

**RULES
OF
THE TENNESSEE BOARD OF NURSING**

**CHAPTER 1000-04
ADVANCED PRACTICE REGISTERED NURSES**

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1000-04-.01 STANDARDS OF ADVANCED PRACTICE REGISTERED NURSES.

- (1) The Advanced Practice Registered Nurse shall comply with the standards for registered nurses as specified in 1000-03 and with the standards of the advanced practice registered nurse's national specialty certifying body. Standards for a specific role/category and population focus of advanced practice registered nurses supersede standards for registered nurses where conflict between the standards, if any, exists.
- (2) Advanced Practice Registered Nurses shall practice within standards established by the Board in rule and assure patient care is provided according to the statewide standard of care recognized by the Board.

Authority: T.C.A. §§ 63-1-122, 63-7-103, 63-7-123, 63-7-126 and 63-7-207. **Administrative History:** Original rule filed April 5, 1982; effective May 20, 1982. Amendment filed November 4, 1985; effective December 4, 1985. Amendment filed December 30, 1994; effective March 18, 1995. Amendment filed June 26, 1997; effective September 8, 1997. Amendment filed March 25, 1999; effective June 8, 1999. Amendment filed October 26, 1999; effective January 9, 2000. Repeal and new rule filed May 28, 2004; effective August 11, 2004. Repeal and new rules filed July 10, 2024; effective October 8, 2024.

1000-04-.02 PURPOSE AND SCOPE.

- (1) Tennessee Code Annotated § 63-7-126 requires nurse practitioners, nurse anesthetists, nurse midwives, and clinical nurse specialists meeting certain qualifications to apply to the Board for a certificate to practice as an advanced practice registered nurse including authorization to use the title "Advanced Practice Registered Nurse" or the abbreviation "APRN." These rules implement this process and set forth the requirements for a registered nurse to obtain an advanced practice registered nurse certificate.
- (2) Certification by the Board as an advanced practice registered nurse will authorize such person to represent oneself as an advanced practice registered nurse under the appropriate category of nurse practitioner, nurse anesthetist, nurse midwife or clinical nurse specialist in one of the following population foci: family/individual across the lifespan, adult-gerontology, neonatal, pediatrics, women's health/gender-related or psychiatric/mental health.

Each advanced practice registered nurse shall use the title "Advanced Practice Registered Nurse" or the abbreviation "APRN" plus category/role title as a minimum for purposes of identification and documentation. In addition, an advanced practice registered nurse may use letters or words indicating the nurse's population focus.

(Rule 1000-04-.02, continued)

- (3) T.C.A. §§ 63-7-101, et seq., require a certificate of fitness for an advanced practice registered nurse to perform acts of medical diagnosis, develop a medical plan of care and therapeutics for a patient, prescribe or issue legend drugs, and prescribe other treatments. These rules set forth the requirements a nurse must meet to obtain a certificate of fitness.

Authority: T.C.A. §§ 63-7-123, 63-7-126, and 63-7-207. **Administrative History:** Original rule filed April 5, 1982; effective May 20, 1982. Amendment filed November 4, 1985; effective December 4, 1985. Amendment filed December 30, 1994; effective March 18, 1995. Repeal and new rule filed May 28, 2004; effective August 11, 2004. Repeal and new rules filed July 10, 2024; effective October 8, 2024.

1000-04-.03 ADVANCED PRACTICE REGISTERED NURSE CERTIFICATE. To be issued a certificate as an advanced practice registered nurse with privileges to hold oneself out as an Advanced Practice Registered Nurse (APRN), the applicant must meet all of the following requirements:

- (1) Has a current, unencumbered license as a registered nurse under T.C.A. Title 63, Chapter 7, or current unencumbered licensure as a registered nurse with the multistate licensure privilege to practice in Tennessee;
- (2) Has completed preparation in advanced practice nursing at the post-basic professional nursing level and holds a master's degree or higher in a nursing specialty. A master's degree or higher in a nursing specialty is not required if:
 - (a) National certification in a nursing specialty and licensure in Tennessee as a registered nurse was obtained prior to July 1, 2005; or
 - (b) National certification in a nursing specialty and licensure as a registered nurse with the multistate licensure privilege to practice in Tennessee was obtained prior to July 1, 2005; and
- (3) Has a current national specialty certification in the appropriate nursing specialty area from a certifying body approved by the Board.
- (4) However, notwithstanding the previous requirements, a nurse anesthetist shall be eligible for a certificate to practice as an advanced practice registered nurse if the nurse anesthetist graduated prior to January 1, 1999, from a nurse anesthesia educational program approved by the American Association of Nurse Anesthetists Council on Accreditation.

