as the provision of care for patients who are physiologically unstable, have rapidly changing conditions, are highly vulnerable for complications, technologically dependent, have complex chronic illness, or experience injuries.
- PNCB endorses this definition for the Pedi Acute NP

PRIMARY CARE NURSE PRACTITIONERS

- FNP, AGPCNP, PNP-PC
- Defined by National Organization of Nurse Practitioner Faculties
- PCNPs focus on comprehensive, continuous care characterized by a long-term relationship between the patient and PCNP. The PCNP provides care for most health needs and coordinates additional health services beyond the PCNP's area of expertise.
- PNCB
 - The role of the primary care pediatric nurse practitioner is to provide care to children from birth through young adult with an in-depth knowledge and experience in pediatric primary health care including well child-care and prevention/management of common pediatric acute illnesses and chronic conditions. This care is provided to support optimal health of children within the context of their family, community, and environmental setting.

WOMEN'S HEALTH NURSE PRACTITIONER

- Defined by Association of Women's Health, Obstetric, and Neonatal Nurses
- The WHNP is an APRN prepared through academic and clinical study for practice as a primary care nurse practitioner that includes a focus on providing care for conditions unique to women from menarche through the remainder of their lives, and reproductive health care for men. The role of the WHNP is to provide evidence-based assessment, diagnosis, treatment and management in wellness promotion, care of women's common primary care non-gynecologic problems, gynecologic care, male sexual and reproductive health care, and normal and high risk prenatal and postpartum care.

PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER

- American Psychiatric Nurses Association
- They are trained to provide continuous and comprehensive mental health care, including assessment, diagnosis and treatment across settings, which means inpatient and outpatient practice sites. They provide care to individuals, families, groups, and communities from pre-birth to end of life.

NEONATAL NURSE PRACTITIONER

- Defined by National Association of Neonatal Nurses
- Neonatal Nurse Practitioners have specific competency standards encompassing wellness through critical care in the population of neonates, infants, and toddlers through 2 years of age. NNP education standards of practice have evolved beyond acute and chronic care to include primary care across the continuum. This means they can provide acute, chronic, critical and primary care for their specific patient population. They are trained across care settings.

FNP SCOPE OF PRACTICE- COMMON THOUGHTS

- I am a Family Nurse Practitioner and have a broad education. I can do anything.
- I want to go to FNP school because I can do anything.
- Are these statements true?

ANSWER

- Texas BON response in their APRN scope of practice webinar available on their website:
 - FNPs have a broad scope of practice that does not include the same depth in particular areas as those APRNs with more limited population focus areas.
 - The APRN must have been educated not only in the provision of the service, but also in the response to and medical management of untoward events, adverse reactions, or complications experienced as a result.
- Board rule 217.11 Standards of Nursing Practice
 - (Applies to all nurses)
 - 1B
 - Requires all nurses to implement measures to promote a safe environment for clients and others.
 - 1T
 - Accept only those nursing assignments that take into consideration client's safety and that are commensurate with the nurses' educational preparation, experience, knowledge, and physical and emotional ability.
- Board rule 221.12 Scope of Practice
 - Requires that we all practice within our scope of practice.
- FNP programs may discuss and teach about acute care diagnoses such as DKA, but the focus is the recognition of the diagnosis and referral to the appropriate level of care. Not the full treatment of the diagnoses and its complications.




CAN A PRIMARY CARE NURSE PRACTITIONER WORK IN THE ACUTE CARE SETTING?

ANSWER

- Hot topic!
- Things to consider
 - APRN Consensus Model
 - NONPF's definition of primary care
 - Texas BON Rule 217.11 Standards of Nursing Practice
 - Consult/refer, accept only assignments within your educational training, and promote safety
 - Texas BON Rule 221.12
 - Must work within your SOP
 - SOP defined by national nursing organization
- Acute Care NP Scope of Practice- Defined by the American Association of Critical Care Nurses
- Final Answer:
 - It depends on the needs of the patients for which the Primary Care NP will be providing care.

