

HAWAII ADMINISTRATIVE RULES

TITLE 16

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS

CHAPTER 89C

ADVANCED PRACTICE REGISTERED NURSE  
PRESCRIPTIVE AUTHORITY

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SUBCHAPTER 1

GENERAL PROVISIONS

§16-89C-1 Purpose. The purpose of this chapter is to establish requirements of the department to grant prescriptive authority to those recognized advanced practice registered nurses according to their knowledge, skills, and abilities in their nurse practice specialties. [Eff 10/24/98] (Auth: HRS §§26-9(k), 436B-4, 436B-7) (Imp: HRS §457-8.6)

§16-89C-2 Prescriptive authority. Only an advanced practice registered nurse granted prescriptive authority by the department shall be able to practice as an advanced practice registered nurse with prescriptive authority or use any sign, card, or device to indicate that the person has received recognition as an advanced practice registered nurse with prescriptive authority. [Eff 10/24/98] (Auth: HRS §§26-9(k), 436B-4, 436B-7) (Imp: HRS §457-8.6)

§16-89C-3 Definitions. As used in this chapter:  
"Advanced practice registered nurse (APRN)" means a Hawaii licensed registered nurse who has met the requirements of and received recognition as an advanced practice registered nurse from the board of nursing as a nurse practitioner, clinical nurse specialist, or certified nurse midwife.

"Board" means the board of nursing.

"Collegial" means the power or authority vested equally in each of the working parties.

"Contact hour" means a minimum of fifty minutes of actual organized instruction. Academic credit will be converted to contact hours as follows:

- (1) One quarter academic credit equals ten contact hours; and
- (2) One semester academic credit equals fifteen contact hours.

"Department" means the department of commerce and consumer affairs.

"Director" means the director of the department of commerce and consumer affairs.

"Drug" means a device, appliance, medicine, or preparation for internal or external use by a human being, and shall not include any substance included in schedules I, II, III, IV, or V of chapter 329, HRS.

"Exclusionary formulary" means the listing of drugs or categories of drugs designated by the board of medical examiners that shall not be prescribed by an APRN granted prescriptive authority, and which is incorporated in this chapter of the department's rules.

"Institution" means hospitals, health maintenance organizations, home health agencies, hospice programs, community health centers receiving State or federal funds, state agencies, clinics, physicians' offices, long term care facilities, and authorized contractors of the State.

"Physician" means a person licensed under chapter 453 or 460, HRS.

"Prescribed medical orders" means requisitions for resources to be allocated in particular ways for specific patients, which includes prescription drug orders, signed by the delegating physician under physician's orders, standing medical orders, standing delegation orders, or other orders or protocols.

"Prescriptive authority" means the authority granted by the department to a recognized APRN to verbally, or in writing, direct, order, or designate the preparation of, use of, or manner of using, a drug within the recognized APRN's scope of practice in a collegial working relationship, as defined in section 16-89C-10, with a physician and an exclusionary formulary.

"Recognized national certifying body" means credentialing agencies recognized by the board which include the American Nurses Credentialing Center; the National Certification Board of Pediatric Nurse Practitioners/Nurses; the National Certification Corporation for Obstetric, Gynecologic and Neonatal Nursing Specialties; the American College of Nurse Midwives Certification Council; the American Academy of Nurse Practitioners; or a national certifying body which is a successor to any body listed and recognized by the board. [Eff 10/24/98] (Auth: HRS §§26-9(k), 436B-4, 436B-7) (Imp: HRS §457-8.6)

SUBCHAPTER 2

REQUIREMENTS TO GRANT PRESCRIPTIVE AUTHORITY

§16-89C-5 Eligibility requirements. (a) To be eligible to be granted prescriptive authority, an APRN shall submit a completed application prescribed by the department and shall submit evidence of satisfying the following requirements:

- (1) Current and unencumbered recognition as an APRN by the board of nursing in accordance with chapter 457, HRS, and chapter 16-89;
- (2) An official transcript of a master's degree in clinical nursing or nursing science sent directly from the school to the department;
- (3) Current certification in the nursing practice specialty sent directly to the department from a recognized national certifying body, or if currently licensed by the state department of health, in accordance with chapter 321, HRS, and chapter 11-141, evidence of a valid unencumbered license;
- (4) Successful completion of one of the following within the three-year time period immediately preceding the date of application for prescriptive authority:
  - (A) At least thirty contact hours, as part of a master's degree program from an accredited college or university, of advanced pharmacology education, including advanced pharmacotherapeutics that is integrated into the curriculum; or
  - (B) At least thirty contact hours of advanced pharmacology, including advanced pharmacotherapeutics, from an accredited college or university; or
  - (C) At least thirty contact hours of continuing education approved by board-recognized national certifying bodies in advanced pharmacology, including advanced pharmacotherapeutics related to the applicant's scope of nursing practice specialty;
- (5) Verification of one thousand hours of clinical experience in an institution as a recognized APRN practitioner in the applicant's nursing practice specialty, within a three-year time period immediately preceding the date of application;
- (6) A collegial working relationship agreement in compliance with section 16-89C-10, between a physician, who is currently licensed in this State where such license is unencumbered and where such