Authority: T.C.A. §§ 63-7-103, 63-7-123, 63-7-126, and 63-7-207. **Administrative History:** Original rule filed April 5, 1982; effective May 20, 1982. Amendment filed February 14, 1984; effective March 15, 1984. Amendment filed November 4, 1985; effective December 4, 1985. Amendment filed August 7, 1992; effective September 21, 1992. Amendment filed February 21, 1996; effective May 6, 1996. Amendment filed March 25, 1999; effective June 8, 1999. Repeal and new rule filed May 28, 2004; effective August 11, 2004. Amendment filed December 16, 2005; effective March 1, 2006. Repeal and new rules filed July 10, 2024; effective October 8, 2024.

1000-04-.04 CERTIFICATE OF FITNESS.

- (1) An active certificate of fitness issued by the Tennessee Board of Nursing, pursuant to T.C.A. § 63-7-123, will authorize an advanced practice registered nurse to perform acts of medical diagnosis, develop a medical plan of care and therapeutics for a patient, prescribe or issue drugs, and prescribe other treatments.
- (2) In order to be issued a certificate of fitness, an applicant must meet all of the following requirements:

(Rule 1000-04-.04, continued)

- (a) A current, unencumbered license as a registered nurse under T.C.A. Title 63, Chapter 7, or a current license as a registered nurse with the multistate licensure privilege to practice in Tennessee;
 - (b) A current, unencumbered certificate as an advanced practice registered nurse or eligibility to obtain an advanced practice registered nurse certificate;
 - (c) Preparation in specialized practitioner skills at the master's, post-master's, doctoral, or post-doctoral level, including, but not limited to, at least three (3) quarter hours of pharmacology instruction or its equivalent;
 - (d) A current national certification in the appropriate nursing specialty area from a certifying body approved by the Board; and
 - (e) Graduation from a program conferring a master's or doctoral degree in nursing in an advanced nursing specialty (population focus) and category/role recognized by the Board.
- (3) Those advanced practice registered nurses who possess an active certificate of fitness pursuant to T.C.A. § 63-7-123(b)(2) shall maintain their Drug Enforcement Administration registration certificate to prescribe controlled substances at their practice location to be inspected by the Board or its authorized representative.
- (4) An advanced practice registered nurse who possesses a certificate of fitness and prescribes shall, prior to prescribing, file a notice with the Board containing:
- (a) The nurse's full name;
 - (b) A copy of the formulary describing the categories of legend drugs to be prescribed and/or issued by the nurse; and
 - (c) The name of the licensed physician collaborating with the nurse who has control and responsibility for prescriptive services rendered by the nurse.
- (5) An advanced practice registered nurse who possesses a certificate of fitness and intends to prescribe shall promptly file updates with the Board to any information required by paragraph (4) of this rule, and shall not prescribe prior to filing such updated information.
- (6) An advanced practice registered nurse who possesses a certificate of fitness and prescribes must have a collaborating physician who complies with Board of Medical Examiners Rule Chapter 0880-06 or Board of Osteopathic Examiners Rule 1050-02-.15, which were jointly adopted by the boards. The advanced practice registered nurse is responsible for ensuring the collaborating physician has access to all records and locations necessary for the collaborating physician to comply with the rules.

Authority: T.C.A. §§ 63-7-105, 63-7-123, 63-7-126, 63-7-207, and 63-7-401, et seq. **Administrative History:** Original rule filed March 11, 1993; effective April 25, 1993. Amendment filed February 21, 1996; effective May 6, 1996. Repeal and new rule filed May 28, 2004; effective August 11, 2004. Repeal and new rules filed July 10, 2024; effective October 8, 2024.

1000-04-.05 RENEWAL OF CERTIFICATE. All advanced practice registered nurses must biennially renew their Tennessee Advanced Practice Registered Nurse certificate. They must also either biennially renew their Tennessee registered nurse license or maintain their license as a registered nurse with the multistate licensure privilege to practice in Tennessee.

(Rule 1000-04-.05, continued)

Authority: T.C.A. §§ 63-7-105, 63-7-114, 63-7-123, 63-7-126, 63-7-207, and 63-7-401, et seq.

Administrative History: Original rule filed October 26, 1999; effective January 9, 2000. Repeal filed March 9, 2001; effective May 23, 2001. New rule filed May 28, 2004; effective August 11, 2004. Repeal filed December 16, 2005; effective March 1, 2006. Amendment filed December 20, 2012; effective March 20, 2013. Amendment filed March 24, 2015; effective June 22, 2015. Repeal and new rules filed July 10, 2024; effective October 8, 2024.

