02 DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION

380 BOARD OF NURSING

**Chapter 8 REGULATIONS RELATING TO ADVANCED PRACTICE REGISTERED**

**NURSING**

**SUMMARY:** This chapter identifies the role of a registered professional nurse in advanced practice registered nursing; implements the Board's authority to approve the credentials

for practice as a certified nurse practitioner, certified nurse-midwife, certified registered nurse anesthetist, and certified clinical nurse specialist; delineates the scope of practice; and implements the Board's authority to grant prescriptive authority.

**Sec. 1. Definitions, Special Provisions, and Scopes of Practice**

**1. Definitions**

A. **Advanced practice registered nursing.** "Advanced practice registered nursing"

**(A.P.R.N.)** means the practice of a registered professional nurse who, on the

basis of specialized education and experience, is authorized under these rules to

deliver expanded professional health care.

B. **Assessment.** "Assessment" means a process of collecting information regarding

health status of patients including, but not limited to: illness; response to illness;

health risks of individuals, families and groups; resources; strengths and weaknesses

and coping behaviors; and the environment. The skills employed during the

assessment process includes, but are not limited to: obtaining patient histories;

conducting physical examinations; and ordering, interpreting, and conducting a broad

range of diagnostic procedures.

C. **Case management.** "Case management" means the provision and/or coordination of the health care that clients receive.

D. **Certified clinical nurse specialist.** "Certified clinical nurse specialist" **(C.N.S.)**

means a registered professional nurse who has received post-graduate education in a

master's degree program accredited by the National League for Nursing (N.L.N.) or

American Association of Colleges of Nursing in a specialty area in nursing, and who

has been certified as a clinical nurse specialist by the American Nurses Credentialing

Center (A.N.C.C.) or has been certified in the clinical specialty by a national

certifying organization acceptable to the Board.

E. **Certified nurse-midwife.** "Certified nurse-midwife" **(C.N.M.)** means a registered

professional nurse who has received post-graduate education in a nurse-midwifery

program approved by the American College of Nurse-Midwives and who has passed

the national certification examination administered by the American Midwifery

Certification Board or its successors, the former American College of Nurse-

Midwives or the American College of Nurse-Midwives Certification Council, Inc.

(A.C.C.).

F. **Certified nurse practitioner.** "Certified nurse practitioner" **(C.N.P.)** means a

registered professional nurse who has received post-graduate education designed to

prepare the nurse for advanced practice registered nursing in a specialty area in

nursing that has a defined scope of practice and has been certified in the clinical

specialty by a national certifying organization acceptable to the Board.

G. **Certified registered nurse anesthetist.** "Certified registered nurse anesthetist"

**(C.R.N.A.)** means a registered professional nurse who has received post-graduate

education in a master's degree nurse anesthesia program approved by the Council on

Accreditation of Nurse Anesthesia Educational Programs and who has passed the

national certification examination administered by the Council on Certification of

Anesthetists.

H. **Collaboration.** "Collaboration" means working jointly with other health care

providers to provide patient care.

1. **Consultation.** "Consultation" means communication with other health care providers

for obtaining information and/or advice.

J. **Counseling.** "Counseling" means providing advice and/or making

recommendations to patients based on mutual exchange of ideas or information

K. **Diagnosis.** "Diagnosis" means identifying actual or potential health problems or

need for intervention, based on analysis of the data collected.

L. **Evaluation.** "Evaluation" means determining the effectiveness of interventions on

health status of patients.

M. **Formulary.** "Formulary" means those non-scheduled drugs which are Food and

Drug Administration (F.D.A.) approved and those listed on Schedules II/In,

III/IIIn,IV,and V.

N. **Guidance.** "Guidance" means providing instruction and/or education to patients.

O. **Health care provider.** "Health care provider" may include, but is not limited to:

advanced practice registered nurse, counselor, dietician, licensed practical nurse,

occupational therapist, pharmacist, physical therapist, physician, physician assistant,

podiatrist, psychologist, registered nurse, respiratory therapist, social worker, speech

therapist.

P. **Initial approval.** "Initial approval" means the first approval granted by the Board

following the applicant's completion of an advanced practice registered nurse

program.