license excludes a limited or temporary license, and a recognized APRN to be granted prescriptive authority; and

(7) Payment of a non-refundable application fee.

(b) Upon satisfying all requirements in subsection (a) and payment of required fees, the department shall grant prescriptive authority to the recognized APRN. A pocket identification card with the designation "APRN-Rx" and a number as assigned by the department shall be issued to the recognized APRN granted authority to prescribe.

(c) Nothing in this section shall preclude a registered nurse or an APRN from carrying out the prescribed medical orders of a licensed dentist, physician, osteopath, or podiatrist licensed in accordance with chapters 448, 453, 460, or 463E, HRS, or the orders of a recognized APRN granted prescriptive authority in accordance with this chapter.

(d) Nothing in this chapter shall require a certified registered nurse anesthetist to be granted prescriptive authority under chapter 16-89 or this chapter, in order to provide anesthesia care. [Eff 10/24/98] (Auth: HRS §§26-9(k), 436B-4, 436B-7) (Imp: HRS §457-8.6)

§16-89C-10 Collegial working relationship. (a) Each relationship between a recognized APRN with prescriptive authority and a licensed physician shall be documented in an agreement, the form of which is provided by the department, which attests that:

(1) The physician shall be actively engaged in the same or related specialty practice and affiliated with the same institution in which the recognized APRN is to practice;

(2) The physician and the recognized APRN jointly acknowledge and accept the responsibility that the collegial working relationship is based upon written policies for the delivery of health care services that will have the interest and welfare of the patient foremost in mind;

(3) The recognized APRN and the physician acknowledge and accept the responsibility that the recognized APRN's prescriptive authority is governed by the exclusionary formulary and that there shall be strict adherence to the exclusionary formulary; and

(4) Details of the collegial working relationship between the recognized APRN with prescriptive authority and the physician shall, at minimum, include:

(A) Name and area of practice specialty of the recognized APRN;

(B) Name and area of practice of the physician or physicians;

- (C) Any limitation, agreed to by the parties, such as drugs not to be prescribed (although permitted by the exclusionary formulary) or the party to prevail when there is disagreement on the prescription for a patient;
- (D) Method of communication between the recognized APRN and the physician or physicians;
- (E) Name of the institution or institutions which employ or is affiliated with the recognized APRN and the physician; and
- (F) Name of interim physician or physicians who will act in place of the primary physician in the event unforeseen circumstances preclude the relationship with the primary physician. The interim physician shall comply with all conditions of the agreement.

(b) The collegial working relationship agreement shall be signed by the recognized APRN with prescriptive authority, the physician, and the interim physician, dated, notarized, and filed with the department for approval at least five weeks prior to the intended implementation of the relationship. Approval by the director of the department or designee is required, and in the case of disapproval of any relationship, the recognized APRN shall be provided the reason for disapproval and the right to a hearing pursuant to chapter 91, HRS.

(c) Any modifications, including, but not limited to, a change in the interim physician, institution, or changes in the specific conditions set forth in the collegial working relationship agreement previously filed, shall be submitted to the department in a written document by the recognized APRN at least ten working days prior to the intended implementation of the change. The modified relationship shall at minimum meet the requirements of subsections (a) and (b). Until the department has approved the modified relationship, modifications shall not be implemented.

(d) Either the recognized APRN or the physician may unilaterally terminate the physician and recognized APRN collegial working relationship at any time by notifying the other party. Either the recognized APRN or the physician shall notify the department of the termination in writing within three calendar days of the termination. At the time the collegial working relationship ceases, the recognized APRN shall not have prescriptive authority until such time as another collegial working relationship agreement has been reestablished and approved by the department.

(e) The director may assess a processing fee for the approval of, modifications to, termination, or reestablishment of, a collegial working relationship agreement.