1000-04-.06 PROCESSING OF APPLICATIONS. A nurse seeking to practice, pursuant to T.C.A. § 63-7-126 and this Chapter, as an Advanced Practice Registered Nurse with or without privileges to write and sign prescriptions and/or issue legend drugs, shall request an application from the Board or shall download an application from the Internet, and subsequently submit the completed application to the Board along with the documentation required by Rule 1000-04-.03 and the applicable fee(s) as required by Rule 1000-01-.02. After review, the Board will attempt to notify the applicant at the email address or phone number on the application if:

- (1) The application is incomplete or more information is required.
- (2) The application is denied (including the reasons for denial).
- (3) The application is approved and, if applicable, that a certificate of fitness with an identifying number has been forwarded to the Director of the Division of Health Related Boards to be filed and recorded.

Authority: T.C.A. §§ 63-7-123, 63-7-126, and 63-7-207. **Administrative History:** Original rule filed May 28, 2004; effective August 11, 2004. Amendment filed November 4, 2006; effective January 18, 2006. Amendment filed December 16, 2005; effective March 1, 2006. Amendments filed May 7, 2019; effective August 5, 2019. Repeal and new rules filed July 10, 2024; effective October 8, 2024.

1000-04-.07 TREATMENT OF PAIN. The purpose of this rule is to recognize that some controlled substances are appropriate for the treatment of pain and are useful for relieving and controlling many other related symptoms that patients may suffer. It is the position of the Board that these drugs may be prescribed for the treatment of pain and other related symptoms after a reasonably based diagnosis has been made, in appropriate doses, and for appropriate lengths of time. The Board recognizes that pain and many other related symptoms are subjective complaints and that the appropriateness and the adequacy of drug and dose will vary from individual to individual. The advanced practice registered nurse, who possesses a certificate of fitness issued by the Board and possesses a Drug Enforcement Administration (DEA) registration certificate to prescribe controlled substances, is expected to exercise sound judgment in treating pain and related symptoms with controlled substances. The Board will use the statewide standard of care and the following guidelines to determine whether an advanced practice registered nurse's conduct violates T.C.A. § 63-7-115(a)(1)(C) and (F) in regard to the prescribing, administering, ordering, or dispensing of pain medications and other drugs necessary to address their side effects:

- (1) The treatment of pain with controlled substances serves a legitimate purpose when done in the usual course of professional practice;
- (2) An Advanced Practice Registered Nurse duly authorized to practice in Tennessee and to prescribe controlled substances in this state shall not be subject to disciplinary action by the Board for prescribing, ordering, administering, or dispensing controlled substances for the treatment and relief of pain in the usual course of professional practice for a legitimate purpose in compliance with applicable state and federal law;
- (3) Prescribing, ordering, administering, or dispensing controlled substances for pain will be considered to be for a legitimate purpose if based upon accepted scientific knowledge of the treatment of pain not in contravention of applicable state or federal law, and if prescribed,

(Rule 1000-04-.07, continued)

ordered, administered, or dispensed in compliance with the following guidelines where appropriate and as is necessary to meet the individual needs of the patient:

- (a) The record shall include a documented medical history and physical examination by the advanced practice registered nurse who possesses a certificate of fitness and a DEA registration certificate and is providing the medication. Historical data shall include pain history, any pertinent evaluations by another provider, history of and potential for substance abuse, pertinent coexisting diseases and conditions, psychological functions and the presence of a recognized medical indication for the use of a controlled substance;
 - (b) A written treatment plan tailored for individual needs of the patient shall include objectives such as pain relief and/or improved physical and psychosocial function, and shall consider need for further testing, consultations, referrals, or use of other treatment modalities dependent on patient response;
 - (c) The advanced practice registered nurse who possesses a certificate of fitness and a DEA registration certificate shall discuss the risks and benefits of the use of controlled substances with the patient or guardian;
 - (d) At each periodic interval in which the advanced practice registered nurse, who possesses a certificate of fitness and a DEA registration certificate and is providing care, evaluates the patient for continuation or change of medications, the patient record shall include progress toward reaching treatment objectives, any new information about the etiology of the pain, and an update on the treatment plan.
- (4) An Advanced Practice Registered Nurse with a certificate of fitness to prescribe who treats chronic pain shall follow the Tennessee Chronic Pain Guidelines.
- (a) In determining the need for any disciplinary action in regard to the advanced practice registered nurse who possesses a certificate of fitness and a DEA registration certificate, each case of prescribing for chronic pain will be evaluated on an individual basis as to whether the nurse is prescribing and practicing in a manner consistent with public health and welfare. The Board will evaluate for proper documentation, therapeutic prescribing in a manner using drugs that are recognized to be appropriate pharmacologically for the diagnosis, treatment outcomes including improvement in functioning, and recognition that some types of pain cannot be completely relieved.
 - (b) The quantity of pharmaceuticals prescribed and the chronicity of prescribing will be evaluated on the basis of the documented appropriate diagnosis and treatment of the recognized medical indication, documented persistence of the recognized medical indication, and properly documented follow-up evaluation with appropriate continuing care as set out in this rule.

