

Report

THE EPIDEMIOLOGY OF U.S. IMMUNIZATION LAW

Translating CDC Immunization Guidelines into Practice:

State Laws Related to the Use of Standing Orders Covering Immunization Practice

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EXECUTIVE SUMMARY

This pilot study examines how five states -- Georgia, Massachusetts, New York, Oregon, and Texas – approach the legal question of delegation of medical practice powers in an immunization practice context.

State law defines the legal practice of medicine. State law also permits licensed physicians to delegate their medical practice powers to other health professionals, through the use of standing orders. A standing order is a written protocol that outlines the circumstances under which a non-physician health professional can engage in medical practice under medical supervision. Staples of any modern health care system, standing orders describe the specific activities to be delegated, and the procedures that health professionals must follow in order to ensure conduct consistent with the scope of the delegated authority.

Rather than leaving the question of delegation to physician discretion, some states have moved to expressly authorize certain classes of health professionals to engage in immunization practice under their own licenses. Other states, perhaps in an effort to clarify medical delegation powers and encourage delegation in an immunization practice context, have issued formal statutory or regulatory standards that formally delineate the permissible scope of medical practice powers delegation.

This pilot study was undertaken as a prelude to a nationwide analysis of standing orders in an immunization context. Five states, reflecting a range of approaches to medical and health professions practice, were selected in consultation with NIP staff. A detailed descriptive analysis of state law was conducted through document review and interviews with persons knowledgeable about the medical practice laws of the study states. The purpose of this analysis was to determine the extent to which, in each state, non-physician health professionals may engage in “immunization practice” defined as 1) assessment of patient status, 2) execution of a prescription, and 3) administration of vaccine. The CDC/NIP selected the five states that comprise this analysis. The categories of health professionals whose immunization practice powers are the principal focus of this analysis are expanded role and registered nurses, physician assistants, and pharmacists.

The following key findings emerged from the study pilot:

- **The authority to delegate medical practice powers.** All state medical practice laws permit physicians to delegate medical practice powers; in no state is the delegation of powers prohibited.
- **The authority to engage in immunization practice under other health professions licenses.** Only rarely do states authorize immunization practice by health professionals other than physicians under their own license. In no case did states authorize immunization practice by all health professions falling within the study categories. Four of the five pilot study states permit specific categories of non-physicians to conduct at least one element of immunization practice under their own professional license. Massachusetts is the only study state that permits a single category of non-physician health professional (prescriptive practice nurse), to conduct full immunization practice. In some states, no single category of non-physician is authorized to complete all parts of immunization practice. As a result, a team of non-physicians may be required for a patient to receive a routine vaccination.

- **The variability of state law.** State policies regarding standing orders vary considerably, with different states directly empowering different categories of non-physicians to conduct different elements of immunization practice. Texas law expressly recognizes immunization practice as a delegable power, with the most extensively articulated use of standing orders. Registered nurses, physician assistants, and advanced practice nurses all are authorized to perform all three elements of immunization practice. Other states take a more uneven approach, allowing certain classes of health professionals to engage in certain aspects of practice (e.g., patient assessments, prescribing, and administering). As a result, a combination of practice license and delegated power may be required in order for a single category of non-physician to conduct all 3 elements of immunization practice. At the same time, all five pilot states allow practice by the licensed health professionals studied here in a broad range of settings, especially in the case of physician assistants. Permitted practice settings include long-term care facilities, hospitals, private practice, clinics, and non-medical settings.
- **Physician control of immunization practice.** To a considerable degree, the five pilot study states continue to rely on physicians to make fundamental decisions regarding the extent to which health professionals will be permitted to engage in immunization practice. Because no state either uniformly permits immunization practice under separate health professions license, and only one state (Texas) formally addresses the use of standing orders across the three categories of professional licenses studied here, basic policy decisions about the “when, where, and who” of immunization practice remain the purview of licensed physicians and subject to their discretion and control.

In sum, despite widespread practice by health professionals in many institutional and community settings that may be central to effective immunization policy, the pilot states appear to leave the question of immunization practice largely in the hands of individual physicians. The pilot study states generally do not recognize immunization practice under health professions licenses other than those governing medical practice. Furthermore, the pilot study states are highly uneven with respect to the extent to which they have established express policies regarding the delegation of medical practice powers for immunization purposes. As a result, immunization practice in widespread and accessible settings largely remains a matter of individual physician preference and discretion, and immunization initiatives to expand access in a broad range of residential and community settings depends on the willingness of individual physicians to delegate authority and supervise practice. If some or most physicians in a state prove unwilling to engage in broad delegation, communities may be without broadly accessible access points unless health agencies step in to directly manage immunization practice through the use of employed or contractual physicians.

INTRODUCTION

This pilot study examines how five states -- Georgia, Massachusetts, New York, Oregon, and Texas – approach the legal question of delegation of medical practice powers in an immunization practice context. The analysis reports on the current status of state medical and health professions licensure laws as well as the extent to which state laws expressly permit or encourage immunization practice in a broad range of settings and conditions.

Following an overview of state laws governing medical and health professions practice, methods and findings are described. The analysis concludes with a discussion of the early implications of our research.

BACKGROUND

State law defines the legal practice of medicine. In general, state law also permits licensed physicians to delegate their medical practice powers to other health professionals.¹ (See Appendix I.) Such a delegation is effectuated by means of a standing order, which is a written protocol outlining the circumstances under which a non-physician health professional can engage in medical practice under medical supervision (which may be either direct or indirect in an onsite/offsite sense). Staples of any modern health care system, standing orders describe the specific activities to be delegated and the procedures that health professionals operating under delegated powers must follow in order to ensure conduct consistent with the scope of the delegated authority.

Public health officials recognize the value in developing and utilizing appropriate health practice-related interventions to improve access to immunizations for all populations in the United States.² The increased use of standing orders programs has been identified as an effective technique to support this goal.³ Delegation of medical powers may occur through a standing order. Standing orders are written protocols that outline the circumstances under which a non-physician may perform health services. A standing order describes the specific activities to be delegated, and the procedures that personnel must follow if the delegation is legally permissible.⁴ Standing orders have been shown to be an effective tool for increasing access to immunization services; where permitted by state law, these programs have been shown to improve vaccination rates for all age groups⁵ by as much as from 30% to 52% over other strategies.⁶

¹ See Ga. Code Ann. § 43-34-26.1 (2005) Delegation of authority to nurse or physician's assistant; Mass. Regs. Code tit. 243, § 2.07 (2005) General provisions governing the practice of medicine; N.Y. Educ. Law § 6527 (Consol. 2005) Special provisions; Or. Rev. Stats. § 677.089 (2003) Physicians dispensing prescription drugs to do so personally; records; required labeling information; Tex. Occ. Code Ann. § 157.001 (2005) General authority of physician to delegate.

² Healthy People 2010 set goals of increased immunization coverage for all age groups.

³ Adult Immunization Programs in Nontraditional Settings: Quality Standards and Guidance for program Evaluation and Use of Standing Orders Programs to Increase Adult Vaccination Rates, MMWR, March 24, 2000/Vol 49/No. RR-1.

⁴ MMWR 2000; 49 (RR-1): 15-26.

⁵ Task Force on Community Preventive Services. Recommendations regarding interventions to improve vaccination coverage in children, adolescents and adults. *Am J Prev Med* 2000; 18:92-140; and Health Care Financing Administration. Evidence report and evidence-based recommendations: interventions that increase the utilization of Medicare-funded preventive service for persons age 65 and older. Baltimore, Maryland: U.S. Department of Health and Human Services, Health Care Financing Administration, October, 1999: HCFA publication no. HCFA-02151.

⁶ Adult Immunization: Strategies that Work: Strategies for Increasing Adult Vaccination Rates. Available at <http://www.cdc.gov/nip/publicatgions/adultstrat.htm>.

The Centers for Medicare and Medicaid Services (CMS) has actively promoted the use of standing orders in institutional healthcare settings, through its authority to establish conditions of participation for hospitals and other institutions.⁷ Effective October 2002, non-physicians may administer influenza and pneumococcal vaccines under general authority and without a physician's patient-specific written order once an assessment for contraindications has been conducted.⁸ This change creates an exception to the general rule that all orders for drugs and biologicals be in writing and signed by the practitioner responsible for an individual patient's care, and has been calculated to strengthen immunization programs in these settings. At the same time, it is evident that the CMS regulation is to be read in relation to underlying state law; in other words, the CMS regulation does not appear to be a statement of preemption of state law, conferring immunization practice authority where otherwise prohibited; instead, it is to be interpreted as a rule aimed at removing federal barriers to broader delegated practice in institutional settings, in states in which it is permitted.

Although medical practice laws generally accord physicians considerable discretion over delegation, some states either have acted to expand the classes of health professionals who can engage in immunization practice or else have articulated clear standards where delegation is considered appropriate and beneficial. No study has examined this trend on a nationwide basis.

METHODS

This pilot study was undertaken in the spring of 2005, as a prelude to a nationwide, point-in-time descriptive study of standing orders in an immunization context. In close collaboration with CDC/NIP staff, the project staff defined the concept of immunization practice, developed the study scope, and selected the pilot states. For purposes of this study, immunization practice is defined as consisting of the following elements: (a) an assessment of patient status to ascertain the existence of any contraindications for one or more vaccines;⁹ (b) the prescribing of vaccine;¹⁰ and (c) vaccine administration.¹¹

This study was conducted by combining an extensive review of statutes, regulations, caselaw, and other formal statements of law and policy (e.g., interpretive guidelines, rulings by the Attorney General) for each study state, supplemented by interviews with individuals knowledgeable about state law and policy as it relates to the authority to engage in immunization practice. The results were translated into a series of tables found in Appendices II - IV of this analysis. Each of the 10 tables in Appendix II summarize the status of state law for each state in the study, and presents excerpts from the underlying law that is the source of the summary finding. The table in Appendix III identifies authorized practice sites, and the final table in Appendix IV shows how state laws address immunization practice for health professionals.

⁷ Conditions of Participation are federal requirements that establish basic health and safety standards that health care providers must meet in order to participate in the federal health insurance programs Medicare and Medicaid.

⁸ 42 C.F.R. Parts 482-484.

⁹ This element was initially recommended by the Advisory Committee on Immunization Practices (ACIP) and adopted by the Centers for Medicare and Medicaid Services (CMS) as Conditions of Participation for healthcare facilities. All facilities that receive reimbursement from Medicare and Medicaid for services must comply with all Conditions of Participation. In 2002 CMS issued a new directive requiring all facilities to permit non-physicians to engage in immunization practice without a supervising physician providing a patient-specific prescription. See Medicare and Medicaid Programs; Conditions of Participation: Immunization Standards for Hospitals, Long-Term Care Facilities, and Home Health Agencies 42 C.F.R. §§ 482-484 (2002).

¹⁰ Some state statutes authorize various categories of non-physicians to prescribe medications under their own license or a non-patient specific order. Thus, execution of a prescription has been included as an element of immunization practice.

¹¹ 42 CFR §§ 482-484.

The aim of the study was to answer several basic questions:

- Do states' medical practice laws permit physicians to delegate immunization practice authority under standing orders?
- Do states explicitly recognize the authority of other classes of health professionals (specifically registered and enhanced practice nurses, physician assistants, and pharmacists) to engage in immunization practice under their own license?
- Do states explicitly recognize the use of standing orders for immunization practice, and if so, under what conditions? Specifically, which classes of health professionals are covered by delegated authority? To what extent can standing orders delegate immunization practice authority? In what patient care settings can immunization practice authority be delegated?

The five states the CDC/NIP selected for this pilot study were Georgia, Massachusetts, New York, Oregon, and Texas. The states were chosen to ensure geographic and legal diversity with respect to state regulation of medical and health professions practice.

Utilizing a standard legal database, researchers identified and reviewed all pertinent state laws and regulations, as well as formal statements of policy such as attorney general opinions, and professional board advisory opinions related to practice standards. The findings here are current as of Spring, 2005.

In addition to a review of state laws, project staff interviewed state public health representatives and community vaccinators¹² in order to determine how legal requirements have been interpreted and how policies surrounding the delegation of medical powers have been translated into current practice. A series of five scenarios were posed to the participants to determine how standing orders are utilized to promote access to immunizations in a variety of settings. The five scenarios are: 1) long-term care facilities, 2) acute care hospitals, 3) adult and pediatric practices, 4) public clinics, and 5) non-medical settings.

FINDINGS

Our review produced a series of central findings:

State law uniformly authorizes physicians to delegate medical practice powers in an immunization context. As a general proposition of law, physicians may delegate medical practice powers.¹³ The study states proved to be no exception. In no pilot study state did we find evidence of constraints on physician delegation powers in an immunization context. Physicians enjoy discretion to use standing orders to extend the reach of their immunization practice into any lawful practice setting (e.g., offices, institutional settings, community settings in which medical practice is permissible).

¹² The term community vaccinators refers to commercial entities that provide immunizations for a fee in various settings.

¹³ See Ga. Code Ann. § 43-34-26.1 (2005) Delegation of authority to nurse or physician's assistant; Mass. Regs. Code tit. 243, § 2.07 (2005) General provisions governing the practice of medicine; N.Y. Educ. Law § 6527 (Consol. 2005) Special provisions; Or. Rev. Stats. § 677.089 (2003) Physicians dispensing prescription drugs to do so personally; records; required labeling information; Tex. Occ. Code Ann. § 157.001 (2005) General authority of physician to delegate.

States only rarely authorize health professionals other than physicians to engage in immunization practice under their own licenses. Only rarely do states authorize immunization practice by health professionals under their own license. In no case did states authorize immunization practice by all health professions study categories. Four of the five pilot study states permit specific categories of non-physicians to conduct at least one element of immunization practice under their own professional license. Massachusetts is the only study state that permits a single category of non-physician (prescriptive practice nurse), to conduct full immunization practice. In some states, no single category of non-physician is authorized to complete all parts of immunization practice. Thus, a team of non-physicians may be required for a patient to receive a routine vaccination.

State law varies considerably in the extent to which states have expressly encouraged immunizations through the use of health professionals working under standing orders. State policies regarding standing orders vary considerably, with different states directly empowering different categories of non-physicians to conduct different elements of immunization practice. Texas law expressly recognizes immunization practice as a delegable power, with the most extensively articulated use of standing orders. Registered nurses, physician assistants, and advanced practice nurses all are authorized to perform all three elements of immunization practice. Other states take a more uneven approach, allowing certain classes of health professionals to engage in certain aspects of practice (e.g., patient assessments, prescribing, and administering). As a result, a combination of practice license and delegated power may be required in order for a single category of non-physician to conduct all 3 elements of immunization practice. At the same time, all five pilot states allow practice by the licensed health professionals studied here in a broad range of settings, especially in the case of physician assistants. Permitted practice settings include long-term care facilities, hospitals, private practice, clinics, and non-medical settings.

As a result, physician practice customs and discretion largely control the extent to which immunization services are available in multiple settings, using health professionals working under standing orders. To a considerable degree, the five pilot study states continue to rely on physicians to make fundamental decisions regarding the extent to which health professionals will be permitted to engage in immunization practice. Because no state either uniformly permits immunization practice under separate health professions license, and only one state (Texas) formally addresses the use of standing orders across the three categories of professional licenses studied here, basic policy decisions about the “when, where, and who” of immunization practice remain the purview of licensed physicians and subject to their discretion and control.

In sum, despite widespread practice by health professionals in many institutional and community settings that may be central to effective immunization policy, the pilot states appear to leave the question of immunization practice largely in the hands of individual physicians. The pilot study states generally do not recognize immunization practice under health professions licenses other than those governing medical practice. Furthermore, the pilot study states are highly uneven with respect to the extent to which they have established express policies regarding the delegation of medical practice powers for immunization purposes. As a result, immunization practice in widespread and accessible settings largely remains a matter of individual physician preference and discretion, and immunization initiatives to expand access in a broad range of residential and community settings depends on the willingness of individual physicians to delegate authority and supervise practice. If some or most physicians in a state prove unwilling to engage in broad delegation, communities may be without broadly accessible access points unless health agencies step in to directly manage immunization practice through the use of employed or contractual physicians.

Specific Findings

Immunization Practice under Non-Physician Practice Licenses

Four of the 5 study states permit specific categories of non-physicians to conduct at least one element of immunization practice under their own professional license.

- Massachusetts is the only study state that permits a single category of non-physician to assess, prescribe and administer medications under their own license. These professionals, prescriptive practice nurses, are expanded role nurses who have additional training in pharmacotherapeutics and are registered with the state to issue prescriptions.