(f) The director shall have the authority to summarily suspend a collegial working relationship agreement, and the prescriptive authority of a recognized APRN in accordance with section 436B-23, HRS.

(g) The collegial working relationship agreement shall be made available to licensed pharmacies. [Eff 10/24/98] (Auth: HRS §§26-9(k), 436B-4, 436B-7) (Imp: HRS §457-8.6)

### SUBCHAPTER 3

#### EXCLUSIONARY FORMULARY

§16-89C-15 Exclusionary formulary for prescriptive authority. (a) The board of medical examiners shall determine the drugs or categories of drugs listed in the exclusionary formulary for recognized APRNs granted prescriptive authority and shall review or revise the formulary at least every two years. The formulary, entitled "Exclusionary Formulary", dated January 9, 1998, attached to this chapter as Exhibit A and made a part of this chapter, lists the drugs or categories of drugs that shall not be prescribed by the APRN recognized to prescribe by the department.

(b) The Exclusionary Formulary, and any revised formularies, shall be made available to licensed pharmacies at no cost.

(c) Recognized ARPNS with prescriptive authority shall not prescribe any substance included in schedules I, II, III, IV, or V of chapter 329, HRS.

(d) The recognized APRN with prescriptive authority shall comply with all applicable state and federal laws and rules relating to prescribing, administering, dispensing, and distributing of drugs.

(e) Prescriptions ordered by a recognized APRN with prescriptive authority shall be filled according to the terms of the prescription. In addition to the requirements of section 328-16(b)(1), HRS, a prescription shall also provide the APRN-Rx designation and number of the recognized APRN with prescriptive authority as assigned by the department, and the name and phone number of the collegial working relationship physician. Drugs shall be dispensed in accordance with all applicable laws. [Eff 10/24/98] (Auth: HRS §§26-9(k), 436B-4, 436B-7) (Imp: HRS §457-8.6)

SUBCHAPTER 4

RENEWAL

§16-89C-20 Prescriptive authority renewal for recognized advanced practice registered nurses. (a) Prescriptive authority for recognized APRNs shall expire on December 31 of every odd-numbered year and shall be renewed biennially. In each odd-numbered year, the department shall make available an application for renewal of license before the deadline set forth by the department to every person to whom prescriptive authority was issued or renewed during the biennium. In addition to satisfying the renewal requirements of a APRN in section 16-89-87, the APRN seeking renewal of prescriptive authority shall also submit the following:

- (1) Evidence of current certification in the nursing practice specialty by a recognized national certifying body, or if licensed by the state department of health in accordance with chapter 321, HRS, and chapter 11-141, evidence of current licensure;
- (2) Documentation of successful completion, during the prior biennium, of thirty contact hours of continuing education in the practice specialty area, and eight contact hours in pharmacology, including pharmacotherapeutics, related to the applicant's practice specialty area, approved by board recognized national certifying bodies, the American Nurses Association, the American Medical Association, or accredited colleges or universities. Verification of successful completion of continuing education required for recertification by a recognized national certifying body, within the current renewal biennium, may be accepted in lieu of the thirty hours of continuing education required for renewal;
- (3) Notarized statement signed by the renewing recognized APRN with prescriptive authority, the physician, and interim physician attesting that the collegial working relationship agreement on file with the department is still in effect and that the parties are in compliance with section 16-89C-10; and
- (4) The renewal fee established for prescriptive authority renewal.

(b) Failure, neglect, or refusal to renew the prescriptive authority by a recognized APRN on or before December 31 of each odd-numbered year shall result in automatic forfeiture of prescriptive authority. Prescriptive authority may be restored within six months, in compliance with subsection (a) and additional payment of a restoration fee. Failure to restore within the time frame provided shall constitute an automatic termination of the prescriptive authority. Thereafter, to be eligible for prescriptive authority, the applicant shall meet the requirements



of section 16-89C-5, and submit documentation of successful completion during the prior two years of thirty contact hours of continuing education in the practice specialty area and eight contact hours in pharmacology, including pharmacotherapeutics, approved by board recognized national certifying bodies, the American Nurses Association, the American Medical Association, or accredited colleges or universities.