Authority: T.C.A. §§ 53-11-301, 63-7-115, 63-7-123, 63-7-126, and 63-7-207. **Administrative History:** Original rule filed May 28, 2004; effective August 11, 2004. Repeal and new rules filed July 10, 2024; effective October 8, 2024.

1000-04-.08 PREREQUISITES TO PRESCRIBING OR DISPENSING MEDICATIONS.

- (1) Except as provided in paragraph (2), it shall be a prima facie violation of T.C.A. § 63-7-115(a)(1)(C) and (F) for an Advanced Practice Registered Nurse, having proper authority to prescribe, to prescribe or dispense any drug to any individual, whether in person or by electronic means or over the Internet or over telephone lines, unless the advanced practice registered nurse with proper authority to prescribe or the advanced practice registered nurse's licensed supervisee, consistent with the supervisee's scope of practice, and pursuant

(Rule 1000-04-.08, continued)

to appropriate protocols or orders, has completed and appropriately documented, for the person to whom a prescription is to be issued or drugs dispensed, all of the following:

- (a) Performed an appropriate history and physical examination; and
 - (b) Made a diagnosis based upon the examination and all diagnostic and laboratory tests consistent with good health care; and
 - (c) Formulated a therapeutic plan, and discussed it, along with the basis for it and the risks and benefits of various treatment options, a part of which might be the prescription or dispensed drug, with the patient; and
 - (d) Insured availability of the advanced practice registered nurse with proper authority to prescribe, or coverage for the patient for appropriate follow-up care.
- (2) An advanced practice registered nurse having proper authority to prescribe may prescribe or dispense drugs for a person not in compliance with paragraph (1) consistent with sound judgment, examples of which are as follows:
- (a) In admission orders for a newly hospitalized patient; or
 - (b) For a patient of a physician, physician assistant, or of an advanced practice registered nurse with proper authority to prescribe for whom the prescriber is taking calls or for whom the prescriber has verified the appropriateness of the medication; or
 - (c) For continuation medications on a short-term basis for a new patient prior to the patient's first appointment; or
 - (d) For established patients who, based on sound practices, the advanced practice registered nurse having proper authority to prescribe, believes do not require a new physical examination before issuing new prescriptions.
- (3) Except as provided in paragraph (2), it shall be a prima facie violation of T.C.A. § 63-7-115 (a)(1)(C) and (F) for an advanced practice registered nurse having proper authority to prescribe, to prescribe or dispense any drug to any individual for whom the advanced practice registered nurse with proper authority to prescribe has not complied with the provisions of this rule based solely on answers to a set of questions, regardless of whether the prescription is issued directly to the person or electronically over the Internet or telephone lines.
- (4) Advanced practice registered nurses having proper authority to prescribe, who elect to dispense medication must comply with all Federal Regulations for the dispensing of controlled substances.
- (5) Non-controlled drugs are to be dispensed in an appropriate container labeled with at least the following:
- (a) Patient's name.
 - (b) Date.
 - (c) Complete directions for usage.
 - (d) The name and address of the advanced practice registered nurse having proper authority to prescribe.

(Rule 1000-04-.08, continued)

- (e) A unique number, and the name and strength of the medication.
- (6) Whenever dispensing takes place, appropriate records shall be maintained. A separate log must be maintained for controlled substances dispensing.
- (7) Whenever prescribing takes place, written or electronic prescription orders shall be prepared pursuant to T.C.A. § 63-7-123(b)(3).
- (8) It is not the intention of this rule to interfere with individual advanced practice registered nurses' appropriate use of professional samples when they have proper authority to prescribe, nor is it to interfere in any way with the rights of advanced practice registered nurses, who have proper authority to prescribe, to directly administer drugs or medications to any patient.

Authority: T.C.A. §§ 4-5-202, 4-5-204, 53-11-301, 63-7-115, 63-7-123, 63-7-126, and 63-7-207.

Administrative History: Original rule filed October 18, 2004; effective January 1, 2005. Repeal and new rules filed July 10, 2024; effective October 8, 2024.

1000-04-.09 MINIMUM DISCIPLINE FOR OPIOID PRESCRIBING.