Q. **Intervention.** "Intervention" means utilizing measures that promote health;

protecting against disease; treating illness in its earliest stages; managing acute and

chronic illness; and limiting disability. Interventions may include, but are not limited

to, issuance of orders; provision of direct nursing care; prescription of medications or

other therapies; and consultation with or referral to other health care providers.

R. **Plan.** "Plan" means establishing a therapeutic goal based on the diagnosis.

S. **Practice requirement in an expanded specialty role.** "Practice requirement in

an expanded specialty role" means clinical practice in the provision of primary health

care or other activities which have a clinical focus. Other activities include, but are

not limited to, teaching, consultation, and research related to the specialty area of

practice and certification.

T. **Primary health care.** "Primary health care" means health care that clients

receive at the first point of contact with the health care system and is continuous

and comprehensive. Primary health care includes: health promotion; prevention of

disease and disability; health maintenance; rehabilitation; identification of health

problems; management of health problems; and referral.

U. **Recent graduate.** "Recent graduate" means an applicant who has completed an

advanced practice registered nurse program within the previous 12 months.

V. **Referral.** "Referral" means directing patients to other resources for the purpose

of assessment and/or intervention.

**2. Special provisions**

A. A registered professional nurse who is approved by the Board to practice as an

advanced practice registered nurse prior to January 1, 1996 is considered to have met

the requirements of 32 M.R.S.A. Section 2201-A (2) and (3) regarding education and

certification.

B. An applicant for approval as an advanced practice registered nurse who has been

approved as such in another jurisdiction may be approved by the Board as set forth

below:

(1) If approved in another jurisdiction prior to **September 8, 1993**, an applicant must

have completed an advanced practice registered nurse program.

(2) If approved in another jurisdiction on or after **September 8, 1993**, an applicant

must have completed an advanced practice registered nurse program, and must

hold a national certification in the specialty area of practice.

C. As of **January 1, 2006**, an applicant for initial approval as an advanced practice

registered nurse in Maine must hold at least a master's degree with preparation in the

specialty area for which application is made.

D. As of **January 1, 2006**, an applicant from another U.S. jurisdiction seeking approval

by endorsement as an advanced practice registered nurse in Maine must have met

requirements comparable to what was current Maine law at the time of graduation.

E. In the event the licensee’s certification expires during the licensing cycle, the licensee

must submit evidence of continuous certification, and when eligible, recertification to

the board on or before the certification expiration date. If the licensee has not

received verification of recertification from his/her national certifying body, the

licensee must provide evidence that he or she has made application to his/her

certifying body, the application has been reviewed, and the licensee is awaiting

processing of the recertification document.

F. Failure to comply with the rules regarding certification may, at the Board’s

discretion, result in a decision to deny continuing licensure as an advanced practice

registered nurse, or may result in a decision to enter into a consent agreement and

probation setting forth terms and conditions to correct the licensee’s failure to

maintain a current national certification. Terms and conditions of a consent

agreement may include civil penalties, suspension and other terms as the Board,

licensee and the Department of the Attorney General determine appropriate.

**3. Scopes of Practice**

A. **Certified nurse practitioner.** The certified nurse practitioner shall provide only

those health care services for which the certified nurse practitioner is educationally

and clinically prepared, and for which competency has been maintained. The Board,

in its discretion, reserves the right to make exceptions. Such health care services, for

which the certified nurse practitioner is independently responsible and accountable,

include;

(1) obtaining a complete health data base that includes a health history, physical

examination, and screening and diagnostic evaluation;

(2) interpreting health data by identifying wellness and risk factors and variations

from norms;

(3) diagnosing and treating common diseases and human responses to actual and

potential health problems;

(4) counseling individuals and families;

(5) consulting and/or collaborating with other health care providers and community

resources; and

(6) referring client to other health care providers and community resources.