Four of the 5 study states permit at least one category of non-physician to conduct one or more elements of immunization practice under their own license.

- Massachusetts permits selected non-physicians to perform 2 elements of immunization practice. Midwives and nurse practitioners may conduct assessments and administer medications.
- In New York, Oregon and Texas, non-physicians may perform one element of immunization practice. In New York, only nurse practitioners may prescribe medications. In Oregon, assessments may be conducted by registered nurses, prescriptions may be issued by nurse practitioners, and only pharmacists may administer medications. Texas permits registered nurses, advanced nurse practitioners, and physician assistants to conduct assessments.
- Georgia does not permit any non-physician to perform any of the three elements of immunization practice under their own license.

Immunization Practice and the Delegation of Medical Practice

All 5 study states permit selected non-physicians to conduct one or more of the elements of immunization practice if a physician delegates medical powers.

- Of the 5 study states, Texas legal authority permits the most extensive use of standing orders for immunization practice. Registered nurses, physician assistants, and advanced practice nurses are authorized to assess, prescribe and administer medications to their patients.
- Massachusetts and New York authorize designated nurses in advanced roles to complete all three elements of immunization practice under standing orders. Physician assistants in Massachusetts may conduct assessments and issue prescriptions.
- Georgia and Oregon have adopted the most restrictive standing orders policy of the 5 study states. No single category of non-physician is explicitly authorized to conduct all of the elements of immunization practice. In these states, the legal authority is often silent regarding the duties under consideration in this report.

In Georgia, nurses may transmit prescription information and administer medications, while only physician assistants may be authorized to prescribe. In Oregon, registered nurse supervisors, health department registered nurses, and physician assistants may administer medications in limited circumstances.

Immunization Practice through Both Practice Licenses and Delegation of Medical Powers

In Massachusetts, a single category of non-physician may complete the three elements of immunization practice only if they utilize standing orders *in combination* with authorization under their own license. Here, midwives may assess and administer medications under their own licenses, and prescribe only through standing orders.

Figure 1 below, shows how states address the elements of immunization practice for non-physicians under their own licenses and under standing orders:

Figure 1: SUMMARY OF NON-PHYSICIAN IMMUNIZATION PRACTICE AND STATE LAW

STATE	Immunization Practice Permitted Under Non-Physician License				Immunization Practice Permitted Under Standing Orders			
	<i>Expanded Role Nurse</i>	<i>Registered Nurse</i>	<i>Pharmacist</i>	<i>Physician Assistant</i>	<i>Expanded Role Nurse</i>	<i>Registered Nurse</i>	<i>Pharmacist</i>	<i>Physician Assistant</i>
Georgia						X		X
Massachusetts	X	X			X	X		X
New York	X				•	•		X
Oregon	X	X	X		X	X	X	X
Texas	X	X		X	X	•	X	•
TOTALS	4/5	3/5	1/5	1/5	4/5	5/5	2/5	5/5
Essential: Consult your state fact sheet for specific information regarding the extent to which certain non-physicians are permitted to engage in immunization practice under their own license or under standing orders.								
Gray Box = The service is either prohibited or the state failed to address the service. • = without limitations X = with limitations								
SOURCE: GWU/SPHHS Review of Standing Orders - Spring 2005								

Immunization Practice Settings:

While no study state addresses all settings in which all categories of health professionals may practice, all 5 states address the settings of immunization practice to some degree. Physician assistants and to a lesser extent nurses, may practice in a broad range of settings, including: long-term care facilities, hospitals, private practice, clinics, and non-medical settings. All community vaccinators utilize standing orders for vaccine delivery, and encourage the development of a single nationwide policy applicable to all providers in medical and community settings.

Assessment - Four of the five states address the assessment of patient status by non-physicians (MA, NY, OR, TX). These 4 states refer to different categories of nurses. In addition, 2 of the 4 states refer to physician assistants (MA and TX) and one includes pharmacists (TX). Georgia does not address assessment for any non-physician either under their own license or standing orders.

Assessments under Non-physician Practice Licenses: In Massachusetts, Oregon, and Texas various categories of non-physicians are authorized to conduct assessments under their own license. In Massachusetts, and Oregon, the power to assess patient health status is reserved for nurses only, while Texas permits both nurses and physician assistants to assess patients:

(3) . . . A registered nurse shall act, within his/her generic and continuing education and experience to: (a) systematically assess health status of individuals and groups and record the related health data; (b) analyze and interpret said recorded data; and make informed judgments therefrom as to the specific problems and elements of nursing care mandated by a particular situation. **244 CMR 3.02: Responsibilities and Functions – Registered Nurse. MA**

(b) Medical services provided by a physician assistant may include: (1) obtaining patient histories . . . (3) formulating a working diagnosis; (4) developing and implementing a treatment plan . . . (7) offering counseling and education to meet patient needs; . . . (9) signing or completing a prescription as provided by [other sections of the Texas code]. **Tex Occ. Code § 204.202 (2004) Scope of Practice.**

Assessments under Standing Orders: Massachusetts, New York, and Texas permit various categories of nurses, pharmacists, and physician assistants to conduct assessments under standing orders.

The New York language is specific to immunizations, requiring registered nurses to assess each potential vaccine recipient:

(4) Order and Protocol . . . (iii) The protocol . . . shall require the registered professional nurse to meet the following requirements:
(a) The registered professional nurse shall ensure that each potential recipient is assessed for untoward conditions that would preclude immunization(s) **8 NYCRR § 64.7 Immunizations, emergency treatment of anaphylaxis, and purified protein derivative (PPD) mantoux tuberculin skin tests pursuant to non-patient specific orders and protocols.**

In Massachusetts, only physician assistants are permitted to conduct assessments under standing orders. Note that nurses in the state may assess patients under their own licenses:

(1) A physician assistant may, under the supervision of a licensed physician . . . (2) . . . approach patients of all ages and with all types of conditions; elicit histories. **263 CMR 5.04 (2005) Scope of Services Which May Be Performed. MA**

Assessments under a Non-physician's Practice License and Standing Orders: The Attorney General for Texas has interpreted the law to permit *any* non-physician to assess patient status for vaccines as long as the supervising physician determines the non-physician is qualified. Thus,

physician assistants, professional nurses, and advanced nurse practitioners may assess under their own license as outlined above, and under standing orders.

A non-physician may determine that a person is free from conditions for which vaccine is contraindicated, if he can obtain that information by questioning the person without having to diagnose any illness himself. ***Opinion No. MW-318, 1981 Tex. AG Delegation of medical acts by means of standing orders.***

Prescription - All 5 of the study states address the execution of a prescription by different categories of nurses and physician assistants. Execution of a prescription by a pharmacist.

Prescriptive Practice under Non-physician Practice Licenses: Massachusetts, New York, and Oregon authorize certain non-physicians to prescribe medications under their own license. Massachusetts and New York will grant prescriptive privileges to nurses who satisfy certain educational requirements. New York specifically addresses prescriptions for immunizations:

4. A certified nurse practitioner may prescribe and order a non-patient specific regimen to a registered professional nurse, pursuant to regulations promulgated by the commissioner . . . and consistent with the public health law, for: (a) administering . . . immunizations. ***§ 6909. Special provision, NY***

(f) Prescriptive privilege . . . [A] nurse practitioner may be authorized to issue prescriptions pursuant to *section 6902(3)(b) of the Education Law* after completing instruction, satisfactory to the department, in New York State and Federal laws and regulations relating to prescriptions and recordkeeping. ***§ 64.4 Nurse practitioner certification, NY***

4.05: Definitions . . . Nurse engaged in prescriptive practice means a nurse with: (a) authorization to practice in the expanded role; (b) a minimum of 24 contact hours in pharmacotherapeutics which are beyond those acquired through a generic nursing education program . . . and (c) valid registration(s) to issue written or oral prescriptions or medication orders for controlled substances from the Massachusetts Department of Public Health. . . . Prescriptive practice means the issuance of written or oral prescriptions for medication orders for controlled substances or other medications. ***244 CMR 4.05 Definitions (2005), MA***

Prescriptive Practice means the written and oral issuance of any prescription and medication order for prescription and non-prescription drugs. ***244 CMR 9.02 (2005) Definitions Standards of Conduct for Nurses, MA***

Oregon will authorize a certified nurse practitioner to prescribe only medications that are included in a designated formulary:

(1) The Oregon State Board of Nursing may grant to a certified nurse practitioner the privilege of writing prescriptions described in the formulary under [other section of state law]. ***ORS § 678.390 (2003). Authority of nurse practitioner to write prescriptions or dispense drugs; notice; requirements; revocation; rules, OR***

Prescriptive Practice under Standing Orders: All five study states allow different categories of non-physicians to participate in completing prescriptions under standing orders to varying degrees.

In Georgia, nurses are limited to transmitting a physician's decision to a pharmacy, while Texas permits vocational nurses to relay this information. Georgia's requirements are shown below:

Nurses may telephone prescription orders into a pharmacy after receiving an order from a practitioner of the healing arts. ***Opinion 79-32, 1979 Op. Atty Gen. GA 66.***

In Georgia, Massachusetts, New York, Oregon, and Texas supervising physicians may grant physician assistants broad powers to prescribe all medications under standing orders.

(3) "Carry out a prescription drug or device order" means to complete, on a form established and approved by the board, a written prescription drug order or a prescription device order pursuant to the authority delegated by a supervision physician. ***§ 43-34-102. Definitions, GA***

(e.1)(1) . . . a physician's assistant shall be allowed to carry out a prescription drug order or orders for . . . any dangerous drug . . . or any Schedule III, IV, or V controlled substance . . . on a prescription drug order or prescription device order form . . . pursuant to the authority delegated by the supervising physician of that physician's assistant. Delegation of such authority shall be contained in the job description required by this Code section. ***§ 43-34-103. Application for assistant; number of assistants; new job descriptions; scope of duties; employment by non-practicing physicians; delegated authority, GA***

(5) A supervising physician, upon the approval of the board and in accordance with the rules established by the board, may delegate to the physician assistant the authority to . . . prescribe medications pursuant to this section and [the state law]. ***ORS § 677.515 (2003) Medical services rendered by physician assistant, OR***

In Massachusetts, nurses practicing in expanded roles, unlike those in prescriptive practice as noted above, must collaborate with a physician and develop protocols that are acceptable to both parties, as must nurse practitioners in New York. Note that in New York, nurse practitioners may not prescribe in hospitals:

3. (b) Prescriptions for . . . immunizing agents may be issued by a nurse practitioner . . . in accordance with the practice agreement and practice protocols. . . . (g) The provisions of this subdivision shall not apply to any activity authorized, pursuant to statute, rule or regulation, to be performed by a registered professional nurse in a hospital as defined in article twenty-eight of the public health law. ***§ 6902. Definition of practice of nursing, NY***

(1) All nurses practicing in an expanded role (physician's office, institution or private practice) shall practice in accordance with written guidelines developed in collaboration with and mutually acceptable to the nurse and to: (a) a physician expert by virtue of training or experience in the nurse's area of practice in the case of the nurse in the physician's office and the nurse in private practice; or (b) the appropriate medical staff and nursing administration staff of the institution employing the nurse. **244 CMR 4.22: Development, Approval, and Review of Guidelines for Nurse Midwives, Nurse Practitioners and Nurse Anesthetists, MA**

Texas permits the broadest use of standing orders for prescribing medications, reaching more categories of non-physicians than any state in the study. Advanced practice nurses and physician assistants may delegate the communication of prescriptions to vocational nurses, thus creating the possibility of "double delegation":

(2) "Carrying out or signing a prescription drug order" means completing a prescription drug order presigned by the delegating physician, or the signing of a prescription by a registered nurse . . . after that person has been designated to the board by the delegating physician as a person delegated to sign a prescription. **Tex Occ. Code § 157.051 (2004) Definitions, TX**

(e) A practitioner may designate a licensed vocational nurse or a person having education equivalent to or greater than that required for a licensed vocational nurse to communicate the prescriptions of an advanced practice nurse or physician assistant authorized by the practitioner to sign prescription drug orders under [other sections of Texas Code.] **Tex Occ. Code § 563.051 (2004) General Delegation of Administration and Provision of Dangerous Drugs, TX**

(a) The advanced practice nurse with a valid prescription authorization numbers: (1) shall carry out or sign prescription drug orders for only those drugs that are: (A) authorized by protocols or other written authorization for medical aspects of patient care; and (B) prescribed for patient populations within the accepted scope of professional practice for the advanced practice nurse's specialty area; and (2) shall comply with the requirements for adequate physician supervision. **Advanced Practice Nurses with Prescriptive Authority §222.4. Minimum Standards for Carrying Out or Signing Prescriptions, Board of Nurse Examiners, TX**

Administration - All 5 study states address the administration of medications by nurses. Two states, Oregon and Texas, include physician assistants and pharmacists.

Administration under Non-physician Practice Licenses: Two states permit different categories of non-physicians to administer medications under their own licenses. Massachusetts has authorized nurses in advanced roles to administer medications, while pharmacists in Oregon are allowed to administer vaccines.

Nursing practice involves . . . the administration of medication, therapeutics and treatment prescribed by duly authorized nurses in advanced roles, including certified nurse midwives, nurse practitioners and psychiatric nurse mental health clinical specialists. . . . **ALM GL ch. 112, § 80B (2005) Practice of Nursing Defined; Advanced Nursing Practice; Standards, Practice of Licensed Practical Nurses, MA**

In accordance with rules adopted by the State Board of Pharmacy . . . a pharmacist may administer vaccines and immunization only to persons who are more than 18 years of age. **ORS §689.645 (2003) Authority to administer vaccines and immunizations; Immunization Advisory Committee; rules, OR**

Administration under Standing Orders: In New York, standing orders are required before registered nurses may administer routine or emergency immunizations. Note that any registered professional nurse in the state may administer adult vaccines, while only nurses affiliated with a state-sanctioned organization may administer pediatric vaccines.

(a) Immunizations. (1) . . . a registered professional nurse shall be authorized to administer immunization agents . . . pursuant to a non-patient specific order and protocol prescribed and ordered by a licensed physician or a certified nurse practitioner . . . and the order and protocol meets the requirements of paragraph (4) of this subdivision.

(2) Authorized immunization agents. (i) Adult immunizations. A registered professional nurse . . . shall be authorized to administer the following immunization agents to patients 18 years of age or older, pursuant to a non-patient specific order and protocol prescribed and ordered by a licensed physician or a certified nurse practitioner

(ii) Child immunizations. A registered professional nurse . . . who is employed or is acting as an agent for the Visiting Nurses Association or other equivalent organization as determined by the department that is legally authorized to provide nursing services, or for a State, county, municipal or other government agency, shall be authorized to administer the following immunization agents to patients under the age of 18, pursuant to a non-patient specific order and protocol prescribed and ordered by a licensed physician or a certified nurse practitioner that meets the requirements of paragraph (4) of this subdivision. . . .

(iii) Epidemics. . . . [A] registered professional nurse . . . shall be authorized to administer to patients, pursuant to a non-patient specific order and protocol prescribed and ordered by a licensed physician or a nurse practitioner that meets the requirements of paragraph (4) of this subdivision, any immunization agents authorized under such order and protocol to be administered as part of an immunization program maintained, authorized, or under the auspices of the Commissioner of Health, a county commissioner of health, or a county public health director, when such an immunization program is instituted pursuant to an epidemic declared by such official. **8 NYCRR § 64.7 Immunizations, emergency treatment of anaphylaxis, and purified protein derivative (PPD) mantoux tuberculin skin tests pursuant to non-patient specific orders and protocols, NY**

In Texas, supervising physicians may delegate administration of vaccines to any “qualified” non-physician in the physician’s office, a healthcare facility, or for public health purposes.

Vaccines may be administered by a qualified non-physician even though his supervising doctor has not made an individual determination as to each person's need for the vaccine, providing the recipient is free of any condition for which the immunization is contraindicated. No provision is made for prescription for individual patients. The non-physician has not engaged in the practice of medicine, has not diagnosed or treated any disorder, physical deformity, or injury. . . . A non-physician could administer vaccine in compliance with the Dangerous Drug Act if he did so as the agent or employee of a physician in his practice or in the performance of official duties. ***Opinion No. MW-318, 1981 Tex. AG Delegation of medical acts by means of standing orders, Attorney General Opinion, TX***

In Texas, pharmacists are specifically authorized to administer vaccines under standing orders, and nurses may administer medication as ordered by a physician.