- (1) If the Board finds that its licensee has prescribed, dispensed, or administered opioids in a manner that violates the Board's statutes or rules (for example, by prescribing in a manner that constitutes gross healthcare liability or a pattern of continued or repeated health care liability, ignorance, negligence or incompetence), the Board shall make a finding that the licensee engaged in a significant deviation or pattern of deviation from sound medical judgment. For purposes of such a finding, sound medical judgment is the equivalent to the standard of care as defined in T.C.A. § 63-1-122.
- (2) Having made such a finding, the minimum discipline that the Board assesses shall include the following:
 - (a) Reprimand;
 - (b) Successful completion of a Board approved intensive continuing education course or program regarding treatment with opioids;
 - (c) A restriction against prescribing opioids for at least six (6) months, and until successful completion of the required continuing education;
 - (d) One or more Type A civil penalties;
 - (e) Proof to the licensee's Board that they have notified any physicians, podiatrists, advanced practice registered nurses, or physician assistants with whom they collaborate of the discipline; and
 - (f) Where the licensee is a physician or podiatrist, a restriction against collaborating with any advanced practice registered nurses or physician assistants for issuing opioids during the period in which the licensee is restricted from prescribing opioids.
- (3) The prescribing boards and committee recognize that a higher level of minimum discipline is required for those licensees who have been disciplined for opioid-related prescribing violations but continue to violate the standard of care. As set out in paragraph (1) of this rule, the following findings are synonymous, though the boards or committee may have used one or more sets of language to describe a violation. If a licensee commits an order violation in which the prior order contains one or more of the following findings, the licensee has committed an opioid-related order violation for purposes of paragraph (5) of this rule:

(Rule 1000-04-.09, continued)

- (a) That the licensee had prescribed, dispensed, or administered opioids in a manner that constituted gross healthcare liability or a pattern of continued or repeated health care liability, ignorance, negligence or incompetence;
 - (b) That the licensee engaged in a significant deviation or pattern of deviation from sound medical judgment related to the issuance of opioids;
 - (c) That the standard of care related to the issuance of opioids was violated;
 - (d) That the licensee had dispensed, prescribed or administered opioids not in the course of professional practice, or not in good faith to relieve pain and suffering or not to cure an ailment, physical infirmity or disease;
 - (e) That the licensee was unfit or incompetent by reason of negligence, habits or other cause related to the licensee's prescribing or issuance of opioids; or
 - (f) That the licensee violated the rules of the licensing entity with regard to prescribing or issuance of opioids.
- (4) If within one (1) year from the date a licensee's opioid-prescribing privileges are reinstated, having been restricted by an opioid-related order, that licensee's board or committee finds that, during that year the licensee had prescribed, dispensed, or administered opioids in a manner that violates the Board's statutes or rules (for example, by prescribing in a manner that constitutes gross healthcare liability or a pattern of continued or repeated health care liability, ignorance, negligence or incompetence), the Board shall make a finding that the licensee re-engaged in a significant deviation or pattern of deviation from sound medical judgment such that they are a repeat offender. For purposes of such a finding, sound medical judgment is the equivalent to the standard of care as defined in T.C.A. § 63-1-122.
- (5) If the licensee commits an opioid-related order violation within one year of the opioid-related order, or if the licensee is found to be a repeat offender, the minimum discipline that the Board assesses shall include the following:
- (a) Probation;
 - (b) Successful completion of a practice monitoring program which shall include at a minimum:
 - 1. Board approval of the monitor or monitoring program;
 - 2. Quarterly reports to the Board which include the practice monitor's findings with regard to the licensee's:
 - (i) Non-opioid prescribing practices;
 - (ii) Medical recordkeeping;
 - (iii) Pain management;
 - (iv) Opioid treatment practices—where the practice monitoring is longer than the restriction against prescribing opioids; and
 - (v) Compliance with the practice monitor's recommendations, including completion of any additional education recommended by the practice monitor;

(Rule 1000-04-.09, continued)

- (c) A restriction against prescribing opioids for twice the amount of time that was assessed in the initial Board order, and for no less than one (1) year;
 - (d) One or more Type A civil penalties totaling at least twice the amount that was assessed in the initial Board order;
 - (e) Proof to the licensee's board or committee that they have notified any physicians, podiatrists, advanced practice registered nurses, or physician assistants with whom they collaborate of the discipline; and
 - (f) Where the licensee is a physician or podiatrist, a restriction against collaborating with any advanced practice registered nurses or physician assistants during the period in which the licensee is restricted from prescribing opioids.
- (6) Nothing in this rule shall prohibit the Board from taking action in excess of the minimum disciplinary action outlined herein. Each case shall be judged independently and may result in additional discipline including other restrictions or a higher level of discipline, including revocation, where appropriate. Further, nothing in this rule shall prohibit the Board from taking disciplinary action against a licensee based on a finding that the licensee violated the practice act in manners additional to those outlined in paragraph (1) above, suggesting a need for a higher level of discipline.