B. **Certified nurse-midwife**. The certified nurse-midwife may provide only those health

care services for which the certified nurse-midwife is educationally and clinically

prepared and for which competency has been maintained. The certified nurse-

midwife is authorized to function to the full extent of the midwife education, training

and competency within the population focus and scope of practice. Such health care

services for which the certified nurse-midwife is independently responsible and

accountable include:

1. primary health care services for women from adolescence to beyond menopause;

(2) primary health care of the newborn up to age 28 days;

(3) primary maternity care, including preconception care, and care during pregnancy,

childbirth and the postpartum period; and

(4) provision of gynecological and family planning services, and treatment of

sexually transmitted diseases in male and female patient contacts.

C. **Certified registered nurse anesthetist**.

1. Definitions. For the purpose of this section, unless the context otherwise indicates,

the following terms have the following meanings.

1. “Critical access hospital” has the same meaning as in M.R.S. Section 7932(10).
2. “Rural area” has the same meaning as in M.R.S. Section 5104(10).

(~~1~~2) In a critical access hospital or a hospital located in a rural area, the certified

registered nurse anesthetist may, in accordance with the bylaws and policies of

the facility in which the certified registered nurse anesthetist is practicing

formulate and implement a patient-specific plan for anesthesia care that may

include;

(a) a pre-anesthetic assessment;

(b) verification of informed consent;

(c) adjustments and corrective actions as indicated;

(d)ordering appropriate laboratory tests and diagnostic imaging tests in the

preoperative and immediate postoperative period; and

(e) ordering and prescribing prescription drugs in the preoperative period and immediate postoperative period in accordance with this chapter.

(~~2~~3) For aspects of anesthesia practice that require execution of the medical regimen,

the certified registered nurse anesthetist shall be responsible and accountable to a

physician or dentist except as provided in C (2). Without limitation, coordination

and appropriate communication shall be deemed to have occurred if the

prescribing physician or dentist signed the patient's anesthesia record. The

certified registered nurse anesthetist shall practice:

(a) within the limits of the nurse's individual education, training, and experience;

(b) in accordance with state laws; and

(c) consistent with institutionally defined policies and clinical privileges.

D. **Certified clinical nurse specialist**.

(1) The certified clinical nurse specialist may apply research-based knowledge,

skills and experience to intervene in human responses to complex health/illness

problems. The certified clinical nurse specialist may;

(a) provide case management skills to coordinate comprehensive health

services and ensure continuity of care;

(b) evaluate client progress in attaining expected outcomes;

(c) consult with other health care providers to influence care of clients, effect

change in systems, and enhance the ability of others to provide health care;

and

(d) perform additional functions specific to the specialty area(s).

(2) In addition to the above, the certified psychiatric clinical nurse specialist may

independently assess, diagnose, and therapeutically intervene in complex mental

health problems using psychotherapy and other interventions.

(3)**The Board reserves the right to make exceptions for approval of scope of**

**practice for those clinical nurse specialists in practice prior to**

**January 1, 1996, based on consideration of national certification acceptable**

**to the Board, educational and clinical preparation and practice for which**

**competency has been maintained.**

**Sec. 2. General Regulations Relating to Certified Nurse Practitioners and Recent**

**Graduates of Nurse Practitioner Programs**

**1. Requirements for initial approval to practice**

A. Submits official transcript from a nurse practitioner program approved by the

appropriate national accrediting body for that specific area of practice.

B. Submits evidence of current certification in the specialty area of practice, if

applicable.

C. ~~Submits evidence of a minimum of 1500 hours of practice in an expanded specialty~~

~~nursing role within 5 years preceding application, or completion of a nurse~~

~~practitioner program within 5 years preceding application~~. If more than 5 years have

elapsed since completion of an advanced practice registered nurse program and the

applicant does not meet the practice requirement ~~of 1500 hours~~ set forth by the

applicant’s advanced practice certifying body, the applicant shall complete 500 hours

of clinical practice supervised by a physician or nurse practitioner in the same

specialty area of practice.

D. Submits evidence of satisfactory completion of 45 contact hours (or 3 credits) of

pharmacology as set forth in Section 6(3).

E. Submits the $100.00 approval fee, which is not refundable; an application

which remains incomplete after 12 months shall be considered void.