COLLABORATIVE PRACTICE AGREEMENTS

- A certified nurse midwife has recently become licensed as a Family Nurse Practitioner. Can the CNW use their knowledge and skills under the collaboration agreement she/he has arranged as an FNP with their family practice or internal medicine physician?

NP SCENARIO

- I am going to renew my FNP license next year and need to begin completing my continuing education requirements. What are the current requirements for continuing education and what has changed with the 2019 legislative session?

ANSWER

- Texas BON Rule: Chapter 216 Continuing Competency
 - Rule 216.3 Continuing Competency Requirements
 - A nurse must complete 20 contact hours of continuing education in the nurse's area of practice every 2 years or obtain and maintain a national nursing certification, which is approved by the BON and is in the nurse's area of practice.
 - APRNs are nationally certified by a Board approved agency and therefore meet the required 20 contact hours by maintaining national certification.
 - APRNs who have prescriptive authority are however required to obtain at least 5 additional contact hours of continuing education in pharmacotherapeutics. One who prescribes controlled substances must have at least 3 more additional continuing education hours related to prescribing controlled substances.
 - Category I Continuing Medical Education (CME) contacts can be used to meet this requirement.


ANSWER

- Texas BON Rule: Chapter 216 Continuing Competency
 - Rule 216.3 Continuing Competency Requirements
 - Forensic Evidence Collection
 - 2 contact hours for anyone who works in the ED. This is a one time requirement.
 - Recommended continuing education, if you treat tick borne illness
 - 2 hours of nursing jurisprudence
 - 2 hours of geriatric specialty hours or maintain a certification in geriatrics
 - elder abuse, age-related memory changes and disease processes, including chronic conditions, end of life issues, health maintenance and health promotion

ANSWER

- WHAT'S NEW?
 - **HB 2059 Passed in 2019** This bill requires health care professionals to obtain continuing education in Human Trafficking. The course must be approved by the Executive Commissioner of the Health and Human Services Commission. This goes into effect on September 1, 2019 and persons who renew their license on or after September 1, 2020 will have to meet this requirement. The Texas BON will write rules for this requirement.
 - **HB 2454 Passed in 2019** This bill requires the Texas Board of Nursing and the PA Board to jointly develop a process by which they exchange information regarding the names, locations and license number of physicians, APRNs and PAs who have entered into a prescriptive authority agreement. Each will now be required to notify the other if a license holder becomes under investigation involving the delegation and supervision of prescriptive authority and the final outcome. Also this law requires that each APRN who has entered into a prescriptive authority agreement authorizing the prescribing of opioids is required to complete **two hours of continuing education annually** regarding safe and effective pain management.
 - **HB 3285** passed in 2019 requires prescribers or dispensers whose practice includes prescribing or dispensing opioids to attend at least one hour of continuing education **annually** covering best practices, alternative treatment options, and multi-modal approaches to pain management. Expires August 31, 2023.

CASE SCENARIO



I am a NP who works in the emergency room. I am employed by the physician group who provides emergency services for the hospital where I work. I bill for my visits and there are times when the physician group is not a provider on the patient's insurance. When this happens, the company balance bills the patient. Are there any laws or rules which pertain to balance billing?


ANSWER

- Texas Insurance Code Chapter 1467 addresses mediation for consumers for billing practices
 - The insurance code allows an enrollee to request mediation of a settlement of an out-of-network health benefit claim if they are balance billed and the amount is greater than \$500.
 - This law affects providers who balance bill and provide care in an emergency department or a facility. The provider is required to participate in the mediation.
 - Except in the case of an emergency, the facility-based provider, before providing care, shall disclose to the enrollee that
 - They do not have a contract with the enrollee's health benefit plan
 - The projected amount of money the enrollee will be responsible for
 - The circumstances under which the enrollee will be responsible for the amount.
 - A facility-based provider who makes the above disclosures to the enrollee and obtains their written acknowledgement may not be required to mediate a bill.
- Balance bill statements must include the following
 - You may be able to reduce some of your out-of-pocket costs for an out-of-network medical or health care claim that is eligible for mediation by contacting the Texas Department of Insurance (website) and (phone number).
- Mediation must determine if the amount that was billed was excessive and if the amount paid by the insurer or administrator was usual and customary or unreasonably low. The mediator's fee is paid evenly by the enrollee and provider. The matter can be referred to a judge if the mediation is not successful.