Authority: T.C.A. § 63-7-207. **Administrative History:** Original rule filed March 21, 2005; effective June 4, 2005. Repeal and new rules filed July 10, 2024; effective October 8, 2024.

1000-04-.10 TAMPER-RESISTANT PRESCRIPTIONS.

- (1) Purpose.

This rule is designed to implement the law requiring that advanced practice registered nurses who possess certificates of fitness have all written, typed, or computer-generated prescriptions issued on tamper-resistant prescription paper.
- (2) Tamper-Resistant Prescription Requirements.
 - (a) A prescriber shall ensure that all handwritten, typed, or computer-generated prescription orders are issued on tamper-resistant prescriptions. Tamper-resistant prescriptions shall contain the following features:
 - 1. Either a void or illegal pantograph or a watermark designed to prevent copying;
 - 2. Either quantity check-off boxes with refill indicators or a uniform, non-white background color designed to prevent erasure or modification; and
 - 3. Security features and descriptions listed on the prescriptions designed to prevent use of counterfeit forms.
- (3) Security Measures and Recordkeeping.
 - (a) Each prescriber shall undertake adequate safeguards and security measures to ensure against loss, improper destruction, theft, or unauthorized use of the tamper-resistant prescriptions in the prescriber's possession.
- (4) Use of Tamper-Resistant Prescriptions.

(Rule 1000-04-.10, continued)

(a) Facsimile Prescription Transmission.

1. Prescriptions sent by facsimile transmission are not required to be placed on tamper-resistant prescription paper.
2. If a prescriber transmits a prescription order to a pharmacy by facsimile transmission, the prescriber or someone designated by the prescriber shall document in the patient's medical record the name of the drug, strength, and quantity prescribed. The prescriber may, but is not required to, document the means by which the prescription was transmitted.

(b) Electronic Prescription Transmission.

1. Prescriptions sent by electronic transmission are not required to be placed on tamper-resistant prescription paper.
2. If a prescriber transmits a prescription order to a pharmacy by electronic transmission, the prescriber shall document the prescription in the patient's file and in accordance with the applicable laws and rules for each of the prescribers' respective professions as well as applicable federal laws and rules. The prescriber may, but is not required to, document the means by which the prescription was transmitted.

Authority: T.C.A. §§ 53-10-401, 63-7-123, and 63-7-207. **Administrative History:** Public necessity rule filed June 25, 2009; effective through December 7, 2009. Public necessity rule filed June 25, 2009 expired; on December 8, 2009, the rule reverted to its prior status. Emergency rule filed December 21, 2009; effective through June 19, 2010. Original rule filed March 22, 2010; effective June 20, 2010. Repeal and new rules filed July 10, 2024; effective October 8, 2024.

1000-04-.11 SCOPE OF PRACTICE. Practice as an Advanced Practice Registered Nurse means an expanded scope of nursing and includes the registered nurse scope of practice. The scope of an advanced practice registered nurse with a certificate of fitness includes, but is not limited to, performing acts of medical diagnosis, the development of a medical plan of care and therapeutics for a patient, prescribing medication, treatments, medical equipment, tests, procedures, and dispensing.

Authority: T.C.A. §§ 63-7-103, 63-7-123, 63-7-126, and 63-7-207. **Administrative History:** Emergency rule filed March 29, 2019; effective through September 25, 2019. Original rule filed May 14, 2019; effective August 12, 2019. Repeal and new rules filed July 10, 2024; effective October 8, 2024.

1000-04-.12 MEDICAL RECORDS.

(1) Purposes - The purposes of this rule are:

- (a) To recognize that medical records are an integral part of the practice of nursing as defined in T.C.A. §§ 63-7-101, et seq.
- (b) To give advanced practice registered nurses, their professional and non-professional staff, and the public direction about the content, transfer, retention, and destruction of those records.
- (c) To recognize that a distinction exists between an advanced practice registered nurse's medical records for a patient receiving services in an office and those records created by the advanced practice registered nurse for that patient for purposes of services provided in a hospital as defined by T.C.A. § 68-11-302(4) and that the distinction exists regardless of the fact that the advanced practice registered nurse may also be an employee of the hospital or of a group practice employed or owned by the hospital.