(c) Any recognized APRN subject to this chapter who fails to renew his or her prescriptive authority and continues to practice as a recognized APRN with prescriptive authority shall be considered an illegal practitioner and shall be subject to penalties provided for by law. [Eff 10/24/98] (Auth: HRS §§26-9(k), 436B-4, 436B-7) (Imp: HRS §457-8.6)

## SUBCHAPTER 5

### UNPROFESSIONAL CONDUCT

§16-89C-25 Encumbered license. Encumbrances based on disciplinary action ordered by the department to be imposed on a recognized APRN with prescriptive authority shall also be placed on all nurse licenses held by that nurse in this State. Any encumbrance on one nurse license shall automatically and similarly affect any other nursing license, recognition as an APRN, or prescriptive authority held by that nurse. [Eff 10/24/98] (Auth: HRS §§436B-4, 436B-7, 457-12) (Imp: HRS §457-8.6)

§16-89C-30 Discipline; grounds; proceedings. (a) In addition to any other actions authorized by law, the department shall have the power to deny, revoke, limit, condition, or suspend prescriptive authority granted, in accordance with this chapter, and to fine or to otherwise discipline a recognized APRN with prescriptive authority for any cause authorized by law, including but not limited to the following:

- (1) Violation of this chapter;
- (2) Violation of chapter 457, HRS, or chapter 16-89;
- (3) Violation of any applicable state statutes and rules or federal laws or regulations;
- (4) Fraud, deceit, misrepresentation in procuring or attempting to procure recognition to practice nursing as a recognized APRN with prescriptive authority;
- (5) Unprofessional conduct, including but not limited to:

- (A) Prescribing, administering, dispensing, or distributing drugs listed in the exclusionary formulary, or not in accordance with state and federal laws and rules;
  - (B) Prescribing or administering drugs in an unsafe manner or not in accordance with acceptable and prevailing standards of practice;
  - (C) Prescribing or administering drugs without an approved collegial working relationship agreement with a physician, or contrary to any limitation imposed pursuant to section 16-89C-10(a)(4)(C);
  - (D) Selling, purchasing, trading, or offering to sell, purchase, or trade any drug sample; or
  - (E) Misuse of the authority to prescribe drugs for other than therapeutic purposes; and
- (6) Failure to maintain current certification by a recognized national certifying body in the nursing practice specialty.
- (b) In addition to subsection (a), the department may impose one or more of the following requirements as a condition for recognition on an APRN with prescriptive authority:
- (1) Physical and mental evaluation of the applicant by a physician currently licensed under chapter 453, HRS;
  - (2) Probation, including such conditions as successful completion of the board of nursing diversion program which may include a rehabilitation program for alcohol or substance abuse as prescribed in chapter 16-89; and
  - (3) Limitation of the practice in any reasonable manner to assure the safety and welfare of the consuming public. [Eff 10/24/98] (Auth: HRS §§436B-4, 436B-7, 457-12) (Imp: HRS §457-8.6)

SUBCHAPTER 6

FEES

§16-89C-35 Fees. (a) The fees for prescriptive authority for recognized APRNs shall be as provided in this section:

- (1) Application fee . . . . . \$50
- (2) Original granting of prescriptive authority fee . . . . . \$20
- (3) Biennial renewal fee . . . . . \$40
- (4) Annual compliance resolution fund fee . . . . . \$35

- (b) All fees are non-refundable.
- (c) Fees provided in chapter 16-53 shall supersede the fees in this section. [Eff 10/24/98] (Auth: HRS §§26-9(1), 26-9(o), 26H-2(7), 436B-4, 436B-7) (Imp: HRS §§26-9, 457-8.6)

## SUBCHAPTER 7

### HEARINGS

§16-89C-40 Denial. In the event an application is denied, the department shall notify the applicant in writing of the action, which shall include a concise statement of the reasons and a statement informing the applicant of the right to a hearing if so desired. [Eff 10/24/98] (Auth: HRS §436B-24) (Imp: HRS §436B-24)

§16-89C-45 Demand for hearing. Any person whose application has been denied by the department shall be entitled to a hearing, provided that a demand for a hearing is filed with the director within sixty days of the date of the letter informing the applicant of the denial of the application. [Eff 10/24/98] (Auth: HRS §436B-24) (Imp: HRS §436B-24)

§16-89C-50 Proceedings on demand for hearing. If a demand for hearing is filed within the time prescribed, the department shall order a hearing upon notice, which shall be conducted in accordance with the provisions of chapter 91, HRS, and chapter 16-201, relating to contested cases. [Eff 10/24/98] (Auth: HRS §§436B-24, 91-13.1) (Imp: HRS §436B-24)

## SUBCHAPTER 8

### PRACTICE AND PROCEDURES

§16-89C-55 Administrative practice and procedure. The rules of practice and procedure for recognized APRNs with prescriptive authority shall be as provided in chapter 16-201, the rules of practice and procedure of the department, which are incorporated by reference and made a part of this chapter. [Eff 10/24/98] (Auth: HRS §§91-2, 436B-24) (Imp: HRS §§91-2, 436B-24)