(a) The board shall specify conditions under which a pharmacist may administer medication, including an immunization and vaccination. . . . (6) the pharmacist administers an immunization or vaccination under a physician's written protocol and meets the standards established by the board; and (7) the authority of a pharmacist to administer medication may not be delegated. ***Tex Occ. Code § 554.004 (2004) Administration of Medication, TX***

In Georgia, licensed nurses may administer medications under standing orders after reviewing a patient's symptoms outside the presence of the supervising physician:

A licensed nurse may administer medication as prescribed by a physician when a patient presents with symptoms that match a checklist of symptoms. It is not necessary that the physician be in the immediate presence of the patient and the nurse when medication is administered. ***Opinion 79-2, 1979 Op. Atty Gen. Ga. 5, GA***

All licensed nurses in Massachusetts are required to ensure that an order has been issued before administering any vaccines:

A written order, provided and signed by an authorized prescriber, is required in order for an R.N. or L.P.N to administer any vaccine. . . . Nurses shall be directly accountable for the delivery of safe and effective nursing care in the administration of immunizing agents. Parental permission must be obtained in the case of administration to children. ***Administration of Immunizing Agents. BRN Ruling 9804 (issued 1998, revised 2000), MA***

It is the responsibility of the licensed nurse [registered and licensed practical nurses] to ensure that there is a proper medication order from a duly authorized prescriber prior to the administration of any prescription or non-prescription medication in accordance with accepted standards of practice and in compliance with the Boards regulations at 244 CMR 9.03 (38) and assessment of any allergy history. ***Verification of Medication Orders. BRN Ruling 9324 (issued 1993, revised 2002), MA***

In Oregon, registered nurse supervisors generally are required to obtain a written standing order authorizing the administration of medications in a hospital or long-term care facility when a pharmacist is not on duty.

(1) In a hospital or long term care facility having a pharmacy and employing a pharmacist, the pharmacy and pharmacist are subject to the requirements of this chapter, except that in a hospital when a pharmacist is not in attendance, pursuant to standing orders of the pharmacist, a registered nurse supervisor on the written order of a person authorized to prescribe a drug may withdraw such drug in such volume or amount as needed for administration to or treatment of an inpatient or outpatient until regular pharmacy services are available in accordance with the rules adopted by the board. However, the State Board of Pharmacy may grant an exception to the requirement for a written order by issuing a special permit authorizing the registered nurse supervisor in a hospital to dispense medication on the oral order of a person authorized to prescribe a drug. **ORS § 689.605 (2003) Authority to dispense drugs from hospital pharmacies, drug rooms and penal institutions; rules, OR**

Oral orders are sufficient for registered nurses employed by state health departments to administer drugs that prevent a communicable disease.

. . . . (6) A registered nurse who is an employee of a local health department established under the authority of a county or district board of health and registered by the board . . . may, pursuant to the order of a person authorized to prescribe a drug or device, dispense a drug or device to a client of the health department for purposes of . . . prevention or treatment of a communicable disease. **ORS § 689.605 (2003) Authority to dispense drugs from hospital pharmacies, drug rooms and penal institutions; rules, OR**

IMMUNIZATION PRACTICE SITES

Institutional Care Settings – All 5 study states address immunization practice by non-physicians in institutions. Physician assistants are authorized to practice in long-term care (LTC) facilities and acute care hospitals in Georgia, Massachusetts, Oregon and Texas. New York does not expressly permit physician assistants to practice in LTCs. An example from Texas is provided below:

A physician licensed by the board may delegate, to one or more physician assistants . . . acting under adequate physician supervision whose practice is facility-based at a licensed hospital or licensed long-term care facility, the administration or provision of a drug and the carrying out or signing of a prescription drug order. **Tex. Occ. Code § 157.054(a). Prescribing at Facility-Based Practice Sites.**

Nurses in an expanded role in Massachusetts, registered nurse supervisors in Oregon, and advanced practice nurses in Texas may practice in both LTCs and acute care hospitals:

At a physician's primary practice site, a physician licensed by the board may delegate to . . . an advanced practice nurse . . . the act of administering, providing, or carrying out or signing a prescription drug order. . . . (a) . . . primary practice site means: (1) the practice location . . . at which the physician spends the majority of the physician's time; (2) a licensed hospital, a licensed long-term care facility, or a licensed adult care center. **Tex. Occ. Code § 157.053(b). Prescribing at Physician Primary Practice Sites.**

Texas is the only study state that permits pharmacists to perform any element of immunization practice in institutions:

The pharmacist may not administer medication to a patient at the patient's residence, except at a licensed nursing home or hospital. ***Tex. Occ. Code § 554.004. Administration of Medication.***

Adult and Pediatric Practice – Four of the 5 study states (GA, MA, OR, TX) address non-physicians practicing in physician's offices.

Physician assistants may practice in adult and pediatric settings in Georgia, Massachusetts, Oregon, and Texas. Massachusetts provides an example:

Physician assistants may serve the patients of his/her supervising licensed physician in all types of clinical care settings, including but not limited to . . . any physician's office . . . licensed or otherwise operating legally within the Commonwealth. ***263 CMR 5.03: Permissible Work Settings. MA***

Nurses practicing in an expanded role in Massachusetts and advanced practice nurses in Texas are allowed to conduct immunization practice in private practice settings:

Nurses practicing in an expanded role (physician's office, institution or private practice) shall practice in accordance with written guidelines. ***244 CMR 4.22: Development, Approval, and Review of Guidelines for Nurse Midwives, Nurse Midwives, Nurse Practitioners and Nurse Anesthetists. MA***

Texas is the only study state that permits pharmacists to practice in physician's offices. This permission is general, and authorizes any qualified and physician-supervised individual to practice as follows:

(b) . . . any qualified and trained person acting under the physician's supervision the act of administering . . . dangerous drugs in the physician's office . . . or through a facility licensed by the Texas State Board of Pharmacy. ***Tex. Occ. Code § 157.002. General Delegation of Administration and Provision of Dangerous Drugs.***

Public Health/Medically Underserved Clinics – Four of the 5 study states (GA, MA, OR, TX) address whether clinics are a permissible setting for non-physicians to provide immunization services. Physician assistants are addressed in all these states. Registered nurses in Texas are addressed in both types of settings. The excerpt below from Texas, addresses both physician assistants and registered nurses:

At a site serving a medically underserved population, a physician licensed by the board may delegate to a registered nurse or physician assistant . . . the act of administering, providing, or carrying out or signing a prescription drug order, as authorized by the physician through a physician's order, a standing medical order, a standing delegation order, or another order or protocol as defined by the board.

(4) A medically underserved population means: (A) a site located in a medically underserved area; (B) a site located in a health manpower shortage area; (C) a clinic

designated as a rural health clinic . . . (D) a public health clinic or a family planning clinic under contract with the Texas Department of Human Services or the Texas Department of Health; (E) a site located in an area in which the Texas Department of Health determines there is an insufficient number of physicians providing services to legible clients of federal, state, or locally funded health care programs; or (F) a site that the Texas Department of Health determines serves a disproportionate number of clients eligible to participate in federal, state, or locally funded health care programs. including: a rural health clinic, a public health clinic, a site in an area with an insufficient number of physicians, or a site that serves a disproportionate number of clients eligible to participate in government funded health care programs. ***Tex. Occ. Code § 157.052. Prescribing at Sites Serving Certain Medically Underserved Populations***

Non-Medical Setting – Four of the 5 study states address immunization practice in non-medical settings. Georgia and Massachusetts address physician assistants only. Oregon and Texas address physician assistants and nurses.

Oregon outlines provisions for registered nurses practicing in adult and juvenile correctional facilities, and permits the delivery of medical services at any location where the supervising physician maintains communication with the physician assistant:

[A] registered nurse [may be authorized] to withdraw prescription drugs . . . for administration to persons confined in penal institutions including, but not limited to, adult and juvenile correctional facilities. ***ORS § 689.605. Authority to dispense drugs from hospital pharmacies, drug rooms and penal institutions; rules (7).***

A physician assistant may provide medical services to patients in a setting where a supervising physician does not regularly practice if the following conditions exist: (a) Direct communication either in person or by telephone, radio, radiotelephone, television or similar means is maintained; and (b) The medical services provided by the physician assistant are reviewed by a supervising physician on a regularly scheduled basis as determined by the board. ***ORS § 677.515. Medical services rendered by physician assistant (4).***

Texas law permits vaccine delivery at any site within 60 miles of the supervising physician's primary office:

(b) At an alternate site, a physician licensed by the board may delegate to an advanced practice nurse or physician assistant, acting under adequate physician supervision, the act of administering, providing, or carrying out or signing a prescription drug order as authorized through a physician's order, a standing medical order, a standing delegation order, or another order or protocol as defined by the board.

(a) . . . alternate site means a practice site: (1) where services similar to the services provided at the delegating physician's primary practice site are provided; and (2) located within 60 miles of the delegating physician's primary practice site. ***Tex. Occ. Code § 157.0541. Prescribing at Alternate Sites.***

Georgia and Massachusetts have authorized physician assistants to practice at a patient's home. Massachusetts extends the permission to include an industrial clinic, school or university health service:

A physician's assistant shall be allowed to perform his duties . . . provided that nothing in this article shall preclude a physician's assistant from making house calls . . . serving as an ambulance attendant, or performing any functions performed by the applying physician which the physician's assistant is qualified to perform. *§ 43-34-103(d) Application for assistant; number of assistants, new job descriptions; scope of duties; employment by nonpracticing physicians; delegated authority. GA*

Physician assistants may serve the patients of his/her supervising licensed physician in . . . a patients home . . . industrial clinic, school or university health service . . . licensed or otherwise operating legally within the Commonwealth. *263 CMR 5.03: Permissible Work Settings (2). MA*

KEY INFORMANT INTERVIEWS

Community vaccinators are commercial entities that provide immunizations to adults and children in various settings. Any organization can contract with a community vaccinator to manage and conduct all aspects of vaccine delivery including: obtaining, storing, and administering vaccines, managing staff and patients, and supervising billing.

All community vaccinators utilize standing orders. Company medical directors issue instructions annually and conduct staff training. Physicians are not on site when clinics are operating. Community vaccinators are active in all of the 5 settings reviewed (long-term care facilities, pediatric and adult private practice, acute care hospitals, clinics, and in the community). The non-medical settings reported include: adult entertainment clubs, casinos, churches, gas stations, government and private employment sites, grocery stores, health clubs, public events, schools, and shopping malls.

Interview Findings:

- All respondents utilize standing orders to provide immunization services in a wide range of settings.
- Physicians in private practice permit community vaccinators to conduct clinics in their offices. Pediatric practices may limit the use of community vaccinators to patients ages 9 and above, because younger children often must receive follow-up care.
- Community vaccinators that operate in more than one state noted that the multiplicity of laws and regulations created an unnecessarily complex legal environment. It is difficult to know when an interpretation of ambiguous laws will be legal in different jurisdictions. As a precautionary measure, some providers have adopted the most stringent standards for every state in which they conduct business.
- Respondents are limited in their ability to serve two populations: Medicaid beneficiaries and individuals living in remote, physician-shortage areas.

- Medicaid beneficiaries have limited access to community vaccination programs because current Medicaid rules permit reimbursement only for services obtained in an approved medical setting. Thus, all community settings are unavailable to this population.
- Communities in rural and underserved areas are underserved. Community vaccinators have not conducted a sufficient number of clinics to reach this population due to the remote locations and relatively small number of individuals.
- Interviewees recommended that the CDC provide leadership in two areas:
 - The development of a national standing orders policy that is applicable to all patients.
 - The revision of Medicaid rules that would remove any barriers to the use of standing orders for immunizations for non-institutionalized beneficiaries.

APPENDIX I

Table 1: MEDICAL PRACTICE ACTS THAT ADDRESS PHYSICIAN DELEGATION OF MEDICAL POWERS

STATE	Medical Practice Defined	Delegation Permitted	Categories of Health Professions	Type of Delegable Medical Service	Setting
Georgia	X	X	X	X	X
Massachusetts	X	X	X	X	
New York	X	X	X	X	
Oregon	X	X	X	X	
Texas	X	X	X	X	X
TOTALS	5/5	5/5	5/5	5/5	2/5

GEORGIA:

Medical Practice Defined:

"To practice medicine" means to hold oneself out to the public as being engaged in the diagnosis or treatment of disease, defects, or injuries of human beings; or the suggestion, recommendation, or prescribing of any form of treatment for the intended palliation, relief, or cure of any physical, mental, or functional ailment or defect of any person with the intention of receiving therefor, either directly or indirectly, any fee, gift, or compensation whatsoever; or the maintenance of an office for the reception, examination, and treatment of persons suffering from disease, defect, or injury of body or mind; or attaching the title "M.D.," "Oph.," "D.," "Dop.," "Surgeon," "Doctor," "D.O.," "Doctor of Osteopathy," either alone or in connection with other words, or any other words or abbreviations to one's name, indicating that such person is engaged in the treatment or diagnosis of disease, defects, or injuries to human beings, provided that the terms "doctors of medicine," "doctors of medicine licensed to practice in the state," and similar terms wherever used or appearing in this article or elsewhere shall mean and include only those persons who are licensed to practice medicine under this article. *§ 43-34-20. Definitions (3).*

Delegation Permitted:

Physician's assistants; 2) Certified nurse midwives; 3) Certified registered nurse anesthetists; 4) Certified nurse practitioners; 5) Clinical nurses specialist psychiatric or mental health may: 1) order medical treatments, and diagnostic studies, and 2) order controlled substances and dangerous drugs.

Physician's assistants and 2) Nurses may: 1) order dangerous drugs, medical treatments, diagnostic studies, and 2) dispense dangerous drugs in 4 settings: 1) Department of Public Health, 2) County board of health, 3) any facility established under the US Public Health Service, and 4) Hospital-affiliated outpatient clinic for the medically disadvantaged. *§ 43-34-26.1 Delegation of authority to nurse or physician's assistant.*

MASSACHUSETTS:

Medical Practice Defined:

The Practice of Medicine: the following conduct, the purpose or reasonably foreseeable effect of which is to encourage the reliance of another person upon an individual's knowledge or skill in the maintenance of human health by the prevention, alleviation, or cure of disease and involving or reasonably thought to involve an assumption of responsibility for the other person's physical or mental well being: diagnosis, treatment, use of instruments or other devices, or the prescription or administration of drugs for the relief of diseases or adverse physical or mental conditions. A person who holds himself out to the public as a "physician" or "surgeon," or with the initials "M.D." or "D.O." in connection with his name, and who also assumes responsibility for another person's physical or mental well being, is engaged in the practice of medicine. The practice of medicine does not mean conduct of the type described above lawfully engaged in by persons licensed by other boards of registration with authority to regulate such conduct; nor does it mean assistance rendered in emergency situations by persons other than licensees. *2.01: Introductory Provisions Mass. Regs. Governing Practice of Medicine, 243 CMR 2.00.*

Delegation Permitted:

A skilled professional or non-professional assistant may perform services in a manner consistent with accepted medical standards and appropriate to the assistant's skill. *243 CMR 2.07: General Provisions Governing the Practice of Medicine.*

NEW YORK:

Medical Practice Defined:

The practice of the profession of medicine is defined as diagnosing, treating, operating or prescribing for any human disease, pain, injury, deformity or physical condition. *NY CLS Educ § 6521 (2005) § 6521. Definition of practice of medicine*

Delegation Permitted:

6. A licensed physician may prescribe and order a non-patient specific regimen to a registered professional nurse . . . consistent with the public health law, for: (a) administering immunizations. *NY CLS Educ § 6527 (2005) § 6527. Special provisions*

continued

Table 1: MEDICAL PRACTICE ACTS THAT ADDRESS PHYSICIAN DELEGATION OF MEDICAL POWERS

STATE	Medical Practice Defined	Delegation Permitted	Categories of Health Professions	Type of Delegable Medical Service	Setting
Georgia	X	X	X	X	X
Massachusetts	X	X	X	X	
New York	X	X	X	X	
Oregon	X	X	X	X	
Texas	X	X	X	X	X
TOTALS	5/5	5/5	5/5	5/5	2/5

OREGON:

Medical Practice Defined:

A person is practicing medicine if the person does one or more of the following:

- (1) Advertise, hold out to the public or represent in any manner that the person is authorized to practice medicine in this state.
- (2) For compensation directly or indirectly received or to be received, offer or undertake to prescribe, give or administer any drug or medicine for the use of any other person.
- (3) Offer or undertake to perform any surgical operation upon any person.
- (4) Offer or undertake to diagnose, cure or treat in any manner, or by any means, methods, devices or instrumentalities, any disease, illness, pain, wound, fracture, infirmity, deformity, defect or abnormal physical or mental condition of any person.
- (5) Except as provided in *ORS 677.060*, append the letters "M.D." or "D.O." to the name of the person, or use the words "Doctor," "Physician," "Surgeon," or any abbreviation or combination thereof, or any letters or words of similar import in connection with the name of the person, or any trade name in which the person is interested, in the conduct of any occupation or profession pertaining to the diagnosis or treatment of human diseases or conditions mentioned in this section. *ORS § 677.085 (2003). What constitutes practice of medicine.*

Delegation Permitted:

- (1) Prescription drugs dispensed by a physician shall be personally dispensed by the physician. Nonjudgmental dispensing functions may be delegated to staff assistants when the accuracy and completeness of the prescription is verified by the physician. *ORS § 677.089 (2003) 677.089. Physicians dispensing prescription drugs to do so personally; records; required labeling information.*

TEXAS:

Medical Practice Defined:

"Practicing medicine" means the diagnosis, treatment, or offer to treat a mental or physical disease or disorder or a physical deformity or injury by any system or method, or the attempt to effect cures of those conditions, by a person who: (A) publicly professes to be a physician or surgeon; or (B) directly or indirectly charges money or other compensation for those services. *Tex. Occ. Code § 151.002 (2005) § 151.002. Definitions*

Delegation Permitted:

- (a) A physician may delegate to a qualified and properly trained person acting under the physician's supervision any medical act that a reasonable and prudent physician would find within the scope of sound medical judgment to delegate if, in the opinion of the delegating physician: (1) the act: (A) can be properly and safely performed by the person to whom the medical act is delegated; (B) is performed in its customary manner; and (C) is not in violation of any other statute; and (2) the person to whom the delegation is made does not represent to the public that the person is authorized to practice medicine. *Tex. Occ. Code § 157.001 (2005) § 157.001. General Authority of Physician to Delegate*
- (b) A physician may delegate to any qualified and properly trained person acting under the physician's supervision the act of administering or providing dangerous drugs in the physician's office, as ordered by the physician, that are used or required to meet the immediate needs of the physician's patients. . . .
- (c) A physician may also delegate to any qualified and properly trained person acting under the physician's supervision the act of administering or providing dangerous drugs through a facility licensed by the Texas State Board of Pharmacy, as ordered by the physician, that are used or required to meet the immediate needs of the physician's patients. . . .
- (d) In the provision of services and the administration of therapy by public health departments, as officially prescribed by the Texas Department of Health for the prevention or treatment of specific communicable diseases or health conditions for which the Texas Department of Health is responsible for control under state law, a physician may delegate to any qualified and properly trained person acting under the physician's supervision the act of administering or providing dangerous drugs, as ordered by the physician, that are used or required to meet the needs of the patients. . . . An order for the prevention or treatment of a specific communicable disease or health condition for which the Texas Department of Health is responsible for control under state law may not be inconsistent with this chapter and may not be used to perform an act or duty that requires the exercise of independent medical judgment.

continued

Table 1: MEDICAL PRACTICE ACTS THAT ADDRESS PHYSICIAN DELEGATION OF MEDICAL POWERS

STATE	Medical Practice Defined	Delegation Permitted	Categories of Health Professions	Type of Delegable Medical Service	Setting
Georgia	X	X	X	X	X
Massachusetts	X	X	X	X	
New York	X	X	X	X	
Oregon	X	X	X	X	
Texas	X	X	X	X	X
TOTALS	5/5	5/5	5/5	5/5	2/5

(e) The administration or provision of the drugs may be delegated through a physician's order, a standing medical order, a standing delegation order, or another order defined by the board. *Tex. Occ. Code § 157.002 (2004) General Delegation of Administration and Provision of Dangerous Drugs*

The authority to delegate medical acts to a properly qualified person as provided by this subchapter applies to emergency care provided by emergency medical personnel certified by the Texas Department of Health. *Tex. Occ. Code § 157.003 (2004) Emergency Care*

The board shall promote a physician's exercise of professional judgment to decide which medical acts may be safely delegated by not adopting rules containing, except as absolutely necessary, global prohibitions or restrictions on the delegation of medical acts. *Tex. Occ. Code § 157.006 (2005) § 157.006. Limitation on Board Rules Regarding Delegation*

Gray Box = The state failed to address the service.

SOURCE: GWU/SPHHS Review of Standing Orders - Spring 2005

APPENDIX II

Tables 2 – 11 below, show how individual state legal authority addresses the 3 elements of immunization practice under various practice licenses and standing orders.

**Table 2: EXTENT TO WHICH HEALTH PROFESSIONALS CAN ENGAGE IN IMMUNIZATION PRACTICE¹
UNDER THEIR OWN LICENSE
GEORGIA**

Health Professional	Assessment			Prescription			Administration		
	<i>Permitted</i>	<i>Prohibited</i>	<i>Silent</i>	<i>Permitted</i>	<i>Prohibited</i>	<i>Silent</i>	<i>Permitted</i>	<i>Prohibited</i>	<i>Silent</i>
N Advanced Practice			X			X			X
U Midwife			X			X			X
R Nurse Practitioner			X			X			X
S Practical Nurse			X			X			X
E Prescriptive Practice			X			X			X
S Registered Nurse			X			X			X
Vocational			X			X			X
Pharmacists			X			X			X
Physician Assistants			X			X			X

1. Immunization Practice: means the assessment of patient status, the prescription of appropriate vaccines, and the administration of immunizations

.Georgia does not address any element of immunization practice for non-physicians under their own license.

Source: GWU/SPHHS Review of Standing Orders - Spring 2005

**Table 3: EXTENT TO WHICH HEALTH PROFESSIONALS CAN ENGAGE IN IMMUNIZATION PRACTICE¹
UNDER STANDING ORDERS
GEORGIA**

Health Professional	Assessment			Prescription			Administration		
	Permitted	Prohibited	Silent	Permitted	Prohibited	Silent	Permitted	Prohibited	Silent
N U R S E S	Advanced Practice		X			X			X
	Midwife		X			X			X
	Nurse Practitioner		X			X			X
	Practical Nurse		X			X			X
	Prescriptive Practice		X			X			X
	Registered Nurse		X			X	X		
	RN Supervisor		X			X			X
	Vocational		X			X			X
	Pharmacist		X			X			X
	Physician Assistant		X	X					X

1. Immunization Practice: means the assessment of patient status, the prescription of appropriate vaccines, and the administration of immunizations

Nurses:

Nurses may telephone prescription orders into a pharmacy after receiving an order from a practitioner of the healing arts. *Opinion 79-32, 1979 Op. Atty Gen. Ga. 66*

(6) Practice nursing” or “practice of nursing” . . . include, but is not limited to, provision of nursing care . . . the administration of medications and treatments as prescribed by a physician practicing medicine . . . (8) “Practice nursing as a registered professional nurse” means to practice nursing by performing for compensation any of the following: . . . (I) Administering, ordering, and dispensing medications . . . authorized by protocol, when such acts are authorized by other general laws and such acts are in conformity with those laws; (J) Administering medications and treatments as prescribed by a physician practicing medicine in accordance with Article 2 of Chapter 34 of this title. *§ 43-26-3. Definitions*

A licensed nurse may administer medication as prescribed by a physician when a patient presents with symptoms that match a checklist of symptoms. It is not necessary that the physician be in the immediate presence of the patient and the nurse when medication is administered. *Opinion 79-2, 1979 Op. Atty Gen. Ga. 5*

Physician Assistant:

(3) “Carry out a prescription drug or device order” means to complete, on a form established and approved by the board, a written prescription drug order or a prescription device order pursuant to the authority delegated by a supervision physician. *§ 43-34-102. Definitions*

(e.1)(1) . . . a physician’s assistant shall be allowed to carry out a prescription drug order or orders for any device as defined in . . . any dangerous drug as defined in . . . or any Schedule III, IV, or V controlled substance as defined in . . . on a prescription drug order or prescription device order form . . . pursuant to the authority delegated by the supervising physician of that physician’s assistant. Delegation of such authority shall be contained in the job description required by this Code section. *§ 43-34-103. Application for assistant; number of assistants; new job descriptions; scope of duties; employment by non-practicing physicians; delegated authority*

(2) A Physician’s Assistant may be authorized to carry out a prescription drug order or orders for any device. . . . (a) A Physician’s Assistant may be authorized to carry out a prescription drug order or orders for any device included in the formulary approved by the Board. (b) The Formulary approved by the Board shall include any dangerous drug . . . or any Schedule III, IV or V controlled substances. *Ga. Comp R & Regs R 360-5-.12 (2005) 360-5.12 Carrying Out a Prescription Drug or Device Order*

Physician’s assistants may prescribe Schedule III, IV, and V controlled substances when acting under the proper delegation of a physician. The authority must be contained in the physician’s assistant’s job description. *Opinion 00-10, 2000 Op. Atty Gen. Ga. 10*

Source: GWU/SPHHS Review of Standing Orders - Spring 2005

**Table 4: EXTENT TO WHICH HEALTH PROFESSIONALS CAN ENGAGE IN IMMUNIZATION PRACTICE¹
UNDER THEIR OWN LICENSE
MASSACHUSETTS**

Health Professional	Assessment			Prescription			Administration		
	Permitted	Prohibited	Silent	Permitted	Prohibited	Silent	Permitted	Prohibited	Silent
N	Advanced Practice		X			X			X
	Midwife	X				X	X		
U	Nurse Practitioner	X				X	X		
R	Practical Nurse	X				X			X
S	Prescriptive Practice		X	X					X
E	Registered Nurse	X				X		X	
S	RN Supervisor		X			X			X
	Vocational		X			X			X
	Pharmacists		X			X			X
	Physician Assistants		X			X			X

I. Immunization Practice: means the assessment of patient status, the prescription of appropriate vaccines, and the administration of immunizations

Nurse Practitioner:

(2) Nurse Practitioner. The area of practice of a nurse practitioner includes: (a) Assessing the health status of individuals and families by obtaining health and medical histories.

244 CMR 4.26. Scope of Practice for Categories of Nurses Practicing in an Expanded Role.

Nurse Midwife:

(1) Nurse Midwife. The area of practice of a nurse midwife is . . . (a) Assessing the health status of women and infants by obtaining health and medical histories . . . (f) Assessing the growth and development of infants. *244 CMR 4.26. Scope of Practice for Categories of Nurses Practicing in an Expanded Role.*

Practical Nurse:

(4) A licensed practical nurse participates in direct and indirect nursing care . . . to: (a) assess an individual’s basic health status, records and related health data; (b) participate in analyzing and interpreting said recorded data; and making informed judgments as to the specific elements of nursing care mandated by a particular situation; (c) participate in planning and implementing nursing intervention including appropriate health care components in nursing care plans that take account of the most recent advancements and current knowledge in the field.

244 CMR 3.04: Responsibilities and Functions – Practical Nurse

Prescriptive Practice:

4.05: Definitions . . . Nurse engaged in prescriptive practice means a nurse with: (a) authorization to practice in the expanded role; (b) a minimum of 24 contact hours in pharmacotherapeutics which are beyond those acquired through a generic nursing education program . . . and (c) valid registration(s) to issue written or oral prescriptions or medication orders for controlled substances from the Massachusetts Department of Public Health. . . . Prescriptive practice means the issuance of written or oral prescriptions for medication orders for controlled substances or other medications.

244 CMR 4.05 Definitions (2005).

Prescriptive Practice means the written and oral issuance of any prescription and medication order for prescription and non-prescription drugs. *244 CMR 9.02 (2005) Definitions Standards of Conduct for Nurses*

Registered Nurse:

(3) . . . A registered nurse shall act, within his/her generic and continuing education and experience to: (a) systematically assess health status of individuals and groups.

244 CMR 3.02: Responsibilities and Functions – Registered Nurse

(38) Administration of Drugs. A nurse licensed by the Board shall not administer any prescription drug or non-prescription drug to any person in the course of nursing practice except as directed by an authorized prescriber. *244 CMR 9.03 (2005) Standards of Conduct for Nurses*

It is the responsibility of the licensed nurse [registered and licensed practical nurses] to ensure that there is a proper medication order from a duly authorized prescriber prior to the administration of any prescription or non-prescription medication in accordance with accepted standards of practice and in compliance with the Boards regulations at 244 CMR 9.03 (38) and assessment of any allergy history. *Board of Registration in Nursing Advisory Rulings. Verification of Medication Orders. Ruling 9324 (issued 1993, revised 2002)*

Source: GWU/SPHHS Review of Standing Orders - Spring 2005

**Table 5: EXTENT TO WHICH HEALTH PROFESSIONALS CAN ENGAGE IN IMMUNIZATION PRACTICE¹
UNDER STANDING ORDERS
MASSACHUSETTS**

Health Professional	Assessment			Prescription			Administration		
	Permitted	Prohibited	Silent	Permitted	Prohibited	Silent	Permitted	Prohibited	Silent
N	Advanced Practice		X			X			X
U	Midwife		X	X					X
R	Nurse Practitioner		X	X					X
S	Practical Nurse		X			X	X		
E	Prescriptive Practice		X			X			X
S	Registered Nurse		X			X	X		
	RN Supervisor		X			X			X
	Vocational		X			X			X
	Pharmacists		X			X			X
	Physician Assistants	X		X					X

I. Immunization Practice: means the assessment of patient status, the prescription of appropriate vaccines, and the administration of immunizations

Physician Assistant:

(1) A physician assistant may, under the supervision of a licensed physician, perform any and all services which are: (a) Within the competence of the physician assistant in question, as determined by the supervising physician's assessment of his or her training and experience; and (b) Within the scope of services for which the supervising physician can provide adequate supervision to ensure that accepted standards of medical practice are followed. (2) A physician assistant may approach patients of all ages and with all types of conditions; elicit histories; perform examinations; order, perform and interpret diagnostic studies; order and perform therapeutic procedures; instruct and counsel patients regarding physical and mental health issues . . . consistent with his or her supervising physician's scope of expertise and responsibility and the level of authority and responsibility delegated to him or her by the supervising physician. . . . (4) Where a physician assistant is involved in the performance of major invasive procedures, such procedures shall be undertaken under specific written protocols, available to the Board upon request, which have been developed between the supervising physician and the physician assistant and which specify, inter alia, the level of supervision the service requires, e.g., direct (physician in room), personal (physician in building), or general (physician available by telephone).