(Rule 1000-04-.12, continued)

- (2) Conflicts - As to medical records, this rule should be read in conjunction with the provisions of T.C.A. §§ 63-2-101 and 102, and is not intended to conflict with those statutes in any way. Those statutes, along with this rule, govern the subjects that they cover in the absence of other controlling state or federal statutes or rules to the contrary.
- (3) Applicability - This rule regarding medical records shall apply only to those records, the information for which was obtained by advanced practice registered nurses or their professionally licensed employees, or those over whom they exercise supervision, for purposes of services provided in any clinical setting other than those provided in a hospital as defined by T.C.A. § 68-11-302(4), a hospital emergency room or hospital outpatient facility.
- (4) Medical Records -
 - (a) Duty to Create and Maintain Medical Records - As a component of the standard of care and of minimal competency an advanced practice registered nurse must cause to be created and cause to be maintained a medical record for every patient for whom the nurse, and/or any of the nurse's professionally licensed supervisees, performs services or provides professional consultation.
 - (b) Notice - Anywhere in this rule where notice is required to be given to patients of any advanced practice registered nurse that notice shall be required to be issued within thirty (30) days of the date of the event that triggers the notice requirement, and may be accomplished by email or U.S.P.S. First Class Mail to the last known address or, where overly burdensome, by public notice.
 - (c) Distinguished from Hospital Medical Records - The medical records covered by this rule are separate and distinct from those records generated for the patient by the advanced practice registered nurse during the course of providing medical services for the patient in a hospital as defined by T.C.A. § 68-11-302(4) regardless of the fact that the advanced practice registered nurse may also be an employee of the hospital or of a medical group employed or owned by the hospital.
 - 1. The provisions of T.C.A. Title 68, Part 11, Chapter 3 govern medical records generated in a hospital as defined by T.C.A. § 68-11-302(4).
 - 2. The medical records covered by these rules are those:
 - (i) That are created prior to the time of the patient's admission to or confinement and/or receipt of services in a hospital as defined by T.C.A. § 68-11-302(4), hospital emergency room and/or hospital outpatient facility, and/or
 - (ii) That are created after the patient's discharge from a hospital as defined by T.C.A. § 68-11-302(4), hospital emergency room or hospital outpatient facility.
 - (iii) That are created during the practice of advanced nursing outside of a hospital as defined by T.C.A. § 68-11-302(4), hospital emergency room or hospital outpatient facility.
 - 3. Even though the records covered by these rules may, of necessity, reference provision of services in the hospital setting and the necessary initial work-up and/or follow-up to those services, that does not make them "hospital records" that are regulated by or obtainable pursuant to T.C.A. Title 68, Part 11, Chapter 3.

(Rule 1000-04-.12, continued)

- (d) Content - All medical records, or summaries thereof, produced in the course of the practice of advanced nursing for all patients shall include all information and documentation listed in T.C.A. § 63-2-101(c)(2) and such additional information that is necessary to insure that a subsequent reviewing or treating healthcare provider can both ascertain the basis for the diagnosis, treatment plan and outcomes, and provide continuity of care for the patient.
- (e) Transfer -
 - 1. Records of Advanced Practice Registered Nurses upon Death or Retirement - When an advanced practice registered nurse retires or dies while in practice, patients seen by the APRN in the nurse's office during the immediately preceding thirty-six (36) months shall be notified by the APRN, or the nurse's authorized representative and urged to find a new healthcare provider and be informed that upon authorization, copies of the patients' medical records will be sent to the new healthcare provider. This notification requirement shall not apply to a patient when there have been fewer than two (2) office patient encounters within the immediately preceding eighteen (18) months.
 - 2. Records of Advanced Practice Registered Nurses upon Departure from a Group - The responsibility for notifying patients of an advanced practice registered nurse who leaves a group practice whether by death, retirement or departure shall be governed by the APRN's employment contract or the partnership agreement, whichever is applicable.
 - (i) Whomever is responsible for that notification must notify patients seen by the APRN in the nurse's office during the immediately preceding thirty-six (36) months of his/her departure, except that this notification requirement shall not apply to a patient when there have been fewer than two (2) office patient encounters within the immediately preceding eighteen (18) months.
 - (ii) Except where otherwise governed by provisions of the Advanced Practice Registered Nurse's employment contract or the partnership agreement, those patients shall also be notified of the APRN's new address and offered the opportunity to have copies of their medical records forwarded to the departing APRN at his or her new practice. Provided however, a group shall not withhold the medical records of any patient who has authorized their transfer to the departing advanced practice registered nurse or any other healthcare provider.
 - (iii) The choice of healthcare provider in every case should be left to the patient, and the patient should be informed that upon authorization patient's records will be sent to the healthcare provider of the patient's choice.
 - 3. Sale of a Practice - An APRN or the estate of a deceased advanced practice registered nurse may sell the elements that comprise the nurse's practice, one of which is its goodwill, i.e., the opportunity to take over the patients of the seller by purchasing the advanced practice registered nurse's medical records. Therefore, the transfer of records of patients is subject to the following:
 - (i) The APRN (or the estate) must ensure that all medical records are transferred to another healthcare provider or entity that is held to the same standards of confidentiality as provided in these rules.