ANSWER

- Texas BON Rule 217.23 Balance Billing Dispute Resolution
 - Prior to participation in mediation, all parties, including the facility-based provider or their representative must participate in an informal settlement teleconference no later than the 30th day after the date the enrollee requests mediation. If this is unsuccessful then a formal mediation process must be held in the county in which the health care or medical services were provided.
 - Mediator may file a complaint with the BON if the facility-based provider has demonstrated bad faith:
 - Failing to participate in a required mediation
 - Failing to provide information that the mediator believes is required
 - Failing to designate a representative participating in the mediation with full authority to enter into any mediation agreement
 - Failure to reach an agreement is not conclusive proof of bad faith mediation.

CASE SCENARIO




I am an FNP who has been operating my own rural health clinic for the last year. My patient load has steadily increased. Since I work under a prescriptive authority agreement, I am required to have face to face meetings with my delegating physician. Given the distance from my delegating physician and my patient responsibilities it has become very difficult to meet face to face. Does the law allow us to meet using telecommunication programs such as zoom, Microsoft teams etc?

ANSWER

- Texas BON Rule 222.5 Prescriptive Authority Agreement
 - The current rules do not allow the use of telecommunications to complete the face to face meetings.
 - HB 278 was passed in 2019 which changed how the meetings are conducted between the APRN and the physician. Meetings now have to be done monthly and may be done in a manner that is determined by the physician an NP.
 - This change went into effect September 1, 2019.

CASE SCENARIO



▪ A Nurse Practitioner is employed by a physician to provide primary care services in his office. The physician employs a medical assistance in the back office to assist with checking in patients, obtaining historical data, doing vitals, collecting urine and stool samples, and administration of medication.

- What is the Nurse Practitioner's role and responsibility in the supervision of the medical assistant?
- Can the Nurse Practitioner delegate nursing tasks to the medical assistant?


ANSWER

- Texas BON Rule Chapter 224 Delegation of Nursing Tasks by Registered Professional Nurses to Unlicensed Personnel for Clients with Acute Conditions or in Acute Care Environments
 - Rule 224.1
 - This rule applies to any RN (including APRN) who is providing care to a client who has an acute health condition that is unstable or unpredictable.
 - Or the client for whom the RN is providing care is located in an acute care environment where nursing services are continuously provided.
 - Settings include but are not limited to hospitals, rehabilitation centers, skilled nursing facilities, clinics, correctional health, private practice physician offices and any setting which does not meet the definition of independent living environment, in Rule 225.49.

ANSWER

- Texas BON Rule Chapter 224 Delegation of Nursing Tasks by Registered Professional Nurses to Unlicensed Personnel for Clients with Acute Conditions or in Acute Care Environments
 - Rule 224.6 General Criteria for Delegation
 - This rule requires that the following standards be met before the RN delegates nursing tasks.
 - The RN must make an assessment of the client's nursing needs.
 - The task must be one that a reasonable and prudent RN would find is within the scope of sound nursing judgment to delegate.
 - The task must be one that, in the opinion of the delegating RN, can be properly and safely performed by the unlicensed personnel, without jeopardizing the client's welfare.
 - The task must not require the unlicensed person to exercise professional nursing judgment.
 - The unlicensed person to whom the nursing task is delegated must be adequately identified. This may be done by the individual or if appropriate by the training, education or certification/permit of the unlicensed person.
 - The RN shall instruct the unlicensed person in the delegated task or verify the unlicensed person's competency to perform the task. The verification of competence may be done by the RN making the decision to delegate, or if appropriate, by training, education, experience and/or certification/permit of the unlicensed person.
 - The RN shall adequately supervise the performance of the delegated task.

