



Adding Schedule II Drugs to the Advanced Practice Nurse Formulary Executive Summary

EXISTING STATUTE

Currently in Ohio, Advanced Practice Nurses (APNs) with a Certificate To Prescribe (CTP) may prescribe Schedule II drugs **only if** all the following conditions are met: the drug is listed as one that may be prescribed in the APN Formulary; and the patient is terminally ill (as defined by ORC 2133.01) ; and the collaborating physician initially prescribed the drug; and the amount is not greater than a 24 hour supply (ORC 3719.06 (A) (2) and ORC 4723.481 (C)).

PROPOSED LEGISLATION

To amend the Ohio Revised Code (ORC) to allow Advanced Practice Nurses, who have completed additional required education, to prescribe Schedule II drugs in certain circumstances and with certain limitations.

PRESCRIBING SCHEDULE II DRUGS BY APNS: PATIENT BENEFITS

Advanced Practice Nurses function in a variety of settings from the outpatient primary care setting, to the acute care hospital, birthing center, ICU and ED to the home, hospice, nursing home, and extended care facility, to name a few. Many of the conditions commonly treated by APNs require management of moderate to severe pain and other conditions. Schedule II drugs are an important part of the treatment regimen for these patients.

Examples of pain or symptoms commonly encountered in APN practice are outlined below:

- Pain associated with surgery and procedures;
- Acute pain (such as fractures and burns) encountered in emergency and urgent care settings;
- Acute pain due to illnesses and disease conditions;
- Pain associated with labor and childbirth;
- Attention Deficit Hyperactivity Disorder (ADHD) and Attention Deficit Disorder (ADD);
- Chronic, severe intractable pain of a terminal illness;
- Chronic, severe non-cancer pain (in certain limited situations)

Prompt and thorough treatment of pain is important in the restoration of function and to promote an increase in the quality of life for these patients. Untreated or under-treated pain can lead to depression, difficulty with self care, difficulty sleeping, anxiety, decreased or loss of appetite with weight loss, and missed days from

school or work. Increased health care costs related to frequent emergency department visits, prolonged hospitalizations, and delays in discharge from the hospital can also result. Assessment of pain, prescription medication and other appropriate forms of therapy, regular follow-ups and re-assessments are all important components in the treatment of pain and management of these patients.

Currently, APNs in Ohio must consult with a collaborating physician when their patient they are seeing needs a Schedule II drug --- this includes even discontinuing a Schedule II drug that is no longer needed by the patient. For patients with a terminal illness, the physician must initiate the order and then the APN can **only** prescribe a refill for the Schedule II drug for a 24 hour period. This delays the treatment of patients, increases family and caregiver stress, increases the cost of healthcare and can lead to unnecessary pain and suffering. Amending the Ohio Revised Code to enhance the APN's ability to prescribe Schedule II drugs will foster prompt, appropriate patient care in a safe and effective manner.

Proposed Program Requirements

The multi-disciplinary Committee for Prescriptive Governance (CPG) was developed by the Ohio Board of Nursing to develop a Formulary and prescriptive guidelines for APNs. The CPG is composed of four physicians, a pharmacist member of the State of Ohio Board of Pharmacy, a pharmacist actively engage in practice in the State of Ohio, a Certified Registered Nurse Practitioner (CRNP), a Certified Nurse Midwife (CNM), a Clinical Nurse Specialist (CNS), and a member of the Ohio Board of Nursing who is, at a minimum, a Registered Nurse (RN). The CPG would be required to develop specific Schedule II drug prescribing guidelines for the APN Formulary. All APN prescribers (i.e., CTP holders) are required to follow the

APNs requesting the ability to prescribe Schedule II drugs will be required to complete additional educational coursework related to Schedule II drugs and prescribing. The content of this coursework will be developed and approved by the Committee for Prescriptive Governance (CPG) and will include:

- Ethical, fiscal, and legal implications of Schedule II drug prescribing;
- Indications for Schedule II drug therapy, including pain management therapies;
- Prevention of diversion and abuse of Schedule II drugs to include risk identification, recognition of abuse, and available assistance and methods of safeguarding practice;
- Current best practice pain management guidelines (e.g., Ohio Pain Initiative and American Pain Society)

The prescribing of Schedule II drugs **must** be addressed in the APN's Standard Care Arrangement (SCA). This will allow the collaborating physician and the APN to determine when it is appropriate for the APN, who has completed the additional coursework, to prescribe Schedule II drugs within the limitations of Schedule II prescriptive authority and the APN Formulary. Review of the prescribing component of Schedule II drugs will be included in the APN's semiannually quality monitoring requirements.

Existing Safeguards Surrounding Schedule II Prescribing in Ohio

- By law, APN prescribers are not permitted to dispense controlled substances;
- Only written prescriptions for Schedule II drugs will be accepted;
- Refills are not permitted on Schedule II drugs;
- All outpatient prescriptions for Schedule II drugs are tracked by "prescriber", "patient", and "pharmacy" by the Ohio Board of Pharmacy's "Ohio Automated Rx Reporting System" or "OARxRS." This helps to track the use or misuse of controlled substances (including schedule II drugs) so drug misuse or abuse can be detected early and patients can be assisted with alternative treatments or referrals to drug abuse treatment.