(Rule 1000-04-.12, continued)

- (ii) Patients seen by the advanced practice registered nurse in the nurse's office during the immediately preceding thirty-six (36) months shall be notified that the advanced practice registered nurse (or the estate) is transferring the practice to another healthcare provider who will retain custody of their records and that at their written request the copies of their records will be sent to another healthcare provider of their choice. This notification requirement shall not apply to a patient when there have been fewer than two (2) office patient encounters within the immediately preceding eighteen (18) months.
- 4. Abandonment of Records - For purposes of this section of the rules death of an advanced practice registered nurse shall not be considered as abandonment.
 - (i) It shall be a prima facie violation of T.C.A. § 63-7-115(a)(1)(F) for an advanced practice registered nurse to abandon the nurse's practice without making provision for the security, or transfer, or otherwise establish a secure method of patient access to their records.
 - (ii) Upon notification that an advanced practice registered nurse in a practice has abandoned the nurse's practice and not made provision for the security, or transfer, or otherwise established a secure method of patient access to their records patients should take all reasonable steps to obtain their medical records by whatever lawful means available and should immediately seek the services of another healthcare provider.
- (f) Retention of Medical Records - Medical records shall be retained for a period of not less than ten (10) years from the advanced practice registered nurse's or the nurse's supervisees' last professional contact with the patient except for the following:
 - 1. Immunization records shall be retained indefinitely.
 - 2. Medical records for incompetent patients shall be retained indefinitely.
 - 3. Mammography records shall be retained for at least twenty (20) years.
 - 4. X-rays, radiographs and other imaging products shall be retained for at least four (4) years after which if there exist separate interpretive records thereof they may be destroyed.
 - 5. Medical records of minors shall be retained for a period of not less than one (1) year after the minor reaches the age of majority or ten (10) years from the date of the advanced practice registered nurse's or his supervisees' last professional contact with the patient, whichever is longer.
 - 6. Notwithstanding the foregoing, no medical record involving services which are currently under dispute shall be destroyed until the dispute is resolved.
- (g) Destruction of Medical Records -
 - 1. No medical record shall be singled out for destruction other than in accordance with established office operating procedures.
 - 2. Records shall be destroyed only in the ordinary course of business according to established office operating procedures that are consistent with these rules.

(Rule 1000-04-.12, continued)

3. Records may be destroyed by burning, shredding, or other effective methods in keeping with the confidential nature of the records.
 4. When records are destroyed, the time, date and circumstances of the destruction shall be recorded and maintained for future reference. The record of destruction need not list the individual patient medical records that were destroyed but shall be sufficient to identify which group of destroyed records contained a particular patient's medical records.
- (5) Violations - Violation of any provision of this rule is grounds for disciplinary action pursuant to T.C.A. § 63-7-115(a)(1)(F).

Authority: T.C.A. §§ 63-7-103, 63-7-123, 63-7-126, and 63-7-207. **Administrative History:** New rules filed July 10, 2024; effective October 8, 2024.

1000-04-.13 CONSUMER RIGHT TO KNOW REQUIREMENTS.

This rule shall apply only to licensees that are registered nurse anesthetists and advanced practice registered nurses who possess a certificate of fitness.

- (1) **Malpractice Reporting Threshold** - The threshold amount below which medical malpractice judgments, awards or settlements in which payments are awarded to complaining parties need not be reported pursuant to the "Health Care Consumer Right-To-Know Act of 1998" shall be ten thousand dollars (\$10,000).
- (2) **Criminal Conviction Reporting Requirements** - For purposes of the "Health Care Consumer Right-To-Know-Act of 1998" the following criminal convictions must be reported:
 - (a) Conviction of any felony; and
 - (b) Conviction or adjudication of guilt of any misdemeanor, regardless of its classification, in which any element of the misdemeanor involves any one or more of the following:
 1. Sex.
 2. Alcohol or drugs.
 3. Physical injury or threat of injury to any person.
 4. Abuse or neglect of any minor, spouse or the elderly.
 5. Fraud or theft.
 - (c) If any misdemeanor conviction reported under this rule is ordered expunged, a copy of the order of expungement signed by the judge must be submitted to the Department of Health before the conviction will be expunged from any profile.

Authority: T.C.A. §§ 63-7-123, 63-7-207, 63-7-209, and 63-51-101, et seq. **Administrative History:** New rules filed July 10, 2024; effective October 8, 2024.