SUBCHAPTER 9

SEVERABILITY

§16-89C-60 Severability. If any section of this chapter is declared unconstitutional, or the applicability thereof to any person or circumstance is held invalid, the constitutionality of the remainder of this chapter and applicability thereof to other persons and circumstances shall not be affected. [Eff 10/24/98] (Auth: HRS §436B-29) (Imp: HRS §457-8.6)

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS

Adoption of Chapter 16-89C  
Hawaii Administrative Rules

September 30, 1998

SUMMARY

Chapter 16-89C, Hawaii Administrative Rules, entitled "Advanced Practice Registered Nurse Prescriptive Authority," is adopted.

This material can be made available for individuals with special needs. Please call the Program Specialist, Professional and Vocational Licensing Division, DCCA, at 586-2692, to submit your request.

Chapter 16-89C, Hawaii Administrative Rules, on the Summary page dated September 30, 1998, was adopted on September 30, 1998, following a public hearing held on the same date, after a public notice was given in the The Honolulu Advertiser on August 30, 1998.

These rules shall take effect ten days after filing with the Office of the Lieutenant Governor.

/s/ Kathryn S. Matayoshi  
KATHRYN S. MATAYOSHI, Director  
Commerce and Consumer Affairs

APPROVED AS TO FORM:      Date 10/7/98

/s/ Shari J. Wong  
Deputy Attorney General

APPROVED:      Date 10/13/98

/s/ Benjamin J. Cayetano  
BENJAMIN J. CAYETANO  
Governor  
State of Hawaii

October 14, 1998  
Filed

2. The adoption of chapter 16-89C, Hawaii Administrative Rules, shall take effect ten days after filing with the Office of the Lieutenant Governor.

I certify that the foregoing are copies of the rules, drafted in the Ramseyer format, pursuant to the requirements of section 91-4.1, Hawaii Revised Statutes, which were adopted on \_\_\_\_\_ and filed with the Office of the Lieutenant Governor.

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KATHRYN S. MATAYOSHI, Director  
Commerce and Consumer Affairs

APPROVED AS TO FORM:

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Deputy Attorney General

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS

Adoption of Chapter 16-89C  
Hawaii Administrative Rules

1. Chapter 16-89C, Hawaii Administrative Rules, entitled "Advanced Practice Registered Nurse Prescriptive Authority" is adopted to read as follows: \_\_\_\_\_

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## **EXCLUSIONARY FORMULARY**

Advanced Practice Registered Nurses granted recognition for prescriptive authority (Nurse Practitioner, Clinical Nurse Specialist, and Certified Nurse Midwife) in accordance with Chapters 457, Hawaii Revised Statutes, relating to Nurses and 16-89C, relating to Advanced Practice Registered Nurse Prescriptive Authority, may prescribe drugs that are within the Advanced Practice Registered Nurses' scope of practice in a collegial working relationship with a physician, as defined in section 16-89C-10, and this Exclusionary Formulary.

The Exclusionary Formulary shall list drugs or categories of drugs that shall not be prescribed by the Advanced Practice Registered Nurse recognized to prescribe by the Department of Commerce and Consumer Affairs. Subject to all applicable state and federal laws and rules and this Exclusionary Formulary, the receipt of, the signing for, or the dispensing of professional samples to patients is permissible.

The Advanced Practice Registered Nurse granted recognition for prescriptive authority accepts responsibility, accountability, and obligation to practice in accordance with usual and customary Advanced Practice Registered Nursing standards and functions as defined by the scope of practice/role definition statements for the advanced practice registered nurse category and specialty.

The Exclusionary Formulary shall consist of:

- A. **All** General Anesthetics;
- B. **All** Controlled Substances as defined in Chapter 329, Hawaii Revised Statutes;
- C. **All** off-label or unlabeled Uses, i.e., prescription of a drug for an unapproved condition. The FDA approves a drug for only the specific uses proposed and documented by the manufacturer in its New Drug Application. These approved (labeled) uses or indicators are set forth in the package insert that accompanies the drug;
- D. **All** Investigational Drugs; and
- E. **All** other drugs or pharmaceuticals which any party of the collegial working relationship excludes in their collegial working relationship agreement filed with the Department pursuant to section 16-89C-10.

Board of Medical Examiners  
Department of Commerce and Consumer Affairs  
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