ANSWER



- Texas BON Rule Chapter 224 Delegation of Nursing Tasks by Registered Professional Nurses to Unlicensed Personnel for Clients with Acute Conditions or in Acute Care Environments
 - Rule 224.7 Supervision
 - The RN shall supervise all delegated nursing tasks.
 - The degree of supervision required may be determined by the RN after evaluating the following:
 - The client's stability in relationship to the task
 - The training, experience and capability of the unlicensed person
 - The nature of the task to be delegated
 - The proximity and availability of the RN to the unlicensed person when the task will be performed
 - The RN supervising the unlicensed person must be available in person or by telecommunications.

ANSWER

- Rule 224.8 Delegation of Task
 - List the task which are typically ok to delegate
 - Non-invasive and non-sterile treatment
 - Collecting, reporting, and documenting data such as
 - Vitals, height, weight, I&O, capillary blood, urine test
 - Environmental situations
 - Client or family comments about the care
 - Behaviors related to the plan of care
 - Ambulation, positioning and turning
 - Transportation of the client within the facility
 - Personal hygiene and elimination including vaginal irrigations and cleansing/enemas
 - Socialization activities
 - ADLS
 - Reinforcement of health teaching
 - Lists task which are prohibited from being delegated
 - Physical, psychological and social assessment which requires professional nursing judgement
 - Formulation of the nursing care plan and evaluation of the client's response to the care provided
 - Specific tasks involved in the implementation of the care plan which require professional nursing judgement, or intervention
 - The responsibility for the client's health teaching and counseling
 - Administration of medications, including IV fluids


ANSWER

- Texas BON Rule Chapter 224 Delegation of Nursing Tasks by Registered Professional Nurses to Unlicensed Personnel for Clients with Acute Conditions or in Acute Care Environments
 - Rule 224.10 Supervising Unlicensed Personnel Performing Tasks Delegated by Non RN Practitioners
 - This rule applies to RNs who practice in a collegial relationship with another licensed practitioner, who has delegated tasks to an unlicensed person over whom the RN has supervisory responsibilities.
 - In this instance the RN is still responsible for doing the following:
 - Verifying the training of the unlicensed person
 - Verifies that the unlicensed person can properly and adequately perform the delegated task without jeopardizing the client's welfare.
 - Adequately supervises the unlicensed person.
 - If the RN cannot verify the unlicensed person's capability to perform the delegated task, the RN must inform the licensee who delegated the task.
 - If the performance of the unlicensed person poses risk of harm to the patient the RN must intervene as required to stabilize the patient and prevent complications and then communicate with the delegating person.

FINAL ANSWER

- How should the NP handle this situation?
 - Certain tasks can legitimately be delegated by the NP which is ok.
 - The problem is with medication administration. With only one exception, this is not a task that is appropriate for any RN can delegate to an unlicensed person.
 - Must follow and document the information in Rule 224.10
 - Texas BON suggests that office settings have a job description and policies and procedures in place which clearly delineate under whose delegated authority the UAP is functioning.
 - You should maintain some documentation of the UAP to show compliance with Rule 224.10.


Can an RN take orders from an APRN who is not practicing within their scope of practice?



ANSWER

- Texas BON Position statement 15.18 Nurses Carrying out Orders from Advanced Practice Registered Nurses
- "The Board recognizes that in many settings, nurses and advanced practice registered nurses work together in a collegial relationship. A nurse may carry out an advanced practice registered nurse's order in the management of a patient, including, but not limited to, the administration of treatments, orders for laboratory or diagnostic testing, or medication orders. A physician is not required to be physically present at the location where the advanced practice registered nurse is providing care. The order is not required to be countersigned by the physician. The advanced practice registered nurse must function within the accepted scope of practice of the role and population focus in which he/she has been licensed by the Board."



TEXAS HEALTH AND SAFETY CODE



AN AGACNP IS ASKED TO WRITE A DNR ORDER ON A PATIENT IN THE HOSPITAL. WHAT LAW GOVERNS THIS TASK AND IS THIS PERMITTED?