263 CMR 5.04 (2005) Scope of Services Which May Be Performed.

Any physician assistant . . . may issue written or oral prescriptions or medication orders for a patient, provided that he or she does so in accordance with all applicable state and federal laws and regulations. (3) Any prescription or medication order issued by a physician assistant for a Schedule II controlled substance . . . shall be reviewed by his or her supervising physician, or by a temporary supervising physician designated . . . within 96 hours after its issuance. (4) All physician assistants shall issue prescriptions or medication orders in accordance with written guidelines governing the prescription of medication which are mutually developed and agreed upon by the physician assistant and his or her supervising physician(s). . . . (5) All prescriptions or medication orders issued by a physician assistant shall be issued in a manner which is consistent with the scope of practice of the physician assistant, the guidelines developed . . . and accepted standards of good medical practice for licensed physicians with respect to prescription practices. (6) At least four hours of the continuing medical education which a physician assistant is required to obtain . . . as a condition for license renewal shall be in the field of pharmacology and/or pharmacokinetics. **263 CMR 5.07: Prescription Practices of a Physician Assistant**

A physician assistant may . . . issue written prescriptions for patients subject to [state law]. Any prescription of medication made by a physician assistant must include the name of the supervising physician. **112 § 9E. Physician Assistants; Services Which May be Performed Under Supervision; Legal Responsibility of Supervising Person or Agency, etc.**

Nurse in an Expanded Role (Midwife, Nurse Practitioner, Psychiatric Nurse Mental Health Clinical Specialist, Nurse Anesthetist):

(1) All nurses practicing in an expanded role (physician's office, institution or private practice) shall practice in accordance with written guidelines developed in collaboration with and mutually acceptable to the nurse and to: (a) a physician expert by virtue of training or experience in the nurse's area of practice in the case of the nurse in the physician's office and the nurse in private practice; or (b) the appropriate medical staff and nursing administration staff of the institution employing the nurse. **244 CMR 4.22: Development, Approval, and Review of Guidelines for Nurse Midwives, Nurse Practitioners and Nurse Anesthetists**

A nurse authorized to practice as a certified nurse-midwife may . . . issue written prescriptions. . . . Any prescription for medication made by a certified nurse-midwife shall include the name of the supervising physician. **ALM GL ch. 112, § 80G (2005) Nurse-Midwives Authorized to Order Certain Tests and Issue Certain Prescriptions.**

continued

**Table 5: EXTENT TO WHICH HEALTH PROFESSIONALS CAN ENGAGE IN IMMUNIZATION PRACTICE¹
UNDER STANDING ORDERS
MASSACHUSETTS**

Health Professional	Assessment			Prescription			Administration		
	Permitted	Prohibited	Silent	Permitted	Prohibited	Silent	Permitted	Prohibited	Silent
Nurse Practitioner			X			X			X
Midwife			X	X					X
Advanced Practice			X						X
Prescriptive Practice			X			X			X
Registered Nurse			X			X	X		
RN Supervisor			X			X			X
Vocational			X			X			X
Pharmacists			X			X			X
Physician Assistants	X			X					X

A nurse practitioner or psychiatric nurse mental health clinical specialist may issue written prescriptions . . . pursuant to guidelines mutually developed and agreed upon by the nurse and the supervising physician in accordance with regulations promulgated jointly by the board and the board of registration in medicine after consultation with the board of registration in pharmacy. A prescription made by a nurse practitioner or psychiatric nurse mental health clinical specialist shall include the name of the physician with whom such nurse has developed and signed mutually agreed upon guidelines approved by said board and said board of registration in medicine pursuant to section eighty B. *ALM GL ch. 112, § 80E (2005) Nurse Practitioners or Psychiatric Nurse Mental Health Clinical Specialist; Ordering of Therapeutics and Tests; Issuance of Written Prescriptions.*

Registered Nurse:

(38) Administration of Drugs. A nurse licensed by the Board shall not administer any prescription drug or non-prescription drug to any person in the course of nursing practice except as directed by an authorized prescriber. *244 CMR 9.03 (2005) Standards of Conduct for Nurses*

It is the responsibility of the licensed nurse [registered and licensed practical nurses] to ensure that there is a proper medication order from a duly authorized prescriber prior to the administration of any prescription or non-prescription medication in accordance with accepted standards of practice and in compliance with the Boards regulations at 244 CMR 9.03 (38) and assessment of any allergy history. *Board of Registration in Nursing Advisory Rulings. Verification of Medication Orders. Ruling 9324 (issued 1993, revised 2002)*

Nursing practice involves . . . the administration of medication, therapeutics and treatment prescribed by duly authorized nurses in advanced roles, including certified nurse midwives, nurse practitioners and psychiatric nurse mental health clinical specialists; dentists; physicians; and physician assistants' and the evaluation of responses to care and treatment.

ALM GL ch. 112, § 80B (2005) Practice of Nursing Defined; Advanced Nursing Practice; Standards, Practice of Licensed Practical Nurses.

A written order, provided and signed by an authorized prescriber, is required in order for an R.N. or L.P.N to administer any vaccine. . . . Nurses shall be directly accountable for the delivery of safe and effective nursing care in the administration of immunizing agents. Parental permission must be obtained in the case of administration to children. *Administration of Immunizing Agents. Ruling 9804 (issued 1998, revised 2000)*

Source: GWU/SPHHS Review of Standing Orders - Spring 2005

**Table 6: EXTENT TO WHICH HEALTH PROFESSIONALS CAN ENGAGE IN IMMUNIZATION PRACTICE¹
UNDER THEIR OWN LICENSE
NEW YORK**

Health Professional	Assessment			Prescription			Administration		
	Permitted	Prohibited	Silent	Permitted	Prohibited	Silent	Permitted	Prohibited	Silent
N	Advanced Practice		X			X			X
	Midwife		X			X			X
U	Nurse Practitioner		X	X					X
R	Practical Nurse		X			X			X
S	Prescriptive Practice		X			X			X
E	Registered Nurse		X			X			X
S	RN Supervisor		X			X			X
	Vocational		X			X			X
	Pharmacists		X			X			X
	Physician Assistants		X			X			X

1. Immunization Practice: means the assessment of patient status, the prescription of appropriate vaccines, and the administration of immunizations

4. A certified nurse practitioner may prescribe and order a non-patient specific regimen to a registered professional nurse, pursuant to regulations promulgated by the commissioner . . . and consistent with the public health law, for: (a) administering . . . immunizations. **§ 6909. Special provision.**

(f) Prescriptive privilege. . . . [A] nurse practitioner may be authorized to issue prescriptions pursuant to *section 6902(3)(b) of the Education Law* after completing instruction, satisfactory to the department, in New York State and Federal laws and regulations relating to prescriptions and recordkeeping. **§ 64.4 Nurse practitioner certification.**

A certified nurse practitioner with the authority to prescribe drugs, including controlled substances, in accordance with the practice agreement and practice protocols between the nurse practitioner and the collaborating physician, is not required to obtain a physician to approve or counter-sign any prescription. The name of the physician is not required to appear on the prescription form. By law, the agreement and protocols set forth the collaborative relationship between the doctor and nurse practitioner. **Formal Opinion No. 92-F2; 1992 N.Y. 2, June 1, 1992.**

Source: GWU/SPHHS Review of Standing Orders - Spring 2005

**Table 7: EXTENT TO WHICH HEALTH PROFESSIONALS CAN ENGAGE IN IMMUNIZATION PRACTICE¹
UNDER STANDING ORDERS
NEW YORK**

HEALTH PROFESSIONAL	ASSESSMENT			PRESCRIPTION			ADMINISTRATION		
	<i>Permitted</i>	<i>Prohibited</i>	<i>Silent</i>	<i>Permitted</i>	<i>Prohibited</i>	<i>Silent</i>	<i>Permitted</i>	<i>Prohibited</i>	<i>Silent</i>
N U R S E S	Advanced Practice		X			X			X
	Midwife		X			X			X
	Nurse Practitioner	X			X		X		
	Practical Nurse		X			X			X
	Prescriptive Practice		X			X			X
	Registered Nurse	X				X	X		
	RN Supervisor		X			X			X
	Vocational		X			X			X
Pharmacists			X			X			X
Physician Assistants			X	X					X

1. Immunization Practice: means the assessment of patient status, the prescription of appropriate vaccines, and the administration of immunizations

Nurse Practitioner:

1. The practice of the profession of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual or potential health problems through such services as . . . provision of care supportive to or restorative of life and well-being, and executing medical regimens prescribed by a licensed . . . physician . . . or other licensed health care provider. . . . A nursing regimen shall be consistent with and shall not vary any existing medical regimen. . . . **§ 6902. Definition of practice of nursing.**

4. A certified nurse practitioner may prescribe and order a non-patient specific regimen to a registered professional nurse . . . consistent with the public health law, for: (a) administering . . . immunizations.

§ 6909. Special provision.

(f) Prescriptive privilege. . . . [A] nurse practitioner may . . . issue prescriptions . . . after completing instruction . . . relating to prescriptions and recordkeeping. **§ 64.4 Nurse practitioner certification.**

3. (b) Prescriptions for . . . immunizing agents may be issued by a nurse practitioner . . . in accordance with the practice agreement and practice protocols. . . . **§ 6902. Definition of practice of nursing.**

Registered Nurse:

3. (a) The practice of registered professional nursing by a nurse practitioner . . . may include the diagnosis of illness and physical conditions and the performance of therapeutic and corrective measures within a specialty area of practice, in collaboration with a licensed physician qualified to collaborate in the specialty involved, provided such services are performed in accordance with a written practice agreement and written practice protocols. The written practice agreement shall include explicit provisions for the resolution of any disagreement between the collaborating physician and the nurse practitioner regarding a matter of diagnosis or treatment that is within the scope of practice of both. To the extent the practice agreement does not so provide, then the collaborating physician's diagnosis or treatment shall prevail. **NY CLS Educ § 6902. Definition of practice of nursing.**

(a) Immunizations. (1) . . . a registered professional nurse shall be authorized to administer immunization agents . . . pursuant to a non-patient specific order and protocol prescribed and ordered by a licensed physician or a certified nurse practitioner (2) Authorized immunization agents. (i) Adult immunizations. A registered professional nurse . . . shall be authorized to administer the following immunization agents to patients 18 years of age or older, pursuant to a non-patient specific order and protocol prescribed and ordered by a licensed physician or a certified nurse practitioner

(ii) Child immunizations. A registered professional nurse . . . who is employed or is acting as an agent for the Visiting Nurses Association or other equivalent organization as determined by the department that is legally authorized to provide nursing services, or for a State, county, municipal or other government agency, shall be authorized to administer the following immunization agents to patients under the age of 18, pursuant to a non-patient specific order and protocol prescribed and ordered by a licensed physician or a certified nurse practitioner. . . .

(iii) Epidemics. . . . [A] registered professional nurse . . . shall be authorized to administer to patients, pursuant to a non-patient specific order and protocol prescribed and ordered by a licensed physician or a nurse practitioner . . . any immunization agents authorized under such order and protocol to be administered as part of an immunization program maintained, authorized, or under the auspices of the Commissioner of Health, a county commissioner of health, or a county public health director, when such an immunization program is instituted pursuant to an epidemic declared by such official. **8 NYCRR § 64.7 Immunizations, emergency treatment of anaphylaxis, and purified protein derivative (PPD) mantoux tuberculin skin tests pursuant to non-patient specific orders and protocols.**

continued

**Table 7: EXTENT TO WHICH HEALTH PROFESSIONALS CAN ENGAGE IN IMMUNIZATION PRACTICE¹
UNDER STANDING ORDERS
NEW YORK**

HEALTH PROFESSIONAL		ASSESSMENT			PRESCRIPTION			ADMINISTRATION		
		<i>Permitted</i>	<i>Prohibited</i>	<i>Silent</i>	<i>Permitted</i>	<i>Prohibited</i>	<i>Silent</i>	<i>Permitted</i>	<i>Prohibited</i>	<i>Silent</i>
N U R S E S	Advanced Practice			X			X			X
	Midwife			X			X			X
	Nurse Practitioner	X			X			X		
	Practical Nurse			X			X			X
	Prescriptive Practice			X			X			X
	Registered Nurse	X					X	X		
	RN Supervisor			X			X			X
	Vocational			X			X			X
Pharmacists				X			X			X
Physician Assistants				X	X					X

(4) Order and Protocol . . . (iii) The protocol, incorporated into the order prescribed in subparagraph (ii) of this paragraph, shall require the registered professional nurse to meet the following requirements:

(a) The registered professional nurse shall ensure that each potential recipient is assessed for untoward conditions that would preclude immunization(s) and each recipient's record of immunization with manufacturer and lot number or a potential recipient's refusal to be immunized shall be documented in accordance with section 29.2(a)(3) of this Title. **8 NYCRR § 64.7 Immunizations, emergency treatment of anaphylaxis, and purified protein derivative (PPD) mantoux tuberculin skin tests pursuant to non-patient specific orders and protocols.**

Physician Assistant:

(e) Prescriptions and medical orders may be written by a registered physician's assistant . . . when assigned by the supervising physician. (1) A registered physician's assistant may write a prescription for a patient who is under the care of the physician responsible for the supervision of the registered physician's assistant. . . . (6) A registered physician's assistant employed or extended privileges by a hospital may, if permissible under the bylaws, rules and regulations of the hospital, write medical orders, including those for controlled substances, for inpatients under the care of the physician responsible for his supervision. In every case, medical orders so written shall be countersigned by the supervising physician within 24 hours, but such countersignature shall not be required prior to the execution of any such order. **10 NYCRR § 94.2 (2005) § 94.2 Supervision and scope of duties**

Source: GWU/SPHHS Review of Standing Orders - Spring 2005

**Table 8: EXTENT TO WHICH HEALTH PROFESSIONALS CAN ENGAGE IN IMMUNIZATION PRACTICE¹
UNDER THEIR OWN LICENSE
OREGON**

Health Professional	Assessment			Prescription			Administration		
	Permitted	Prohibited	Silent	Permitted	Prohibited	Silent	Permitted	Prohibited	Silent
Nurse	Advanced Practice		X			X			X
	Midwife		X			X			X
U Nurse Practitioner			X	X					X
R Practical Nurse			X			X			X
S Prescriptive Practice			X			X			X
E Registered Nurse	X					X			X
S RN Supervisor			X			X			X
Vocational			X			X			X
Pharmacists			X			X	X		
Physician Assistants			X			X			X

1. Immunization Practice: means the assessment of patient status, the prescription of appropriate vaccines, and the administration of immunizations

Nurse:

(8) “Practice of nursing” means diagnosing and treating human responses to actual or potential health problems through such services as identification thereof . . . and providing care supportive to . . . life and well-being. . . . Practice of nursing includes executing medical orders as prescribed by a physician.

ORS § 678.010. Definitions for ORS 678.010 to 678.410.

Nurse Practitioner:

(4) A registered nurse, certified as a nurse practitioner, is authorized to prescribe drugs for the use of and administration to other persons if approval has been given under ORS 678.390. The drugs which the nurse practitioner is authorized to prescribe shall be included within the certified nurse practitioner’s scope of practice as defined by rules of the board. **ORS § 678.375 (2003). Nurse practitioners; certificates; prohibitions; authority to sign Death certificates; drug prescriptions.**

(1) The Oregon State Board of Nursing may grant to a certified nurse practitioner the privilege of writing prescriptions described in the formulary under [other section of state law]. **ORS § 678.390 (2003). Authority of nurse practitioner to write prescriptions or dispense drugs; notice; requirements; revocation; rules.**

Pharmacist:

The practice of pharmacy means . . . the administering of vaccines and immunizations pursuant to ORS 689.645 . . . the responsibility for advising, where necessary or where regulated, of therapeutic values, content, hazards and use of drugs and devices. **ORS § 689.015 (2003) Practice of pharmacy defined.**

(1) In accordance with rules adopted by the State Board of Pharmacy . . . a pharmacist may administer vaccines and immunization only to persons who are more than 18 years of age. **ORS §689.645 (2003) Authority to administer vaccines and immunizations; Immunization Advisory Committee; rules.**

Source: GWU/SPHHS Review of Standing Orders - Spring 2005

**Table 9: EXTENT TO WHICH HEALTH PROFESSIONALS CAN ENGAGE IN IMMUNIZATION PRACTICE¹
UNDER STANDING ORDERS
OREGON**

Health Professional	Assessment			Prescription			Administration		
	Permitted	Prohibited	Silent	Permitted	Prohibited	Silent	Permitted	Prohibited	Silent
N U R S E S	Advanced Practice		X			X			X
	Midwife		X			X			X
	Nurse Practitioner		X			X			X
	Practical Nurse		X			X			X
	Prescriptive Practice		X			X			X
	Registered Nurse		X			X	X		
	RN Supervisor		X			X	X		
	Vocational		X			X			X
Pharmacists			X	X				X	
Physician Assistants			X	X		X			

1. Immunization Practice: means the assessment of patient status, the prescription of appropriate vaccines, and the administration of immunizations

Registered Nurse:

(6) A registered nurse who is an employee of a local health department established under the authority of a county or district board of health and registered by the board . . . may, pursuant to the order of a person authorized to prescribe a drug or device, dispense a drug or device to a client of the health department for purposes of . . . prevention or treatment of a communicable disease. **ORS § 689.605 (2003) Authority to dispense drugs from hospital pharmacies, drug rooms and penal institutions; rules.**

Registered Nurse Supervisor:

(1) In a hospital or long term care facility having a pharmacy and employing a pharmacist, the pharmacy and pharmacist are subject to the requirements of this chapter, except that in a hospital when a pharmacist is not in attendance, pursuant to standing orders of the pharmacist, a registered nurse supervisor on the written order of a person authorized to prescribe a drug may withdraw such drug in such volume or amount as needed for administration to or treatment of an inpatient or outpatient until regular pharmacy services are available in accordance with the rules adopted by the board. However, the State Board of Pharmacy may grant an exception to the requirement for a written order by issuing a special permit authorizing the registered nurse supervisor in a hospital to dispense medication on the oral order of a person authorized to prescribe a drug. **Authority to dispense drugs from hospital pharmacies, drug rooms and penal institutions; rules.**

Under Section 678.015, registered nurses may administer immunizations when they have been prescribed by a person authorized to practice medicine or other specified healing arts. The physician is not required to be physically present on the premises when the ordered services are performed by a licensed nurse. **No. 6682. 34 Op. Atty Gen. Ore. 900 (1969). NOTE: Section 678.015 has been repealed.**

Physician Assistant:

(5) A supervising physician, upon the approval of the board and in accordance with the rules established by the board, may delegate to the physician assistant the authority to administer and dispense limited emergency medications and to prescribe medications pursuant to this section and [the state law]. **ORS § 677.515 (2003) Medical services rendered by physician assistant.**

Source: GWU/SPHHS Review of Standing Orders - Spring 2005

**Table 10: EXTENT TO WHICH HEALTH PROFESSIONALS CAN ENGAGE IN IMMUNIZATION PRACTICE¹
UNDER THEIR OWN LICENSE
TEXAS**

Health Professional	Assessment			Prescription			Administration		
	Permitted	Prohibited	Silent	Permitted	Prohibited	Silent	Permitted	Prohibited	Silent
N U R S E S			X			X			X
Advanced Practice			X			X			X
Midwife			X			X			X
Nurse Practitioner	X					X			X
Practical Nurse			X			X			X
Prescriptive Practice			X			X			X
Registered Nurse	X					X			X
RN Supervisor			X			X			X
Vocational			X			X			X
Pharmacists			X			X			X
Physician Assistants	X					X			X

1. Immunization Practice: means the assessment of patient status, the prescription of appropriate vaccines, and the administration of immunizations

Nurses:

(2) . . . Professional nursing involves: (A) the observation, assessment, intervention, evaluation . . . of a person. . . . (B) the maintenance of health or prevention of illness. *Tex Occ. Code § 301.002 (2004) Definitions*

Nurse Practitioner:

Attorney General Opinion: Advanced nurse practitioners may assess health status without the supervising physician being physically present. *Opinion No. H-1295, 1978 Tex. AG*

Physician Assistant:

(b) Medical services provided by a physician assistant may include: (1) obtaining patient histories . . . (9) signing or completing a prescription as provided by [other sections of the Texas code].