**2. Temporary approval for graduates of nurse practitioner** **programs**

1. A nurse practitioner must practice for a minimum of 24 months of full time

employment under the supervision of a licensed physician, or a ~~supervising~~ nurse

practitioner. ~~or be employed by a clinic or hospital that has a medical director who is~~

~~a licensed physician~~. This requirement pertains to the first two years of practice for in

state and out of state new nurse practitioners.

B. The applicant shall identify a supervisory relationship with a licensed physician or

nurse practitioner practicing in the same practice category who will provide oversight

for the nurse practitioner.

C. The applicant’s documentation of the supervisory relationship must reflect that the

applicant will be working within his or her scope of practice, which is defined by

education preparation, certification in a specialty area of practice and the type of

licensure.

~~C~~. D. The applicant identifying a supervising relationship shall:

(1) Obtain an application from the Board to register a supervising relationship as part

of the initial authority to practice process, prior to changing or adding a

supervising relationship.

(2) Submit an application including the appropriate fee.

D. The nurse practitioner must submit to the Board written evidence of completion of the

required clinical experience.

E. Evidence shall be submitted that the applicant has applied for and is eligible to take,

or has taken, the first available certification examination in the specialty area of

practice for which application is made.

F. The applicant may not practice as a nurse practitioner if unsuccessful in 2 attempts to

pass the certification examination within 2 years.

**3. Requirements for continuing approval to practice**

A. Request for continuing approval must be made concurrently with renewal of the

registered nurse license and must include evidence of current certification by the

appropriate national certifying body.

B. (Deleted effective December 7, 1997)

C. The applicant shall submit his/her assigned number from the Drug Enforcement

Agency (DEA), if applicable.

D. All applicants shall submit the $100.00 approval fee, which is not refundable.

(NOTE: SEE SECTION 8)

**4. Certification**

A. Only a registered professional nurse whose credentials have been approved by the

Board may hold her/himself out to be and use the title of "certified nurse practitioner"

or "advanced practice registered nurse."

B. Certification shall **not** be required of a registered professional nurse who was

approved by this Board for practice as a nurse practitioner **prior to September 8,**

**1993**.

C. The Board accepts nurse practitioner certification conferred by national certifying

organizations such as, but not limited to: American Nurses Credentialing Center;

National Board of Pediatric Nurse Associates and Practitioners; National Certification

Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties; and

American Academy of Nurse Practitioners.

D. A nurse who is no longer certified by the national organization for the specific area of

practice shall notify the Board immediately and shall not practice as or use the titles

of "certified nurse practitioner" or "advanced practice registered nurse."

**Sec. 3. General Regulations Relating to Certified Nurse-Midwives**

**1. Requirements for approval to practice**

A. Submits evidence of completion of a nurse-midwifery program approved by the

American College of Nurse-Midwives (A.C.N.M.).

B. Submits evidence of certification by the American Midwifery Certification Board

or its successors, or the former American College of Nurse-Midwives (A.C.N.M.) or

the American College of Nurse-Midwives Certification Council, Inc.(A.C.C.).

C. Submits the fee established by the Board for initial approval, which is not refundable;

an application which remains incomplete after 12 months shall be considered void.

**2. Temporary approval to practice pending certification**

A. Temporary approval to practice pending certification may be granted for a period not

to exceed 12 months to a recent graduate of a nurse-midwifery program who meets

the requirements set forth in Section 3(1)(A) and (C) and has applied to sit for the

first available examination given by the American Midwifery Certification Board.

B. Evidence shall be submitted that the applicant has applied for and is eligible to take,

or has taken, the initial American Midwifery Certification Board certification

examination.

**3. Requirements for continuing approval to practice**

A. Request for continuing approval must be made concurrently with renewal of the

registered nurse license and must include evidence of current certification by the

appropriate national certifying body.

B. An applicant shall submit evidence of current certification by the American

Midwifery Certification Board.

C. (Deleted effective December 7, 1997)

D. The applicant shall submit his/her assigned number from the Drug Enforcement

Agency (DEA), if applicable.

E. An applicant shall submit the $100.00 approval fee, which is not refundable.

(NOTE: SEE SECTION 8)

**4. Certification**

A. Only a registered professional nurse whose credentials have been approved by the

Board may hold her/himself out to be and use the titles of "certified nurse-midwife"

or "advanced practice registered nurse."