ANSWER

- Advanced Directives (Texas Health and Safety Code, Title 2, Subtitle H, Chapter 166)
 - Subchapter E: Health Care Facility Do-Not-Resuscitate Orders
 - Went into effect on April 1, 2018
 - Requirements
 - The attending physician must write the DNR
 - A physician providing care to the patient can revoke the DNR
 - Physician, PA or Nurse must notify the patient or medical power of attorney if the patient is not competent that a DNR order is on the chart.
 - A violation of this law is a class A misdemeanor and a person is subject to disciplinary actions by their licensing board.

How does the Texas Controlled Substance Act regulate NP (APRN) practice?

ANSWER

- Health and Safety Code: Chapter 481: Texas Controlled Substance Act, Section 481.0762 Monitoring by a regulatory Agency
 - This law requires that controlled substances only be prescribed/ordered/dispensed/administered by a practitioner for a valid medical purpose in the course of medical practice.
 - Anabolic steroids or growth hormone may not be prescribed by a practitioner for the purpose of bodybuilding, muscle enhancement, or increasing muscle bulk or strength to a person who is in good health.
 - This law also authorizes the development and use of the prescriptive monitoring program.

ANSWER

- Health and Safety Code: Chapter 481: Texas Controlled Substance Act, Section 481.0762 Monitoring by a regulatory Agency
 - Passed in the 2017 Legislative Session
 - HB 2561 was passed which amended the Texas Controlled Substance Act and imposed more licensing board oversight of the prescription of controlled substances.
 - Requires licensing boards to publish guidelines on the responsible prescribing of opioids, benzodiazepines, barbiturates, and catapropols. **The BCN has written these rules and will be publishing this year.**
 - BCN is now required to monitor the information in the prescription monitoring program to identify and potentially harmful prescribing practices and act accordingly.
 - APRNs are now required to check the prescription monitoring program prior to prescribing one of these categories of drugs unless the patient has cancer or is in hospice care.
 - Any prescriptions written for pain for a cancer patient or a hospice patient must clearly document on the prescription and record that the patient has cancer or is receiving hospice care. **Violation of this § 481.0762 for disciplinary actions. One may not be held accountable for not checking the prescription monitoring system if they have made a**
 - Written a down and you are seeing patient.
 - Originally this was to go into effect on 9/1/2019.
 - **HB 3284 passed in 2019 delayed the implementation of this requirement until March 1, 2020.**
 - How does this impact inpatient practice?
 - Prescribing versus ordering
 - Admission considerations
 - Discharge considerations


ANSWER

- Health and Safety Code: Chapter 481: Texas Controlled Substance Act, Section 481.0762 Monitoring by a regulatory Agency
 - Passed in the 2019 Legislative Session
 - **HB 2174**
 - Amended the Texas Controlled Substance Act and now requires that all controlled substances be prescribed electronically. In an emergency the prescription may be given orally or telephonically but it must be followed by an electronic prescription no later than 7 days after the oral or telephonic prescription was given.
 - Written prescriptions may be used:
 - By a veterinarian
 - In circumstances in which electronic prescribing is not available due to temporary technical issues
 - The prescription will be filed in a pharmacy outside of Texas
 - When the prescriber and dispenser are in the same location or under the same license
 - For a drug that the FDA requires more information and the information can not be put on the prescription
 - For a drug under research protocol
 - The prescriber determines that the electronic prescription would be impractical for the patient to obtain the drug prescribed in a timely manner and the delay would impact their medical condition
 - Has a waiver from using an electronic form
 - Each licensing board is to develop criteria for waivers but it will include economic hardship and technological limitations
 - Written before January 1, 2020

ANSWER

- Health and Safety Code: Chapter 481: Texas Controlled Substance Act, Section 481.0762 Monitoring by a regulatory Agency
 - Passed in the 2019 Legislative Session
 - **HB 2174**
 - Continuing Education
 - A person licensed to prescribe controlled substances are required to complete two hours of professional education related to approved procedures of prescribing and monitoring controlled substances.
 - One may take this course annually to fulfill the ethics education requirement of the person's license, certification or registration. **This is however a one-time requirement.**
 - Opioid Prescription Limits
 - Opioids prescribed for acute pain management may only be prescribed for a maximum of 10 days or provide for 1 refill. This does not apply to an opioid approved by the FDA for the treatment of substance addiction that is being used in that manner.

