

Georgia Composite Medical Board

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Important Information Regarding APRN Protocol Agreements

The Georgia Composite Medical Board (“Board”) felt it would be prudent to provide this informational summary with the law changes being initiated through HB 557 and HB 1046 and the questions being received by the office already. The Board acknowledges that there have been delays in the processing of APRN Protocol Agreements. These delays are due to several factors, including, but not limited to, the mail-in process, volume, incomplete submissions, the submission of outdated forms, and the submission of independently drafted protocol agreements. While the Board is working to address processing issues, only the APRNs and physicians can ensure the submissions are complete, the forms are the most current versions, and decide whether to utilize the protocol template provided by the Board.

The Board urges all APRNs and physicians to review the laws and rules to gain a full understanding of the requirements and limitations and ensure compliance before submitting a protocol for review. It is also strongly recommended that the physician and APRN each keep a copy of everything submitted to the Board for their own records and future reference.

O.C.G.A. § 43-34-23 Delegation of authority to nurse or physician assistant.

Laws Applies to PAs, APRNs, and RNs.

- Does not permit prescriptive authority.
- Applies to limited settings.
- Protocol must be a written document mutually agreed upon and signed by a nurse and a licensed physician.
- Protocol does not need to be submitted to the Board.

O.C.G.A. § 43-34-25 Delegation of certain medical acts to advanced practice registered nurse; construction and limitations of such delegation; definitions; conditions of nurse protocol; issuance of prescription drug orders.

- Applies to APRNs.
- Permits delegation of prescriptive authority as defined in the statute.
- Delegating physician’s principal place of practice must fall within the statutorily set radius.
- Delegating physicians are limited as to how many protocols they can enter and supervise at any one time, with enumerated exceptions.
- APRN and delegating physician must be in a comparable specialty or field.
- Protocol must be a written document mutually agreed upon and signed by an advanced practice registered nurse and a physician.
- Protocols must be submitted to the Board for review within 30 days of execution, i.e. signing by both the physician and APRN.
- APRN and delegating physician are required to maintain a copy of the final approved protocol agreement as well as proof of all annual reviews and to provide such upon request from the Georgia Composite Medical Board or the Georgia Board of Nursing.

Rules

Chapter 360-32

Incomplete/Deficient Protocols

Pursuant to Board Rule 360-32-.03(6), incomplete protocols that have been on file with the Board for more than three (3) months will be deemed invalid, and a new submission and fee will be required. The three-month timeframe does not begin until the protocol has been initially reviewed, deemed incomplete, and an email notification sent to the APRN and delegating physician. The three-month timeframe begins on the date the notification is sent.

Please be aware that there are some deficiencies that cannot be cured, including, but not limited to, the APRN and delegating physician not being in comparable specialties or fields and the delegating physician not having a principal place of practice within the statutorily set location radius.

A delegating physician must hold an active Georgia physician license, practice medicine in Georgia, and either the physician's principal place of practice is located within Georgia or outside of Georgia but is within 50 miles from the location where the protocol is being utilized. "Where the protocol is being utilized" is the physical location of the patient at the time services are rendered. If the APRN is providing telehealth services, the delegating physician must still meet all the above requirements. These requirements do not change based on business model.

Working Before Protocol Number is Issued:

Pursuant to O.C.G.A. § 43-34-25(m) and Board Rule 360-32-.03, APRN protocol agreements are required to be filed with the Board within 30 days of execution, reviewed for compliance with the law and medical practice standards, and amended if it is determined that the agreement does not in fact comply with the law or medical practice standards.

There is no provision under the Medical Practice Act that would prohibit an APRN from being gainfully employed and working while the review process is occurring. The APRN is still able to practice as permitted by the Registered Professional Nurse Practice Act, Article 1, Chapter 26, Title 43.

Please note that the Board does not have any control or authority over employment decisions made by the delegating physician or employing facility/practice; coverage or payment decisions made by insurance carriers; or registration decisions made by the DEA. The Board also does not have control or authority over any potential consequences, foreseen or unforeseen, of an incurably deficient protocol agreement.