B. Certification shall **not** be required of a registered professional nurse who was

approved by this Board for practice as a nurse-midwife **prior to September 8, 1993**.

C. A nurse-midwife who is no longer certified by the American Midwifery Certification

Board shall notify the Board immediately and shall not practice as or use

the title of "certified nurse-midwife" or "advanced practice registered nurse."

**Sec. 4. General Regulations Relating to Certified Registered Nurse Anesthetists**

**1. Requirements for approval to practice**

A. Submits evidence of completion of ~~a~~ at least master's degree nurse anesthesia

Program accredited by the Council on Accreditation of Nurse Anesthesia Educational

Programs or its predecessors or successors.

B. Submits evidence of certification by the Council on Certification of Nurse

Anesthetists and, as applicable, recertification by the Council on Recertification of

Nurse Anesthetists.

C. Submits the fee established by the Board for initial approval, which is not refundable;

an application which remains incomplete after 12 months shall be considered void.

**2. Temporary approval to practice pending certification**

A. Temporary approval to practice pending certification may be granted to a recent

graduate of an approved nurse anesthesia program who meets the requirements in

Section 4(1)(A) and (C) and has applied to sit for the first available Council

Certification Examination.

B. Such practice shall be under the supervision of an anesthesiologist or a certified

registered nurse anesthetist.

C. Evidence shall be submitted that the applicant has applied for and is eligible to take

the initial Council Certification Examination following graduation.

D. The applicant will identify her/himself as a graduate nurse anesthetist.

E. The applicant must pass the Council Certification Examination within 12 months of

graduation. An applicant who fails the initial Council Certification Examination must

practice as set forth in Section 4(2)(B) and (D).

**3. Requirements for continuing approval to practice**

A. Request for continuing approval must be made concurrently with renewal of the

registered nurse license and must include evidence of current certification by the

appropriate national certifying body.

B. An applicant shall submit evidence of recertification by the Council on

Recertification of Nurse Anesthetists.

C. (Deleted effective December 7, 1997)

D. An applicant shall submit the $100.00 approval fee, which is not refundable.

(NOTE: SEE SECTION 8)

**4. Certification**

A. Only a registered professional nurse whose credentials have been approved by the

Board may hold her/himself out to be and use the titles of "certified registered nurse

anesthetist" or "advanced practice registered nurse."

B. Certification shall **not** be required of a registered professional nurse who was

approved by the Board for practice as a nurse anesthetist **prior to September 8,**

**1993**.

C. A nurse anesthetist who is no longer certified by the Councils on

Certification/Recertification of Nurse Anesthetists shall notify the Board

immediately and shall not practice as or use the title of "certified registered nurse

anesthetist" or “advanced practice registered nurse”.

**Sec. 5. General Regulations Relating to Certified Clinical Nurse Specialists**

**1. Requirements for approval to practice**

A. Submits evidence of completion of at least a master's degree program in a clinical

Specialty area accredited by the National League for Nursing or the American

Association of Colleges of Nursing. The program must have as its objective the

preparation of nurses to practice as clinical nurse specialists.

B. Submits evidence of certification in a clinical specialty area by a national certifying

body acceptable to the Board.

C. Submits the fee established by the Board for initial approval, which is not refundable;

an application which remains incomplete after 12 months shall be considered void.

**2. Temporary approval to practice pending certification**

A. Temporary approval to practice pending certification may be granted for a period not

to exceed 12 months to a graduate of at least a master's degree program in a clinical

specialty who meets the requirements set forth in Section 5(1)(A) and (C). The

applicant may not practice as a certified clinical nurse specialist if unsuccessful on the

certification examination.

B. Evidence shall be submitted that the applicant has applied for and is eligible to take,

or has taken, the first available certification examination given by the American

Nurses Credentialing Center or other specialty area examination(s).

C. Evidence shall be submitted that the applicant has a master's degree from a National

League for Nursing or American Association of Colleges of Nursing accredited

program in the specialty area for which the applicant will be taking the certification

examination. The program must have as its objective the preparation of nurses to

practice as clinical nurse specialists.