Tex Occ. Code § 204.202 (2004) Scope of Practice.

Source: GWU/SPHHS Review of Standing Orders - Spring 2005

**Table 11: EXTENT TO WHICH HEALTH PROFESSIONALS CAN ENGAGE IN IMMUNIZATION PRACTICE¹
UNDER STANDING ORDERS
TEXAS**

HEALTH PROFESSIONAL	ASSESSMENT			PRESCRIPTION			ADMINISTRATION		
	<i>Permitted</i>	<i>Prohibited</i>	<i>Silent</i>	<i>Permitted</i>	<i>Prohibited</i>	<i>Silent</i>	<i>Permitted</i>	<i>Prohibited</i>	<i>Silent</i>
N U R S E S	Advanced Practice	X			X			X	
	Midwife	X				X	X		
	Nurse Practitioner	X				X	X		
	Practical Nurse	X				X	X		
	Prescriptive Practice			X			X		X
	Registered Nurse	X			X			X	
	RN Supervisor	X					X	X	
Vocational	X			X			X		
Pharmacists	X					X	X		
Physician Assistants	X			X			X		

I. Immunization Practice: means the assessment of patient status, the prescription of appropriate vaccines, and the administration of immunizations

Advanced Practice Nurse:

Board of Nurse Examiners: (a) The advanced practice nurse with a valid prescription authorization numbers: (1) shall carry out or sign prescription drug orders for only those drugs that are: (A) authorized by protocols or other written authorization for medical aspects of patient care; and (B) prescribed or patient populations within the accepted scope of professional practice for the advanced practice nurse’s specialty area; and (2) shall comply with the requirements for adequate physician supervision. *Advanced Practice Nurses with Prescriptive Authority §222.4. Minimum Standards for Carrying Out or Signing Prescriptions.*

Nurse Practitioner:

Attorney General Opinion: A nurse practitioner may not generally provide medications to patients under standing and/or written orders unless the physician has prescribed for the individual patient. *Opinion No. H-1295, 1978 Tex. AG*

Registered Nurse:

(2) “Carrying out or signing a prescription drug order” means completing a prescription drug order presigned by the delegating physician, or the signing of a prescription by a registered nurse . . . after that person has been designated to the board by the delegating physician as a person delegated to sign a prescription. *Tex Occ. Code § 157.051 (2004) Definitions.*

(2) . . . Professional nursing involves: (C) the administration of a medication or treatment as ordered by a physician. *Tex Occ. Code § 301.002 (2004) Definitions.*

Vocational Nurse:

(c) The administration or provision of the drugs may be delegated through a physician’s order, as standing medical order, a standing delegation order, or another order defined by the Texas State Board of Medical examiners. . . . (e) A practitioner may designate a licensed vocational nurse or a person having education equivalent to or greater than that required for a licensed vocational nurse to communicate the prescriptions of an advanced practice nurse or physician assistant authorized by the practitioner to sign prescription drug orders under [other sections of Texas Code.] *Tex Occ. Code § 563.051 (2004) General Delegation of Administration and Provision of Dangerous Drugs*

Physician Assistant:

(2) “Carrying out or signing a prescription drug order” means completing a prescription drug order presigned by the delegating physician, or the signing of a prescription by a . . . physician assistant after that person has been designated to the board by the delegating physician as a person delegated to sign a prescription. *Tex Occ. Code § 157.051 (2004) Definitions.*

Pharmacist:

(a) The board shall specify conditions under which a pharmacist may administer medication, including an immunization and vaccination. . . . (6) the pharmacist administers an immunization or vaccination under a physician’s written protocol and meets the standards established by the board; and (7) the authority of a pharmacist to administer medication may not be delegated. *Tex Occ. Code § 554.004 (2004) Administration of Medication.*

Any Qualified and Properly Trained Person Acting under Physician Supervision:

(b) A physician may delegate to any qualified and properly trained person acting under the physician’s supervision the act of administering or providing dangerous drugs in the physician’s office, as ordered by the physician, that are used or required to meet the immediate needs of the physician’s patients. . . . (c) A physician may also delegate to any qualified and properly trained person acting under the physician’s supervision the act of administering or providing dangerous drugs through a facility licensed by the Texas State Board of Pharmacy, as ordered by the physician, that are used or required to meet the immediate needs of the physician’s patients. . . .

continued

**Table 11: EXTENT TO WHICH HEALTH PROFESSIONALS CAN ENGAGE IN IMMUNIZATION PRACTICE¹
UNDER STANDING ORDERS
TEXAS**

HEALTH PROFESSIONAL		ASSESSMENT			PRESCRIPTION			ADMINISTRATION		
		<i>Permitted</i>	<i>Prohibited</i>	<i>Silent</i>	<i>Permitted</i>	<i>Prohibited</i>	<i>Silent</i>	<i>Permitted</i>	<i>Prohibited</i>	<i>Silent</i>
N U R S E S	Advanced Practice	X			X			X		
	Midwife	X					X	X		
	Nurse Practitioner	X					X	X		
	Practical Nurse	X					X	X		
	Prescriptive Practice			X			X			X
	Registered Nurse	X			X			X		
	RN Supervisor	X					X	X		
Vocational	X			X			X			
Pharmacists		X					X	X		
Physician Assistants		X			X			X		

(d) In the provision of services and the administration of therapy by public health departments, as officially prescribed by the Texas Department of Health for the prevention or treatment of specific communicable diseases of health conditions for which the Texas Department of Health is responsible for control under state law, a physician may delegate to any qualified and properly trained person acting under the physician's supervision the act of administering or providing dangerous drugs, as ordered by the physician, that are used or required to meet the needs of the patients. . . . An order for the prevention or treatment of specific communicable disease or health conditions for which the Texas Department of Health is responsible for control under state law may not be inconsistent with this chapter and may not be used to perform an act of duty that requires the exercise of independent medical judgment. (e) The administration of provision of the drugs may be delegated through a physician's order, a standing medical order, a standing delegation order, or another order defined by the board. ***Tex Occ. Code § 157.002 (2004) General Delegation of Administration and Provision Of Dangerous Drugs.***

Vaccines may be administered by a qualified non-physician even though his supervising doctor has not made an individual determination as to each person's need for the vaccine, providing the recipient is free of any condition for which the immunization is contraindicated. No provision is made for prescription for individual patients. . . . A non-physician may determine that a person is free from conditions for which vaccine is contraindicated, if he can obtain that information by questioning the person without having to diagnose any illness himself. A non-physician could administer vaccine in compliance with the Dangerous Drug Act if he did so as the agent or employee of a physician in his practice or in the performance of official duties. ***Opinion No. MW-318, 1981 Tex. AG Delegation of medical acts by means of standing orders***

Source: GWU/SPHHS Review of Standing Orders - Spring 2005

APPENDIX III

Table 12: NON-PHYSICIAN IMMUNIZATION PRACTICE SETTINGS

SETTING	GEORGIA			MASSACHUSETTS			NEW YORK			OREGON			TEXAS		
	Nurse	PA	PH	Nurse	PA	PH	Nurse	PA	PH	Nurse	PA	PH	Nurse	PA	PH
Long-Term Care Facility		X		X	X					X	X		X	X	X
Acute Care Hospital		X		X	X			X		X	X		X	X	X
Adult Practice		X		X	X						X		X	X	X
Pediatric Practice		X		X	X						X		X	X	X
Clinic in medically underserved Clinician shortage area		X			X						X		X	X	
Public Health Clinic		X			X								X	X	
Non-Medical Setting		X			X					X	X		X	X	X

NOTE: Gray Box indicates a lack of statutory language to address the setting.

Georgia:
Physician Assistants:
 (d) A physician’s assistant shall be allowed to perform his duties only in the principal offices of the applying physicians, which shall be those public or private places or health facilities where the applying physician regularly sees patients, provided that nothing in this article shall preclude a physician’s assistant from making house calls and hospital rounds, serving as an ambulance attendant, or performing any functions performed by the applying physician which the physician’s assistant is qualified to perform. *§ 43-34-103 Application for assistant; number of assistants, new job descriptions; scope of duties; employment by nonpracticing physicians; delegated authority*

(2) A Physician’s Assistant shall not be permitted to perform his/her duties other than in the principal offices and/or hospitals of the applying physician(s) which shall be those public or private places of health facilities where the applying physician(s) regularly sees patients; provided however, that nothing herein shall preclude a physician’s Assistant from making house calls, hospital and nursing home rounds, or performing any functions performed by the applying physician(s) which the Physician’s Assistant may see his applying physician’s patients in Emergency Rooms in hospitals, offices, nursing homes or any situation under supervision of an applying physician, approved by the Board. . . .

(8) A physician’s assistant may order medication for institutionalized or hospitalized patients as outlined in the approved job description. . . . (a) A physician’s assistant may order/select a drug, including a dangerous drug or a controlled substance, or order medical treatment, or diagnostic study in any health care setting, provided that: 1. The supervising physician delegates this authority in accordance with an approved job description. 2. Controlled substances are selected from a formulary of such drugs approved by the Board. *360-5-.07 Limitations Upon Use of physician’s Assistants. Ordering of Dangerous Drugs, Controlled Substances, Medical Treatments and Diagnostic Studies by Physician’s Assistant; Dispensing of Dangerous Drugs by Physician’s Assistant in Public Health Care Settings. Amended*

1. [Physician assistants may perform their duties in remote sites which are areas that can demonstrate a shortage and maldistribution of health care services, where the supervising physician maintains a principal office, clinic, or facility for the purpose of providing primary care services and at which the supervising physician is physically present for at least 25% of the time the site is open. *360-5-.08 Remote Practice Sites, Amended.*

Massachusetts:
Nurses:
 1. Nurses practicing in an expanded role (physician’s office, institution or private practice) shall practice in accordance with written guidelines. *244 CMR 4.22: Development, Approval, and Review of Guidelines for Nurse Midwives, Nurse Midwives, Nurse Practitioners and Nurse Anesthetists*

Physician Assistants:
 2. Physician assistants may serve the patients of his/her supervising licensed physician in all types of clinical care settings, including but not limited to a patients home, any physicians office, hospital, nursing home, extended care facility, state health or mental institution, clinic, HMO, industrial clinic, school or university health service, rural satellite clinic, or other health care facility licensed or otherwise operating legally within the Commonwealth. *263 CMR 5.03: Permissible Work Settings.*

New York:
Physician Assistants:
 (6) A registered physician's assistant employed or extended privileges by a hospital may, if permissible under the bylaws, rules and regulations of the hospital, write medical orders, including those for controlled substances, for inpatients under the care of the physician responsible for his supervision. *10 NYCRR § 94.2 (2005) § 94.2 Supervision and scope of duties*

continued

Table 12: NON-PHYSICIAN IMMUNIZATION PRACTICE SETTINGS

SETTING	GEORGIA			MASSACHUSETTS			NEW YORK			OREGON			TEXAS		
	Nurse	PA	PH	Nurse	PA	PH	Nurse	PA	PH	Nurse	PA	PH	Nurse	PA	PH
Long-Term Care Facility		X		X	X					X	X		X	X	X
Acute Care Hospital		X		X	X			X		X	X		X	X	X
Adult Practice		X		X	X						X		X	X	X
Pediatric Practice		X		X	X						X		X	X	X
Clinic in medically underserved Clinician shortage area		X			X						X		X	X	
Public Health Clinic		X			X								X	X	
Non-Medical Setting		X			X					X	X		X	X	X

NOTE: Gray Box indicates a lack of statutory language to address the setting.

Oregon:

Nurses:

In a hospital or long term care facility having a pharmacy and employing a pharmacist . . . when a pharmacist is not in attendance, pursuant to standing orders of the pharmacist, a registered nurse supervisor on the written order of a person authorized to prescribe a drug may withdraw such drug in such volume or amount as needed for administration to or treatment of an inpatient or outpatient until regular pharmacy services are available. . . . However, a registered nurse supervisor in a hospital may be issued a special permit authorizing the dispensing of medication on the oral order of a person authorized to prescribe a drug. **ORS § 689.605. Authority to dispense drugs from hospital pharmacies, drug rooms and penal institutions; rules.**

[A] registered nurse [may be authorized] to withdraw prescription drugs . . . for administration to persons confined in penal institutions including, but not limited to, adult and juvenile correctional facilities. **ORS § 689.605. Authority to dispense drugs from hospital pharmacies, drug rooms and penal institutions; rules (7).**

[W]here a Registered Nurse is not regularly scheduled and is not available to provide direct supervision . . . home and community-based settings . . . local corrections, lockups, juvenile detention, youth corrections, detoxification facilities, adult foster care and residential care, training and treatment facilities. . . . These rules have no application in acute care or long-term care facilities or any setting where the regularly scheduled presence of a registered nurse is required by statute or administrative rule. **Or. Admin. R. 851-047-0000 Rule Summary, Statement of Purpose and Intent.**

Physician Assistants:

(4) A physician assistant may provide medical services to patients in a setting where a supervising physician does not regularly practice if the following conditions exist: (a) Direct communication either in person or by telephone, radio, radiotelephone, television or similar means is maintained; and (b) The medical services provided by the physician assistant are reviewed by a supervising physician on a regularly scheduled basis as determined by the board. **ORS § 677.515. Medical services rendered by physician assistant.**

(5) Neither the board nor the Physician Assistant Committee shall limit the privilege of administering . . . and prescribing to population groups federally designated as underserved, or to geographic areas of the state that are federally designated health professional shortage areas, federally designated medically underserved areas or areas designated as medically disadvantaged and in need of primary health care providers by the Director of Human Services or the Office of Rural Health. **ORS § 677.515. Medical services rendered by physician assistant.**

Texas:

Nurses, Physician Assistants:

(b) At a physician’s primary practice site, a physician licensed by the board may delegate to a physician assistant or an advanced practice nurse acting under adequate physician supervision the act of administering, providing, or carrying out or signing a prescription drug order as authorized through a physician’s order, a standing medical order, a standing delegation order, or another order or protocol as defined by the board.

(a) . . . primary practice site means: (1) the practice location . . . at which the physician spends the majority of the physician’s time; (2) a licensed hospital, a licensed long-term care facility, or a licensed adult care center . . . (3) a clinic operated by or for the benefit of a public school district . . . (4) the residence of an established patient; or (5) another location at which the physician is physically present with the physician assistant or advanced practice nurse. **Tex. Occ. Code § 157.053. Prescribing at Physician Primary Practice Sites.**

(a) A physician licensed by the board may delegate, to one or more physician assistants or advanced practice nurses acting under adequate physician supervision whose practice is facility-based at a licensed hospital or licensed long-term care facility, the administration or provision of a drug and the carrying out or signing of a prescription drug order . . . (1) the delegation must be made under a physician’s order, standing medical order, standing delegation order, or another order or protocol developed in accordance with policies approved by the facility’s medical staff or a committee of the facility’s medical staff as provided by the facility bylaws; (2) the delegation must occur in the facility in which the physician is the medical director, the chief of medical staff, the chair of the credentialing committee, or a department chair. **Tex. Occ. Code § 157.054. Prescribing at Facility-Based Practice Sites.**

continued

Table 12: NON-PHYSICIAN IMMUNIZATION PRACTICE SETTINGS

SETTING	GEORGIA			MASSACHUSETTS			NEW YORK			OREGON			TEXAS		
	Nurse	PA	PH	Nurse	PA	PH	Nurse	PA	PH	Nurse	PA	PH	Nurse	PA	PH
Long-Term Care Facility		X		X	X					X	X		X	X	X
Acute Care Hospital		X		X	X			X		X	X		X	X	X
Adult Practice		X		X	X						X		X	X	X
Pediatric Practice		X		X	X						X		X	X	X
Clinic in medically underserved Clinician shortage area		X			X						X		X	X	
Public Health Clinic		X			X								X	X	
Non-Medical Setting		X			X					X	X		X	X	X

NOTE: Gray Box indicates a lack of statutory language to address the setting.