HB 557 Changes

- O.C.G.A. § 43-34-25(d.1) creates a new delegable authority related to specific Schedule II Controlled Substances.
 - Issuance of prescription drug orders for hydrocodone, oxycodone, or compounds thereof in emergency situations of:
 - APRN has at least one-year post-licensure clinical experience,
 - APRN is in good standing with the Board of Nursing,
 - Authorization is specifically included in the APRN protocol agreement,
 - APRN has directly evaluated the patient,
 - The prescription drug order is limited to an initial prescription, not to exceed a five-day supply,
 - The patient is 18 years of age or older, and
 - The APRN completes one hour of continuing education biennially in the appropriate ordering and use of hydrocodone, oxycodone, and compounds thereof.
 - IMPORTANT NOTES:
 - This will require an addendum to any currently approved or submitted protocol, as all Schedule II controlled substances are prohibited in the current language.

- This will require a change to the APRN's DEA registration, which currently only permits the prescribing of Schedule III – V controlled substances.
- This will require the APRN to take a continuing education course.
- This will require the delegating physician to verify that the APRN meets the listed requirements and abides by the limited circumstances in which this is permitted.
- New Automatic Approval Upon Submission Process
 - O.C.G.A. § 43-34-25(m)(2)(B) is unapplicable as all protocols are agreements between one individual APRN and one individual delegating physician; there are no APRN protocol agreements held by a medical practice. Also, no protocol has an alternate delegating physician. Each protocol has one APRN, one delegating physician, and can have many designated physicians as chosen by the delegating physician. See Board Rule 360-32-.01 for the definition of a designated physician.
 - O.C.G.A. § 43-34-25(m)(2)(C) the submission of a protocol under this new code section will essentially remain the same, except **the new submission will be required to contain a copy of the substantially similar approved protocol for comparison.** Although “automatically deemed approved” upon submission, the new submission will still be reviewed for compliance with the laws and medical practice standards before a protocol number is assigned.
 - IMPORTANT NOTE: This new code section does not change the requirement that all APRN protocols must be submitted to the Board within 30 days of execution, nor does it eliminate payment of the review fee.

HB 1046 Changes

Death Certificates

- O.C.G.A. § 43-34-23
 - Physicians may now add the delegation of signing death certificates to the protocol agreements with APRNs. This delegation must be specifically stated in the protocol.
 - REMINDER: Protocol agreements under this code section do not need to be submitted to the Board for review.
 - The APRN must also complete biennial continuing education regarding the recognition and documentation of the causes of death and appropriate execution of death certificates as approved by the Board.
- O.C.G.A. § 43-34-25
 - Physicians may now add the delegation of signing death certificates to the APRN protocol agreements. This delegation must be specifically stated in the protocol.
 - IMPORTANT NOTE: For any previously approved or pending protocol agreement, an addendum will need to be signed and filed.
 - Per the requirement in § 43-34-23, the APRN must also complete biennial continuing education regarding the recognition and documentation of the causes of death and appropriate execution of death certificates as approved by the Board.

Limits

- O.C.G.A. § 43-34-25(g), (g.1), and (g.2)
 - A delegating physician will be limited to entering and supervising “the combined equivalent of eight” APRN protocol agreements and PA job descriptions at any one time.
 - Previously, a delegating physician was limited to four APRNs and four PAs at any one time. Now the physician will get to determine the appropriate ratio based on their practice needs. The exceptions to the limit contained in subsection (g) still apply.

Recent Process Changes

The Board is working on streamlining the APRN submission process.

- A new checklist has been created to help facilitate the process for a successful submission.
- The APRN registration form and protocol agreement template have been updated to fillable forms and are now available on the Board's website.
- Website: <https://medicalboard.georgia.gov/licensure-information/aprn-protocol-registration-forms>
- The submission packet should now be submitted to the Board via email: dch.aprn@dch.ga.gov.
- The \$150 money order or cashier's check will still need to be mailed to or dropped off at the Board office: 2 Martin Luther King Jr. Drive, SE, East Tower, 11th Floor, Atlanta, GA 30334.
 - NOTE: When mailing a payment, please make sure the names of the physician and APRN are included in the package so staff knows where to apply the payment. If a payment is received without identifying information, it will be returned to the sender. Also, it is recommended that payments be mailed via trackable means such as USPS certified mail with return receipt, UPS, or FedEx.

Statistics

A Fiscal Year runs from July 1 – June 30 each year. We are currently in the last couple weeks of FY2024.

	FY2022	FY2023	FY2024
APRN Protocols Reviewed and Processed:	3,215	2,494	4,179