**3. Requirements for continuing approval to practice**

A. Request for continuing approval must be made concurrently with renewal of the

registered nurse license.

B. An applicant shall submit evidence of recertification by the A.N.C.C. or other

recertification as defined in Section 5(1)(B).

C. (Deleted effective December 7, 1997)

D. An applicant shall submit the $100.00 approval fee, which is not refundable.

(NOTE: SEE SECTION 8)

**4. Certification**

A. Only a registered professional nurse whose credentials have been approved by the

Board may hold her/himself out to be and use the title of "certified clinical nurse

specialist" or "advanced practice registered nurse."

B. A clinical nurse specialist who is no longer certified shall notify the Board

immediately and shall not practice as or use the titles of "certified clinical nurse

specialist" or "advanced practice registered nurse."

**Sec. 6. General Regulations Relating to Prescriptive and Dispensing Authority for Certified**

**Nurse Practitioners, Certified Registered Nurse Anesthetists and Certified Nurse-**

**Midwives**

1. **Requirements for prescriptive authority for certified nurse practitioners, certified**

**registered nurse anesthetists and certified nurse-midwives**

A. If the applicant has not prescribed drugs within the past 2 years, the applicant shall

provide evidence of satisfactory completion of 15 contact hours of pharmacology

within the 2 years prior to applying for approval to practice.

B. If the applicant has not prescribed drugs within the past 5 years, the applicant shall

provide evidence of satisfactory completion of 45 contact hours (or 3 credits) of

pharmacology within the 2 years prior to applying for approval to practice.

1. **Provision for certified nurse practitioners, certified registered nurse anesthetists and certified nurse-midwives with prescriptive authority in other U.S. jurisdictions**
2. A certified nurse practitioner, certified nurse anesthetist or certified nurse-midwife

who holds prescriptive authority in another U.S. jurisdiction must submit evidence of

the following:

(1) minimum of 200 hours of practice in an expanded specialty role within the

preceding 2 years; and

(2) 45 contact hours (or 3 credits) of pharmacology equivalent to the requirements set

forth in Section 6(3)(A) and (B).

B. If the applicant has not prescribed drugs within the past 2 years, the applicant shall

provide evidence of satisfactory completion of 15 contact hours of pharmacology

within the 2 years prior to applying for approval to practice.

C. If the applicant has not prescribed drugs within the past 5 years, the applicant shall

provide evidence of satisfactory completion of 45 contact hours (or 3 credits) of

pharmacology within the 2 years prior to applying for approval to practice.

**3. Pharmacology course requirements**

A. The required 45 contact hours (or 3 credits) of pharmacology may be obtained in a

formal academic setting as a discrete offering or as non-credit continuing education

offerings.

B. A pharmacology course acceptable to the Board shall include:

(1) applicable federal/state laws;

(2) prescription writing;

(3) drug selection, dosage and route;

(4) drug interactions;

(5) information resources; and

(6) clinical application of pharmacology related to specific scope of practice.

C. The applicant shall submit evidence of successful completion of the course and/or

continuing education offering in pharmacology.

**4. Requirements for authorized prescription and dispensing**

A. In addition to the required client and drug information, a written prescription shall

include the date, printed name, legal signature, specialty category, business address,

and telephone number of the prescribing certified nurse practitioner,

certified registered nurse anesthetist, or certified nurse-midwife.

B. Prescriptions may be written for medical appliances and devices and for

over-the-counter drugs.

C. Drugs in the formulary may be prescribed, administered, dispensed, or distributed in

combination.

D. Any product name drug may be prescribed, administered, dispensed, or distributed as

long as the generic name or category for the drug is in the formulary.

E. The certified nurse practitioner, certified nurse anesthetist and certified nurse-midwife

shall comply with all applicable laws and rules in prescribing, administering,

dispensing, and distributing drugs, including compliance with the labeling

requirements and all other applicable requirements of the Maine Board of Pharmacy.

F. For the administration, dispensing, and distribution of controlled substances, the

certified nurse practitioner, certified registered nurse anesthetist, and certified nurse-

midwife shall comply with the requirements in the Code of Federal Regulations, 21

CFR Chapter II, Sections 1301, 1304.03 and 1304.04.