(c) The activities of a physician assistant [meaning assessment, prescribing, and administration of medication] listed by Subsection (b) may be performed in any place authorized by a supervising physician, including a clinic, hospital, ambulatory surgical center, patient home, nursing home, or other institutional setting. *Tex. Occ. Code § 204.202. Scope of Practice.*

At a site serving a medically underserved population, a physician licensed by the board may delegate to a registered nurse or physician assistant . . . the act of administering, providing, or carrying out or signing a prescription drug order, as authorized by the physician through a physician’s order, a standing medical order, a standing delegation order, or another order or protocol as defined by the board.

(4) A medically underserved population means: (A) a site located in a medically underserved area; (B) a site located in a health manpower shortage area; (C) a clinic designated as a rural health clinic . . . (D) a public health clinic or a family planning clinic under contract with the Texas Department of Human Services or the Texas Department of Health; (E) a site located in an area in which the Texas Department of Health determines there is an insufficient number of physicians providing services to legible clients of federal, state, or locally funded health care programs; or (F) a site that the Texas Department of Health determines serves a disproportionate number of clients eligible to participate in federal, state, or locally funded health care programs. including: a rural health clinic, a public health clinic, a site in an area with an insufficient number of physicians, or a site that serves a disproportionate number of clients eligible to participate in government funded health care programs. *Tex. Occ. Code § 157.052. Prescribing at Sites Serving Certain Medically Underserved Populations*

(b) At an alternate site, a physician licensed by the board may delegate to an advanced practice nurse or physician assistant, acting under adequate physician supervision, the act of administering, providing, or carrying out or signing a prescription drug order as authorized through a physician’s order, a standing medical order, a standing delegation order, or another order or protocol as defined by the board.

(a) . . . alternate site means a practice site: (1) where services similar to the services provided at the delegating physician’s primary practice site are provided; and (2) located within 60 miles of the delegating physician’s primary practice site. *Tex. Occ. Code § 157.0541. Prescribing at Alternate Sites.*

Pharmacists:

(5) The pharmacist may not administer medication to a patient at the patient’s residence, except at a licensed nursing home or hospital. *Tex. Occ. Code § 554.004. Administration of Medication.*

(b) . . . any qualified and trained person acting under the physician’s supervision the act of administering . . . dangerous drugs in the physician’s office . . . or through a facility licensed by the Texas State Board of Pharmacy. *Tex. Occ. Code § 157.002. General Delegation of Administration and Provision of Dangerous Drugs.*

Source: GWU/SPHHS Review of Standing Orders – Spring 2005

APPENDIX IV

Table 13: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATON OF MEDICATIONS BY NON-PHYSICIANS

STATE	ASSESSMENT OF PATIENT STATUS			EXECUTION OF A PRESCRIPTION			ADMINISTRATION OF MEDICATIONS		
	Nurse	Physician Assistant	Pharmacist	Nurse	Physician Assistant	Pharmacist	Nurse	Physician Assistant	Pharmacist
Georgia				1	2		3		
Massachusetts	1	2		3	4		5		
New York	1			2	4		3		
Oregon	1			2	3		4	3	5
Texas	1,8	2,8	8	3,4	2,3,4		5,6,8	6,8	6,7,8

NOTE: The footnotes begin at 1 within each state.

GEORGIA

NOTE 1

Attorney General Opinion: Nurses may telephone prescription orders into a pharmacy after receiving an order from a practitioner of the healing arts. *Opinion 79-32, 1979 Op. Atty Gen. Ga. 66*

NOTE 2

(3) “Carry out a prescription drug or device order” means to complete, on a form established and approved by the board, a written prescription drug order or a prescription device order pursuant to the authority delegated by a supervision physician. *§ 43-34-102. Definitions*

(e.1)(1) . . . a physician’s assistant shall be allowed to carry out a prescription drug order or orders for any device as defined in . . . any dangerous drug as defined in . . . or any Schedule III, IV, or V controlled substance as defined in . . . on a prescription drug order or prescription device order form . . . pursuant to the authority delegated by the supervising physician of that physician’s assistant. Delegation of such authority shall be contained in the job description required by this Code section. The delegating physician shall remain responsible for the medical acts of the physician’s assistant performing such delegated acts and shall adequately supervise the physician’s assistant. *§ 43-34-103. Application for assistant; number of assistants; new job descriptions; scope of duties; employment by non-practicing physicians; delegated authority*

(2) A Physician’s Assistant may be authorized to carry out a prescription drug order or orders for any device, as defined in [Code Section]. (a) A Physician’s Assistant may be authorized to carry out a prescription drug order or orders for any device included in the formulary approved by the Board. (b) The Formulary approved by the Board shall include any dangerous drug as defined in {Code}, or any Schedule III, IV or V controlled substances as defined in [Code]. *Ga. Comp R & Regs R 360-5-.12 (2005) 360-5.12 Carrying Out a Prescription Drug or Device Order*

Attorney General Opinion: Physician’s assistants may prescribe Schedule III, IV, and V controlled substances when acting under the proper delegation of a physician, thereby permitting them to have a DEA number. The authority must be contained in the physician’s assistant’s job description. *Opinion 00-10, 2000 Op. Atty Gen. Ga. 10*

NOTE 3

(6) Practice nursing” or “practice of nursing” . . . include, but is not limited to, provision of nursing care . . . the administration of medications and treatments as prescribed by a physician practicing medicine . . . (8) “Practice nursing as a registered professional nurse” means to practice nursing by performing for compensation any of the following: . . . (I) Administering, ordering, and dispensing medications . . . authorized by protocol, when such acts are authorized by other general laws and such acts are in conformity with those laws; (J) Administering medications and treatments as prescribed by a physician practicing medicine in accordance with Article 2 of Chapter 34 of this title. *§ 43-26-3. Definitions*

Attorney General Opinion: A licensed nurse may administer medication as prescribed by a physician when a patient presents with symptoms that match a checklist of symptoms. It is not necessary that the physician be in the immediate presence of the patient and the nurse when medication is administered. *Opinion 79-2, 1979 Op. Atty Gen. Ga. 5*

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Table 13: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

STATE	ASSESSMENT OF PATIENT STATUS			EXECUTION OF A PRESCRIPTION			ADMINISTRATION OF MEDICATIONS		
	Nurse	Physician Assistant	Pharmacist	Nurse	Physician Assistant	Pharmacist	Nurse	Physician Assistant	Pharmacist
Georgia				1	2		3		
Massachusetts	1	2		3	4		5		
New York	1			2	4		3		
Oregon	1			2	3		4	3	5
Texas	1,8	2,8	8	3,4	2,3,4		5,6,8	6,8	6,7,8

NOTE: The footnotes begin at 1 within each state.

MASSACHUSETTS

NOTE 1

(3) . . . A registered nurse shall act, within his/her generic and continuing education and experience to: (a) systematically assess health status of individuals and groups and record the related health data; (b) analyze and interpret said recorded data; and make informed judgments therefrom as to the specific problems and elements of nursing care mandated by a particular situation; (c) plan and implement nursing intervention which includes all appropriate elements of nursing care, prescribed medical or other therapeutic regimens mandated by the particular situation, scientific principles, recent advancements and current knowledge in the field. **244 CMR 3.02: Responsibilities and Functions – Registered Nurse**

(1) Nurse Midwife. The area of practice of a nurse midwife is . . . (a) Assessing the health status of women and infants by obtaining health and medical histories . . . (f) Assessing the growth and development of infants. . . .

(2) Nurse Practitioner. The area of practice of a nurse practitioner includes: (a) Assessing the health status of individuals and families by obtaining health and medical histories. **244 CMR 4.26. Scope of Practice for Categories of Nurses Practicing in an Expanded Role.**

(4) A licensed practical nurse participates in direct and indirect nursing care . . . to: (a) assess an individual’s basic health status, records and related health data; (b) participate in analyzing and interpreting said recorded data; and making informed judgments as to the specific elements of nursing care mandated by a particular situation; (c) participate in planning and implementing nursing intervention including appropriate health care components in nursing care plans that take account of the most recent advancements and current knowledge in the field. **244 CMR 3.04: Responsibilities and Functions – Practical Nurse**

NOTE 2

(1) A physician assistant may, under the supervision of a licensed physician, perform any and all services which are: (a) Within the competence of the physician assistant in question, as determined by the supervising physician's assessment of his or her training and experience; and (b) Within the scope of services for which the supervising physician can provide adequate supervision to ensure that accepted standards of medical practice are followed. (2) A physician assistant may approach patients of all ages and with all types of conditions; elicit histories; perform examinations; order, perform and interpret diagnostic studies; order and perform therapeutic procedures; instruct and counsel patients regarding physical and mental health issues . . . consistent with his or her supervising physician's scope of expertise and responsibility and the level of authority and responsibility delegated to him or her by the supervising physician. . . . (4) Where a physician assistant is involved in the performance of major invasive procedures, such procedures shall be undertaken under specific written protocols, available to the Board upon request, which have been developed between the supervising physician and the physician assistant and which specify, inter alia, the level of supervision the service requires, e.g., direct (physician in room), personal (physician in building), or general (physician available by telephone). **263 CMR 5.04 (2005) Scope of Services Which May Be Performed.**

NOTE 3

4.05: Definitions . . . Nurse engaged in prescriptive practice means a nurse with: (a) authorization to practice in the expanded role; (b) a minimum of 24 contact hours in pharmacotherapeutics which are beyond those acquired through a generic nursing education program . . . and (c) valid registration(s) to issue written or oral prescriptions or medication orders for controlled substances from the Massachusetts Department of Public Health. . . . Prescriptive practice means the issuance of written or oral prescriptions for medication orders for controlled substances or other medications. **244 CMR 4.05 Definitions (2005).**

continued

Table 13: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

STATE	ASSESSMENT OF PATIENT STATUS			EXECUTION OF A PRESCRIPTION			ADMINISTRATION OF MEDICATIONS		
	Nurse	Physician Assistant	Pharmacist	Nurse	Physician Assistant	Pharmacist	Nurse	Physician Assistant	Pharmacist
Georgia				1	2		3		
Massachusetts	1	2		3	4		5		
New York	1			2	4		3		
Oregon	1			2	3		4	3	5
Texas	1,8	2,8	8	3,4	2,3,4		5,6,8	6,8	6,7,8

NOTE: The footnotes begin at 1 within each state.

Prescriptive Practice means the written and oral issuance of any prescription and medication order for prescription and non-prescription drugs. **244 CMR 9.02 (2005) Definitions Standards of Conduct for Nurses**

A nurse practicing in an expanded role includes nurses whose professional activities fall within the following categories: (1) Nurse Midwife (2) Nurse Practitioner (3) Psychiatric Nurse Mental Health Clinical Specialist (4) Nurse Anesthetist (5) Other categories as the board and Board of Registration in Medicine determine from time to time. **244 CMR 4.11 Categories of Nurses Practicing in Expanded Roles (2005).**

(1) All nurses practicing in an expanded role (physician's office, institution or private practice) shall practice in accordance with written guidelines developed in collaboration with and mutually acceptable to the nurse and to: (a) a physician expert by virtue of training or experience in the nurse's area of practice in the case of the nurse in the physician's office and the nurse in private practice; or (b) the appropriate medical staff and nursing administration staff of the institution employing the nurse. **244 CMR 4.22: Development, Approval, and Review of Guidelines for Nurse Midwives, Nurse Practitioners and Nurse Anesthetists**

A nurse authorized to practice as a certified nurse-midwife may . . . issue written prescriptions subject to the provisions of paragraph (g) of section seven of chapter ninety-four C. Any prescription for medication made by a certified nurse-midwife shall include the name of the supervising physician. **ALM GL ch. 112, § 80G (2005) Nurse-Midwives Authorized to Order Certain Tests and Issue Certain Prescriptions.**

A nurse practitioner or psychiatric nurse mental health clinical specialist may issue written prescriptions . . . pursuant to guidelines mutually developed and agreed upon by the nurse and the supervising physician in accordance with regulations promulgated jointly by the board and the board of registration in medicine after consultation with the board of registration in pharmacy. A prescription made by a nurse practitioner or psychiatric nurse mental health clinical specialist shall include the name of the physician with whom such nurse has developed and signed mutually agreed upon guidelines approved by said board and said board of registration in medicine pursuant to section eighty B. **ALM GL ch. 112, § 80E (2005) Nurse Practitioners or Psychiatric Nurse Mental Health Clinical Specialist; Ordering of Therapeutics and Tests; Issuance of Written Prescriptions.**

NOTE 4

Any physician assistant . . . may issue written or oral prescriptions or medication orders for a patient, provided that he or she does so in accordance with all applicable state and federal laws and regulations. . . .

(3) Any prescription or medication order issued by a physician assistant for a Schedule II controlled substance . . . shall be reviewed by his or her supervising physician, or by a temporary supervising physician designated . . . within 96 hours after its issuance.

(4) All physician assistants shall issue prescriptions or medication orders in accordance with written guidelines governing the prescription of medication which are mutually developed and agreed upon by the physician assistant and his or her supervising physician(s). . . .

(5) All prescriptions or medication orders issued by a physician assistant shall be issued in a manner which is consistent with the scope of practice of the physician assistant, the guidelines developed . . . and accepted standards of good medical practice for licensed physicians with respect to prescription practices.

(6) At least four hours of the continuing medical education which a physician assistant is required to obtain . . . as a condition for license renewal shall be in the field of pharmacology and/or pharmacokinetics. **263 CMR 5.07: Prescription Practices of a Physician Assistant**

continued

Table 13: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

STATE	ASSESSMENT OF PATIENT STATUS			EXECUTION OF A PRESCRIPTION			ADMINISTRATION OF MEDICATIONS		
	Nurse	Physician Assistant	Pharmacist	Nurse	Physician Assistant	Pharmacist	Nurse	Physician Assistant	Pharmacist
Georgia				1	2		3		
Massachusetts	1	2		3	4		5		
New York	1			2	4		3		
Oregon	1			2	3		4	3	5
Texas	1,8	2,8	8	3,4	2,3,4		5,6,8	6,8	6,7,8

NOTE: The footnotes begin at 1 within each state.

A physician assistant may . . . issue written prescriptions for patients subject to [state law]. Any prescription of medication made by a physician assistant must include the name of the supervising physician. *112 § 9E. Physician Assistants; Services Which May be Performed Under Supervision; Legal Responsibility of Supervising Person or Agency, etc.*

NOTE 5

Nursing practice involves . . . the administration of medication, therapeutics and treatment prescribed by duly authorized nurses in advanced roles, including certified nurse midwives, nurse practitioners and psychiatric nurse mental health clinical specialists; dentists; physicians; and physician assistants' and the evaluation of responses to care and treatment. *ALM GL ch. 112, § 80B (2005) Practice of Nursing Defined; Advanced Nursing Practice; Standards, Practice of Licensed Practical Nurses.*

(38) Administration of Drugs. A nurse licensed by the Board shall not administer any prescription drug or non-prescription drug to any person in the course of nursing practice except as directed by an authorized prescriber. *244 CMR 9.03(38)* shall not apply where a Registered Nurse authorized by the Board to practice as a nurse anesthetist administers anesthesia or perioperative medications, or both, under guidelines required by *244 CMR 4.25(4)*. *244 CMR 9.03 (2005) Standards of Conduct for Nurses*

Board of Registration in Nursing Advisory Rulings:

It is the responsibility of the licensed nurse [registered and licensed practical nurses] to ensure that there is a proper medication order from a duly authorized prescriber prior to the administration of any prescription or non-prescription medication in accordance with accepted standards of practice and in compliance with the Boards regulations at *244 CMR 9.03 (38)* and assessment of any allergy history. *Verification of Medication Orders. Ruling 9324 (issued 1993, revised 2002)*

A written order, provided and signed by an authorized prescriber, is required in order for an R.N. or L.P.N to administer any vaccine. . . . Nurses shall be directly accountable for the delivery of safe and effective nursing care in the administration of immunizing agents. Parental permission must be obtained in the case of administration to children. *Administration of Immunizing Agents. Ruling 9804 (issued 1998, revised 2000)*

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Table 13: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

STATE	ASSESSMENT OF PATIENT STATUS			EXECUTION OF A PRESCRIPTION			ADMINISTRATION OF MEDICATIONS		
	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>	<i>Nurse</i>	<i>Physician Assistant</i>	<i>Pharmacist</i>
Georgia				1	2		3		
Massachusetts	1	2		3	4		5		
New York	1			2	4		3		
Oregon	1			2	3		4	3	5
Texas	1,8	2,8	8	3,4	2,3,4		5,6,8	6,8	6,7,8

NOTE: The footnotes begin at 1 within each state.