TEXAS LAW AND END OF LIFE CARE



- An AGACNP has been coding a patient for 20 minutes. This is obviously futile care. How should the AGACNP proceed? Can the AGACNP decide to stop the code?
- A hospital administrator asks: If the NP can pronounce death for a patient on a ventilator why can they not write the order to stop the ventilator?


ANSWER

- Two laws give us direction on these scenarios.
 - Advanced Directives (Texas Health and Safety Code, Title 2, Subtitle H, Chapter 166)
 - Before withholding or withdrawing life sustaining treatment from a patient, the attending physician must determine if the steps proposed are lawful and are consistent with the patient's existing desires.
 - Death and Disposition of the Body (Health and Safety Code Title 8, Subtitle A, Chapter 671 Determination of Death)
 - If artificial means of support preclude a determination that a person's spontaneous respiratory and circulatory functions have ceased, the person is dead when, in the announced opinion of a physician, according to ordinary standards of medical practice, there is irreversible cessation of all spontaneous brain function.
- Physician must make the decision to stop a code.
- NPs can not pronounce death when life support is being used



OTHER TEXAS LAWS


CASE SCENARIO



- You are an FNP or PNP-PC working in a primary care clinic and parent brings in their 15-year-old son for you to clear them to return to school sports after sustaining a concussion.


ANSWER

- Texas Education Code: Chapter 38 Health and Safety
 - This requires schools in Texas to appoint a concussion oversight team. They are responsible for developing a return to play protocol based on peer-reviewed evidence, for a student's return to interscholastic athletics practice or competition following a concussion.
 - The team must include one physician and one or more of the following:
 - An athletic trainer
 - APRN
 - Neuropsychologist
 - PA
 - Each member of the teams must have had training in the evaluation, treatment and oversight of concussions at the time of appointment.
 - A physician, coach, licensed health care professional (APRN, PA) may remove a student from play if they believe the student has sustained a concussion during practice or competition.




ANSWER

- Texas Education Code: Chapter 38 Health and Safety
 - A student may be cleared to return to practice or competition when the following has been completed
 - The student has been evaluated, using established medical protocols based on peer review evidence, by a treating physician
 - The student has successfully completed each requirement of the return to play protocol
 - The treating physician has provided a written statement indicating that, in the physician's professional judgment, it is safe for the student to return to play




ANSWER

- Texas Education Code: Chapter 38 Health and Safety
 - A student may be cleared to return to practice or competition when the following has been completed
 - The student and student's parent or legal guardian have
 - Acknowledged that the student has completed the requirements of the return to play protocol
 - Have provided the physician release to the school official responsible for compliance with the return to play protocol
 - Have signed an informed consent
 - Consenting to the return to play
 - Explaining the risks associated with the student returning to play and will comply with ongoing requirements
 - Consents to disclose the physician return statement/recommendations to appropriate people as defined by HIPPA
 - Understand the immunity provisions of this law




CASE SCENARIO



- You are an AGACNP working with for a neurology practice. A patient with intractable seizures comes in for follow up and asks you to prescribe cannabis.
- You are a PNP-AC working for a neurology practice and the parents bring in their daughter for follow up for intractable seizures and ask you to prescribe cannabis.
- How do you proceed?

ANSWER



- Texas Occupations Code: Chapter 169 Authority To Prescribe Low-THC Cannabis to Certain Patients for Compassionate Use
- Only a physician qualified as a provider to prescribe low THC cannabis may prescribe this for intractable epilepsy if
 - Licensed to prescribe THC
 - Dedicates a significant portion of their clinical practice to the evaluation and treatment of epilepsy
 - Board certified in epilepsy or neurology or neurophysiology



THANK YOU