G. Treatment or prescribing to self, family, or friends

a. The practice of providing care to individuals with whom an APRN has a close

personal relationship raises many ethical concerns. APRNs should not

provide medical treatment or prescribe medications to any individual with whom

they have a close personal relationship, except as provided in Section 6(4)(G)(c).

b. Treatment of individual shall be based on a bona fide practitioner-patient

relationship. This includes obtaining informed consent, performing and

documenting a history and physical exam, creation and maintenance of appropriate

medical records, providing follow-up care, and referral to specialty consultation (if

applicable).

c. APRNs may not prescribe medications to themselves, family members, or

friends unless the prescribing occurs in an emergency where there is no

other qualified practitioner available to treat the patient. In this circumstance, the

APRN is expected to meet all standards of care including the documentation of the

individual’s history, exam assessment, and plan (including the reason for the

emergency prescription). APRNs are strongly discouraged from prescribing

controlled substances to self, family, or friends under any circumstances.

d. Failure to follow these rules may be grounds for discipline by the Board.

**5. Termination of prescriptive or dispensing authority**

A. The Board may restrict, deny, suspend, or revoke prescriptive and/or dispensing

authority for violations of 32 MRSA Chapter 31 (Law Regulating the Practice of

Nursing) or evidence of abuse of such authority.

B. Abuse of prescriptive or dispensing authority constitutes conduct derogatory to

nursing standards and is defined as:

(1) prescribing, dispensing, administering, or distributing drugs not listed in the

formulary;

(2) prescribing, dispensing, administering, or distributing drugs for other than

therapeutic or prophylactic purposes;

(3) prescribing or distributing drugs to individuals who are not clients of the certified

nurse practitioner, certified registered nurse anesthetist, or certified nurse-midwife

or who are not within that nurse's specialty area of certification;

(4) prescribing, dispensing, administering, or distributing drugs in an unsafe manner

or without adequate instructions to clients according to acceptable and prevailing

standards of practice;

(5) selling, purchasing, trading, or offering to sell, purchase, or trade drug samples;

or

(6) failing to inform the client that s/he has the freedom to select the source from

which prescriptions may be filled.

C. The Board will notify the Maine Board of Pharmacy when an advanced practice

registered nurse's prescriptive authority has been restricted, denied, suspended or

revoked.

**6. Distribution of drug samples**

A. Certified nurse practitioners or certified nurse-midwives may receive prepackaged

complimentary samples of drugs included in the formulary for prescription writing

and may distribute these samples to clients.

B. Distribution of drug samples shall be in accordance with D.E.A. laws, regulations,

and guidelines.

**Sec. 7. Formulary for Certified Nurse Practitioners and Certified Nurse-Midwives and**

**Certified Registered Nurse Anesthetists with Prescriptive Authority**

**1. General regulations relating to the formulary**

1. Certified nurse practitioners and certified nurse-midwives are authorized to prescribe the following:

(1) over-the-counter drugs;

1. appliances and devices;

(3) drugs related to the specialty area of certification; and

(4) drugs prescribed off label according to common and established standards of

practice.

B. Regardless of the schedules indicated on the certificate issued by the Drug

Enforcement Administration, the certified nurse practitioner and certified

nurse-midwife shall prescribe only those controlled drugs from schedules II/IIN,

III/IIIN, IV, and V. A Drug Enforcement Agency (D.E.A.) number is required to

Prescribe these Drugs.

C. Certified Registered Nurse Anesthetists may order and prescribe drugs in the

preoperative period and the immediate postoperative period in accordance with this

paragraph. For controlled substances listed in the United States Drug Enforcement

Administration (“DEA”) Schedules III, IIIN, IV and V, a certified registered nurse

anesthetist may prescribe drugs only:

1. for a supply of no more than 4 days, with no prescription refills, utilizing the institution’s DEA number;
2. for an individual for whom the certified registered nurse anesthetist has, at the

time of the prescription, established a client or patient record;

(3) and with a DEA issued number registered under a verified critical access or rural

hospital address.