NEW YORK

NOTE 1

(4) Order and Protocol . . . (iii) The protocol, incorporated into the order prescribed in subparagraph (ii) of this paragraph, shall require the registered professional nurse to meet the following requirements:

(a) The registered professional nurse shall ensure that each potential recipient is assessed for untoward conditions that would preclude immunization(s) and each recipient's record of immunization with manufacturer and lot number or a potential recipient's refusal to be immunized shall be documented in accordance with section 29.2(a)(3) of this Title. **8 NYCRR § 64.7 Immunizations, emergency treatment of anaphylaxis, and purified protein derivative (PPD) mantoux tuberculin skin tests pursuant to non-patient specific orders and protocols.**

NOTES 2

3. (b) Prescriptions for . . . immunizing agents may be issued by a nurse practitioner . . . in accordance with the practice agreement and practice protocols. . . .

(g) The provisions of this subdivision **shall not apply to any activity** authorized, pursuant to statute, rule or regulation, to be performed by a registered professional nurse **in a hospital** as defined in article twenty-eight of the public health law. **§ 6902. Definition of practice of nursing.**

4. A certified nurse practitioner may prescribe and order a non-patient specific regimen to a registered professional nurse, pursuant to regulations promulgated by the commissioner . . . and consistent with the public health law, for: (a) administering . . . immunizations. **§ 6909. Special provision.**

(f) Prescriptive privilege. . . . [A] nurse practitioner may be authorized to issue prescriptions pursuant to *section 6902(3)(b) of the Education Law* after completing instruction, satisfactory to the department, in New York State and Federal laws and regulations relating to prescriptions and recordkeeping. **§ 64.4 Nurse practitioner certification.**

Attorney General Opinion: A certified nurse practitioner with the authority to prescribe drugs, including controlled substances, in accordance with the practice agreement and practice protocols between the nurse practitioner and the collaborating physician, is not required to obtain a physician to approve or counter-sign any prescription. The name of the physician is not required to appear on the prescription form. By law, the agreement and protocols set forth the collaborative relationship between the doctor and nurse practitioner. **Formal Opinion No. 92-F2; 1992 N.Y. 2, June 1, 1992.**

NOTES 1, 3

1. The practice of the profession of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual or potential health problems through such services as . . . provision of care supportive to or restorative of life and well-being, and executing medical regimens prescribed by a licensed . . . physician . . . or other licensed health care provider legally authorized under this title and in accordance with the commissioner's regulations. A nursing regimen shall be consistent with and shall not vary any existing medical regimen. . . .

continued

Table 13: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

STATE	ASSESSMENT OF PATIENT STATUS			EXECUTION OF A PRESCRIPTION			ADMINISTRATION OF MEDICATIONS		
	Nurse	Physician Assistant	Pharmacist	Nurse	Physician Assistant	Pharmacist	Nurse	Physician Assistant	Pharmacist
Georgia				1	2		3		
Massachusetts	1	2		3	4		5		
New York	1			2	4		3		
Oregon	1			2	3		4	3	5
Texas	1,8	2,8	8	3,4	2,3,4		5,6,8	6,8	6,7,8

NOTE: The footnotes begin at 1 within each state.

3. (a) The practice of registered professional nursing by a nurse practitioner, certified under section six thousand nine hundred ten of this article, may include the diagnosis of illness and physical conditions and the performance of therapeutic and corrective measures within a specialty area of practice, in collaboration with a licensed physician qualified to collaborate in the specialty involved, provided such services are performed in accordance with a written practice agreement and written practice protocols. The written practice agreement shall include explicit provisions for the resolution of any disagreement between the collaborating physician and the nurse practitioner regarding a matter of diagnosis or treatment that is within the scope of practice of both. To the extent the practice agreement does not so provide, then the collaborating physician's diagnosis or treatment shall prevail. *NY CLS Educ § 6902. Definition of practice of nursing.*

(a) Immunizations. (1) . . . a registered professional nurse shall be authorized to administer immunization agents . . . pursuant to a non-patient specific order and protocol prescribed and ordered by a licensed physician or a certified nurse practitioner . . . and the order and protocol meets the requirements of paragraph (4) of this subdivision.

older, pursuant to a non-patient specific order and protocol prescribed and ordered by a licensed physician or a certified nurse practitioner

(2) Authorized immunization agents.

(i) Adult immunizations. A registered professional nurse . . . shall be authorized to administer the following immunization agents to patients 18 years of age or (ii) Child immunizations. A registered professional nurse . . . who is employed or is acting as an agent for the Visiting Nurses Association or other equivalent organization as determined by the department that is legally authorized to provide nursing services, or for a State, county, municipal or other government agency, shall be authorized to administer the following immunization agents to patients under the age of 18, pursuant to a non-patient specific order and protocol prescribed and ordered by a licensed physician or a certified nurse practitioner that meets the requirements of paragraph (4) of this subdivision. . . .

(iii) Epidemics. . . . [A] registered professional nurse . . . shall be authorized to administer to patients, pursuant to a non-patient specific order and protocol prescribed and ordered by a licensed physician or a nurse practitioner that meets the requirements of paragraph (4) of this subdivision, any immunization agents authorized under such order and protocol to be administered as part of an immunization program maintained, authorized, or under the auspices of the Commissioner of Health, a county commissioner of health, or a county public health director, when such an immunization program is instituted pursuant to an epidemic declared by such official. *8 NYCRR § 64.7 Immunizations, emergency treatment of anaphylaxis, and purified protein derivative (PPD) mantoux tuberculin skin tests pursuant to non-patient specific orders and protocols.*

NOTE 4

(e) Prescriptions and medical orders may be written by a registered physician's assistant as provided in this subdivision when assigned by the supervising physician.

(1) A registered physician's assistant may write a prescription for a patient who is under the care of the physician responsible for the supervision of the registered physician's assistant. . . .

(6) A registered physician's assistant employed or extended privileges by a hospital may, if permissible under the bylaws, rules and regulations of the hospital, write medical orders, including those for controlled substances, for inpatients under the care of the physician responsible for his supervision. In every case, medical orders so written shall be countersigned by the supervising physician within 24 hours, but such countersignature shall not be required prior to the execution of any such order. *10 NYCRR § 94.2 (2005) § 94.2 Supervision and scope of duties*

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Table 13: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

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Massachusetts	1	2		3	4		5		
New York	1			2	4		3		
Oregon	1			2	3		4	3	5
Texas	1,8	2,8	8	3,4	2,3,4		5,6,8	6,8	6,7,8

NOTE: The footnotes begin at 1 within each state.

OREGON

NOTE 1

(8) “Practice of nursing” means diagnosing and treating human responses to actual or potential health problems through such services as identification thereof . . . and providing care supportive to . . . life and well-being. . . . Practice of nursing includes executing medical orders as prescribed by a physician.

ORS § 678.010. Definitions for ORS 678.010 to 678.410.

NOTE 2

(4) A registered nurse, certified as a nurse practitioner, is authorized to prescribe drugs for the use of and administration to other persons if approval has been given under ORS 678.390. The drugs which the nurse practitioner is authorized to prescribe shall be included within the certified nurse practitioner’s scope of practice as defined by rules of the board.

ORS § 678.375 (2003). Nurse practitioners; certificates; prohibitions; authority to sign Death certificates; drug prescriptions.

(1) The Oregon State Board of Nursing may grant to a certified nurse practitioner the privilege of writing prescriptions described in the formulary under [other section of state law].

ORS § 678.390 (2003). Authority of nurse practitioner to write prescriptions or dispense drugs; notice; requirements; revocation; rules.

NOTE 3

(5) A supervising physician, upon the approval of the board and in accordance with the rules established by the board, may delegate to the physician assistant the authority to administer and dispense limited emergency medications and to prescribe medications pursuant to this section and [the state law].

ORS § 677.515 (2003) Medical services rendered by physician assistant.

NOTE 4

(1) In a hospital or long term care facility having a pharmacy and employing a pharmacist, the pharmacy and pharmacist are subject to the requirements of this chapter, except that in a hospital when a pharmacist is not in attendance, pursuant to standing orders of the pharmacist, a registered nurse supervisor on the written order of a person authorized to prescribe a drug may withdraw such drug in such volume or amount as needed for administration to or treatment of an inpatient or outpatient until regular pharmacy services are available in accordance with the rules adopted by the board. However, the State Board of Pharmacy may grant an exception to the requirement for a written order by issuing a special permit authorizing the registered nurse supervisor in a hospital to dispense medication on the oral order of a person authorized to prescribe a drug. . . . (6) A registered nurse who is an employee of a local health department established under the authority of a county or district board of health and registered by the board . . . may, pursuant to the order of a person authorized to prescribe a drug or device, dispense a drug or device to a client of the health department for purposes of . . . prevention or treatment of a communicable disease.

ORS § 689.605 (2003) Authority to dispense drugs from hospital pharmacies, drug rooms and penal institutions; rules.

Attorney General Opinion: Under Section 678.015, registered nurses may administer immunizations when they have been prescribed by a person authorized to practice medicine or other specified healing arts. The physician is not required to be physically present on the premises when the ordered services are performed by a licensed nurse. *No. 6682. 34 Op. Atty Gen. Ore. 900 (1969).* **NOTE: Section 678.015 has been repealed.**

continued

Table 13: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

STATE	ASSESSMENT OF PATIENT STATUS			EXECUTION OF A PRESCRIPTION			ADMINISTRATION OF MEDICATIONS		
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NOTE: The footnotes begin at 1 within each state.

NOTE 5

The practice of pharmacy means . . . the administering of vaccines and immunizations pursuant to ORS 689.645 . . . the responsibility for advising, where necessary or where regulated, of therapeutic values, content, hazards and use of drugs and devices. **ORS § 689.015 (2003) Practice of pharmacy defined.**

(1) In accordance with rules adopted by the State Board of Pharmacy . . . a pharmacist may administer vaccines and immunization only to persons who are more than 18 years of age. **ORS §689.645 (2003) Authority to administer vaccines and immunizations; Immunization Advisory Committee; rules.**

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TEXAS

NOTE 1

(2) . . . Professional nursing involves: (A) the observation, assessment, intervention, evaluation . . . of a person who is ill, injured, infirm, or experiencing a change in normal health processes; (B) the maintenance of health or prevention of illness. *Tex Occ. Code § 301.002 (2004) Definitions*

Attorney General Opinion: Advanced nurse practitioners may assess health status without the supervising physician being physically present.

Opinion No. H-1295, 1978 Tex. AG

NOTE 2. (b) Medical services provided by a physician assistant may include: (1) obtaining patient histories . . . (3) formulating a working diagnosis; (4) developing and implementing a treatment plan . . . (7) offering counseling and education to meet patient needs; . . . (9) signing or completing a prescription as provided by [other sections of the Texas code]. *Tex Occ. Code § 204.202 (2004) Scope of Practice.*

NOTE 3

(c) The administration or provision of the drugs may be delegated through a physician’s order, as standing medical order, a standing delegation order, or another order defined by the Texas State Board of Medical examiners. . . . (e) A practitioner may designate a licensed vocational nurse or a person having education equivalent to or greater than that required for a licensed vocational nurse to communicate the prescriptions of an advanced practice nurse or physician assistant authorized by the practitioner to sign prescription drug orders under [other sections of Texas Code.]

Tex Occ. Code § 563.051 (2004) General Delegation of Administration and Provision of Dangerous Drugs

Attorney General Opinion: A nurse practitioner may not generally provide medications to patients under standing and/or written orders unless the physician has prescribed for the individual patient. *Opinion No. H-1295, 1978 Tex. AG*

Board of Nurse Examiners:

(a) The advanced practice nurse with a valid prescription authorization numbers: (1) shall carry out or sign prescription drug orders for only those drugs that are: (A) authorized by protocols or other written authorization for medical aspects of patient care; and (B) prescribed or patient populations within the accepted scope of professional practice for the advanced practice nurse’s specialty area; and (2) shall comply with the requirements for adequate physician supervision. *Advanced Practice Nurses with Prescriptive Authority §222.4. Minimum Standards for Carrying Out or Signing Prescriptions.*

NOTE 4

(2) “Carrying out or signing a prescription drug order” means completing a prescription drug order presigned by the delegating physician, or the signing of a prescription by a registered nurse or physician assistant after that person has been designated to the board by the delegating physician as a person delegated to sign a prescription. *Tex Occ. Code § 157.051 (2004) Definitions.*

NOTE 5

(2) . . . Professional nursing involves: (C) the administration of a medication or treatment as ordered by a physician. *Tex Occ. Code § 301.002 (2004) Definitions.*

continued

Table 13: HOW STATE LEGAL AUTHORITIES ADDRESS ASSESSMENT, PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS BY NON-PHYSICIANS

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NOTE: The footnotes begin at 1 within each state.

NOTE 6

(b) A physician may delegate to any qualified and properly trained person acting under the physician’s supervision the act of administering or providing dangerous drugs in the physician’s office, as ordered by the physician, that are used or required to meet the immediate needs of the physician’s patients. The administration or provision of the dangerous drugs must be performed in compliance with laws relating to the practice of medicine and state and federal laws relating to those dangerous drugs. (c) A physician may also delegate to any qualified and properly trained person acting under the physician’s supervision the act of administering or providing dangerous drugs through a facility licensed by the Texas State Board of Pharmacy, as ordered by the physician, that are used or required to meet the immediate needs of the physician’s patients. The administration of those dangerous drugs must be in compliance with laws relating to the practice of medicine, professional nursing, and pharmacy and state and federal drug laws. . . . (d) In the provision of services and the administration of therapy by public health departments, as officially prescribed by the Texas Department of Health for the prevention or treatment of specific communicable diseases of health conditions for which the Texas Department of Health is responsible for control under state law, a physician may delegate to any qualified and properly trained person acting under the physician’s supervision the act of administering or providing dangerous drugs, as ordered by the physician, that are used or required to meet the needs of the patients. The provision of those dangerous drugs must be in compliance with laws relating to the practice of medicine, professional nursing, and pharmacy. An order for the prevention or treatment of specific communicable disease or health condition for which the Texas Department of Health is responsible for control under state law may not be inconsistent with this chapter and may not be used to perform an act of duty that requires the exercise of independent medical judgment. (e) The administration or provision of the drugs may be delegated through a physician’s order, a standing medical order, a standing delegation order, or another order defined by the board.

Tex Occ. Code § 157.002 (2004) General Delegation of Administration and Provision Of Dangerous Drugs.

NOTE 7

(a) The board shall specify conditions under which a pharmacist may administer medication, including an immunization and vaccination. . . . (6) the pharmacist administers an immunization or vaccination under a physician’s written protocol and meets the standards established by the board; and (7) the authority of a pharmacist to administer medication may not be delegated. *Tex Occ. Code § 554.004 (2004) Administration of Medication.*

NOTE 8

Attorney General Opinion: Vaccines may be administered by a qualified non-physician even though his supervising doctor has not made an individual determination as to each person’s need for the vaccine, providing the recipient is free of any condition for which the immunization is contraindicated. No provision is made for prescription for individual patients. The non-physician has not engaged in the practice of medicine, has not diagnosed or treated any disorder, physical deformity, or injury. The immunization is given to a healthy person, to prevent him from getting a disease. A non-physician may determine that a person is free from conditions for which vaccine is contraindicated, if he can obtain that information by questioning the person without having to diagnose any illness himself. A non-physician could administer vaccine in compliance with the Dangerous Drug Act if he did so as the agent or employee of a physician in his practice or in the performance of official duties.

Opinion No. MW-318, 1981 Tex. AG Delegation of medical acts by means of standing orders

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SOURCE: GWU/SPHHS Review of Standing Orders - Spring 2005