

**Brazos Valley Community Action Agency  
HealthPoint Clinics**

**Advanced Practice Professional (APP)  
Prescriptive Authority / Collaborative Practice Agreement**

Name and Credentials: \_\_\_\_\_

Date: \_\_\_\_\_

Practice Information: (indicate clinical practice setting and practice address)

Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

Hospital Based: \_\_\_\_\_

Clinic: \_\_\_\_\_

**APP Scope of Practice**

The health care services the APP (Advance Practice Professional defined as an NP or PA) is authorized to provide include, but not limited to, performing delegated medical acts which include obtaining medical histories and performing physical examinations; ordering, performing (if applicable), and interpreting diagnostic and therapeutic procedures; establishing diagnoses; developing and implementing a treatment plan; evaluating and managing acute and/or chronic illnesses and diseases; ordering and prescribing dangerous drugs, controlled substances, and devices; monitoring the effectiveness of therapeutic interventions; offering counseling and education to meet patient needs; making appropriate referrals; ordering services, including those that may be reimbursed by Texas Medicaid, CHIP, or Early Childhood Intervention; referring to other health care provider; providing health promotion and safety instructions; and signing a prescription or completing necessary documents for a disabled parking placard. The foregoing is based on the APP's scope of practice and population focus area, exercise of professional judgment commensurate with the APP's education and expertise, and professional relationship with the undersigned authorizing/delegating physician.

**Physician Delegation of Authority to APP to Order and Prescribe  
Dangerous Drugs, Controlled Substances and Devices**

The APP may order and prescribe the following drugs and devices, as authorized by the Texas Medical Board Rules, Texas State Board of Physician Assistant Examiner Rules, and the Texas Board of Nursing Rules, if applicable, and all other law, within the APP's scope of practice; (Check all that apply.)

**Nonprescription, Dangerous Drugs, and Devices**

The APP may order and prescribe nonprescription drugs, all categories of dangerous drugs, and medical devices that are within the APP's scope of practice. With the exception of controlled substances, the APP may authorize refills for up to 1 year. Instructions to patients and follow-up on medications are those that would be standard for the drug(s)

### **Controlled Substances, Schedules III – V:**

- a. Limited to a 90-day supply or less.
- b. Additional refills may be authorized after consultation with the physician. Consultation must be noted in the chart.
- c. No prescription for children under 2 years of age without prior consultation with the physician. Consultation must be noted in the chart.

### **Person who may call prescriptions as directed by APP**

The physician designates any licensed vocational nurse, registered nurse or certified medical assistant, or others, working at the practice location(s) listed above as a person who may call a prescription into a pharmacy on behalf of the undersigned APP.

### **EXCEPTIONS TO APP ORDERING AND PRESCRIBING DANGEROUS DRUGS, CONTROLLED SUBSTANCES AND DEVICES.**

None (except as set forth above)

Yes, as specified: \_\_\_\_\_

### **ADDRESSING CONSULTATION AND REFERRAL**

The APP will seek physician consultation when indicated. Consultations and referrals will be made based on patient condition, availability of appropriate consultants and services, as indicated.

Additional comments, if applicable: \_\_\_\_\_

### **ADDRESSING PATIENT EMERGENCIES**

During patient emergencies, the APP and other members of the patient's health care team, if indicated, will make reasonable efforts to provide appropriate patient care commensurate with their training, experience and level of expertise. 911 emergency services and other emergency resources should be utilized as appropriate.

Additional comments, if applicable: \_\_\_\_\_

### **COMMUNICATION AND SHARING OF INFORMATION**

The undersigned authorizing/delegating physician, and alternate physician when indicated, is expected to be available in person or by telephone or electronic communication. The general process for communication and sharing of information between the undersigned authorizing/delegating physician and the APP shall involve ongoing and open communication relating to patient care, patient condition and practice issues as appropriate.

Additional comments, if applicable: \_\_\_\_\_

## **ALTERNATE PHYSICIAN SUPERVISION**

The undersigned alternate physician is designated as an “Alternate Physician” who may provide appropriate supervision on a temporary basis in accordance with the terms set forth in this Agreement. The Alternate Physician may also participate in prescriptive authority quality assurance and improvement plan meetings.

## **PRESCRIPTIVE AUTHORITY QUALITY ASSURANCE AND IMPROVEMENT PLAN**

The Quality Assurance and Improvement Plan includes chart review with the number of charts reviewed to be determined by the APP and the undersigned authorizing/delegating physician. The quality assurance improvement meetings will be held to share any related issues identified as part of chart review, information related to patient treatment and care, changes needed in patient care plans, issues related to referrals, and/or patient care improvement.

- Frequency and method of periodic meetings between the authorizing/delegating physician and the APP must occur, at a minimum, and be documented as set forth below in HB 406.
- Records of the QAI meetings will be maintained at the APP’s primary clinic location. (See, Prescriptive Authority Quality Assurance and Improvement Record.)

As

**Date of APP’s Initial Prescriptive Authority Agreement executed with the undersigned Authorizing/Delegating Physician:** \_\_\_\_\_

### **Until the 3<sup>rd</sup> (annual) anniversary date the Agreement is executed:**

- Monthly face-to-face meetings
- Completion of 1<sup>st</sup> year anniversary of PAA with delegating physician
- Completion of 2<sup>nd</sup> year anniversary of PAA with delegating physician
- Completion of 3<sup>rd</sup> year anniversary of PAA with delegating physician

### **After the 3<sup>rd</sup> (annual) anniversary date the Agreement is executed:**

- Quarterly face-to-face meetings; and
- Monthly meetings between quarterly meetings via remote electronic communications system.

**If during 7 years preceding date the Agreement is executed, the APP for at least 5 years was in practice that included exercise of prescriptive authority with required physician supervision:**

### **Until the 1<sup>st</sup> (annual) anniversary date the Agreement is executed:**

- Monthly face-to-face meetings

1<sup>st</sup> anniversary date occurs on:

### **After the 1<sup>st</sup> anniversary date the Agreement is executed:**

- At least quarterly face-to-face meetings; and
- Monthly meetings between quarterly meetings via remote electronic communications system.
- 1<sup>st</sup> Anniversary Date

