

**RULES
OF
TENNESSEE STATE BOARD OF MEDICAL EXAMINERS
DIVISION OF HEALTH RELATED BOARDS**

**CHAPTER 0880-6
RULES AND REGULATIONS GOVERNING THE UTILIZATION AND SUPERVISION OF THE
SERVICES OF A NURSE PRACTITIONER/PRESCRIPTION WRITER**

TABLE OF CONTENTS

0880-6-.01	Definitions	0880-6-.03	Penalties
0880-6-.02	Clinical Supervision Requirements		

0880-6-.01 DEFINITIONS. As used in these rules the following terms shall have the meanings ascribed to them:

- (1) Certified nurse practitioner - A registered nurse who is certified by the Board of Nursing pursuant to T.C.A. §§63-7-123 and 63-7-207 (14) and has been issued a certificate of fitness by the Board of Nursing.
- (2) Formulary - A list of legend and non-legend drugs arranged by therapeutic categories, included in the protocols, that are approved to be prescribed and/or issued by a certified nurse practitioner, which may include controlled substances listed in Schedules II, III, IV and V of Tennessee Code Annotated, Title 39, Chapter 17, Part 4.
- (3) Protocols - Written guidelines for medical management developed jointly by the supervising physician and the certified nurse practitioner.
- (4) Supervising physician - A licensed and actively practicing physician who has been identified as accepting the responsibility for supervising certified nurse practitioners or nurse practitioners with a temporary certificate of fitness.

Authority: T.C.A. §§4-5-202, 4-5-204, 63-6-101, 63-6-204, 63-6-214, 63-7-103, 63-7-123, and 63-7-207.

Administrative History: Original rule filed September 30, 1987; effective November 14, 1987. Repeal and new rule filed March 18, 1999; effective June 1, 1999.

0880-6-.02 CLINICAL SUPERVISION REQUIREMENTS. It is the intent of these rules to maximize the collaborative practice of certified nurse practitioners and supervising physicians in a manner consistent with quality health care delivery.

- (1) A supervising physician, certified nurse practitioner or a substitute supervising physician must possess a current, unencumbered license to practice in the state of Tennessee.
- (2) Supervision does not require the continuous and constant presence of the supervising physician; however, the supervising physician must be available for consultation at all times or shall make arrangements for a substitute physician to be available.
- (3) A supervising physician and/or substitute supervising physician shall have experience and/or expertise in the same area of medicine as the certified nurse practitioner.
- (4) Nurse Practitioners who hold a temporary certificate of fitness shall be supervised pursuant to T.C.A. §63-7-123 and Board of Nursing rule 1000-4-.04. Such supervision requires the physical presence of either the supervising physician or certified nurse practitioner.
- (5) Protocols are required and:

(Rule 0880-6-.02, continued)

- (a) Shall be jointly developed and approved by the supervising physician and nurse practitioner;
 - (b) Shall outline and cover the applicable standard of care;
 - (c) Shall be reviewed and updated biennially;
 - (d) Shall be maintained at the practice site;
 - (e) Shall account for all protocol drugs by appropriate formulary;
 - (f) Shall be specific to the population seen;
 - (g) Shall be dated and signed; and
 - (h) Copies of protocols and formularies shall be maintained at the practice site and shall be made available upon request for inspection by the respective boards.
- (6) The supervising physician shall be responsible for ensuring compliance with the applicable standard of care under (5). Additionally, the supervising physician shall develop clinical guidelines in collaboration with the certified nurse practitioner to include a method for documenting consultation and referral.
- (7) Once every ten (10) business days the supervising physician shall make a personal review of the historical, physical and therapeutic data and shall so certify by signature on any patient within thirty (30) days:
- (a) When medically indicated;
 - (b) When requested by the patient;
 - (c) When prescriptions written by the certified nurse practitioner fall outside the protocols;
 - (d) When prescriptions are written by a nurse practitioner who possesses a temporary certificate of fitness; and
 - (e) when a controlled drug has been prescribed.
- (8) In any event, a supervising physician shall personally review at least twenty percent (20%) of charts monitored or written by the certified nurse practitioner every thirty (30) days.
- (9) The supervising physician shall be required to visit any remote site at least once every thirty (30) days
- (10) Any prescription written and signed or drug issued by a nurse practitioner under the supervision and control of a supervising physician shall be deemed to be that of the nurse practitioner.
- (11) The supervising physician shall make provision for preprinted prescription pads bearing the name, address and telephone number of the supervising physician and that of the nurse practitioner. The nurse practitioner shall sign his or her own name on each prescription so written. Where the preprinted prescription pad contains the names of more than one (1) physician, the nurse practitioner shall indicate on the prescription which of those physicians is the nurse practitioner's primary supervising physician by placing a checkmark beside or a circle around the name of that physician.

(Rule 0880-6-.02, continued)

- (12) Eligible certified nurse practitioners shall use numbers assigned to them by the DEA when prescribing controlled substances.

Authority: T.C.A. §§4-5-202, 4-5-204, 63-6-101, 63-6-204, 63-6-214, 63-7-103, 63-7-123, and 63-7-207.

Administrative History: Original rule filed September 30, 1987; effective November 14, 1987. Repeal and new rule filed March 18, 1999; effective June 1, 1999. Amendment filed June 8, 2004; effective August 22, 2004.

0880-6-.03 PENALTIES. Any licensed physician who supervises the services of a certified nurse practitioner who practices in a manner that is inconsistent with the Tennessee Medical Practice Act shall be subject to disciplinary action.

Authority: T.C.A. §§4-5-202; 4-5-204; 63-6-101; 63-6-204; 63-6-214; 63-7-103; 63-7-123 and 63-7-207.

Administrative History: Original rule filed September 30, 1987; effective November 14, 1987. Repeal and new rule filed March 18, 1999; effective June 1, 1999.