**Sec. 8. Continuing Education Requirements for Certified Nurse Practitioners, Certified Nurse-Midwives, Certified Registered Nurse Anesthetists, Certified Clinical**

**Nurse Specialists and those Approved to Practice prior to September 8, 1993 When Certification Was Not Required**

**1. Continuing Approval to Practice**

A. A certified nurse practitioner, certified nurse-midwife, certified registered nurse

anesthetist, certified clinical nurse specialist ~~(~~and those approved to practice prior to

September 8, 1993 when certification was not required~~)~~ seeking continuing approval

to practice as an advanced practice registered nurse must have completed during the 2

year period of licensure a minimum of ~~75~~ 50 contact hours of continuing education in

nursing, medicine or allied health in practice for which the individual has

been approved as an advanced practice registered nurse. The applicant for continuing

approval shall affirm under oath, on the continuing approval form, completion of the

required continuing education.

Documentation of continuing education must be maintained by the advanced practice

registered nurse for two license renewal periods and is subject to random or targeted

audits.

B. A minimum of 30 contact hours must be in Category I, which is defined in subsection

2(A).

By December 31, 2017 and thereafter advanced practice registered nurses with

prescriptive authority must complete 3 contact hours of Category I continuing

education on the prescribing of opioid medication.

C. No more than ~~45~~ 20 contact hours may be in Category II.

**2. Definitions of Categories**

A. Category I activities are those planned continuing education activities sponsored by

organizations or institutions whose educational offerings are approved by

professional bodies such as: American Nurses Association Credentialing Center;

American Academy of Nurse Practitioners; American Midwifery Certification Board;

the former American College of Nurse-Midwives; Council on Recertification of

Nurse Anesthetists; National Organization of Nurse Practitioner Faculty; Maine State

Nurses Association; American Psychological Association; American Medical

Association Council of Medical Education; Accreditation Council for Continuing

Medical Education or the Committee of Continuing Medical Education of the Maine

Medical Association.

Completion of on-line educational activities that offer Category I contact hours

of medical or nursing education related to the practice area.

Completion of courses which offer academic credit related to the practice area.

Value: One contact hour for 50 minutes of participation.

B. Category II activities include the following continuing health related education

activities described below:

(1) exhibits or presentations offered to health professionals

(2) papers published in nursing and allied health journals

(3) articles or chapters authored and published in professional textbooks

(4) self-instruction such as: reading advanced nursing journals or allied health

journals; listening to audio or videotapes; viewing slides; utilizing programmed or

computer-assisted instruction

(5) participation in peer review; utilization management; and nursing/medical audits

(6) presentation at grand rounds

(7) participation at meetings that have a clinical focus

(8) precepting registered nurses enrolled in advanced practice registered nursing

programs, practicing nurse practitioners, physician assistants, interns, residents or

allied health professionals

(9) active participation in health-related research

Value: One contact hour for each 50 minutes of participation.

Ten contact hours for each article or chapter published in nursing and allied

health journals.

One contact hour (1) per hour of precepting ~~for three hours of precepting~~

registered nurses enrolled in advanced practice registered nursing programs,

practicing nurse practitioners, physician assistants, interns, residents, or allied

health professionals.

For presenters seeking contact hours, a one-time credit of 10 contact hours

will be awarded for the preparation of the **initial** presentation.

C. Documentation of continuing education activities shall be maintained by the

individual to reflect the following: category; date of offering; subject matter or title;

sponsor, provider or institution; number of academic contact hours; and proof of

attendance in Category I.

**3. Failure to Meet Continuing Education Requirements**

Failure to comply with the continuing education rules may, at the Board’s discretion, result in a decision to deny continuing approval to practice as an advanced practice registered nurse, or may result in a decision to enter into a consent agreement and probation setting forth terms and conditions to correct the licensee’s failure to complete

continuing education. Terms and conditions of a consent agreement may include

requiring completion of increased hours of continuing education, civil penalties,

suspension and other terms as the Board, licensee and the Department of the Attorney

General determine appropriate.

STATUTORY AUTHORITY: 32 M.R.S.A. §§ 2102 (2-A) and 2210

Effective: