

BOARD OF NURSING

Open Session Agenda

May 3, 2023
9:00 a.m.

VIRTUAL MEETING NOTICE

Due to the COVID-19 pandemic, a hybrid fashion of board meetings will occur. Today's meeting is Virtual.

Information on how to access the public portion of the meeting is listed below:

Join by Web:

<https://dcnet.webex.com/dcnet/j.php?MTID=mcc28cf799c8f6eccc4f690b77e9e8b4b>

Join by Phone:

1-650-479-3208 (US/Canada)

Access Code:

172 969 3891

This meeting is governed by the Open Meetings Act. Please address any questions or complaints arising under this meeting to the Office of Open Government at opengovoffice@dc.gov

Board of Nursing Mission Statement:

“The mission of the Board of Nursing is to safeguard the public’s health and well-being by assuring safe quality care in the District of Columbia. This is achieved through the regulation of nursing practice and education programs; and by the licensure, registration and continuing education of nursing personnel.”

**The Open Session Agenda continues on the next page with the
‘Board Meeting Participants’.**

BOARD MEETING PARTICIPANTS:

BOARD MEMBERS:	
Meedie Bardonille, RN (MB)	
Laverne Plater, RN (LP)	
Rick Garcia, RN, PhD (RG)	
Margaret Green, LPN (MG)	
Michelle Clausen, RN (MC)	
Patricia Howard, RN (PW)	
Kami Cooper, RN (KC)	
Tiffany Simmons, RN (TS)	
BOARD STAFF:	
Teresa Walsh, RN, PhD, NE-C, Executive Director	
Cathy Borris-Hale MHA, RN	
Concheeta Wright BSN, RN	
Mark Donatelli, Investigator	
Matteo Lieb, Office of Government Relations Specialist	
Melondy Franklin, Supervisory Health Licensing Specialist	
LEGAL STAFF:	
Panravee Vongjaroenrat, Assistant General Counsel	

The Open Session Agenda continues the next page with 'Call to Order'.

CALL TO ORDER, APPROVAL OF AGENDA, MINUTES, AND STAFF REPORTS

OS-23-05-01	<u>CALL TO ORDER</u>		
OS-23-05-02	<u>ROLL CALL OF BOARD MEMBERS AND STAFF</u>		
OS-23-05-03	<u>AGENDA APPROVAL</u> Board Action: Consideration of the Open Session Agenda for today’s meeting, May 3, 2023.		Decision
OS-23-05-04	<u>MEETING MINUTES APPROVAL</u> Board Action: Consideration of the Open Session minutes from the March 1, 2023.		Decision
OS-23-05-05	<u>REPORTS</u> A. Board Chair Report -Meedie Bardonille B. Executive Director Report – Teresa Walsh a. Census / LPN renewal		Informational
	LICENSE TYPE	# OF ACTIVE LICENSEES (4/26/2023)	
	Certified Nurse Midwife	151	
	Clinical Nurse Specialist	37	
	Home Health Aide	8,061	
	Licensed Practical Nurse	1,907	
	Nurse Practitioner	3,346	
	Registered Nurse	31,019	
	Certified Registered Nurse Anesthetist	157	
	Trained Medication Employee	1,425	
	CNA	4,984	
	Total	51,087	
	C. Board Attorney Report -Panravee Vongjaroenrat D. Legislative Report – Office of Gov. Relations Matteo Lieb E. Education Subcommittee Report – Dr. Garcia a. LPN (application) program waiver request; defer to notation below at OS-05-06		

	F. Discipline Subcommittee Report -Cathy Borris-Hale	Report
23-05-06	<p>Regulatory Revision to Chapter 56</p> <p>Board action: Decide whether to amend the regulation to remove the requirement for a nursing education program to be part of a college or university.</p> <p>Background: At the Board's meeting on 3/1/2023, a presentation was made to the Board for a new LPN education program. It was pointed out that the current regulatory requirement for a nursing education program to be part of a college or university (17 DCMR § 5601.1(b)(4)) is a barrier and a request was made that the requirement be waived. The Board voted to delegate the review of the issue to the Education Committee. The committee met on April 5, 2023, and placed the following motion on the floor for voting</p> <p>Motion (from Education Committee): The regulation should not be revised, and no waiver should be granted.</p>	Decision
23-05-07	<p>NCSBN Decision-making Framework</p> <p>Board Action: Decide whether to adopt the Framework.</p> <p>Background: Based on the recent inquiry to the Board regarding the use of ketamine, the Board is asked to formally adopt the Framework, which provides guidance for such inquiries. Of note – the Board may have adopted this Framework in 2016 but due to the length of time since then and the lack of easy-referenced record, the Board is requested to review and adopt the Framework today. See Attachment I</p>	Decision
23-05-08	<p>Criminal Background Check (CBC) Chart</p> <p>Board Action: To review and consider whether to adopt or revise the CBC Chart</p> <p>Background: This chart has been adopted by all the other boards to give staff guidance on how to review and dispose of CBC issues without bringing all CBC-related matters to the Board for a decision. The chart will assist in facilitating the review and approval of license applications and inform staff of the types of CBC issues that the Board will review. See Attachment II</p>	Decision
23-05-09	<p>Chapter 55 Licensed Practical Nursing</p> <p>Board Action: To review and consider whether to approve the revised regulation.</p> <p>Background: The revisions to chapter 55 are generally similar to the revisions to Chapter 54 (Registered Nursing), which the Board already approved. There are a few noteworthy sections specific to LPN practice, which the Regulation Committee discussed and reviewed during its meeting in March 2023.</p>	Decision

	Attachment IV	
23-05-10	<p>Chapter 57 Certified Nurse Anesthetists</p> <p>Board Action: To review and consider whether to approve the revised regulation.</p> <p>Background: The revisions to chapter 57 were reviewed, suggested, and endorsed by a subcommittee of APRN's who are in fact BON members. Their recommendations were previously provided to all of the members by email for review. Attachment III a</p>	Decision
23-05-11	<p>Chapter 58 Certified Nurse Midwife</p> <p>Board Action: To review and consider whether to approve the revised regulation.</p> <p>Background: The revisions to chapter 58 were reviewed, suggested, and endorsed by a subcommittee of APRN's who are in fact BON members. Their recommendations were previously provided to all of the members by email for review. Attachment III b</p>	Decision
23-05-12	<p>Chapter 59 Nurse Practitioners</p> <p>Board Action: To review and consider whether to approve the revised regulation.</p> <p>Background: The revisions to chapter 59 were reviewed, suggested, and endorsed by a subcommittee of APRN's who are in fact BON members. Their recommendations were previously provided to all of the members by email for review. Attachment III c</p>	Decision
25-05-13	<p>Chapter 60 Clinical Nurse Specialist</p> <p>Board Action: To review and consider whether to approve the revised regulation.</p> <p>Background: The revisions to chapter 60 were reviewed, suggested, and endorsed by a subcommittee of APRN's who are in fact are BON members. Their recommendations were previously provided to all of the members by email for review. Attachment III d</p>	Decision

The Open Session Agenda continues the next page with 'Misc. Items for Discussion'.

MISC. ITEMS FOR DISCUSSION

OS-23-05-14	OPEN FORUM/PUBLIC COMMENTS	Informational
	If time permits, the Board Chair will open floor to the public to allow comments, questions, and/or concerns.	

The Open Session Agenda continues the next page with ‘Motion to Close’.

OS-23-05-15	<p><u>MOTION TO CLOSE</u></p> <p>Board Action: To go into closed session to discuss confidential matters as permitted in DC Official Code § 2-575(b)</p> <p>Background: Pursuant to DC Official Code § 2-575(b), the Board will move into the Closed Executive Session portion of the meeting to discuss the following:</p> <ol style="list-style-type: none"> 1. To consult with an attorney to obtain legal advice and to preserve the attorney-client privilege between an attorney and a public body, or to approve settlement agreements pursuant to § 2-575(b)(4)(a); 2. Preparation, administration, or grading of scholastic, licensing, or qualifying examinations pursuant to section § 2-575(b)(6); 3. To discuss disciplinary matters pursuant to section § 2-575(b)(9); <p>To plan, discuss, or hear reports concerning ongoing or planned investigation of alleged criminal or civil misconduct or violations of law or regulations, if disclosure to the public would harm the investigation pursuant to section § 2-575(b)(14).</p>	Decision
OS-23-05-16	<p><u>MOTION TO ADJOURN</u></p> <p>Board Action: To adjourn the meeting.</p> <p>Background: At the end of every meeting a motion to adjourn must be made in open session to close out the business of the Board.</p>	Decision

This ends the Open Session Agenda.

BOARD OF NURSING

Open Session Agenda

March 1, 2023

9:30 a.m.

VIRTUAL MEETING NOTICE

Due to the COVID-19 pandemic, all board meetings will be held virtually during the declared public health emergency.

Information on how to access the public portion of the meeting is listed below:

This meeting was held in Person at 899 North Capital Street. Board Room 216

Join by Web:

<https://dcnet.webex.com/dcnet/j.php?MTID=mcc28cf799c8f6eccc4f690b77e9e8b4b>

Join by Phone:

1-650-479-3208 (US/Canada)

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Board of Nursing Mission Statement:

"The mission of the Board of Nursing is to safeguard the public's health and well-being by assuring safe quality care in the District of Columbia. This is achieved through the regulation of nursing practice and education programs; and by the licensure, registration and continuing education of nursing personnel."

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**The Open Session Agenda continues on the next page with the
'Board Meeting Participants'.**

BOARD MEETING PARTICIPANTS:

BOARD MEMBERS:	
Meedie Bardonille, RN (MB)	Present
Laverne Plater, RN (LP)	Present
Rick Garcia, RN, PhD (RG)	Present
Margaret Green, LPN (MG)	Present
Michelle Clausen, APRN (MC)	Present
Patricia Howard-Chittams, APRN (PW)	Present
Kami Cooper, DNP (KC)	Present
Tiffany Simmons, MSN (TS)	Present
BOARD STAFF:	
Teresa Walsh, RN, PhD, NE-C, Executive Director	Present
Cathy Borris-Hale MHA, RN	Present
Concheeta Wright BSN, RN	Excused Absence
Gregory Scurlock, Compliance Officer	Present
Matteo Leib, Office of Government Relations	Present
DaNeka Bigelow, Health Licensing Specialist	Present
LEGAL STAFF:	
Panravee Vongjaroenrat, Assistant General Counsel	Present

The Open Session Agenda continues the next page with 'Call to Order'.

AGENDA

CALL TO ORDER, APPROVAL OF AGENDA, MINUTES, AND STAFF REPORTS																								
OS-23-03-01	<u>CALL TO ORDER</u>	9:31 am																						
OS-23-03-02	<u>ROLL CALL OF BOARD MEMBERS AND STAFF</u>																							
OS-23-03-03	<u>AGENDA APPROVAL</u> Board Action: Consideration of the Open Session Agenda for today’s meeting, March 1, 2023. Motion to approve by LaVerne Plater. Seconded by Rick Garcia. Approved by unanimous consent.	Decision																						
OS-23-03-04	<u>MEETING MINUTES APPROVAL</u> Board Action: Consideration of the Open Session minutes from the January 3, 2023 meeting. Motion to approve by LaVerne Plater. Seconded by Margaret Green. Approved by unanimous consent.	Decision																						
OS-23-03-05	<u>REPORTS</u> A. Board Chair Report B. Executive Director Report i. DC Health/HRLA Operational Status • Oversight hearing will occur on March 2, 2023. • LPN Renewal’s ii. Licensure Census	Informational																						
	<table><tr><td>LICENSE TYPE</td><td># OF ACTIVE LICENSEES (2/23/2023)</td></tr><tr><td>Certified Nurse Midwife</td><td>149</td></tr><tr><td>Clinical Nurse Specialist</td><td>36</td></tr><tr><td>Home Health Aide</td><td>7,892</td></tr><tr><td>Licensed Practical Nurse</td><td>1,855</td></tr><tr><td>Nurse Practitioner</td><td>3,228</td></tr><tr><td>Registered Nurse</td><td>30,302</td></tr><tr><td>Certified Registered Nurse Anesthetist</td><td>146</td></tr><tr><td>Trained Medication Employee</td><td>1,297</td></tr><tr><td>Certified Nursing Assistant</td><td>4,898</td></tr><tr><td>Total</td><td>49,913</td></tr></table>	LICENSE TYPE	# OF ACTIVE LICENSEES (2/23/2023)	Certified Nurse Midwife	149	Clinical Nurse Specialist	36	Home Health Aide	7,892	Licensed Practical Nurse	1,855	Nurse Practitioner	3,228	Registered Nurse	30,302	Certified Registered Nurse Anesthetist	146	Trained Medication Employee	1,297	Certified Nursing Assistant	4,898	Total	49,913	
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C. Office of Government Relations Report

Health Licensing Board Oversight

- The Committee on Health hosted a Performance Oversight hearing for five of DC Health's Health Professional Licensing Boards.
 - These are the Boards of Medicine, Nursing, Pharmacy, Psychology, and Social Work.
- The hearing took place virtually on February 28th. It focused on topics including workforce shortages, board membership, and education and training. You can watch the hearing at the following [link](#).

Performance and Budget Oversight:

- The Committee on Health will once again host DC Health's Performance and Budget Oversight hearings.
- The Performance Oversight hearing is scheduled for Thursday March 2nd from 9:30am to 6pm.
- The Budget Oversight hearing is scheduled for April 12th at noon.

Council Period 24 Legislation:

- There are several bills still under Congressional Review from the previous Council Period.
- Notable bills include:
 - *Consent for Vaccinations of Minors Amendment Act of 2022* ([B24-0942](#))
 - *Domestic Worker Employment Rights Amendment Act of 2022* ([B24-0712](#))
 - *High Need Healthcare Career Scholarship and Health Professional Loan Repayment Program Amendment Act of 2022* ([B24-0943](#))
 - *Protecting Health Professionals Providing Reproductive Health Care Amendment Act of 2022* ([B24-0830](#))

Prior Authorization Legislation:

- The *Prior Authorization Reform Amendment Act of 2023* ([B25-0124](#)) was introduced on February 7th by Councilmember Pinto and 7 other Councilmembers.
 - This legislation makes adjustments to the prior authorization process for insurers in the District. Notably, it would prohibit insurers from denying a treatment based on cost.
- A similar version was introduced in the previous Council Period ([B24-0655](#)). No further action is scheduled for this version at the current time.

D. Board Attorney Report – No report

E. Education Subcommittee Report

- a. Approval of UDC Faculty, Ms. Henry, for 3 years, with pursuit of MSN.
- b. HELC Approve 2 CNA schools; St Joseph, AEA.

	<ul style="list-style-type: none">c. Next Gen -> April 1, 2023. <p>F. Discipline Subcommittee Report</p> <ul style="list-style-type: none">a. Review of Discipline Prioritiesb. DOJ / FBI Diploma update	
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The Open Session Agenda continues the next page with ‘Misc. Items for Discussion’.

MISC. ITEMS FOR DISCUSSION		
OS-23-03-06	<p><u>OPEN FORUM/PUBLIC COMMENTS</u></p> <p>Background: Time permitted the Board Chair will open floor to the public to allow for the following: comments, questions, and/or concerns.</p> <ul style="list-style-type: none"> • Dr. Eugenia Powell – LPN Program – Dr. Powell has presented an LPN program plan for a new school in the District of Columbia. Her proposed school is not associated with a college or university, which infers a “waiver” of the current regulations about school requirements (5608.3 <i>A nursing education program shall be part of and under control of a college or university that has accreditation by a regional accrediting organization recognized by the U.S. Department of Education.</i>) • She noted that the regulatory requirement for a nursing education program to be part of a college or university is a barrier and she requested a waiver of that requirement. <p>The Board passed a motion to delegate the review of the issue to the Education Committee to consider and present a recommendation to the Board.</p> <p>Decision: Motioned by Patricia Howard-Chittams. Seconded by Margaret Green. Approved by unanimous vote.</p> <ul style="list-style-type: none"> • Mr. Edward Stern – Ketamine IM <p>The Executive Director offered to review the matter with the Pharmaceutical Control Unit of DC Health and provide an update to the inquirer and the Board as appropriate.</p>	Informational

The Open Session Agenda continues the next page with ‘Motion to Close’.

OS-23-03-07	<p><u>MOTION TO CLOSE</u></p> <p>Board Action: To go into closed session to discuss confidential matters as permitted in DC Official Code § 2-575(b)</p> <p>Background: Pursuant to DC Official Code § 2-575(b), the Board will move into the Closed Executive Session portion of the meeting to discuss the following:</p> <ol style="list-style-type: none"> 1. To consult with an attorney to obtain legal advice and to preserve the attorney-client privilege between an attorney and a public body, or to approve settlement agreements pursuant to § 2-575(b)(4)(a); 2. Preparation, administration, or grading of scholastic, licensing, or qualifying examinations pursuant to section § 2-575(b)(6); 3. To discuss disciplinary matters pursuant to section § 2-575(b)(9); <p>To plan, discuss, or hear reports concerning ongoing or planned investigation of alleged criminal or civil misconduct or violations of law or regulations, if disclosure to the public would harm the investigation pursuant to section § 2-575(b)(14).</p>	Decision
OS-23-03-08	<p><u>MOTION TO ADJOURN</u></p> <p>Board Action: To adjourn the meeting.</p> <p>Background: At the end of every meeting a motion to adjourn must be made in open session to close out the business of the Board.</p> <p>Motion to adjourn the meeting by Rick Garcia. Seconded by Kami Cooper. Motion passed by unanimous consent.</p>	<p>Decision</p> <p>11:10 am</p>

This ends the Open Session Agenda.

May 3, 2023

The District of Columbia Board of Nursing (DC-BON) utilizes the National Council State Board of Nursing Decision making Framework regarding Scope of Practice. Here is the link to the Evidence Based Reference:

https://www.ncsbn.org/public-files/2016JNR_Decision-Making-Framework.pdf

CBC CATEGORIES
Board of Nursing (BON)

CATEGORIES OF CBC REVIEW	ACTION
CATEGORY I – ALWAYS REQUIRING BOARD’S ATTENTION Significant issues such as <ul style="list-style-type: none"> • Child molestation/abuse • Serious drug charges • Felony assault and battery • Crime of moral turpitude (e.g. theft, forgery) 	Requiring case-by-case review and measure
CATEGORY II – PATTERN Multiple arrests for the same or similar types of crimes –maybe minor or relatively minor – but possibly indicating a penchant for such acts	Requiring monitoring (with case-by-case exception)
CATEGORY III – RECENTNESS Criminal charges occurring within the past 7 years. Requiring case-by-case determination as to whether the issues raise any practice/professional concerns	Requiring case-by-case review Possible monitoring
CATEGORY IV - INVOLVES SPECIFIC PROFESSIONAL ISSUES OR CREATING CONCERNS OVER PROFESSIONAL CHARACTER (e.g. drug dependence)	Requiring case-by-case review Possible referral to COIN
CATEGORY V - (“MAY BE OK”) Potentially serious and may be of some concern, but applicant provides statement sufficient to reassure Board of rehabilitation.	Cleared and approved
CATEGORY VI – OLD More than 7 years ago and the record is clear since then – pointing to a temporary lapse of judgment and not indicating propensity for crime.	Cleared and approved
CATEGORY VII – CLEAR Very minor and isolated charges such as misdemeanor assaults	Cleared and approved

1985 RULE: Arrests, charges, or convictions – other than in Category I – will be cleared and not considered in reviewing the answer to the crime question. (NOTE: This cut-off date is rolling; accordingly, in 2014, the 1985 Rule became 1986 Rule.)

Revised 4-26-2023/ TMW

CHAPTER 55 PRACTIAL NURSING

5500 GENERAL PROVISIONS

- 5500.1 This chapter ~~shall apply~~applies to applicants for and holders of a license to practice practical nursing ~~and persons otherwise authorized to practice pursuant to §§ 5511 and 5512. No persons may practice registered nursing in the District unless licensed or otherwise authorized to do so in accordance with this chapter.~~
- 5500.2 Chapters 40 (General Rules), ~~and~~ 41 (Administrative Procedures), ~~and~~ 85 (Licensed, Registered, or Certified Health Professional Criminal Background Checks) of this title ~~shall~~ supplement this chapter.
- 5500.3 An application for license that remains incomplete for ninety (90) days or more from the date of submission shall be considered abandoned and closed by the Board. The applicant whose application was closed pursuant to this subsection and who wishes to obtain a license shall thereafter be required to reapply, comply with the current requirements for licensure, and pay the required fees.

SOURCE: Final Rulemaking published at 36 DCR 632 (January 20, 1989); as amended by Final Rulemaking published at 54 DCR 701 (January 26, 2007).

5501 TERM OF LICENSE

- 5501.1 Subject to § 5501.2, a license issued pursuant to this chapter shall expire at 12:00 midnight of June 30 of each odd-numbered year.
- 5501.2 If the Director changes the renewal system pursuant to § 4006.3 of chapter 40 of this title, a license issued pursuant to this chapter shall expire at 12:00 midnight of the last day of the month of the birth date of the holder of the license, or other date established by the Director.

SOURCE: Final Rulemaking published at 36 DCR 632 (January 20, 1989); as amended by Final Rulemaking published at 54 DCR 701 (January 26, 2007).

5502 EDUCATIONAL REQUIREMENTS

- 5502.1 Except as otherwise provided in this chapter, an applicant for a license shall furnish proof satisfactory to the Board in accordance with § 504(m) of the Act, D.C. Official Code § 3-1205.04(m), of the following:
- (a) That the applicant has successfully completed an educational program leading to licensure as a practical nurse which was approved by the Board in accordance with chapter 56 of this Title or by a nursing board in the United States or U.S. territory with standards determined by the Board to be substantially equivalent to the standards in the District; ~~or~~

- (b) That the applicant is a member of or has been honorably discharged from the United States Army with the rating of ~~clinical specialist~~practical nurse specialist after completing the Army Practical Nurse Program 68WM6MOS-91C-practical nursing program;
- (c) ~~That the applicant is a member of or has been honorably discharged from the United States Air Force with the completion of the Air Force BMTCP 4N051 (5 skill level) program; or~~
- (d) ~~That the applicant has successfully completed a basic nursing education program in Canada leading to licensure as a practical nurse which was approved by a Canadian Provincial nursing board with standards determined by the Board to be substantially equivalent to the standards in the District, as enumerated in chapter 56 of this Title.-~~

SOURCE: Final Rulemaking published at 36 DCR 632 (January 20, 1989); as amended by Final Rulemaking published at 37 DCR 2747, 2751 (May 4, 1990); as amended by Final Rulemaking published at 54 DCR 701 (January 26, 2007).

5503 EDUCATIONAL REQUIREMENTS FOR APPLICANTS EDUCATED IN FOREIGN COUNTRIES

5503.1 An applicant who completed an educational program in a foreign country, other than Canada, which program was not approved in accordance with § 5502.1, shall furnish proof satisfactory to the Board in accordance with § 504(m) of the Act, D.C. Official Code § 3-1205.04(m) of the following:

- (a) That the applicant's education and training are substantially equivalent to the requirements of this chapter and the Act;
- (b) That the applicant successfully completed a credentials evaluation by an organization approved or recognized by the Board~~the Commission on Graduates of Foreign Nursing Schools (CGFNS) examination by submitting a certificate from CGFNS~~; and
- (c) That the applicant has spoken and written competency in English by documenting one of the following:
 - (1) Graduation from a nursing program in a country where English is the native language and where English was the only language of instruction throughout the applicant's inclusive dates of attendance;
 - (2) Successful passage of an English proficiency examination approved by the Board that includes the components of reading, speaking, writing, and listening~~completion of the Test of Spoken English (TSE) examination with a passing score of fifty (50); or~~
 - (3) ~~Successful completion of the International English Language Testing System (IELTS) examination with a passing score of six (6.0) overall with a spoken band score of seven (7.0); or~~
 - (34) Evidence~~Provide proof~~ that the applicant has completed a total of twelve (12) months of full-time employment in the United States during the two (2) years immediately preceding the date of application.

5503.2 ~~An applicant under this section who has practiced nursing in their country of origin or any other country shall provide information related to their licensure status in the relevant country.~~

Commented [VP(1): From the Model Act.

5503.3 ~~Notwithstanding any other provisions in this chapter, the Board may conduct a current competency review of an applicant under this section who, during the twelve (12) months before the application, has not engaged in the practice of registered nursing either in their country of origin or any other country including the United States. The Board may deny licensure to an applicant who cannot establish their current competency to practice registered nursing in a safe and effective manner.~~

5503.42 If a document required by this chapter is in a language other than English, an applicant shall arrange for its translation into English by a translation service acceptable to the Board and shall submit the translation signed by the translator attesting to its accuracy.

SOURCE: Final Rulemaking published at 36 DCR 632, 633 (January 20, 1989); as amended by Final Rulemaking published at 54 DCR 701 (January 26, 2007).

5504 NATIONAL LICENSURE BY EXAMINATION

5504.1 To qualify for a license ~~by examination~~, an applicant shall, ~~in addition to the educational requirement pursuant to § 5502.1 or 5503.1, have obtained a passing score on the National Council Licensure Examination for Practical Nurses (NCLEX-PN) developed by the National Council of State Boards of Nursing, Inc. (NCSBN). The passing score on the NCLEX-PN shall be the passing score established by the NCSBN:~~

- ~~(a) — Receive a passing score on the National Council Licensure Examination for Practical Nurses (NCLEX-PN) developed by the National Council of State Boards of Nursing, Inc. (NCSBN). The passing score on the NCLEX-RN shall be the passing score established by the NCSBN;~~
- ~~(b) — Meet the educational requirements of this chapter; and~~
- ~~(c) — Meet any other requirements as set forth by the Board.~~

5504.2 To apply for a license by examination, an applicant shall ~~submit a completed application and may take the NCLEX-PN only after the Board has determined that they meet the qualifications required for a license pursuant to this chapter and granted approval for them to sit for the examination.:~~

- ~~(a) — Submit a completed application to the Board on the required forms and include:
 - ~~(1) — The applicant's social security number on the application. If the applicant does not have a social security number, the applicant shall submit with the application a sworn affidavit, under penalty of perjury, stating that he or she does not have a social security number; and~~
 - ~~(2) — Two (2) recent passport-type photographs of the applicant's face measuring two inches by two inches (2" x 2") which clearly exposes the area from the top of the forehead to the bottom of the chin.~~~~
- ~~(b) — Arrange for a certified transcript of the applicant's academic record and a letter of recommendation from the nurse administrator of the school or college to be sent directly from the educational institution to the Board;~~

(e) ~~Sit for the NCLEX-PN examination not later than ninety (90) days following submission of the application. The Board may, in its discretion, grant an extension of the time requirement if the applicant's failure to sit for the examination was for good cause. As used in this section "good cause" includes the following:~~

(1) ~~Serious and protracted illness of the applicant; or~~

(2) ~~The death or serious and protracted illness of a member of the applicant's immediate family.~~

(d) ~~Submit any other required documents; and~~

(e) ~~Pay all required fees.~~

5504.3 ~~An approval for an applicant to sit for the NCLEX-PN examination granted pursuant to this section shall remain effective for not more than ninety (90) days; provided, however, that the Board may extend that time period in the case of public emergency or if the applicant's failure to sit for the examination within the required time was for good cause, which includes but is not limited to serious illness of the applicant or immediate family member or death of an immediate family member. An application shall be deemed abandoned and closed if the applicant fails to take or pass the examination within ninety (90) days or fails to request an extension of the time limitation. An applicant whose application has been closed may seek an approval to sit for the examination by submitting a new application and comply with all relevant requirements. An application that remains incomplete for ninety (90) days or more from the date of submission shall be considered abandoned, and closed by the Board. The applicant shall thereafter be required to reapply, comply with the current requirements for licensure, and pay the required fees.~~

5504.4 ~~An applicant who seeks approval to sit for the examination more than one (1) year, but less than three (3), from the date they became eligible to sit for the examination shall If an applicant has not yet taken or passed the NCLEX-PN examination three (3) months after the date the applicant became eligible to apply to sit for the exam, the applicant shall complete a review course approved by the Board and provide proof of having completed the course in order to be eligible to sit for the next available NCLEX-PN examination. For purposes of this section:~~

(a) ~~Graduates of an educational program in practical nursing approved in accordance with § 5502.1 are deemed eligible to apply to sit for the examination upon graduation.~~

(b) ~~Graduates of an educational program in practical nursing in a foreign country not approved in accordance with § 5502.1 are deemed eligible to apply to sit for the examination upon completion of the requirements set forth in § 5503.1, provided further that the applicant has practiced practical nursing continuously with no more than twelve (12) months' interruption prior to submitting the application.~~

5504.5 ~~An applicant who seeks approval to sit for the examination more than three (3), but not more than five (5), years If an applicant has not yet taken or passed the NCLEX-RN examination more than one (1) year after the date the applicant becomes eligible to apply to sit for examination, in accordance with 5504.4(a) or (b), shall meet the following requirements:~~

(a) ~~Complete a review course approved by the Board before being approved to sit for the examination; and~~

(b) ~~Complete a nursing refresher course approved by the Board before being granted a license.~~

5504.6 ~~The Board shall not grant approval for any person to sit for NCLEX-PN who has not passed the examination more than five (5) years after the date the person becomes eligible pursuant to § 5504.4(a) or (b).~~

~~the applicant shall submit a plan of study for approval by the Board in order to be approved to sit for the NCLEX-RN examination.~~

SOURCE: Final Rulemaking published at 36 DCR 632, 634 (January 20, 1989); as amended by Final Rulemaking published at 37 DCR 2747, 2751 (May 4, 1990); as amended by Final Rulemaking published at 54 DCR 701 (January 26, 2007).

5505 LICENSURE BY ENDORSEMENT

5505.1 ~~Except as provided otherwise in this section, A~~an applicant is eligible for licensure by endorsement if the applicant is currently licensed as a practical nurse under the laws of a state or territory of the United States; and if the applicant's original licensure in a state or territory was based upon:

- (a) ~~Completion of an educational program leading to practical nursing license meeting the requirements of § 5502.1 or 5503.1(a) and (b);~~
- (b) ~~A passing score on the NCLEX-PN or A score of three hundred and fifty (350) on each part of the State Board Test Pool Examination for practical nurses taken before September 1982; or~~and
- (bc) ~~A licensure history with continuous good standing in all jurisdictions where the applicant holds or has held a practical nursing license~~A passing score on the NCLEX-PN.

5505.2 ~~Notwithstanding the requirement of § 5405.1(c), the Board may issue a license to an applicant who does not meet the requirement of § 5405.1(c) if the Board determines that the District's public interest is served by so doing. To apply for a license by endorsement, an applicant shall:~~

- (a) ~~Submit a completed application to the Board on the required forms and include:~~
 - (1) ~~The applicant's social security number on the application. If the applicant does not have a social security number, the applicant shall submit a sworn affidavit, under penalty of perjury, with the application stating that he or she does not have a social security number; and~~
 - (2) ~~Two (2) recent passport-type photographs of the applicant's face measuring two inches by two inches (2" x 2") which clearly exposes the area from the top of the forehead to the bottom of the chin.~~
- (b) ~~Submit a copy of his or her current license with the application;~~
- (c) ~~Obtain licensure verification from the original state or territory of licensure that the license is current and in good standing:~~
 - (1) ~~If the license from the original state or territory is not current, an applicant shall obtain verification from a state or territory that the applicant holds a current license in good standing; and~~
 - (2) ~~The licensure verification form must be sent directly to the Board, by the verifying Board.~~
- (d) ~~Meet any other requirements as set forth by the Board; and~~

(e) — Pay all required fees.

5505.3 If the applicant completed an educational program for practical nursing in a foreign country, which program was not approved in accordance with the requirements set forth in § 5502.1, the applicant shall also demonstrate spoken and written competency in English in accordance with § 5503.1(c), by providing documentation of one of the following:

(a) — Graduation from a nursing program where English was the only language of instruction throughout the applicant's inclusive dates of attendance;

(b) — Successful completion of the Test of Spoken English (TSE) examination;

(c) — Successful completion of the International English Language Testing System (IELTS) examination with a passing score of six (6.0) overall with a spoken band score of seven (7.0); or

(d) — Provide proof that the applicant has completed a total of twelve (12) months of full-time employment at a health care facility in a state or territory of the United States during the two (2) years immediately preceding the date of application.

5505.4 — An application that remains incomplete for ninety (90) days or more from the date of submission shall be considered abandoned, and closed by the Board. The applicant shall thereafter be required to reapply, submit the required documents and completed forms, and pay the required fees.

5505.54 Nothing in this section shall be construed to prohibit the Board from utilizing other authorized databases to verify an applicant's current licensure standing in other jurisdictions of the U.S or to review disciplinary records.

SOURCE: Final Rulemaking published at 54 DCR 701 (January 26, 2007).

5506 LICENSURE BY RE-ENTRY PROGRAM RENEWAL OF LICENSE

5506.1 To be eligible for the renewal of a license, an applicant for renewal shall have completed, during the two (2) years before the expiration of the license, twenty-four (24) hours of continuing education meeting the requirements of § 5510 and including:

(a) Two (2) hours of cultural competency or specialized clinical training focusing on patients or clients who identify as lesbian, gay, bisexual, transgender and queer in accordance with D.C. Official Code § 3-1205.10 (b)(5);

(b) Ten percent (10%) of the total shall be in subjects determined by the Director as public health priorities of the District, which shall be duly published every five (5) years or as deemed necessary; and

(c) Pursuant to D.C. Official Code § 3-1205.10(b-1)(3), the requirements of D.C. Official Code § 3-1205.10(b)(4) are waived.

A health professional who fails to apply for reinstatement of a District of Columbia practical nursing license within five (5) years after the license expires, and who is not currently licensed to practice practical nursing under the laws of a state or territory of the United States, may apply for licensure to practice practical nursing in the District of Columbia under licensure by re-entry program.

5506.2 The Board may periodically conduct an audit of licensees to determine compliance with the continuing education requirements. A licensee who has been selected to participate in an audit shall, within thirty (30) days of receiving the notice of the audit, submit proof of completion of the continuing education required pursuant to §5406.1. To apply for licensure by re-entry program, an applicant shall:

- (a) Submit a completed application to the Board on the required forms and include:
 - (1) The applicant's social security number on the application; and
 - (2) Two (2) recent passport-type photographs of the applicant's face measuring two inches by two inches (2" x 2") which clearly exposes the area from the top of the forehead to the bottom of the chin.
- (b) Submit proof of completion of a re-entry program approved by the Board;
- (c) Submit any other required documents; and
- (d) Pay all required fees.

5506.3 Notwithstanding the requirement of § 5506.1, an applicant seeking renewal of the license after the initial grant shall not be required to complete continuing education; provided, however, that a reinstatement or reactivation of a license shall not constitute an initial grant of the license.
An application that remains incomplete for ninety (90) days or more from the date of submission shall be considered abandoned, and closed by the Board. The applicant shall thereafter be required to reapply, comply with the current requirements for licensure, and pay the required fees.

5506.4 Board shall periodically conduct a random audit of its active licensees to determine compliance. The nurses selected for the audit shall provide a completed Continuing Education Compliance Audit Form and all supporting documentation to the Board within ten (10) days of receiving notification of the audit.

SOURCE: Final Rulemaking published at 36 DCR 632, 634 (January 20, 1989); as amended by Final Rulemaking published at 54 DCR 701 (January 26, 2007).

5507 REACTIVATION OF AN INACTIVE LICENSE

5507.1 A licensee holding an inactive license in an inactive status, pursuant to § 511 of the Act, D.C. Official Code § 3-1205.11, may apply for reactivation of the license within five (5) years from the last expiration of the license by the following means:

- (a) A licensee who has maintained an active and valid practical nursing license, without adverse action, encumbrance, or restriction, in another state during the whole duration of the inactive District license may have the District license reactivated upon submission of a complete application, the required fee, evidence of twenty-four (24) hours of continuing education meeting the requirements of § 5506.1 completed within twenty-four (24) months prior to the submission of the application, and proof of eligibility pursuant to this paragraph; or
- (b) A licensee who does not meet the requirement of paragraph (a) above may have their license reactivated if the Board, after receiving the complete application and fee, determines that the licensee possesses sufficient current competency and fitness to practice safely and effectively in the District.

by submitting a completed application on the forms required by the Board and paying the required fees.

5507.2 In evaluating a reactivation applicant's current competency, the Board may require that the applicant complete a Board-approved re-entry program. A licensee in inactive status, pursuant to § 511 of the Act, D.C. Official Code § 3-1205.11, for twelve (12) months or more, who submits an application to reactivate a license shall:

- (a) ~~Submit proof as set forth in § 5508.7 of having completed nine (9) hours of continuing education in the licensee's current area of practice for each year, or any portion thereof, the license was in inactive status up to a maximum of eighteen (18) hours of continuing education. Only continuing education taken in the two (2) years immediately preceding the application date will be accepted; or~~
- (b) ~~Submit proof of a current license in good standing to practice practical nursing from a state or territory of licensure in the United States. Verification of good standing must be sent directly to the Board by the verifying Board.~~

5507.3 ~~A licensee in an inactive status, pursuant to § 511 of the Act, D.C. Official Code § 3-1205.11, for two (2) years or more, who submits an application to reactivate a license shall:~~

- (a) ~~Submit proof as set forth in § 5508.7 of having completed nine (9) hours of continuing education in the licensee's current area of practice for each year, or any portion thereof, the license was in inactive status up to a maximum of eighteen (18) hours of continuing education. Only continuing education taken in the two (2) years immediately preceding the application date will be accepted;~~
- (b) ~~Submit proof of completion of a re-entry program approved by the Board; or~~
- (c) ~~Submit proof of a current license in good standing to practice practical nursing from a state or territory of licensure in the United States. Verification of good standing must be sent directly to the Board by the verifying Board.~~

SOURCE: Final Rulemaking published at 36 DCR 632, 636 (January 20, 1989); as amended by Final Rulemaking published at 54 DCR 701 (January 26, 2007).

5508 REINSTATEMENT OF AN EXPIRED LICENSE

5508.1 A licensee whose license has expired may seek reinstatement of the license no more than five (5) years from the date of expiration in accordance with this section. No license may be reinstated if more than five (5) years have elapsed since its expiration. An applicant for reinstatement of a license shall:

- (a) ~~Submit proof as set forth in § 5510 of having completed eighteen (18) hours of continuing education in the applicant's current area of practice in the two years immediately preceding the application date; and~~
- (b) ~~Meet any other requirements that the Board may set forth to determine whether the license should be reinstated.~~

5508.2 To be eligible for license reinstatement, an applicant shall submit proof of having completed twenty-four (24) hours of continuing education meeting the requirements of § 5506.1 within the two (2) years immediately before the application date. An applicant for reinstatement of a license shall submit the required documents and completed forms required by the Board and pay the required fees.

~~5508.3 The Board shall not reinstate the license of an applicant who fails to apply for reinstatement of the license within five (5) years after the license expires. The applicant may become licensed by applying for and meeting the requirement for obtaining an initial license which shall include licensure by the re-entry program.~~

SOURCE: Final Rulemaking published at 36 DCR 632, 637 (January 20, 1989); as amended by Final Rulemaking published at 54 DCR 701 (January 26, 2007).

5509 RENEWAL OF A LICENSERESERVED.

~~5509.1 A licensee shall renew his or her license by submitting a completed application on the forms required by the Board and paying the required fees prior to the expiration of the license.~~

~~5509.2 The Board's staff shall mail out applications for renewal at least sixty (60) days prior to the date the license expires.~~

~~5509.3 A licensee shall have the burden of notifying the Board if a renewal notice is not received.~~

~~5509.4 A licensee shall notify the Board in writing of a change of home or business address within thirty (30) days after the change.~~

~~5509.5 A licensee applying for renewal shall submit proof of completion of eighteen (18) contact hours of continuing education in the licensee's current area of practice commencing with the renewal period of 2007. Only continuing education hours obtained in the two (2) years immediately preceding the application date will be accepted.~~

~~5509.6 A licensee applying for renewal of a license who fails to submit proof of having completed the continuing education requirements by the date the license expires may renew the license within sixty (60) days after the date of expiration by submitting proof pursuant to § 5510 and by paying the required late fees.~~

~~5509.7 Upon submitting proof and paying the required late fees, the licensee shall be deemed to have possessed a valid license during the period between the expiration of the license and the submission of the required documents and fees.~~

~~5509.8 If a licensee applying for renewal of a license fails to submit proof of completion of the continuing education requirements, or pay the late fee within sixty (60) days after the expiration of the applicant's license, the license shall be considered to have lapsed on the date of expiration and the health care professional shall thereafter be required to apply for reinstatement of an expired license and meet all requirements and fees for reinstatement.~~

~~5509.9 The Board may, in its discretion, grant an extension of the sixty (60) day period to renew the license after expiration, if the licensee's failure to submit proof of completion of the continuing education or pay the late fee was for good cause. As used in this section "good cause" includes the following:~~

~~(a) Serious and protracted illness of the licensee; and~~

~~(b) The death or serious and protracted illness of a member of the licensee's immediate family.~~

~~5509.10 The Board may, in its discretion, waive continuing education requirements for a licensee who submits proof of:~~

- (a) ~~Serving as a speaker at an approved continuing education program. The presentation shall have been completed during the period for which credit is claimed; or~~
- (b) ~~Being the author or editor of a published periodical, if the periodical has been published or accepted for publication during the period for which credit is claimed.~~

~~5509.11 If a licensee has previously received credit in connection with a particular presentation, the Board shall not grant credit for a subsequent presentation unless the presentation involved either a different subject or substantial additional research concerning the same subject.~~

SOURCE: Final Rulemaking published at 54 DCR 701 (January 26, 2007).

5510 APPROVED CONTINUING EDUCATION

5510.1 The Board, in its discretion, may approve continuing education programs and activities that contribute to the growth of an applicant in professional and competence in the practice of practical nursing, are relevant to the practitioner's area of practice, and ~~which~~ meet the other requirements of this section.

5510.2 Continuing education credit may be granted only for programs or activities approved by the Board. Except as otherwise specifically provided, fifty(50) minutes of approved program or activity content constitutes one (1) continuing education credit.

5510.3 To qualify for approval by the Board, a continuing education program shall meet the following requirements:

- (a) Its subject matter is current and relevant to the practice of practical nursing;
- (b) It has been developed and taught by qualified individuals; and
- (c) It meets one of the following requirements:
 - (1) Administered and approved by a registered nurse, nursing organization, or health services organization that is recognized by the Board; or
 - (2) Approved by a state board of nursing, the American Nurses Credentialing Center, Accreditation Council for Continuing Medical Education, or any other national accrediting body recognized by the Board.

~~The Board shall maintain a list of approved continuing education program sponsors which shall be available to the public during regular business hours.~~

5510.4 A person seeking continuing education credit licensee shall have the burden of verifying whether a program is approved by the Board pursuant to this section prior to enrolling in a program.

5510.5 At the request of a licensee, or the sponsor of a continuing education program, the Board may approve the following types of continuing education programs if the programs meet the requirements of this section:

- (a) An undergraduate course or graduate course given at an accredited college or university;
- (b) A conference, course, seminar, or workshop;

- (c) An educational course offered through the Internet; or
- (d) Other programs approved by the Board which meet the requirements of this section.

5510.6 For approved undergraduate or graduate courses, each semester hour of credit shall constitute fifteen (15) hours of continuing education credit, and each quarter hour of credit shall constitute ten (10) hours of continuing education credit.

~~To qualify for approval by the Board, a continuing education program shall meet the following requirements:~~

- ~~(a) Be current in its subject matter;~~
- ~~(b) Be developed and taught by qualified individuals; and~~
- ~~(c) Meet one of the following requirements:~~
 - ~~(1) Be administered and approved by a registered nurse, nursing organization, or health services organization that is recognized by the Board; or~~
 - ~~(2) Be administered and approved by a health care facility, institution, or organization, or a college, school or university that is accredited by the Secretary of the United States Department of Education or the Council on Post Secondary Education or the American Nurses Credentialing Council (ANCC).~~

5510.7 A person seeking continuing education credit licensee shall submit the following information with respect to each program for which continuing education is claimed, on a form required by the Board:

- (a) The name and address of the sponsor or provider of the program;
- (b) The name of the program, its location, a description of the subject matter covered, and the name(s) of the instructor(s);
- (c) The date(s) on which the applicant attended the program;
- (d) The hours of credit claimed; and
- (e) Attach a verification form signed and stamped by the program sponsor.

5510.8 The Board may, at its discretion, grant continuing education credits for the following activities:

- (a) Serving as a speaker at an approved continuing education program;
- (b) Developing a Board-approved course or educational offering;
- (c) Being the author or editor of a peer-reviewed, published periodical, if the periodical has been published or accepted for publication during the period for which credit is claimed;
- (d) Obtaining a national nursing certification not previously held;
- (e) Completion of or participation in completed qualitative or quantitative research project; or

(f) Active participation and attendance in a volunteer leadership position within a regulatory board or national professional association.
~~The Board shall grant continuing education credit for whole hours only, with a minimum of fifty (50) minutes constituting one (1) credit hour.~~

5510.9 The Board may accord continuing education credits to activities enumerated in § 5510.8 as it deems appropriate subject to the following limitations:

(a) The activity for which credit is granted shall occur or be completed during the period for which the credit is sought;

(b) Credits granted for presentation described in § 5510.8(a) may be granted for both presentation time and preparation time, with the preparation credit not to exceed twice the amount of presentation time; and

(c) Credits granted for activities described in § 5510.8(f) shall not exceed a total of six (6) during the period for which the credit is sought.

5510.10 A person seeking continuing education credit for activities enumerated in § 5410.8 shall bear the burden of providing sufficient objective verification of such activities to enable the Board to ascertain their bona fide and continuing education value.

~~For approved undergraduate or graduate courses, each semester hour of credit shall constitute fifteen (15) hours of continuing education credit, and each quarter hour of credit shall constitute ten (10) hours of continuing education credit.~~

SOURCE: Final Rulemaking published at 54 DCR 701 (January 26, 2007).

5511 SUPERVISED PRACTICE OF STUDENTS

5511.1 A student may practice practical nursing only in accordance with the Act and this chapter.

5511.2 A student who is fulfilling educational requirements under § 103(c) of the Act, D.C. Official Code § 3-1201.3, shall be authorized to engage in the supervised practice of practical nursing without a District of Columbia license.

5511.3 Only a registered nurse licensed under the Act, who is an appointed faculty member of the accredited school, college, or university, or a preceptor meeting the qualifications set forth in chapter 56 of this title, shall be authorized to supervise the practice of practical nursing by a student.

5511.4 A student who practices pursuant to this section shall only practice at a hospital, long-term care facility, a health facility operated by the District or federal government, a health education center, or other health care facility considered appropriate by the school, college, or university.

5511.5 All supervised practice of a student shall take place under general or immediate supervision of a registered nurse.

5511.6 A person who has been denied a license, disciplined, convicted of an offense that bears directly upon his or her fitness to be licensed, or who has such an action pending in the District of Columbia or other jurisdiction shall not practice pursuant to this section unless first authorized by the Board in writing.

5511.7 A student practicing under this section shall not assume administrative or technical responsibility for the operation of a nursing program, unit, service, or institution.

- 5511.8 A student shall identify himself or herself as such before practicing as a practical nurse. A student shall wear a picture identification badge with lettering clearly visible to the client bearing the name of the student and the position title.
- 5511.9 A student shall not receive compensation of any nature, directly or indirectly, from a client or client's family member.
- 5511.10 The appointed supervising faculty member shall be fully responsible for all practice by a student during the period of supervision and may be subject to disciplinary action for violations of the Act or this chapter by the student.
- 5511.11 The Board may deny an application for licensure by, or take other disciplinary action against, a student who is found to have violated the Act or this chapter. The Board may, in addition to any other disciplinary actions permitted by the Act, revoke, suspend, or restrict the privilege of the student to practice.

SOURCE: Final Rulemaking published at 36 DCR 632, 638 (January 20, 1989); as amended by Final Rulemaking published at 54 DCR 701 (January 26, 2007).

5512 SUPERVISED PRACTICE BY APPLICANTS OF GRADUATE NURSES

- 5512.1 ~~An applicant for license~~ graduate nurse may practice practical nursing only in accordance with the Act and this chapter.
- 5512.2 An individual may be authorized to engage in the supervised practice of practical nursing ~~as a graduate nurse~~, without a District of Columbia license if the individual has a pending application for license under this chapter and:
- (a) Graduated from a nursing program pursuant to § 5502.1, or has met the requirements set forth in § 5503 and has never taken the NCLEX-RN exam; or
 - (b) Holds an unencumbered practical nurse license in good standing in another state.
~~Has not failed the NCLEX-PN examination; and~~
 - (c) ~~Has an initial application pending for licensure by examination in the District of Columbia.~~
- 5512.3 A person who has been denied a license ~~or~~, disciplined, ~~convicted of an offense that bears directly upon his or her fitness to be licensed, or who has such an action pending in the District of Columbia or in~~ another jurisdiction shall not practice pursuant to this section unless first authorized by the Board in writing.
- 5512.4 An applicant under § 5512.2 seeking to practice while the application is pending shall make the request for a supervised practice letter and may be permitted to practice only after the supervised practice letter is issued. Within five (5) business days after the application for licensure by exam has been received by the Board's staff, the Board's staff shall, at the request of the applicant, issue a supervised practice letter to the applicant to document that his or her application is pending and that he or she is authorized to practice under the Act and this chapter. The practice letter is not renewable and shall expire:
- (a) Ninety (90) days from the date of issuance;

- (b) Upon notification that the applicant has failed the NCLEX examination; or
 - (c) Upon receipt of written notice from the Board that the application for licensure has been denied, whichever date is the earliest.
- 5512.5 Upon receipt of the supervised practice letter, the graduate nurse applicant shall inform employers of the date of expiration of the letter and shall immediately cease professional nursing practice on that date or upon receipt of written notice from the Board that the application for licensure has been denied, whichever date is the earliest. The graduate nurse thereafter may practice in a non-professional healthcare occupation, until receipt of a license or issuance of a license number.
- 5512.6 The applicant authorized to practice may do so only under the general or immediate supervision of a registered nurse licensed under this chapter. Only a registered nurse licensed under the Act, who is a supervisor, shall be authorized to supervise the practice of practical nursing by a graduate nurse.
- 5512.7 All supervised practice of a graduate nurse shall take place under general or immediate supervision.
- 5512.8 An applicant authorized to practice ~~A graduate nurse who practices pursuant to this section~~ shall only practice at a hospital, long-term care facility, a health facility operated by the District or federal government, or other health care facility considered appropriate and approved by the Board.
- 5512.9 A graduate nurse shall not be eligible to practice practical nursing in any of the following settings;
- (a) ~~Correctional Facility;~~
 - (e) ~~Dialysis Center;~~
 - (e) ~~Home Health Agency;~~
 - (d) ~~Community Residential Facility;~~
 - (e) ~~Nursing Staffing Agency;~~
 - (f) ~~Medical Group Practice;~~
 - (g) ~~School, (as a school nurse); and~~
 - (h) ~~Any other setting that does not meet the requirements of § 5512.8.~~
- 5512.10 An applicant authorized to practice ~~A graduate nurse practicing under this section~~ shall not assume administrative or technical responsibility for the operation of a nursing program, unit, service, or institution.
- 5512.11 An applicant practicing under this section ~~A graduate nurse~~ shall identify himself or herself as such before engaging in the supervised practice of practical nursing. ~~A student shall wear a picture identification badge with lettering clearly visible to the client bearing the name of the student and the position title.~~
- 5512.12 An applicant practicing under this section ~~A graduate nurse~~ shall not receive compensation of any nature, directly or indirectly, from a client or client's family member, except for a salary based on hours worked under supervision.

5512.13 The supervisor shall be fully responsible for the practice by [an applicant authorized to practice under this section](#) ~~a graduate nurse~~ during the period of supervision and may be subject to disciplinary action for violations of the Act or this chapter by the graduate nurse.

5512.14 The Board may deny an application for licensure by, or take other disciplinary action against, [an applicant](#) ~~graduate nurse~~ who is found to have violated the Act or this chapter. The Board may, in addition to any other disciplinary actions permitted by the Act, revoke, suspend, or restrict the privilege of the [graduate nurse applicant](#) to practice.

SOURCE: Final Rulemaking published at 36 DCR 632, 640 (January 20, 1989); as amended by Final Rulemaking published at 54 DCR 701 (January 26, 2007).

~~5513 SUPERVISED PRACTICE OF APPLICANTS FOR LICENSURE BY ENDORSEMENT~~

~~5513.1 An applicant may practice practical nursing only in accordance with the Act and this chapter.~~

~~5513.2 An applicant for licensure by endorsement shall be authorized to engage in the supervised practice of practical nursing in the District of Columbia without a District of Columbia license if the applicant:~~

- ~~(a) Is currently licensed, in good standing, as a practical nurse under the laws of a state or territory of the United States;~~
- ~~(b) Is a graduate of a program approved in accordance with § 5502.1, or can demonstrate competency in English pursuant to § 5505.3; and~~
- ~~(c) Has an initial application pending for licensure by endorsement in the District of Columbia.~~

~~5513.3 A person who has been denied a license, disciplined, convicted of an offense that bears directly upon his or her fitness to be licensed, or who has such an action pending in the District of Columbia or another jurisdiction shall not practice pursuant to this section unless first authorized by the Board in writing.~~

~~5513.4 Within five (5) business days after the application for licensure by endorsement has been received by the Board's staff, the Board's staff shall issue a practice letter to the applicant to document that his or her application is pending and that he or she is eligible to practice under the Act and this chapter. The practice letter is not renewable and shall expire:~~

- ~~(a) Ninety (90) days from the date of issuance; or~~
- ~~(b) Upon receipt of written notice from the Board that the application for licensure has been denied, whichever date is the earliest.~~

~~5513.5 Upon receipt of the practice letter, the applicant shall inform employers of the date of expiration of the letter and shall immediately cease professional nursing practice in the District on that date or upon receipt of written notice from the Board that the application for licensure has been denied, whichever date is the earliest. The applicant thereafter may practice in a non-professional healthcare occupation, until receipt of a District of Columbia license to practice practical nursing.~~

~~5513.6 Only a registered nurse licensed under the Act, who is a supervisor, may be authorized to supervise the practice of practical nursing by an applicant.~~

~~5513.7 All supervised practice of an applicant shall take place under general or immediate supervision.~~

5513.8—An applicant shall not receive compensation of any nature, directly or indirectly, from a client or client's family member, except for a salary based on hours worked under supervision.

5513.9—The supervisor shall be fully responsible for the practice by an applicant during the period of supervision and may be subject to disciplinary action for violations of the Act or this chapter by the applicant.

5513.10—The Board may deny an application for licensure by, or take other disciplinary action against, an applicant who is found to have violated the Act or this chapter. The Board may, in addition to any other disciplinary actions permitted by the Act, revoke, suspend, or restrict the privilege of the applicant to practice.

SOURCE: Final Rulemaking published at 54 DCR 701 (January 26, 2007).

5514 SCOPE OF PRACTICE

5514.1 The practice of practical nursing means A licensed practical nurse (LPN) may perform nursing services as directed and supervised by a registered nurse, advance practice registered nurse, or physician who is at least readily available by telecommunication and is able to be physically present if necessary within forty-five (45) minutes, the following:

- (a) The performance of actions of preventive health care, health maintenance, and the care of persons who are ill, injured, or experiencing alterations in health processes at the direction of the delegating or supervisory registered nurse; and
- (b) The basic knowledge, judgment, and skills in nursing procedures gained through successful completion of an approved educational program in practical nursing.

5514.2 An LPN may perform the following functions:

- (a) Participating in nursing care, health maintenance, patient teaching, counseling, collaborative planning and rehabilitation, to the extent of their education, training, and experience;
- (b) Conducting a focused nursing assessment, which is an appraisal of the patient's health status and needs that contributes to ongoing data collection; and
- (c) Collecting data on the health status of patients;
- (d) Supporting ongoing data collection;
- (e) Planning nursing care episodes for patients with stable conditions;

- (f) Participating in the development and modification of the comprehensive plan of care for all types of patients;
- (g) Implementing appropriate aspects of the strategy of care within a patient-centered health care plan;
- (h) Maintaining safe and effective nursing care rendered directly or indirectly;
- (i) Promoting a safe and therapeutic environment;
- (j) Assisting in the evaluation of responses to interventions; and
- (k) Assisting in teaching and training nursing assistive personnel as well as in assigning tasks to and supervising them to implement the plan of care.

5514.32

An ~~practical nurse~~LPN shall accept only those assigned nursing activities and responsibilities as set forth in the Act and this chapter, which the ~~practical nurse~~LPN can safely perform. That acceptance shall be based on the following requirements in each practice setting which shall include:

- (a) The qualifications of the ~~practical nurse~~LPN in relation to the client's needs and the integrated plan of care, including:
 - (1) Basic education and preparation of the ~~practical LPN~~nurse; and
 - (2) Knowledge and skills subsequently acquired through continuing education and practice.
- (b) The degree of supervision by a registered nurse;
- (c) The stability of each of the clients' condition;
- (d) The complexity and frequency of nursing intervention to address the needs of the client or client group;
- (e) The accessible resources within the agency or facility in which the LPN works; and
- (f) The established policies, procedures, standards of practice, and communication channels, which lend support to the model of nursing services offered by the agency or facility.

5514.43

An LPN may administer medications intravenously and perform infusion therapy upon successfully completing a Board-approved program of intravenous and infusion therapy and if the following requirements are met:

- (a) The administrator for nursing services has developed policies, procedures and practice standards, which govern the practice of infusion therapy;
- (b) The supervisor maintains documentation to validate the competency of the LPN; and
- (c) A registered nurse is present in the facility or on the unit, when the LPN is performing infusion therapy. The practice of practical nursing shall include the following:
 - ~~(a) Participating in the performance of the ongoing comprehensive nursing assessment process of the client's biological, physiological, and behavioral health, including the client's reaction to an illness, injury, and treatment regimens by collecting data and performing focused nursing assessments;~~
 - ~~(b) Recording and reporting the findings and results of the ongoing nursing assessment process;~~
 - ~~(c) Participating in the development and modification of the client-centered plan of care;~~
 - ~~(d) The administration of medication and treatment as prescribed by a legally authorized health care professional, licensed in the District of Columbia, and that is within the scope of practice of a practical nurse;~~
 - ~~(e) Implementing appropriate aspects of the integrated plan of care in which the practical nurse is knowledgeable, skilled, and competent to perform and that is within the scope of practice of the practical nurse;~~
 - ~~(f) Participating in the nursing care management through assigning and directing nursing interventions that may be performed by unlicensed, trained personnel;~~
 - ~~(g) Participating in the evaluation of the client response and outcome to interventions;~~
 - ~~(h) Promoting and maintaining a safe and therapeutic environment;~~

- ~~(i) Participating in health teaching and counseling to promote, attain, and maintain the optimum health level of the client;~~
- ~~(j) Communicating and collaborating with other health care team members and other professionals;~~
- ~~(k) Monitoring intravenous infusion;~~
- ~~(l) Inserting nasogastric tubes; and~~
- ~~(m) Other acts or services which are beyond the basic education of a practical nurse as approved by the Board. The acts or services shall be commensurate with the practical nurse's experience, continuing education, and demonstrated competencies.~~

5514.54

An LPN practical nurse shall not:

- (a) Function as a director of nursing or as an administrator of nursing;
- (b) Supervise the clinical practice of a registered nurse;
- (c) Administer the following medications:
 - (1) Investigational or toxins;
 - (2) Antineoplastic agents;
 - (3) Anesthesia or conscious sedation;
 - (4) Oxytocics; or
 - (5) Medications by way of intrathecal or epidural route;
- (d) Administer medications by way of intrathecal or epidural route;
- (e) Act as Triage Nurse;
- (f) Serve as circulating nurse in the interoperative phase of surgery;
- (g) Conduct a comprehensive nursing assessment.

~~5514.5~~

~~A practical nurse may administer medications intravenously if the following conditions are met:~~

- ~~(a) The Administrator for Nursing Services has developed policies, procedures, and practice standards governing the practice of~~

~~medication administration by practical nurses and established specific criteria for use when approving medications for intravenous administration by practical nurses;~~

- ~~(b) The practical nurse has successfully completed an educational program for intravenous medication administration;~~
- ~~(c) The practical nurse has been evaluated and validated for clinical competency in intravenous medication administration; and~~
- ~~(d) The practical nurse administers the approved medications under the general supervision of a licensed, registered nurse.~~

~~5514.6 A practical nurse shall not:~~

- ~~(a) Administer any medications prohibited under § 5514.4(d); or~~
- ~~(b) Perform intravenous therapy or administer any intravenous medications in home care settings or community-based residential care settings.~~

5514.7 An LPN ~~practical nurse~~ shall only administer medications which have been approved by the Administrator for Nursing Services.

~~5514.8 A practical nurse may perform infusion therapy upon successfully completing an approved program of infusion therapy approved by the Board and if the following requirements are met:~~

- ~~(a) The Administrator of Nursing Services has developed policies, procedures and practice standards which govern the practice of infusion therapy;~~
- ~~(b) The supervisor maintains documentation to validate the competency of the practical nurse; and~~
- ~~(c) A registered nurse is present in the facility or on the unit when the practical nurse is performing infusion therapy.~~

~~5514.9 A practical nurse may perform the following infusion therapy acts:~~

- ~~(a) Insertion of a peripheral intravenous catheter that is no more than three (3) inches in length;~~
- ~~(b) Discontinuing peripheral intravenous catheters that are no more than three (3) inches in length;~~

- ~~(e) Initiation of prescribed intravenous fluids;~~
- ~~(d) Calculating and adjusting intravenous flow rate, including infusion pumps;~~
- ~~(e) Adding intravenous fluids to an established peripheral line. Fluids must be non medicated, commercially prepared or prepared by a licensed pharmacist. Accepted fluids are limited to those fluids that are generally used as maintenance, and isotonic in nature;~~
- ~~(f) Administering pharmacy prepared medications;~~
- ~~(g) Insertion of heparin locks, including flushing with normal saline or heparin 100 units;~~
- ~~(h) Venipuncture or withdrawal of a blood specimen from a peripheral catheter site; and~~
- ~~(i) Changing of injection cap or intravenous tubing for peripheral lines only.~~

5514.10 ~~An practical nurse LPN shall wear or provide identification which clearly identifies the nurse as a licensed practical nurse when providing direct patient care, unless wearing identification creates a safety or health risk for either the nurse or the patient wear a picture identification badge with lettering clearly visible to a client bearing the name of the practical nurse and the title "Licensed Practical Nurse" or "L.P.N."~~

SOURCE: Final Rulemaking published at 54 DCR 701 (January 26, 2007); as amended by Final Rulemaking published at 63 DCR 5732 (April 15, 2016).

5515 ~~DELEGATION OF PRACTICAL NURSING INTERVENTIONS~~ ASSIGNMENT AND SUPERVISION OF NURSING ASSISTIVE PERSONNEL

- 5515.1 ~~Nothing in this section shall be applicable to, restrict, or limit the gratuitous provision of care by self, family, or friends. An LPN may assign only nursing care tasks that are within the scope of LPN practice and only to another LPN or nursing assistive personnel (NAP). The assignment of tasks does not transfer the authority or responsibility for the tasks and shall comply with the requirements of this section.~~
- 5515.2 ~~Practical nurses may delegate nursing interventions to be performed by unlicensed assistive personnel. Such delegation shall be in a manner that does not conflict with the Act, this chapter, or with other District and federal laws and regulations which affect the practice of nursing in the District of Columbia. An LPN may not delegate any actions, tasks, or responsibilities to any person. For the purpose of this section, delegation means the transference from one practitioner~~

to another individual the authority to act and perform a nursing intervention on behalf of the practitioner.

5515.3 An LPN may assign only routine care, activities, or procedures that are within the scope of the assignee's basic education and their scope of authorized practice.

~~Nothing in this chapter shall be construed as permitting or authorizing an unlicensed person to perform duties beyond the scope permitted, or which are prohibited, by any other District or federal laws or regulations.~~

5515.34 When assigning a task, an LPN is responsible for ensuring that the task is carried out completely and correctly. The LPN is authorized to determine the required degree of supervision, after an evaluation of appropriate factors, including:

- (a) The stability of the patient's condition;
- (b) The willingness and ability of the patient to be involved in his or her care;
- (c) The training, experience and competency of the NAP implementing the nursing intervention; and
- (d) The nature of the nursing intervention.

~~A practical nurse may assume the responsibilities of delegating, assigning, directing, and evaluating nursing interventions to be performed by other practical nurses and unlicensed assistive personnel, after the supervisory registered nurse has met the following requirements:~~

- (a) ~~Developed a plan of nursing strategies to be integrated within the client-centered plan of care that identifies the needs of the client, nursing diagnoses, and prescribed nursing interventions; and~~
- (b) ~~Implemented a client-centered plan of care, including an identification of those interventions and activities that the practical nurse has the necessary skills and competence to accomplish safely.~~

5515.5 A LPN may assign to a registered dialysis technician the following tasks during the initiation, delivery, or discontinuation of hemodialysis:

- (a) Intravenous saline;
- (b) Intravenous heparin; or
- (c) Local intradermal anesthetics.

~~The Administrator for Nursing Services, or supervisor, shall be responsible for establishing policies and procedures for nursing practice. The policies and procedures shall include a mechanism for:~~

- (a) ~~Identifying those individuals, by position title and job description, to whom nursing interventions may be delegated based on education, training, and competency measurements; and~~
- (b) ~~Assisting the delegating practical nurse in verifying the competency of the unlicensed assistive personnel prior to assigning nursing interventions.~~

5515.6 ~~If the delegating practical nurse determines that the unlicensed assistive personnel cannot safely perform the nursing intervention, the practical nurse shall not delegate the nursing intervention.~~

~~5515.7 The delegating practical nurse shall assign and delegate in a manner that protects the health, safety, and welfare of the client and others. The nursing tasks delegated shall:~~

- ~~(a) Be within the area of responsibility of the nurse delegating the act;~~
- ~~(b) Be such that, in the judgment of the nurse, it can be properly and safely performed by the unlicensed assistive personnel without jeopardizing the client welfare; and~~
- ~~(c) Be a task that a reasonable and prudent nurse would find is within the scope of sound nursing judgment.~~

~~5515.8 A practical nurse may assign and direct the following types of nursing activities and interventions:~~

- ~~(a) Activities and interventions whose results are predictable and whose potential for risk is minimal;~~
- ~~(b) Activities and interventions that frequently recur in the daily care of the client; and~~
- ~~(c) Activities and interventions that utilize a standard and unchanging procedure.~~

~~5515.9 A practical nurse that is responsible for assigning and directing other practical nurses and unlicensed assistive personnel shall do the following:~~

- ~~(a) Provide initial instructions;~~
- ~~(b) Monitor the nursing services;~~
- ~~(c) Evaluate the outcome of the assigned activity or intervention; and~~
- ~~(d) Provide feedback to the delegating or supervisory registered nurse.~~

~~5515.10 Unlicensed assistive personnel shall practice under general or immediate supervision of a licensed nurse.~~

~~5515.11 The delegating licensed nurse shall be fully responsible for providing supervision of the unlicensed assistive personnel. The supervision shall include:~~

- ~~(a) Instructing the unlicensed assistive personnel in the delegated nursing intervention(s);~~
- ~~(b) Monitoring the performance of the delegated nursing intervention(s);~~
- ~~(c) Verifying that the delegated nursing intervention(s) has been implemented; and~~
- ~~(d) Evaluating the client's response and the outcome of the delegated nursing intervention(s).~~

~~5515.12 The delegating practical nurse shall determine the required degree of supervision after an evaluation of appropriate factors including:~~

- ~~(a) The stability of the client's condition;~~
- ~~(b) The willingness and ability of the client to be involved in the management of his or her care;~~
- ~~(c) The training, experience, and competency of the unlicensed assistive personnel implementing the nursing intervention; and~~

(d) ——— The nature of the nursing intervention.

5515.613 The ~~LPN delegating practical nurse~~ shall ~~be remain~~ responsible at all times for all nursing interventions ~~provided assigned to by the unlicensed NAPassistive personnel to whom it was delegated, and is may be~~ subject to disciplinary action for any violation of the Act or this chapter in connection with the nursing intervention performed by the ~~unlicensed assistive personnel~~ NAP.

SOURCE: Final Rulemaking published at 54 DCR 701 (January 26, 2007).

5516 STANDARDS OF CONDUCT

5516.1 ~~An LPN practical nurse~~ shall adhere to the standards set forth in the "Code of Ethics for Nurses" as ~~adopted by the American Nurses Association in 2015, which is available at <https://www.nursingworld.org/coe-view-only> published by the American Nurses Association, as they may be amended or republished from time to time.~~

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5516.2 ~~An practical nurse~~ LPN shall respect the client's right to privacy by protecting confidential information unless obligated or allowed by law to disclose the information.

5516.3 ~~An LPN shall conduct themselves with honesty and integrity by accepting responsibility for their actions, competence, decisions, and behavior and providing truthful information practical nurse shall not accept or perform professional responsibilities that the nurse is not competent to perform. An LPN shall document the provision of nursing care accurately and timely.~~

5516.4 ~~An LPN practical nurse~~ shall not, after accepting an assignment or responsibility for a client's care, and without giving adequate notice to the supervisor so that arrangements can be made for continuation of nursing care by others:

- (a) Unilaterally sever the established nurse-client relationship;
- (b) Leave a client for a length of time, or in a manner, that exposes the client unnecessarily to risk of harm; or
- (c) Leave a nursing assignment.

5516.5 ~~An LPN practical nurse~~ shall know, recognize, and maintain professional boundaries of the nurse-client relationship.

5516.6 ~~An LPN practical nurse~~ shall provide nursing services, without discrimination, regardless of the age, disability, economic status, gender, national origin, race, religion, or health problems of the client served.

5516.7 An LPN shall implement nursing interventions and prescribed medical regimens in a timely and safe manner and shall seek clarification when needed.

5516.8 An LPN shall take preventive measures to promote an environment that is conducive to safety and health for patients, others and self.

5516.9 An LPN shall respect patient diversity and advocate for the patient's rights, concerns, decisions and dignity. An LPN shall provide culturally appropriate care to meet the needs of patients.

5516.10 An LPN shall report violations of the laws or rules by self or other licensees to the appropriate authority.

5516.11 An LPN shall support quality and continuity of care by communicating relevant and timely patient information with patients and other health team members. Such information may include, but is not limited to:

- (a) Patient status and progress;
- (b) Patient response or lack of response to therapies;
- (c) Changes in patient condition; and
- (d) Patient needs and special requests.

5516.12 An LPN shall support quality and effectiveness of care by:

- (a) Functioning as a member of the health care team and contributing to the implementation and evaluation of an integrated patient-centered health care plan;
- (b) Recognizing patient characteristics that may affect the patient's health status;
- (c) Gathering, observing, recording, and communicating patient responses to nursing interventions;
- (d) Assisting the responsible registered nurse in modifying the plan of care based on an analysis of patient responses; and
- (e) Attending to patient concerns or requests.

5516.13 An LPN shall ensure that they practice within the scope of their education, training, and skills and shall not accept or perform professional responsibilities that they are not competent to perform. An LPN shall seek to develop and maintain professional competence through ongoing learning and application of knowledge and shall obtain orientation and training for competency when encountering new equipment and technology or unfamiliar care situations.

SOURCE: Final Rulemaking published at 54 DCR 701 (January 26, 2007).

5599 DEFINITIONS

5599.1 As used in this chapter, the following terms have the meanings ascribed:

Act - Health Occupation Revision Act of 1985 ("Act"), effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 *et seq.*) (2001).

Administrator for nursing services - the licensed registered nurse responsible for planning, directing, and controlling the operation of nursing service within an agency, health care facility, or setting in which nursing care is being offered or provided.

Activity of daily living (ADL)—~~getting in and out of bed, bathing, dressing, eating, walking, and taking medications prescribed for self-administration.~~

Agency—any person, firm, corporation, partnership, or other business entity engaged in the business of referring nursing personnel, as employees or independent contractors, to a health care facility for the purpose of rendering temporary nursing services.

Applicant—person applying for a license to practice practical nursing under this chapter.

Assignment—the transference from the practical nurse to another individual, the authority to act on behalf of the practical nurse in the performance of a nursing intervention, while the practical nurse retains the accountability and responsibility for the assigned act and providing feedback to the delegating or supervisory registered nurse.

Assignee—A licensed practice nurse or nursing assistive personnel who has been assigned a nursing care task by a licensed practical nurse.

Board - the Board of Nursing, established by § 204 of the Act, D.C. Official Code § 1202.04.

Competence—the state or quality of being capable of performing a task or function as the result of having the required knowledge, skills, and ability.

Complex interventions—those interventions that require nursing judgment to safely alter standard procedures in accordance with the needs of the client, require nursing judgment to determine how to proceed from one step to the next, or require implementation of the nursing process.

Educational program—a program accredited by a recognized nursing body approved by the board that leads to a diploma, associate degree, or baccalaureate degree in nursing.

General supervision - supervision in which the supervisor is available on the premises or within vocal communication either directly or by a communication device at the time the trained unlicensed personnel, or licensed practical nurse is practicing.

Graduate nurse—an individual who has graduated from a nursing program for practical nursing, who has never taken the NCLEX-PN exam, and whose application for a license by examination in the District of Columbia is pending.

Health professional—a person who holds a license, certificate, or registration issued under the authority of this title or the Act.

Immediate supervision - supervision in which the supervisor is with the trained unlicensed personnel or licensed practical nurse and either discussing or observing the person's practice.

Nursing intervention - the initiation and completion of a client focused action necessary to accomplish the goal(s) defined in the client-centered plan of care.

Licensed pPractical nurse (LPN) - a person licensed to practice practical nursing under the Act and this chapter.

Re-entry program - a formal program of study with both didactic and clinical components, designed to prepare a nurse who has been out of practice to re-enter into nursing practice at the practical nurse level.

Registered nurse - a person licensed to practice registered nursing under the Act and chapter 54 of this title.

Review course - a course of study providing review of basic preparation for the NCLEX-PN examination.

~~**Supervisor**—a registered nurse licensed under the Act who is responsible and accountable for assigning, directing, evaluating and managing a unit, service or program that offers or provides nursing care or who is responsible for the supervision of trained unlicensed personnel, students, graduate nurses or other licensed nurses.~~

~~**Unlicensed assistive personnel**—a person who is not licensed to practice nursing, but has been trained to function in an assistant or subordinate role to the registered or practical nurse in providing nursing care.~~

Nursing assistive personnel – a person who is authorized to practice as nursing assistive personnel in accordance with D.C. Official Code § 3-1209.07.

5599.2 The definitions in § 4099 of Chapter 40 of this title are incorporated by reference into and are applicable to this chapter.

SOURCE: Final Rulemaking published at 36 DCR 632, 640 (January 20, 1989); as amended by Final Rulemaking published at 54 DCR 701 (January 26, 2007).

CHAPTER 57

CERTIFIED REGISTERED NURSE ANESTHETIST

5700 APPLICABILITY

- 5700.1 This chapter applies to a person seeking, authorized, or licensed to practice as a certified registered nurse anesthetist, nurse anesthesiologist, or CRNA.
- 5700.2 Chapters 40 (Health Occupations: General Rules), 41 (Health Occupations: Administrative Procedures) and 54 (Registered Nursing) of this title shall supplement this chapter.

Commented [VP(1)]: Does the committee want the profession to also be called "certified nurse anesthesiologist"?

5701 GENERAL REQUIREMENT

- 5701.1 Only a person currently licensed as a registered nurse under chapter 54 of this title shall be eligible to apply for or hold a license to practice as a CRNA under this chapter.

5702 TERM OF LICENSE

- 5702.1 Subject to § 5702.2, a license issued pursuant to this chapter shall expire at 11:59 PM on June 30 of each even-numbered year.
- 5702.2 If the Director changes the renewal system pursuant to § 4006.3 of chapter 40 of this title, a license issued pursuant to this chapter shall expire at 12:00 midnight of the last day of the month of the birthdate of the holder of the license, or other date established by the Director.

5703 QUALIFICATIONS FOR LICENSE

- 5703.1 To qualify for a license to practice as a CRNA, the applicant shall:
- (a) Have graduated from a nurse anesthesia educational program accredited by the Council on Accreditation of Nurse Anesthesia Education Programs (COA) at the time of graduation;
 - (b) Have successfully passed the National Certification Examination administered by the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA), or its successor, and hold a valid and current CRNA certification; and

- (c) Hold a valid and current license as a registered nurse issued pursuant to chapter 54 of this title.

5703.2 A valid and current CRNA certification from the NBCRNA shall be required to obtain and maintain a license issued pursuant to this chapter.

5703.3 An applicant for license who holds a license to practice advanced practice registered nursing in any jurisdiction shall disclose their full license history and may be denied or subject to license restrictions or conditions if the applicant has been the subject of a pending investigation, sanction, penalty, or adverse actions on any type of healthcare license by a licensing authority in any jurisdiction.

Commented [VP(2)]: Added "on any type of license" after consultation with BJ. This is to ensure the board can review all license history -- not just APRN.

5704 RENEWAL OF THE LICENSE

5704.1 To qualify for the renewal of a license, an applicant, except one who is renewing the license for the first time after issuance of the initial license, shall have completed twenty-four (24) hours of continuing education during the two years' period before the expiration of the license, which shall include the following special subject matters, totaling not more than four (4) hours:

- (a) Two (2) hours of LGBTQ continuing education; and
- (b) Ten percent (10%) of the total required continuing education in the subjects determined by the Director as public health priorities of the District, which shall be duly published every five (5) years or as deemed necessary.

5704.2 Pursuant to D.C. Official Code § 3-1205.10(b-1)(3), the requirements of D.C. Official Code § 3-1205.10(b)(4) are waived.

5704.3 A CRNA may submit evidence of current and valid CRNA certification from the NBCRNA to establish full compliance with § 5704.1 and § 5406.1, except the special subject matters required under § 5704.1(a) and (b) or § 5406.1(a) and (b).

Commented [VP(3)]: 5406.1 is RN continuing education requirement.

5704.4 The Board may conduct an audit to verify continuing education compliance as well as compliance with § 5703.2. Upon notification from the Board, with reasonable notice, the licensee subject to the audit shall submit documentation verifying compliance within thirty (30) days.

5704.5 A CRNA shall maintain their record of continuing education completion for at least three (3) years.

5705 RESERVED.

5706 INACTIVE STATUS AND REACTIVATION

- 5706.1 A license shall be placed on inactive status pursuant to D.C. Official Code § 3-1205.11 upon application and payment of the inactive status fee.
- 5706.2 While in inactive status, the individual shall not be subject to the renewal fee and shall not practice, attempt to practice, or offer to practice as a certified nurse anesthetist in the District of Columbia whether in person or via telehealth.
- 5706.3 A individual holding an inactive license pursuant to this section may be granted reactivation of the license if the individual possesses a current and valid CRNA certification required pursuant to § 5703.1(b).
- 5706.4 A reactivation applicant who has previously been subject to any disciplinary or adverse action by a licensing authority or peer review body shall establish fitness and competency to practice to the Board's satisfaction and shall have complied with all the terms or requirements of the disciplinary or adverse action unless the Board has determined that the applicant may otherwise practice safely and effectively in the District.

NOTE: This subsection is being added after consultation with BJ. The purpose is to prevent loophole for bad actors. It's the same provision as in reinstatement section.

5707 REINSTATEMENT OF EXPIRED LICENSE

- 5707.1 A person with an expired license shall not practice, attempt to practice, or offer to practice as a CRNA in the District of Columbia.
- 5707.2 If a licensee fails for any reason to renew their license, the licensee may apply to reinstate the license in accordance with D.C. Official Code § 3-1205.12.
- 5707.3 A licensee whose CRNA license has been expired for more than five (5) years shall apply for initial licensure pursuant to § 5703.
- 5707.4 A reinstatement applicant who has previously been subject to any disciplinary or adverse action by a licensing authority or peer review body shall establish fitness and competency to practice to the Board's satisfaction and shall have

Commented [VP(4)]: These are already stated in the HORA. I recommend not re-stating them here.

Commented [VP(5)]: This is also already in the HORA. Why add?

complied with all the terms or requirements of the disciplinary or adverse action unless the Board has determined that the applicant may otherwise practice safely and effectively in the District.

5708 STANDARDS OF CONDUCT

5708.1 A CRNA shall:

- (a) Comply the standards for CRNA practice of the American Association of Nurse Anesthetists (AANA); and
- (b) Adhere to the standards set forth “Code of Ethics for Nurses with Interpretive Statements” as adopted by the American Nurses Association in 2015, which is available at <https://www.nursingworld.org/coe-view-only>.

5708.2 AANA standards for CRNA practice supersede standards for RNs where conflict between the standards exists, if any.

5708.3 A CRNA shall not:

- (a) Prescribe, dispense, administer, or distribute drugs in an unsafe manner or without adequate instructions to patients according to acceptable and prevailing standards; or
- (b) Sell, purchase, trade, or offer to sell, purchase, or trade drug samples.

5708.4 A CRNA shall know the limits of their knowledge and experience, practice within the scope of their competency, and plan for the management of situations beyond their expertise, including consulting with or referring patients to other health care providers as appropriate.

5709 SCOPE OF PRACTICE

5709.1 A CRNA shall practice in accordance with §§ 601, 603, and 604 of the Act, D.C. Official Code §§ 3-1206.01, 3-1206.03, and 3-1206.04 (2021 Repl.).

5709.2 A CRNA may perform the following functions:

- (a) Determining the health status of the patient as it relates to the relative risks associated with the management of the patient’s care;

- (b) Determining the appropriate type of anesthesia or pain management based on history, physical assessment, and supplemental laboratory results;
- (c) Ordering pre-anesthetic drugs;
- (d) Performing procedures commonly used to render the patient insensible to pain during the performance of surgical, obstetrical, therapeutic, or diagnostic clinical procedures. This shall include ordering and administering:
 - (1) General and regional anesthesia;
 - (2) Inhalation agents and techniques; and
 - (3) Techniques of hypnosis;
- (e) Ordering or performing monitoring procedures indicated as pertinent to the anesthetic health care management of the patient;
- (f) Supporting life functions during anesthesia health are including:
 - (1) Inductions and intubation procedures;
 - (2) The use of appropriate mechanical supportive devices; and
 - (3) The management of fluid, electrolyte, and blood component balances.
- (g) Recognizing and taking appropriate corrective action for abnormal patient responses to anesthesia, adjunctive drugs, or other forms of therapy;
- (h) Recognizing and treating cardiac arrhythmia while the patient is under anesthetic care;
- (i) Managing the patient while in the post-anesthesia recovery phase, including:
 - (1) Evaluating the patient after anesthesia;
 - (2) Ordering the administration of fluids and drugs; and
 - (3) Discharging the patient.

- (j) Placing peripheral and central venous and arterial lines for blood sampling and monitoring as appropriate;
- (k) Providing acute, chronic and interventional pain management services; and
- (l) Performing such other functions and services the Board deems appropriate upon review and analysis of professional and association literature which articulates scopes and standards for CRNA practice.

5709.3 In addition to the functions specified in §§ 5709.1 and 5709.2, a CRNA may perform the following:

- (a) Making an advanced assessment;
- (b) Making a medical diagnosis;
- (c) Prescribing, monitoring and altering drug therapies;
- (d) Selecting, ordering, administering, dispensing and performing diagnostic and therapeutic measures;
- (e) Treating alterations of the health status;
- (f) Initiating appropriate therapies of treatments;
- (g) Making referral for appropriate therapies or treatments; and
- (h) Signing, certifying, stamping, or endorsing all documents that require a signature by a physician, in place of a physician, provided it is within the scope of their authorized act.

5710 PRESCRIBING CONTROLLED SUBSTANCES

5710.1 A CRNA shall have authority to prescribe those drugs in Schedules II through V, established pursuant to the District of Columbia Uniform Controlled Substances Act of 1981, D.C. Law 4-29, D.C. Official Code §§ 48-901.02 et seq.

5710.2 A CRNA shall not prescribe a controlled substance unless the CRNA meets the following requirements:

- (a) Possesses a valid controlled substances certificate of registration from the United States Drug Enforcement Administration (DEA); and

Commented [VP(6)]: Van included some minor changes to this section. And he added 5711 (Standards for the Use of Controlled Substances for the Treatment of Pain), which contains similar but not the same provision as BoMed 17 DCMR § 4616. FOR THOUGHTS: Are there differences between “prescribing” and “use”? Is there any need to identify marijuana specifically as opposed to all controlled substances? Is it “treatment of pain” and not management/alleviation of pain?

- (b) Possesses a valid District of Columbia controlled substances registration pursuant to D.C. Code §§ 32-501 et seq. (1981), the District of Columbia Uniform Controlled Substances Act.

5710.3 A CRNA shall not issue a refillable prescription for a controlled substance.

5710.4 A CRNA shall maintain a current and complete log of all controlled substances that the nurse-anesthetist prescribes, in accordance with regulations for recordkeeping promulgated by the United States Drug Enforcement Administration.

Commented [VP(7)]: BJ thinks this provision may be relevant only to CRNA and not CNP or other APRNs. Needs more review/thinking.

Commented [VP(8R7)]: This is correct -- applicable only to CRNA.

5711 STANDARDS FOR THE USE OF CONTROLLED SUBSTANCES FOR THE TREATMENT OF PAIN

5711.1 A CRNA shall prescribe, order, administer, or dispense controlled substances for pain only for a legitimate medical purpose based on accepted scientific knowledge of the treatment of pain or based on sound clinical grounds. All such prescribing shall be based on clear documentation of unrelieved pain and in compliance with applicable District or federal law.

5711.2 A CRNA shall employ up-to-date treatment modalities in order to improve the quality of life for patients who suffer from pain as well as to reduce the morbidity and costs incurred by patients associated with untreated or inappropriately treated pain. For purposes of this section, "inappropriately treated pain" includes any of the following:

- (a) Non-treatment;
- (b) Under-treatment;
- (c) Over-treatment; and
- (d) The continued use of ineffective treatments.

5711.3 A CRNA shall perform an evaluation of the patient by taking a complete medical history and performing a physical examination. The medical history and physical examination shall be documented in the medical record. The medical record shall contain a description of the following:

- (a) The nature and intensity of the patient's pain;
- (b) The patient's current and past treatments for pain;

- (c) The patient's underlying or coexisting diseases or conditions;
 - (d) The effect of the pain on the patient's physical and psychological function;
 - (e) A history of the patient's substance abuse if applicable; and
 - (f) The presence of one or more recognized medical indications in the patient for the use of a controlled substance.
- 5711.4 A CRNA shall maintain a written treatment plan which states the objectives used to determine treatment success, such as pain relief and improved physical and psychosocial function.
- 5711.5 The treatment plan shall indicate if any further diagnostic evaluations or other treatments are planned.
- 5711.6 A CRNA shall adjust drug therapy to the individual medical needs of each patient after treatment begins.
- 5711.7 A CRNA shall consider other treatment modalities or a rehabilitation program if necessary depending on the etiology of the pain and the extent to which the pain is associated with physical and psychosocial impairment.
- 5711.8 A CRNA shall discuss the risks and benefits of the use of controlled substances with the patient, person(s) designated by the patient, or with the patient's surrogate or guardian if the patient is incompetent.
- 5711.9 If a patient is determined to be at high risk for medication abuse or have a history of substance abuse, the CRNA shall employ the use of a written agreement between the CRNA and patient outlining the patient's responsibilities, including, but not limited to:
- (a) Urine/serum medication levels screening when requested;
 - (b) Number and frequency of all prescription refills; and
 - (c) Reasons for which drug therapy may be discontinued, such as violation of an agreement.
- 5711.10 A CRNA shall do the following:
- (a) Review the course of treatment and any new information about the etiology of the pain at reasonable intervals based on the individual circumstances of the patient;

- (b) Continue or modify the pain therapy depending on the nurse anesthetist's evaluation of the patient's progress;
 - (c) Reevaluate the appropriateness of continued treatment if treatment goals are not being achieved despite medication adjustments; and
 - (d) Monitor the patient's compliance in medication usage and related treatment plans.
- 5711.11 A CRNA shall refer the patient, as necessary, to another qualified practitioner for additional evaluation and treatment in order to achieve treatment objectives. Special attention shall be given to those pain patients who are at risk for misusing their medications and those whose living arrangements pose a risk for medication misuse or diversion.
- 5711.12 A CRNA shall consult with or refer to an expert for management the following types of patients:
 - (a) Patients with a history of substance abuse; or
 - (b) Patients with comorbid psychiatric disorders that require extra care, monitoring, and documentation.
- 5711.13 A CRNA shall recognize that tolerance and physical dependence are normal consequences of sustained use of opioid analgesics and are not the same as addiction.
- 5711.14 A CRNA shall keep accurate and complete records that include, but are not limited to:
 - (a) The medical history and physical examination, including history of drug abuse or dependence, as appropriate;
 - (b) Diagnostic, therapeutic, and laboratory results;
 - (c) Evaluations and consultations;
 - (c) Treatment objectives;
 - (d) Discussion of risks and benefits;
 - (e) Treatments;
 - (f) Medications including date, type, dosage, and quantity prescribed;

(g) Instructions and agreements; and

(h) Periodic reviews.

5711.15 A CRNA shall maintain current records in an accessible manner that is readily available for review.

5712 DISCIPLINE

5712.1 A CRNA or any person authorized to practice under this chapter may be subject to disciplinary action pursuant to D.C. Official Code § 3-1205.14.

5713 USES OF TITLE OR ABBREVIATIONS; RESTRICTIONS; AND PENALTY

5713.1 Only a persons certified as CRNA and licensed pursuant to this chapter shall be designated as such and have the right to use the title "Certified Registered Nurse Anesthetist", "Certified Registered Nurse Anesthesiologist", "nurse anesthetist", or "nurse anesthesiologist", or "CRNA" or any other title or abbreviation designated by the Board or the approved national certifying body. No other person may use any title, words, letters, signs, or figures to indicate, represent, or give the impression that the person is authorized to practice or recognized as a certified registered nurse anesthetist.

5713.2 No person may use or imply the words or terms "Advanced Practice Registered Nurse" or APRN unless the person is licensed under this chapter or under chapter 58, 59, or 60.

5713.3 A violation of this section may be punishable pursuant to D.C. Official Code § 3-1210.07.

5713 PRACTICE OF A CERTIFIED NURSE ANESTHETIST IN HEALTH CARE FACILITIES REQUIRING A FORMAL EVALUATION

5713.1 A CRNA shall be evaluated by another CRNA.

5714 SUPERVISED PRACTICE OF STUDENTS

Commented [VP(9)]: Is this still relevant? Shouldn't we keep it? Van's revision will delete it.

For TH discussion.

Commented [VP(10R9)]: Keep.

Commented [VP(11)]: This is being deleted but shouldn't we allow RNs who are being educated to become APRN to perform APRN functions? Are they allowed? Must they be supervised?

Commented [VP(12R11)]: Spoke with BJ 11/2/2020. She agrees that maybe this should be kept.

- 5714.1 A student may practice nurse-anesthesia only in accordance with the Act and this chapter.
- 5714.2 A student fulfilling education requirements for certification and practicing within the limitations set forth in § 103(c) of the Act, D.C. Official Code § 3-1201.03(c), may be authorized to engage in the supervised practice of certified registered nurse anesthetist without a District of Columbia license.
- 5714.3 A person who has been denied a certificate, denied a license, disciplined, convicted of an offense that bears directly upon his or her fitness to be licensed, or who has such an action pending in the District of Columbia or another jurisdiction shall not practice pursuant to this section unless first authorized by the Board in writing.
- 5714.4 Only a CRNA licensed under this chapter, who is an appointed faculty member of the accredited school or college, or a preceptor meeting the requirements set forth in chapter 56 of this Title, shall be authorized to supervise the practice of certified registered nurse anesthetist by a student.
- 5714.5 A student who practices pursuant to this section shall only practice at a hospital, long-term care facility, a health facility operated by the District or federal government, or other health care facility approved by the COA as a clinical site for training nurse anesthesia students.
- 5714.6 All supervised practice of a student shall take place under general or immediate supervision.
- 5714.7 A student practicing under this section shall not assume administrative or technical responsibility for the operation of a nurse-anesthesiology program, unit, service, or institution.
- 5714.8 A student shall identify himself or herself as such before practicing as a registered nurse anesthetist. A student shall wear a picture identification badge with lettering clearly visible to the client bearing the name of the student and the position title.
- 5714.9 A student shall not receive compensation of any nature, directly or indirectly, from a client or client's family member.
- 5714.10 The supervisor or preceptor, as applicable, shall be fully responsible for the practice by a student during the period of supervision and may be subject to disciplinary action for violations of the Act or this chapter by the student.
- 5714.11 The Board may deny an application for certification by, or take other disciplinary action against, a student who is found to have violated the Act or this chapter. The Board may, in addition to any other disciplinary actions

permitted by the Act, revoke, suspend, or restrict the privilege of the student to practice.

5715 GUIDELINES FOR DELEGATION

- 5715.1 A CRNA may delegate a task, activity, or procedure to another nursing personnel in accordance with this section provided that the CRNA retains responsibility and accountability for the performance and outcome of any delegated task, activity, or procedure.
- 5715.2 The relevant provisions in Chapter 54 of this Title supplements this section.
- 5715.3 The employer or organization employing APRN, RN, LPN, NAP, or UAP shall have policies and procedures for delegation and such policies and procedures shall not conflict with this section.
- 5715.4 This section does not apply to the transfer of responsibility for care of a patient between a nurse anesthetist and healthcare providers other than RN, LPN, NAP, or UAP.
- 5715.5 Nursing judgment or any activity that involve nursing judgment or critical decision making shall not be delegated to NAP or UAP.
- 5715.6 A CRNA has the following responsibilities when making delegation decisions:
- (a) Determine when and what to delegate based on the practice setting, the patient's needs and condition, and the employing organization's policies and procedures regarding delegation;
 - (b) Determine that the delegatee has been trained and is competent to perform the delegated task, activity, or procedure;
 - (c) Ensure that the delegatee understand the delegated task, activity, or procedure;
 - (d) Be available to the delegatee for guidance and questions, including assisting with the delegated task, activity, or procedure;
 - (e) Follow up with the delegatee and the patient after the delegated task, activity, or procedure has been completed; and

Commented [VP(13): Why don't we refer to chapter 54 (RN)? Are there different principles applicable to delegation by APRN? If not, then we should just refer to chapter 54. Also, why do we only have delegation? The comparable section in chapter 54 covers both delegation and assignment. Why not this section?

Commented [VP(14R13): Revise to add some references

- (f) Provide feedback information about the delegation process and any issues regarding delegatee's competence level to the employing organization.

5715.7 A CRNA shall assign a task, activity, care, or procedure to a nursing personnel in accordance with the requirements for assignment under section 5415.11.

5715 SUPERVISED PRACTICE OF GRADUATES

Commented [VP(15): 2/15/22: We should discuss this with the practitioners' organization (BJ & me).

5716 REPEALED

5799 DEFINITIONS

5799.1 For purposes of this chapter, the following terms have the meanings ascribed:

Act - Health Occupation Revision Act of 1985 ("Act"), effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 et seq.).

Advanced practice registered nursing – the practice of advanced graduate level of nursing in four specialized roles, namely, certified nurse anesthetist, certified nurse-midwife, certified nurse practitioner, and certified nurse specialist.

Assignment – the process of referring to another nursing personnel (assignee) a routine care, task, activity, or procedure that would have been included in the assignee's basic educational program.

Board - the Board of Nursing, established by § 204 of the Act, D.C. Official Code § 3-1202.04.

Certified registered nurse anesthetist - a certified registered nurse anesthetist licensed under this chapter.

COA- Council on Accreditation of Nurse Anesthesia Programs.

Delegation – the exercise of professional judgment by a nurse anesthetist in transferring the responsibility to and allowing another nursing professional (delegatee) to perform a specific nursing activity, skill, or procedure that is beyond the delegatee's traditional role and not routinely performed.

Director - The Director of the Department of Health or his or her designee.

LGBTQ continuing education – continuing education focusing on human patients or clients who identify as lesbian, gay, bisexual, transgender, gender nonconforming, queer, or question their sexual orientation or gender identity and expression (“LGBTQ”) meeting the requirements of § 510(b)(5) of the Act (D.C. Official Code § 3-1205.10 (b)(5)).

NAP – a nursing assistive personnel who is a trained and regulated personnel providing nursing assistance under a licensed nurse’s supervision, including persons regulated under chapters 61 (Trained Medication Employee), 93 (Home Health Aides), 94 (Dialysis Technicians), 95 (Medication Aides), 96 (Certified Nurse Aides), and 97 (Patient Care Technicians) of this title, and any other persons subsequently regulated pursuant to the Act.

NBCRNA - National Board of Certification and Recertification for Nurse Anesthetists.

Nursing personnel – a person licensed to practice advanced practice registered nursing, registered nursing, or practical nursing under the Act or a person registered or certified to practice as a nursing assistive personnel under the Act.

Qualified practitioner – a health professional licensed pursuant to the Act with a scope of practice similar or comparable to the nurse anesthetist’s.

Supervisor - a licensed nurse anesthetist who is responsible for the supervision of a student.

UAP – an unlicensed personnel or individual, other than a licensed nurse or NAP, who has received appropriate training or instruction to function in a complementary or assistant role to a licensed nurse in providing direct patient care or in carrying out common nursing tasks. The term includes, but is not limited to, medical assistants, orderlies, assistant technicians, attendants, or other health aides, who are not subject to licensure, registration, or certification requirements pursuant to the Act.

5799.2 The definitions in § 4099 of chapter 40 of this title are incorporated by reference into and are applicable to this chapter.

CHAPTER 57

CERTIFIED REGISTERED NURSE -ANESTHETIST

5700 APPLICABILITY

5700.1 ~~A certified registered nurse anesthetist is a registered nurse prepared in a formal educational program to assume an expanded role in providing health care in the area of anesthesiology services. Certified registered nurse anesthetists, when functioning within the authorized scope of practice, are qualified to assume primary responsibility for the care of their patients. This practice incorporates the use of independent judgment as well as collaborative interaction with other health care professionals. This chapter applies to a person seeking, authorized, or licensed to practice as a certified registered nurse anesthetist, nurse anesthesiologist, or CRNA.~~

5700.2 Chapters 40 (Health Occupations: General Rules), 41 (Health Occupations: Administrative Procedures), and 54 (Registered Nursing) of this title shall supplement this chapter.

AUTHORITY: Unless otherwise noted, the authority for this chapter is § 302(14) of the District of Columbia Health Occupations Revision Act of 1985, D.C. Law 6-99, D.C. Code § 2-3303.2(14) (1988 Repl. Vol.), 33 DCR 729, 732 (February 7, 1986), and Mayor's Order 86-110, 33 DCR 5220 (August 22, 1986).

SOURCE: Final Rulemaking published at 38 DCR 3491 (May 12, 1989); as amended by Final Rulemaking published at 49 DCR 11751 (December 27, 2002).

Commented [VP(1): Does the committee want the profession to also be called "certified nurse anesthesiologist"?

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5701 GENERAL REQUIREMENT

5701.1 Only a person currently licensed as a registered nurse under chapter 54 of this title shall be eligible to apply for or hold a license to practice ~~as a CRNA~~nurse-anesthetist under this chapter.

SOURCE: Final Rulemaking published at 36 DCR 3491 (May 12, 1989); as amended by Final Rulemaking published at 49 DCR 11751 (December 27, 2002).

5702 TERM OF CERTIFICATELICENSE

5702.1 Subject to § 5702.2, a ~~certificate~~license issued pursuant to this chapter shall expire at ~~22:00~~11:59 PM midnight on June 30 of each even-numbered year.

5702.2 If the Director changes the renewal system pursuant to § 4006.3 of chapter 40 of this title, a ~~certificate~~license issued pursuant to this chapter shall expire at 12:00 midnight of the last day of the month of the birthdate of the holder of the ~~certificate~~license, or other date established by the Director.

SOURCE: Final Rulemaking published at 36 DCR 3491 (May 12, 1989).

5703 RENEWAL OF CERTIFICATE QUALIFICATIONS FOR LICENSE

5703.1 To qualify for a license to practice as a CRNA, the applicant shall:

- (a) Have graduated from a nurse anesthesia educational program accredited by the Council on Accreditation of Nurse Anesthesia Education Programs (COA) at the time of graduation;
- (b) Have successfully passed the National Certification Examination administered by the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA), or its successor, and hold a valid and current CRNA certification; and
- (c) Hold a valid and current license as a registered nurse issued pursuant to chapter 54 of this title.

5703.2 A valid and current CRNA certification from the NBCRNA shall be required to obtain and maintain a license issued pursuant to this chapter.

5703.3 An applicant for license who holds a license to practice advanced practice registered nursing in any jurisdiction shall disclose their full license history and may be denied or subject to license restrictions or conditions if the applicant has been the subject of a pending investigation, sanction, penalty, or adverse actions on any type of healthcare license by a licensing authority in any jurisdiction.

A holder of a certificate to practice as a certified registered nurse-anesthetist shall renew his or her certificate by submitting a completed application on the forms required by the Board and paying the required fees prior to the expiration of the certificate.

5703.2 The Board's staff shall mail out applications for renewal at least sixty (60) days prior to the date the certificate expires.

5703.3 A certificate holder shall have the burden of notifying the Board if a renewal notice is not received.

5703.4 A certificate holder shall notify the Board in writing of a change of home or business address within thirty (30) days after the change.

5703.5 A certificate holder applying for renewal of a certificate to practice nurse anesthesia shall:

- (a) Maintain current licensure as a registered nurse in the District of Columbia;
- (b) Submit evidence of current national certification or recertification, as applicable, by the Council on Certification of Nurse Anesthetists (CCNA) or Council on Recertification of Nurse Anesthetists (CRNA) or other national certifying body approved by the Board; and
- (c) Beginning with the 2006 renewal period, submit proof of completion of fifteen (15) contact hours of continuing education, which shall include a pharmacology component. A continuing education program, course, seminar, or workshop shall be approved by the American Association of Nurse Anesthetists (AANA) or other nationally certifying organization recognized by the Board and shall be related to the certificate holder's specialty. Only continuing education hours obtained in the two (2) years immediately preceding the application date will be accepted.

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Commented [VP(2)]: Added "on any type of license" after consultation with BJ. This is to ensure the board can review all license history -- not just APRN.

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5703.6 — A certificate holder shall submit a verification form of completion, for each program, course, seminar, or workshop for which continuing education is claimed.

5703.7 — A certificate holder applying for renewal of a certificate who fails to submit proof of having completed the requirements as set forth in § 5703.5 by the date the certificate expires may renew the certificate within sixty (60) days after the expiration by submitting the required documents and paying the required late fees.

5703.8 — Upon submitting the required documents and paying the required late fees, the certificate holder shall be deemed to have possessed a valid certificate during the period between the expiration of the certificate and the submission of the required documents and fees.

5703.9 — If a certificate holder applying for renewal of a certificate fails to submit proof of completion of the requirements as set forth in § 5703.5 or pay the late fee within sixty (60) days after the expiration of the certificate holder's certificate, the certificate shall be considered to have lapsed on the date of expiration and the certificate holder shall thereafter be required to apply for reinstatement of an expired certificate and meet all requirements and fees for reinstatement.

5703.10 — The Board may, in its discretion, grant an extension of the sixty (60) day period to renew the certificate after expiration, if the certificate holder's failure to submit proof of the requirements or pay the late fee was for good cause. As used in this section "good cause" includes the following:

- (a) — Serious and protracted illness of the certificate holder; and
- (b) — The death or serious and protracted illness of a member of the certificate holder's immediate family.

— SOURCE: Final Rulemaking published at 36 DCR 3491 (May 12, 1989); as amended by Final Rulemaking published at 49 DCR 11751 (December 27, 2002); as amended by Final Rulemaking published at 51 DCR 7228 (July 23, 2004).

5704 EDUCATIONAL REQUIREMENTSRENEWAL OF THE LICENSE

5704.1 — An applicant for a license to practice as a certified registered nurse-anesthetist shall furnish proof satisfactory to the Board, in accordance with section § 608(a) of the Act, D.C. Official Code § 3-1206.08(a), that the applicant has successfully completed a post-basic nursing education program accredited by the Council on Accreditation of Nurse Anesthesia Education Programs or any other nationally recognized accrediting body as deemed appropriate by the Board and indicated through rulemaking. To qualify for the renewal of a license, an applicant, except one who is renewing the license for the first time after issuance of the initial license, shall have completed twenty-four (24) hours of continuing education during the two years' period before the expiration of the license, which shall include the following special subject matters, totaling not more than four (4) hours:

- (a) — Two (2) hours of LGBTQ continuing education; and
- (b) — Ten percent (10%) of the total required continuing education in the subjects determined by the Director as public health priorities of the District, which shall be duly published every five (5) years or as deemed necessary.

5704.2 — Pursuant to D.C. Official Code § 3-1205.10(b-1)(3), the requirements of D.C. Official Code § 3-1205.10(b)(4) are waived.

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~~5704.3 A CRNA may submit evidence of current and valid CRNA certification from the NBCRNA to establish full compliance with § 5704.1 and § 5406.1, except the special subject matters required under § 5704.1(a) and (b) or § 5406.1(a) and (b).~~

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Commented [VP(3): 5406.1 is RN continuing education requirement.

~~5704.4 The Board may conduct an audit to verify continuing education compliance as well as compliance with § 5703.2. Upon notification from the Board, with reasonable notice, the licensee subject to the audit shall submit documentation verifying compliance within thirty (30) days.~~

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~~5704.5 A CRNA shall maintain their record of continuing education completion for at least three (3) years.~~

SOURCE: Final Rulemaking published at 36 DCR 3491, 3492 (May 12, 1989); as amended by Final Rulemaking published at 37 DCR 2747, 2751 (May 4, 1990); as amended by Final Rulemaking published at 49 DCR 11751 (December 27, 2002);

5705 NATIONAL EXAMINATION

~~5705.1~~

~~In addition to the requirements in § 5701 and § 5704, to qualify for a certificate to practice as a certified registered nurse-anesthetist in the District of Columbia, an applicant shall receive a passing score on the national certification examination by the Council on Certification of Nurse Anesthetists or any other nationally recognized certifying body accepted by the Board.~~

~~5705.2 An applicant shall submit proof of having obtained a passing score on the examination by arranging to have official written verification of the certification, or a certified, notarized copy of the examination results, sent directly to the Board.~~

~~5705.3 A national certification program acceptable to the Board shall provide:~~

~~(a) A scope of practice statement that reflects the standards of specialized and advanced nursing practice in the area of certification;~~

~~(b) An approval process for the formal programs of study in the area of certification which shall:~~

~~(1) Be based on measurable objectives that relate directly to the scope of practice;~~

~~(2) Include theoretical and clinical content directed to the objectives; and~~

~~(3) Be equivalent to at least one academic year preceptorship which is part of the formal program and shall be included as part of the academic year. Current practice in the area of certification will not be accepted as a substitute for the formal program of study.~~

~~(c) An examination in the area of certification shall:~~

~~(1) Measure the theoretical and clinical content denoted in the scope of practice;~~

~~(2) Be developed in accordance with generally accepted standards of validity and reliability; and~~

(3) ~~Be open only to registered nurses who have successfully completed the program of study referred to in paragraph (b) of this subsection.~~

(d) ~~A certification maintenance program.~~

5705.4 ~~The passing score on the certification examination shall be the passing score established by the certifying body administering the examination.~~

5705.5 ~~The Board shall issue and update a list of nationally recognized certifying bodies accepted by the Board.~~

5705.6 ~~Failure to maintain recertification as a certified registered nurse-anesthetist shall result in the loss of status as a licensed nurse-anesthetist.~~

SOURCE: Final Rulemaking published at 36 DCR 3491, 3492 (May 12, 1989); as amended by Final Rulemaking published at 2747, 2751 (May 4, 1990); as amended by Final Rulemaking published at 49 DCR 11751 (December 27, 2002); as amended by Final Rulemaking published at 51 DCR 7228 (July 23, 2004).

5706 INACTIVE STATUS AND REACTIVATION CERTIFICATION BY ENDORSEMENT

5706.1 ~~A license shall be placed on inactive status pursuant to D.C. Official Code § 3-1205.11 upon application and payment of the inactive status fee.~~

5706.2 ~~While in inactive status, the individual shall not be subject to the renewal fee and shall not practice, attempt to practice, or offer to practice as a certified nurse anesthetist in the District of Columbia whether in person or via telehealth.~~

5706.3 ~~A individual holding an inactive license pursuant to this section may be granted reactivation of the license if the individual possesses a current and valid CRNA certification required pursuant to § 5703.1(b).~~

5706.4 ~~A reactivation applicant who has previously been subject to any disciplinary or adverse action by a licensing authority or peer review body shall establish fitness and competency to practice to the Board's satisfaction and shall have complied with all the terms or requirements of the disciplinary or adverse action unless the Board has determined that the applicant may otherwise practice safely and effectively in the District.~~

NOTE: This subsection is being added after consultation with BJ. The purpose is to prevent loophole for bad actors. It's the same provision as in reinstatement section.

5706.1 ~~An applicant is eligible for certification by endorsement if the applicant is currently licensed or certified, in good standing, as a registered nurse anesthetist under the laws of a state or territory of the United States.~~

5706.2 ~~To apply for certification by endorsement, an applicant shall:~~

(a) ~~Submit a completed application on the forms required by the Board;~~

(b) ~~Submit a copy of his or her current license or certificate as a certified registered nurse anesthetist with the application;~~

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- (e) — Obtain licensure or certification verification from the current state or territory of licensure or certification, that the license or certificate is current and in good standing. The verification form must be sent directly to the Board by the verifying Board;
- (d) — Meet any other requirements as set forth by the Board; and
- (e) — Pay all required fees.

5706.3 — An application that remains incomplete for ninety (90) days or more from the date of submission shall be considered abandoned, and closed by the Board. The applicant shall thereafter be required to reapply, submit the required documents and completed forms, and pay the required fees.

5706.4 — Nothing in this section shall be construed to prohibit the Board from utilizing other authorized databases to verify current licensure standing in other jurisdictions of the U.S. and to review disciplinary records.

SOURCE: Final Rulemaking published at 49 DCR 11751 (December 27, 2002); as amended by Final Rulemaking published at 51 DCR 7228 (July 23, 2004).

5707 REINSTATEMENT OF EXPIRED LICENSE STANDARDS OF CONDUCT

5707.1 A person with an expired license shall not practice, attempt to practice, or offer to practice as a CRNA in the District of Columbia. A certified registered nurse anesthetist shall adhere to the standards set forth in the American Association of Nurse Anesthetists' (AANA) "Code of Ethics," as they may be amended or republished from time to time.

5707.2 If a licensee fails for any reason to renew their license, the licensee may apply to reinstate the license in accordance with D.C. Official Code § 3-1205.12.

5707.3 A reinstatement applicant who has not engaged in clinical practice for more than the past two (2) years the applicant shall provide evidence of satisfactory completion of twelve (12) contact hours in pharmacotherapeutics and twelve (12) contact hours in the clinical management of patients within the two (2) years prior to the reinstatement application.

5707.3 A licensee whose CRNA license has been expired for more than five (5) years shall apply for initial licensure pursuant to § 5703.

5707.4 A reinstatement applicant who has previously been subject to any disciplinary or adverse action by a licensing authority or peer review body shall establish fitness and competency to practice to the Board's satisfaction and shall have complied with all the terms or requirements of the disciplinary or adverse action unless the Board has determined that the applicant may otherwise practice safely and effectively in the District.

SOURCE: Final Rulemaking published at 36 DCR 3491, 3492 (May 12, 1989); as amended by Final Rulemaking published at 49 DCR 11751 (December 27, 2002); as amended by Final Rulemaking published at 51 DCR 7228 (July 23, 2004).

5708 STANDARDS OF CONDUCT SCOPE OF PRACTICE

5708.1 A CRNA shall:

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Commented [VP(5)]: Please review this. It was drafted by the prior committee, but the requirement is not very clear -- how long not practicing? The level of required CE is not very clear that it has to be APRN level. And we should think about the requirement for renewing and maintaining the certification. If the certifying organization has a good vetting system for renewal, we may want to rely on that rather than adding our requirement.

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- (a) ~~Comply the standards for CRNA practice of the American Association of Nurse Anesthetists (AANA); and~~
- (b) ~~Adhere to the standards set forth in the American Nurses Association's "Code of Ethics";~~
- (c) ~~Practice within standards established by the Board and ensure patient care is provided according to relevant patient care standards recognized by the Board, including the national certifying body's code of ethics and standards of practice. In addition to the general functions specified in § 5700, a nurse-anesthetist may perform all of the functions listed below, to include:~~

5708.2 ~~AANA standards for CRNA practice supersede standards for RNs where conflict between the standards exists, if any.~~

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- (a) ~~Determining the health status of the patient as it relates to the relative risks associated with the anesthetic management of the patient;~~
- (b) ~~Based on history, physical assessment, and supplemental laboratory results, determining appropriate type of anesthesia;~~
- (c) ~~Ordering pre-anesthetic medication;~~
- (d) ~~Performing procedures commonly used to render the patient insensible to pain during the performance of surgical, obstetrical, therapeutic, or diagnostic clinical procedures. This shall include ordering and administering:~~
 - (1) ~~General and regional anesthesia;~~
 - (2) ~~Inhalation agents and techniques;~~
 - (3) ~~Intravenous agents and techniques; and~~
 - (4) ~~Techniques of hypnosis;~~
- (e) ~~Order or perform monitoring procedures indicated as pertinent to the anesthetic health care management of the patient;~~
- (f) ~~Support life functions during anesthesia health care, including inductions and intubation procedures, the use of appropriate mechanical supportive devices, and the management of fluid, electrolyte, and blood component balances;~~
- (g) ~~Recognize and take appropriate corrective action for abnormal patient responses to anesthesia, adjunctive medication, or other forms of therapy;~~
- (h) ~~Recognize and treat cardiac arrhythmia while the patient is under anesthetic care;~~
- (i) ~~Management of the patient while in the post-anesthesia recovery phase, including post-anesthesia evaluation of the patient, ordering the administration of fluids and drugs, discharging of the patient;~~
- (j) ~~Place peripheral and central venous and arterial lines for blood sampling and monitoring as appropriate; and~~
- (k) ~~Such other functions and services the Board deems appropriate upon review and analysis of professional and association literature which articulates scopes and standards for nurse-anesthetist practice.~~

5708.3 ~~A CRNA shall not:~~

(a) Prescribe, dispense, administer, or distribute drugs in an unsafe manner or without adequate instructions to patients according to acceptable and prevailing standards; or

(b) Sell, purchase, trade, or offer to sell, purchase, or trade drug samples.

5708.4 A CRNA shall know the limits of their knowledge and experience, practice within the scope of their competency, and plan for the management of situations beyond their expertise, including consulting with or referring patients to other health care providers as appropriate.

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SOURCE: Final Rulemaking published at 36 DCR 3491, 3493 (May 12, 1989); as amended by Final Rulemaking published at 49 DCR 11751 (December 27, 2002).

5709 PRESCRIPTIVE AUTHORITYSCOPE OF PRACTICE

5709.1 A CRNA shall practice in accordance with §§ 601, 603, and 604 of the Act, D.C. Official Code §§ 3-1206.01, 3-1206.03, and 3-1206.04 (2021 Repl.).

5709.2 A CRNA may perform the following functions:

(a) Determining the health status of the patient as it relates to the relative risks associated with the anesthetic management of the patient's care;

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(b) Determining the appropriate type of anesthesia or pain management based on history, physical assessment, and supplemental laboratory results;

(c) Ordering pre-anesthetic drugs;

(d) Performing procedures commonly used to render the patient insensible to pain during the performance of surgical, obstetrical, therapeutic, or diagnostic clinical procedures. This shall include ordering and administering:

(1) General and regional anesthesia;

(2) Inhalation agents and techniques; and

(3) Techniques of hypnosis;

(e) Ordering or performing monitoring procedures indicated as pertinent to the anesthetic health care management of the patient;

(f) Supporting life functions during anesthesia health are including:

(1) Inductions and intubation procedures;

(2) The use of appropriate mechanical supportive devices; and

(3) The management of fluid, electrolyte, and blood component balances;

(g) Recognizing and taking appropriate corrective action for abnormal patient responses to anesthesia, adjunctive drugs, or other forms of therapy;

(h) Recognizing and treating cardiac arrhythmia while the patient is under anesthetic care;

- (i) Managing the patient while in the post-anesthesia recovery phase, including:
 - (1) Evaluating the patient after anesthesia;
 - (2) Ordering the administration of fluids and drugs; and
 - (2) Discharging the patient;
- (j) Placing peripheral and central venous and arterial lines for blood sampling and monitoring as appropriate;
- (k) Providing acute, chronic and interventional pain management services; and
- (l) Performing such other functions and services the Board deems appropriate upon review and analysis of professional and association literature which articulates scopes and standards for CRNA practice.

5709.3 In addition to the functions specified in §§ 5709.1 and 5709.2, a CRNA may perform the following:

- (a) Making an advanced assessment;
- (b) Making a medical diagnosis;
- (c) Prescribing, monitoring and altering drug therapies;
- (d) Selecting, ordering, administering, dispensing and performing diagnostic and therapeutic measures;
- (e) Treating alterations of the health status;
- (f) Initiating appropriate therapies or treatments;
- (g) Making referral for appropriate therapies or treatments;
- (h) Signing, certifying, stamping, or endorsing all documents that require a signature by a physician, in place of a physician, provided it is within the scope of their authorized act.

5709.1 A nurse anesthetist shall have authority to prescribe legend drugs and controlled substances subject to the limitations set forth in § 5710.

5709.2 A nurse anesthetist shall have authority to prescribe drugs only while certified in accordance with this chapter.

5709.3 Prescriptions for drugs shall comply with all applicable District and federal laws.

5709.4 A nurse anesthetist who administers or prescribes a prescription drug shall enter in the patient's chart on the date of the transaction, or if the chart is not available, no later than the next office day, the following information:

- (a) Each prescription that a nurse anesthetist orders; and
- (b) The name, strength, and amount of each drug that a nurse anesthetist administers.

~~5709.5 Pursuant to § 514 of the Act, D.C. Official Code § 3-1205.14(a)(19), the Board may suspend or revoke the license or certification of, or take other disciplinary action against, any applicant or licensee who prescribes, dispenses, or administers drugs when not authorized to do so.~~

SOURCE: Final Rulemaking published at 36 DCR 6369 (September 8, 1989); as amended by Final Rulemaking published at 49 DCR 11751 (December 27, 2002).

5710 PRESCRIBING CONTROLLED SUBSTANCES

5710.1 A ~~CRNA nurse-anesthetist~~ shall have authority to prescribe those drugs in Schedules II through V, established pursuant to the District of Columbia Uniform Controlled Substances Act of 1981, D.C. Law 4-29, D.C. Official Code §§ 48-901.02 et seq.

5710.2 A ~~CRNA nurse-anesthetist~~ shall not prescribe a controlled substance unless ~~thea CRNA nurse-anesthetist~~ meets the following requirements:

- (a) Possesses a valid controlled substances certificate of registration from the United States Drug Enforcement Administration (DEA); and
- (b) Possesses a valid District of Columbia controlled substances registration pursuant to D.C. Code §§ 32-501 et seq. (1981), the District of Columbia Uniform Controlled Substances Act.

5710.3 A ~~CRNA nurse-anesthetist~~ shall not issue a refillable prescription for a controlled ~~substance~~.

5710.4 A ~~CRNA nurse-anesthetist~~ shall maintain a current and complete log of all controlled substances that the nurse-anesthetist prescribes, in accordance with regulations for recordkeeping promulgated by the United States Drug Enforcement Administration.

SOURCE: Final Rulemaking published at 36 DCR 6369, 6370 (September 8, 1989); as amended by Final Rulemaking published at 49 DCR 11751 (December 27, 2002).

Commented [VP(7)]: Van included some minor changes to this section. And he added 5711 (Standards for the Use of Controlled Substances for the Treatment of Pain), which contains similar but not the same provision as BoMed 17 DCMR § 4616. FOR THOUGHTS: Are there differences between “prescribing” and “use”? Is there any need to identify marijuana specifically as opposed to all controlled substances? Is it “treatment of pain” and not management/alleviation of pain?

Commented [VP(8)]: BJ thinks this provision may be relevant only to CRNA and not CNP or other APRNs. Needs more review/thinking.

Commented [VP(9R8)]: This is correct -- applicable only to CRNA.

~~(There is no section 5711)~~ Addition of 5711 Standards for the Use of Controlled Substances for the Treatment of Pain

5711 STANDARDS FOR THE USE OF CONTROLLED SUBSTANCES FOR THE TREATMENT OF PAIN

5711.1 A CRNA shall prescribe, order, administer, or dispense controlled substances for pain only for a legitimate medical purpose based on accepted scientific knowledge of the treatment of pain or based on sound clinical grounds. All such prescribing shall be based on clear documentation of unrelieved pain and in compliance with applicable District or federal law.

5711.2 A CRNA shall employ up-to-date treatment modalities in order to improve the quality of life for patients who suffer from pain as well as to reduce the morbidity and costs incurred by patients associated with untreated or

inappropriately treated pain. For purposes of this section, "inappropriately treated pain" includes any of the following:

- (a) Non-treatment;
- (b) Under-treatment;
- (c) Over-treatment; and
- (d) The continued use of ineffective treatments.

5711.3 A CRNA shall perform an evaluation of the patient by taking a complete medical history and performing a physical examination. The medical history and physical examination shall be documented in the medical record. The medical record shall contain a description of the following:

- (a) The nature and intensity of the patient's pain;
- (b) The patient's current and past treatments for pain;
- (c) The patient's underlying or coexisting diseases or conditions;
- (d) The effect of the pain on the patient's physical and psychological function;
- (e) A history of the patient's substance abuse if applicable; and
- (f) The presence of one or more recognized medical indications in the patient for the use of a controlled substance.

5711.4 A CRNA shall maintain a written treatment plan which states the objectives used to determine treatment success, such as pain relief and improved physical and psychosocial function

5711.5 The treatment plan shall indicate if any further diagnostic evaluations or other treatments are planned.

5711.6 A CRNA shall adjust drug therapy to the individual medical needs of each patient after treatment begins.

5711.7 A CRNA shall consider other treatment modalities or a rehabilitation program if necessary depending on the etiology of the pain and the extent to which the pain is associated with physical and psychosocial impairment.

- 5711.8 A CRNA shall discuss the risks and benefits of the use of controlled substances with the patient, person(s) designated by the patient, or with the patient's surrogate or guardian if the patient is incompetent.
- 5711.9 If a patient is determined to be at high risk for medication abuse or have a history of substance abuse, the CRNA shall employ the use of a written agreement between the CRNA and patient outlining the patient's responsibilities, including, but not limited to:
- (a) Urine/serum medication levels screening when requested;
 - (b) Number and frequency of all prescription refills; and
 - (c) Reasons for which drug therapy may be discontinued, such as violation of an agreement.
- 5711.10 A CRNA shall do the following:
- (a) Review the course of treatment and any new information about the etiology of the pain at reasonable intervals based on the individual circumstances of the patient;
 - (b) Continue or modify the pain therapy depending on the nurse anesthetist's evaluation of the patient's progress;
 - (c) Reevaluate the appropriateness of continued treatment if treatment goals are not being achieved despite medication adjustments; and
 - (d) Monitor the patient's compliance in medication usage and related treatment plans.
- 5711.11 A CRNA shall refer the patient, as necessary, to another qualified practitioner for additional evaluation and treatment in order to achieve treatment objectives. Special attention shall be given to those pain patients who are at risk for misusing their medications and those whose living arrangements pose a risk for medication misuse or diversion.
- 5711.12 A CRNA shall consult with or refer to an expert for management the following types of patients:
- (a) Patients with a history of substance abuse; or
 - (b) Patients with comorbid psychiatric disorders that require extra care, monitoring, and documentation.

5711.13 A CRNA shall recognize that tolerance and physical dependence are normal consequences of sustained use of opioid analgesics and are not the same as addiction.

5711.14 A CRNA shall keep accurate and complete records that include, but are not limited to:

- (a) The medical history and physical examination, including history of drug abuse or dependence, as appropriate;
- (b) Diagnostic, therapeutic, and laboratory results;
- (c) Evaluations and consultations;
- (c) Treatment objectives;
- (d) Discussion of risks and benefits;
- (e) Treatments;
- (f) Medications including date, type, dosage, and quantity prescribed;
- (g) Instructions and agreements; and
- (h) Periodic reviews.

5711.15 A CRNA shall maintain current records in an accessible manner that is readily available for review.

5712 DISCIPLINE

5712.1 A CRNA or any person authorized to practice under this chapter may be subject to disciplinary action pursuant to D.C. Official Code § 3-1205.14.

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571~~32~~ USES OF TITLE OR ABBREVIATIONS; RESTRICTIONS; AND PENALTY

~~5713.1~~ The abbreviation for the license issued pursuant to this chapter shall be "APRN" or "CRNA."

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571~~3~~.1 Only a persons certified as CRNA ~~registered nurse anesthetists and licensed by the Board pursuant to this chapter~~ shall be designated as such and have the right to use the title "Certified Registered

Nurse Anesthetist", "~~Certified Registered Nurse Anesthesiologist~~", "~~nurse anesthetist~~", or "~~nurse anesthesiologist~~", or "CRNA" or any other title or abbreviation designated by the Board or the approved national certifying body. No other person ~~shall may~~ use any ~~other~~-title, words, letters, signs, or figures to indicate, ~~represent, or give the impression~~ that the person ~~using the name is recognized~~is authorized to practice or recognized as a certified registered nurse-anesthetist.

5713.2 No person may use or imply the words or terms "Advanced Practice Registered Nurse" or APRN unless the person is licensed under this chapter or under chapter 58, 59, or 60.

5713.3 A violation of this section may be punishable pursuant to D.C. Official Code § 3-1210.07.

SOURCE: Final Rulemaking published at 36 DCR 3491, 3498 (May 12, 1989); as amended by Final Rulemaking published at 49 DCR 11751 (December 27, 2002).

5713 PRACTICE OF A CERTIFIED NURSE-ANESTHETIST IN HEALTH CARE FACILITIES REQUIRING A FORMAL EVALUATION

5713.1 An ~~APRN~~CRNA shall be evaluated by another ~~CRNA or APRN licensed to practice in the same specialty area.~~

SOURCE: Final Rulemaking published at 49 DCR 11751 (December 27, 2002).

5714 SUPERVISED PRACTICE OF STUDENTS

5714.1 A student may practice nurse-anesthesia only in accordance with the Act and this chapter.

5714.2 A student fulfilling education requirements for certification and practicing within the limitations set forth in § 103(c) of the Act, D.C. Official Code § 3-1201.03(c), may be authorized to engage in the supervised practice of ~~nurse-anesthesiacertified registered nurse anesthetist~~ without a District of Columbia ~~certificate~~license.

5714.3 A person who has been denied a certificate, denied a license, disciplined, convicted of an offense that bears directly upon his or her fitness to be licensed, or who has such an action pending in the District of Columbia or another jurisdiction shall not practice pursuant to this section unless first authorized by the Board in writing.

5714.4 Only a ~~CRNA~~registered nurse anesthetist ~~certified under the Act~~licensed under this chapter, who is an appointed faculty member of the accredited school or college, or a preceptor meeting the requirements set forth in chapter 56 of this Title, shall be authorized to supervise the practice of ~~nurse-anesthesiacertified registered nurse anesthetist~~ by a student.

5714.5 A student who practices pursuant to this section shall only practice at a hospital, long-term care facility, a health facility operated by the District or federal government, or other health care facility ~~approved by the COA as a clinical site for training nurse anesthesia studentseonsidered appropriate by the Board.~~

5714.6 All supervised practice of a student shall take place under general or immediate supervision.

Commented [VP(10): Is this still relevant? Shouldn't we keep it? Van's revision will delete it.

For TH discussion.

Commented [VP(11R10): Keep.

Commented [VP(12): This is being deleted but shouldn't we allow RNs who are being educated to become APRN to perform APRN functions? Are they allowed? Must they be supervised?

Commented [VP(13R12): Spoke with BJ 11/2/2020. She agrees that maybe this should be kept.

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- 5714.7 A student practicing under this section shall not assume administrative or technical responsibility for the operation of a nurse-anesthesiology program, unit, service, or institution.
- 5714.8 A student shall identify himself or herself as such before practicing as a registered nurse anesthetist. A student shall wear a picture identification badge with lettering clearly visible to the client bearing the name of the student and the position title.
- 5714.9 A student shall not receive compensation of any nature, directly or indirectly, from a client or client's family member.
- 5714.10 The supervisor or preceptor, as applicable, shall be fully responsible for the practice by a student during the period of supervision and may be subject to disciplinary action for violations of the Act or this chapter by the student.
- 5714.11 The Board may deny an application for certification by, or take other disciplinary action against, a student who is found to have violated the Act or this chapter. The Board may, in addition to any other disciplinary actions permitted by the Act, revoke, suspend, or restrict the privilege of the student to practice.

SOURCE: Final Rulemaking published at 51 DCR 7228 (July 23, 2004).

5715 GUIDELINES FOR DELEGATION

- 5715.1 A CRNA may delegate a task, activity, or procedure to another nursing personnel in accordance with this section provided that the CRNA retains responsibility and accountability for the performance and outcome of any delegated task, activity, or procedure.
- 5715.2 The relevant provisions in Chapter 54 of this Title supplements this section.
- 5715.3 The employer or organization employing APRN, RN, LPN, NAP, or UAP shall have policies and procedures for delegation and such policies and procedures shall not conflict with this section.
- 5715.4 This section does not apply to the transfer of responsibility for care of a patient between a nurse anesthetist and healthcare providers other than RN, LPN, NAP, or UAP.
- 5715.5 Nursing judgment or any activity that involve nursing judgment or critical decision making shall not be delegated to NAP or UAP.
- 5715.6 A CRNA has the following responsibilities when making delegation decisions:
- Determine when and what to delegate based on the practice setting, the patient's needs and condition, and the employing organization's policies and procedures regarding delegation;
 - Determine that the delegatee has been trained and is competent to perform the delegated task, activity, or procedure;
 - Ensure that the delegatee understand the delegated task, activity, or procedure;
 - Be available to the delegatee for guidance and questions, including assisting with the delegated task, activity, or procedure;
 - Follow up with the delegatee and the patient after the delegated task, activity, or procedure has been completed; and

Commented [VP(14): Why don't we refer to chapter 54 (RN)? Are there different principles applicable to delegation by APRN? If not, then we should just refer to chapter 54. Also, why do we only have delegation? The comparable section in chapter 54 covers both delegation and assignment. Why not this section?

Commented [VP(15R14): Revise to add some references

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Commented [VP(16): This appears to conflict with the national guidelines. "Delegation is allowing a delegatee to perform a specific nursing activity, skill, or procedure that is beyond the delegatee's traditional role and not routinely performed."

Commented [VP(17R16): Changed. This was old and before the joint statement.

- (f) Provide feedback information about the delegation process and any issues regarding delegatee's competence level to the employing organization.

5715.7 A CRNA shall assign a task, activity, care, or procedure to a nursing personnel in accordance with section 5415.11.

5715 SUPERVISED PRACTICE OF GRADUATES

5715.1 A graduate may practice nurse-anesthesia only in accordance with the Act and this chapter.

5715.2 An individual may be authorized to engage in the supervised practice of nurse anesthesia, as a graduate registered nurse-anesthetist, without a District of Columbia certificate if the individual:

- (a) Graduated from a post-basic nursing education program in nurse anesthesia approved by the Council on Accreditation of Nurse Anesthesia Education Programs (COA) or other certifying body approved by the board;
- (b) Is awaiting the results of the certification examination given by the CCNA or other certifying body approved by the board; and
- (c) Has an initial application pending for certification to practice nurse anesthesia in the District of Columbia.

5715.3 A person who has been denied a certificate, denied a license, disciplined, convicted of an offense that bears directly upon his or her fitness to be licensed, or who has such an action pending in the District of Columbia or another jurisdiction shall not practice pursuant to this section unless first authorized by the Board in writing.

5715.4 Within five (5) business days after the application for certification has been received by the Board's staff, the Board's staff shall, at the request of the applicant, issue a supervised practice letter to the applicant to document that his or her application is pending and that he or she is authorized to practice under the Act and this chapter. The practice letter is not renewable and shall expire:

- (a) Six (6) months from the date of issuance;
- (b) Upon receipt of written notice to the applicant of denial of certification by CCNA;
- (c) Upon receipt of notice to the applicant that the applicant has failed the certification examination; or
- (d) Upon receipt of written notice to the applicant from the Board that the application for certification has been denied, whichever date is the earliest.

5715.5 Upon receipt of the practice letter, the graduate shall inform employers of the date of expiration of the letter and shall immediately cease the practice of nurse anesthesia on that date or upon receipt of written notice as set forth in § 5715.4, whichever date is the earliest. The graduate thereafter may practice in any other area for which the graduate is qualified and licensed in the District, until receipt of a certificate to practice nurse anesthesia in the District.

5715.6 The graduate shall immediately notify the Board and the graduate's supervisor of the results of the certification examination.

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Commented [VP(18): 2/15/22: We should discuss this with the practitioners' organization (BJ & me).

~~5715.7—Only a registered nurse anesthetist certified under the Act, who is a supervisor, shall be authorized to supervise the practice of nurse anesthesia by a graduate.~~

~~5715.8—A supervisor shall not supervise more than two (2) graduates at one time.~~

~~5715.9—All supervised practice of a graduate shall take place under general or immediate supervision.~~

~~5715.10—A graduate who practices pursuant to this section shall only practice at a hospital, long-term care facility, a health facility operated by the District or federal government, or other health care facility considered appropriate and approved by the Board.~~

~~5715.11—A graduate practicing under this section shall not assume administrative or technical responsibility for the operation of a nurse-anesthesiology program, unit, service, or institution.~~

~~5715.12—A graduate shall identify himself or herself as such before practicing as a registered nurse anesthetist. A graduate shall wear a picture identification badge with lettering clearly visible to the client bearing the name of the graduate and the position title.~~

~~5715.13—A graduate shall not receive compensation of any nature, directly or indirectly, from a client or client's family member, except for a salary based on hours worked under supervision.~~

~~5715.14—The supervisor shall be fully responsible for the practice by a graduate during the period of supervision and may be subject to disciplinary action for violations of the Act or this chapter by the graduate.~~

~~5715.15—The Board may deny an application for certification by, or take other disciplinary action against, a graduate who is found to have violated the Act or this chapter. The Board may, in addition to any other disciplinary actions permitted by the Act, revoke, suspend, or restrict the privilege of the graduate to practice.~~

SOURCE: Final Rulemaking published at 51 DCR 7228 (July 23, 2004).

5716 ~~SUPERVISED PRACTICE OF APPLICANTS FOR CERTIFICATION BY ENDORSEMENT~~REPEALED

~~5716.1—An applicant may practice nurse anesthesia only in accordance with the Act and this chapter.~~

~~5716.2—An applicant for certification by endorsement shall be authorized to engage in the supervised practice of nurse anesthesia in the District of Columbia without a District of Columbia certificate if the applicant:~~

- ~~(a) —Is currently certified by the Council on Certification of Nurse Anesthesia or a certifying body approved by the Board;~~
- ~~(b) —Is currently licensed, in good standing, under the laws of a state or territory of the United States; and~~
- ~~(c) —Has an initial application pending for certification by endorsement to practice nurse anesthesia in the District of Columbia.~~

~~5716.3—A person who has been denied a certificate, denied a license, disciplined, convicted of an offense that bears directly upon his or her fitness to be licensed, or who has such an action pending in the District of Columbia or another jurisdiction shall not practice pursuant to this section unless first authorized by the Board in writing.~~

~~5716.4 Within five (5) business days after the application for certification by endorsement has been received by the Board's staff, the Board's staff shall issue a practice letter to the applicant to document that his or her application is pending and that he or she is eligible to practice under the Act and this chapter. The practice letter is not renewable and shall expire:~~

~~(a) Ninety (90) days from the date of issuance; or~~

~~(b) Upon receipt of written notice from the Board that the application for certification has been denied, whichever date is the earliest.~~

~~5716.5 Upon receipt of the practice letter, the applicant shall inform employers of the date of expiration of the letter and shall immediately cease the practice of nurse anesthesia on that date or upon receipt of the written notice as set forth in § 5716.4. The graduate thereafter may practice in any other area for which the graduate is qualified and licensed in the District, until receipt of a certificate to practice nurse anesthesia in the District.~~

~~5716.6 Only a registered nurse anesthetist certified under the Act, who is a supervisor, shall be authorized to supervise the practice of nurse anesthesia by an applicant.~~

~~5716.7 A supervisor shall not supervise more than two (2) applicants at one time.~~

~~5716.8 All supervised practice of an applicant shall take place under general or immediate supervision.~~

~~5716.9 An applicant who practices pursuant to this section shall only practice at a hospital, long-term care facility, a health facility operated by the District or federal government, or other health care facility considered appropriate by the Board.~~

~~5716.10 An applicant practicing under this section shall not assume administrative or technical responsibility for the operation of a nurse anesthesiology program, unit, service, or institution.~~

~~5716.11 An applicant shall not receive compensation of any nature, directly or indirectly, from a client or client's family member, except for a salary based on hours worked under supervision.~~

~~5716.12 The supervisor shall be fully responsible for the practice by an applicant during the period of supervision and may be subject to disciplinary action for violations of the Act or this chapter by the applicant.~~

~~5716.13 The Board may deny an application for a certificate by, or take other disciplinary action against, an applicant who is found to have violated the Act or this chapter. The Board may, in addition to any other disciplinary actions permitted by the Act, revoke, suspend, or restrict the privilege of the applicant to practice.~~

SOURCE: Final Rulemaking published at 51 DCR 7228 (July 23, 2004).

5799 DEFINITIONS

5799.1 For purposes of this chapter, the following terms have the meanings ascribed:

Act - Health Occupation Revision Act of 1985 ("Act"), effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 et seq.).

Advanced practice registered nursing – the practice of advanced graduate level of nursing in four specialized roles, namely, certified nurse anesthetist, certified nurse-midwife, certified nurse practitioner, and certified nurse specialist.

Applicant – a person applying for a license to practice as a certified registered nurse-anesthetist under this chapter.

Assignment – the process of referring to another nursing personnel (assignee) a routine care, task, activity, or procedure that would have been included in the assignee’s basic educational program.

Board - the Board of Nursing, established by § 204 of the Act, D.C. Official Code § 3-1202.04.

Certified registered nurse-anesthetist - a registered nurse trained in an educational program to provide anesthesia services, assume primary responsibility for the care of patients, exercise independent judgment, and interact collaboratively with other health care professionals certified registered nurse anesthetist licensed under this chapter.

Clinical practice—the routine application of the principles of nurse anesthesia to the diagnosis and treatment of disease and the maintenance of health.

COA- Council on Accreditation of Nurse Anesthesia Programs.

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Delegation – the exercise of professional judgment by a nurse anesthetist in transferring the responsibility to and allowing another nursing professional (delegatee) to perform a specific nursing activity, skill, or procedure that is beyond the delegatee’s traditional role and not routinely performed.

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Director - The Director of the Department of Health or his or her designee.

Graduate—an individual who has graduated from a post-basic nursing education program for nurse anesthesia.

LGBTQ continuing education – continuing education focusing on human patients or clients who identify as lesbian, gay, bisexual, transgender, gender nonconforming, queer, or question their sexual orientation or gender identity and expression (“LGBTQ”) meeting the requirements of § 510(b)(5) of the Act (D.C. Official Code § 3-1205.10 (b)(5)).

License—a license to practice as a nurse-anesthetist under this chapter.

NAP – a nursing assistive personnel who is a trained and regulated personnel providing nursing assistance under a licensed nurse’s supervision, including persons regulated under chapters 61 (Trained Medication Employee), 93 (Home Health Aides), 94 (Dialysis Technicians), 95 (Medication Aides), 96 (Certified Nurse Aides), and 97 (Patient Care Technicians) of this title, and any other persons subsequently regulated pursuant to the Act.

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Nationally recognized certifying body—one that offers a national certification examination in the specialty area of advanced nursing practice, utilizes standards and principles of the American Board of Nursing Specialties (ABNS), and provides a mechanism for evaluating continued competency in the specialty area of nursing practice.

NBCRNA - National Board of Certification and Recertification for Nurse Anesthetists.

Nursing personnel – a person licensed to practice advanced practice registered nursing, registered nursing, or practical nursing under the Act or a person registered or certified to practice as a nursing assistive personnel under the Act.

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Qualified practitioner – a health professional licensed pursuant to the Act with a scope of practice similar or comparable to the nurse anesthetist's.

Supervisor - a licensed nurse-anesthetist who is responsible for the supervision of a student, graduate, or applicant.

UAP – an unlicensed personnel or individual, other than a licensed nurse or NAP, who has received appropriate training or instruction to function in a complementary or assistant role to a licensed nurse in providing direct patient care or in carrying out common nursing tasks. The term includes, but is not limited to, medical assistants, orderlies, assistant technicians, attendants, or other health aides, who are not subject to licensure, registration, or certification requirements pursuant to the Act.

5799.2 The definitions in § 4099 of chapter 40 of this title are incorporated by reference into and are applicable to this chapter.

SOURCE: Final Rulemaking published at 36 DCR 3491, 3496 (May 12, 1989); as amended by Final Rulemaking published at 49 DCR 11751 (December 27, 2002); as amended by Final Rulemaking published at 51 DCR 7228 (July 23, 2004).

CHAPTER 58 CERTIFIED NURSE-MIDWIFE

5800 APPLICABILITY

- 5800.1 This chapter applies to persons seeking, authorized, or licensed to practice as a certified nurse-midwife or CNM.
- 5800.2 Chapters 40 (Health Occupations: General Rules), 41 (Health Occupations: Administrative Procedures), and 54 (Registered Nursing) of this title shall supplement this chapter.

AUTHORITY: Unless otherwise noted, the authority for this chapter is § 302(14) of the District of Columbia Health Occupations Revision Act of 1985, D.C. Law 6-99, D.C. Code § 2-3303.2(14) (1988 Repl. Vol.), 33 DCR 729, 732 (February 7, 1986), and Mayor's Order 86-110, 33 DCR 5220 (August 22, 1986).

5801 GENERAL REQUIREMENT

- 5801.1 Only a person currently licensed as a registered nurse under chapter 54 of this title shall be eligible to apply for or hold a license to practice as a certified nurse-midwife (CNM) under this chapter.

5802 TERM OF LICENSE

- 5802.1 Subject to § 5802.2, a license issued pursuant to this chapter shall expire at 11:59 PM on June 30 of each even-numbered year.
- 5802.2 If the Director changes the renewal system pursuant to § 4006.3 of chapter 40 of this title, a certificate issued pursuant to this chapter shall expire at 12:00 midnight of the last day of the month of the birthdate of the holder of the license, or other date established by the Director.

5803 QUALIFICATIONS FOR LICENSE

- 5803.1 To qualify for a license to practice as CNM, the applicant shall:

- (a) Possess a Master's degree from a program accredited by the Accreditation Commission for Midwifery Education at the time of graduation;
- (b) Have successfully passed the certification examination administered by the American Midwifery Certification Board (AMCB) and hold current AMCB certification as a Certified Nurse-Midwife; and
- (c) Hold a valid and current license as a registered nurse issued pursuant to chapter 54 of this title.

5803.2 A valid and current AMCB certification under § 5803.1(b) shall be required to maintain a license issued pursuant to this chapter.

5803.3 An applicant for license who holds a license to practice advanced practice registered nursing in any jurisdiction shall disclose their full license history and may be denied or subject to license restrictions or conditions if the applicant has been the subject of a pending investigation, sanction, penalty, or adverse actions by a licensing authority in any jurisdiction.

5804 RENEWAL OF THE LICENSE

5804.1 To qualify for the renewal of a license, an applicant for the license renewal, except one who is renewing the license for the first time after issuance of the initial license, shall have completed twenty-four (24) hours of continuing education during the two years' period before the expiration of the license, meeting the following special subject matters, totaling not more than four (4) hours:

- (a) Two (2) hours of LGBTQ continuing education; and
- (b) Ten percent (10%) of the total required continuing education being in the subjects determined by the Director as public health priorities of the District, which shall be duly published every five (5) years or as deemed necessary.

5804.2 Pursuant to D.C. Official Code § 3-1205.10(b-1)(3), the requirements of D.C. Official Code § 3-1205.10(b)(4) are waived.

5804.3 A CNM may submit evidence of current and valid CNM certification from the AMCB to establish full compliance with § 5804.1 and § 5406.1, except the special subject matters required under § 5804.1(a) and (b) or § 5406.1(a) and (b)..

Commented [VP(1): 5406.1 is RN continuing education requirement.

5804.4 The Board may conduct an audit to verify continuing education compliance as well as compliance with § 5803.2. Upon notification from the Board, with reasonable notice, the licensee subject to the audit shall submit documentation verifying compliance within thirty (30) days.

5804.5 A CNM shall maintain their record of continuing education completion for at least three (3) years.

5805 RESERVED.

5806 INACTIVE STATUS AND REACTIVATION

5806.1 A license shall be placed on inactive status pursuant to D.C. Official Code § 3-1205.11 upon application and payment of the inactive status fee.

5806.2 While in inactive status, the individual shall not be subject to the renewal fee and shall not practice, attempt to practice, or offer to practice as a CNM in the District of Columbia whether in person or via telehealth.

5806.3 A individual holding an inactive license pursuant to this section may be granted reactivation of the license if the individual possesses a current and valid national certification required pursuant to § 5803.2.

5806.4 A reactivation applicant who has previously been subject to any disciplinary or adverse action by a licensing authority or peer review body shall establish fitness and competency to practice to the Board's satisfaction and shall have complied with all the terms or requirements of the disciplinary or adverse action unless the Board has determined that the applicant may otherwise practice safely and effectively in the District.

5807 REINSTATEMENT OF EXPIRED LICENSE

5807.1 A person with an expired license shall not practice, attempt to practice, or offer to practice as a nurse-midwife in the District of Columbia.

5807.2 If a licensee fails for any reason to renew their license, the licensee may apply to reinstate the license in accordance with D.C. Official Code § 3-1205.12.

5807.3 A licensee whose CNM license has been expired for more than five (5) years shall apply for initial licensure pursuant to § 5803.

- 5807.4 A reinstatement applicant who has previously been subject to any disciplinary or adverse action by a licensing authority or peer review body shall establish fitness and competency to practice to the Board's satisfaction and shall have complied with all the terms or requirements of the disciplinary or adverse action unless the Board has determined that the applicant may otherwise practice safely and effectively in the District.

5808 STANDARDS OF CONDUCT

- 5808.1 A CNM shall:

- (a) Adhere to the standards set forth in the American Nurses Association's "Code of Ethics";
- (b) Comply with the standards for CNM practice and standards of the ACNM; and
- (c) Practice within standards established by the Board and ensure patient care is provided according to relevant patient care standards recognized by the Board, including standards of national professional nursing associations.

- 5808.2 Standards for CNM practice supersede standards for RNs where conflict between the standards exist, if any.

- 5808.3 A CNM shall not:

- (a) Prescribe, dispense, administer, or distribute drugs in an unsafe manner or without adequate instructions to patients according to acceptable and prevailing standards; or
- (b) Sell, purchase, trade, or offer to sell, purchase, or trade drug samples.

- 5808.4 A CNM shall know the limits of their knowledge and experience, practice within the scope of their competency, and plan for the management of situations beyond their expertise, including consulting with or referring patients to other health care providers as appropriate.

5809 SCOPE OF PRACTICE

- 5809.1 A CNM shall practice in accordance with §§ 601, 603, and 604 of the Act, D.C. Official Code §§ 3-1206.01, 3-1206.03, and 3-1206.04.

- 5809.2 A CNM may perform the following functions:

- (a) Manage the care of the normal obstetrical patient;
- (b) Perform minor surgical procedures;
- (c) Manage the normal obstetrical patient during labor and delivery including amniotomy, episiotomy, and repair;
- (d) Initiate and perform local anesthetic procedures and order the necessary anesthetic agents to perform the procedures;
- (e) Manage care of the newborn during the first twenty-eight (28) days of life;
- (f) Perform post-partum examinations;
- (g) Provide gynecological care;
- (h) Prescribe appropriate drugs;
- (i) Provide family planning and sexually transmitted disease services;
- (j) Provide primary health care within their population;
- (k) Provide counseling, clinical interventions, referrals for pregnancy termination, sexual and gender concerns and infertility;
- (l) Treatment of male partners for sexually transmitted infections; and
- (l) Such other functions and services the Board deems appropriate upon review and analysis of professional and association literature that articulates scopes and standards for CNM practice.

Commented [VP(2)]: Any minor procedures or only minor procedures related to child birth?

Commented [VP(3R2)]: Any minor surgical procedures

Commented [VP(4)]: Does this extend to the male partners?

Commented [VP(5R4)]: Yes

Commented [VP(6)]: From ACNM.

5809.3 In addition to the functions specified in §§ 5809.1 and 5809.2, a CNM may perform the following:

- (a) Making an advanced assessment;
- (b) Making a medical diagnosis;
- (c) Prescribing; monitoring and altering drug therapies;
- (d) Selecting, ordering, administering, dispensing, and performing diagnostic and therapeutic measures;
- (e) Treating alterations of the health status;

Commented [VP(7)]: This seems to imply that they can do these things for all types of population, not just limited to pregnant women/mothers and children (and treatment of STD for male partners. This is correct?

- (f) Initiating appropriate therapies or treatments;
- (g) Making referral for appropriate therapies or treatments;
- (h) Performing additional functions as a nurse practitioner determined in accordance with rules and regulations promulgated by the Board and standards of practice;
- (i) Performing procedures as first assist to the surgeon or proceduralist; and
- (j) Authorizing the use of restraints and seclusion, in emergency or other situations that necessitate their use, in accordance with federal and District laws and regulations as applicable; and
- (k) Signing, certifying, stamping, or endorsing all documents that require a signature by a physician, in place of a physician, provided it is within the scope of their authorized act.

5810 PRESCRIBING CONTROLLED SUBSTANCES

5810.1 A CNM shall have authority to prescribe those drugs in Schedules II through V, established pursuant to the District of Columbia Uniform Controlled Substances Act of 1981, D.C. Law 4-29, D.C. Official Code §§ 48-901.02 et seq.

5810.2 A CNM shall not prescribe a controlled substance unless the CNM meets the following requirements:

- (a) Possesses a valid controlled substances certificate of registration from the United States Drug Enforcement Administration (DEA); and
- (b) Possesses a valid District of Columbia controlled substances registration pursuant to D.C. Official Code §§ 48-901.02 et seq., the District of Columbia Uniform Controlled Substances Act.

5810.3 A CNM shall not issue a refillable prescription for a controlled substance.

5810.4 A CNM shall maintain a current and complete log of all controlled substances that a certified nurse-midwife prescribes, in accordance with regulations for record keeping promulgated by the United States Drug Enforcement Administration.

Commented [VP(8): Van included some minor changes to this section. And he added 5711 (Standards for the Use of Controlled Substances for the Treatment of Pain), which contains similar but not the same provision as BoMed 17 DCMR § 4616. FOR THOUGHTS: Are there differences between “prescribing” and “use”? Is there any need to identify marijuana specifically as opposed to all controlled substances? Is it “treatment of pain” and not management/alleviation of pain?

Commented [VP(9): BJ thinks this provision may be relevant only to CRNA and not CNP or other APRNs. Needs more review/thinking.

5811 STANDARDS FOR THE USE OF CONTROLLED SUBSTANCES FOR THE TREATMENT OF PAIN

- 5811.1 A CNM shall prescribe, order, administer, or dispense controlled substances for pain only for a legitimate medical purpose based on accepted scientific knowledge of the treatment of pain or based on sound clinical grounds. All such prescribing shall be based on clear documentation of unrelieved pain and in compliance with applicable District or federal law.
- 5811.2 A CNM shall employ up-to-date treatment modalities in order to improve the quality of life for patients who suffer from pain as well as to reduce the morbidity and costs incurred by patients associated with untreated or inappropriately treated pain. For purposes of this section, "inappropriately treated pain" includes any of the following:
- (a) Non-treatment;
 - (b) Under-treatment;
 - (c) Over-treatment; and
 - (d) The continued use of ineffective treatments.
- 5811.3 A CNM shall perform an evaluation of the patient by taking a complete medical history and performing a physical examination. The medical history and physical examination shall be documented in the medical record. The medical record shall contain a description of the following:
- (a) The nature and intensity of the patient's pain;
 - (b) The patient's current and past treatments for pain;
 - (c) The patient's underlying or coexisting diseases or conditions;
 - (d) The effect of the pain on the patient's physical and psychological function;
 - (e) A history of the patient's substance abuse if applicable; and
 - (f) The presence of one or more recognized medical indications in the patient for the use of a controlled substance.

- 5811.4 A CNM shall maintain a written treatment plan which states the objectives used to determine treatment success, such as pain relief and improved physical and psychosocial function
- 5811.5 The treatment plan shall indicate if any further diagnostic evaluations or other treatments are planned.
- 5811.6 A CNM shall adjust drug therapy to the individual medical needs of each patient after treatment begins.
- 5811.7 A CNM shall consider other treatment modalities or a rehabilitation program if necessary depending on the etiology of the pain and the extent to which the pain is associated with physical and psychosocial impairment.
- 5811.8 A CNM shall discuss the risks and benefits of the use of controlled substances with the patient, person(s) designated by the patient, or with the patient's surrogate or guardian if the patient is incompetent.
- 5811.9 If a patient is determined to be at high risk for medication abuse or have a history of substance abuse, the CNM shall employ the use of a written agreement between the CNM and patient outlining the patient's responsibilities, including, but not limited to:
- (a) Urine/serum medication levels screening when requested;
 - (b) Number and frequency of all prescription refills; and
 - (c) Reasons for which drug therapy may be discontinued, such as violation of an agreement.
- 5811.10 A CNM shall do the following:
- (a) Review the course of treatment and any new information about the etiology of the pain at reasonable intervals based on the individual circumstances of the patient;
 - (b) Continue or modify the pain therapy depending on the nurse anesthetist's evaluation of the patient's progress;
 - (c) Reevaluate the appropriateness of continued treatment if treatment goals are not being achieved despite medication adjustments; and
 - (d) Monitor the patient's compliance in medication usage and related treatment plans.

- 5811.11 A CNM shall refer the patient, as necessary, to another qualified practitioner for additional evaluation and treatment in order to achieve treatment objectives. Special attention shall be given to those pain patients who are at risk for misusing their medications and those whose living arrangements pose a risk for medication misuse or diversion.
- 5811.12 A CNM shall consult with or refer to an expert for management the following types of patients:
- (a) Patients with a history of substance abuse; or
 - (b) Patients with comorbid psychiatric disorders that require extra care, monitoring, and documentation.
- 5811.13 A CNM shall recognize that tolerance and physical dependence are normal consequences of sustained use of opioid analgesics and are not the same as addiction.
- 5811.14 A CNM shall keep accurate and complete records that include, but are not limited to:
- (a) The medical history and physical examination, including history of drug abuse or dependence, as appropriate;
 - (b) Diagnostic, therapeutic, and laboratory results;
 - (c) Evaluations and consultations;
 - (c) Treatment objectives;
 - (d) Discussion of risks and benefits;
 - (e) Treatments;
 - (f) Medications including date, type, dosage, and quantity prescribed;
 - (g) Instructions and agreements; and
 - (h) Periodic reviews.
- 5811.15 A CNM shall maintain current records in an accessible manner that is readily available for review.

5812 DISCIPLINE

- 5812.1 A CNM or any person authorized to practice under this chapter may be subject to disciplinary action pursuant to D.C. Official Code § 3-1205.14.

5812 USE OF TITLE, ABBREVIATIONS; RESTRICTIONS; AND PENALTY

- 5812.1 Only a person licensed to practice as a certified nurse-midwife pursuant to this chapter shall be designated as such and have the right to use the title "Certified Nurse-Midwife" or "CNM" and the title or abbreviations designated by the Board or an approved national certifying body. No other person may use any title, words, letters, signs, or figures to indicate, represent, or give the impression that the person is authorized to practice or recognized as a certified nurse-midwife.
- 5813.3 No person may use or imply the words or terms "Advanced Practice Registered Nurse" or APRN unless the person is licensed under this chapter or under chapter 57, 59, or 60.
- 5813.4 A violation of this section may be punishable pursuant to D.C. Official Code § 3-1210.07.

5813 PRACTICE OF A CERTIFIED NURSE-MIDWIFE IN HEALTH CARE FACILITIES REQUIRING A FORMAL EVALUATION

- 5813.1 A CNM shall be evaluated by another CNM or APRN licensed to practice in the same specialty area.

5814 SUPERVISED PRACTICE OF STUDENTS

- 5814.1 A student may practice nurse-midwifery only in accordance with the Act and this chapter.
- 5814.2 A student fulfilling education requirements for certification and practicing within the limitations set forth in § 103(c) of the Act, D.C. Official Code § 3-1201.03(c), may be authorized to engage in the supervised practice of nurse-midwifery without a District of Columbia license.
- 5814.3 A person who has been denied a certificate, denied a license, disciplined, convicted of an offense that bears directly upon his or her fitness to be licensed, or who has such an action pending in the District of Columbia or

Commented [VP(10): Van's version would take this out. BJ and I agreed we should consult with the experts on the advisability of that.

another jurisdiction shall not practice pursuant to this section unless first authorized by the Board in writing.

- 5814.4 Only a CNM license under this chapter, who is an appointed faculty member of the accredited school or college, or a preceptor meeting the requirements set forth in chapter 56 of this Title, shall be authorized to supervise the practice of nurse-midwifery by a student.
- 5814.5 A student who practices pursuant to this section shall only practice at a hospital, a health facility operated by the District or federal government, or other health care facility considered appropriate by the Board.
- 5814.6 All supervised practice of a student shall take place under general or immediate supervision.
- 5814.7 A student practicing under this section shall not assume administrative or technical responsibility for the operation of a nurse-midwifery program, unit, service, or institution.
- 5814.8 A student shall identify himself or herself as such before practicing as a student nurse-midwife. A student shall wear a picture identification badge with lettering clearly visible to the client bearing the name of the student and the position title.
- 5814.9 A student shall not receive compensation of any nature, directly or indirectly, from a client or client's family member.
- 5814.10 The supervisor or preceptor, as applicable, shall be fully responsible for the practice by a student during the period of supervision and may be subject to disciplinary action for violations of the Act or this chapter by the student.
- 5814.11 The Board may deny an application for license by, or take other disciplinary action against, a student who is found to have violated the Act or this chapter. The Board may, in addition to any other disciplinary actions permitted by the Act, revoke, suspend, or restrict the privilege of the student to practice.

5815 GUIDELINES FOR DELEGATION

- 5815.1 A CNM may delegate a task, activity, or procedure to another nursing personnel in accordance with this section provided that the nurse anesthetist retains responsibility and accountability for the performance and outcome of any delegated task, activity, or procedure.
- 5815.2 The relevant provisions in Chapter 54 of this Title supplements this section.

Commented [VP(11): Why don't we refer to chapter 54 (RN)? Are there different principles applicable to delegation by APRN? If not, then we should just refer to chapter 54. Also, why do we only have delegation? The comparable section in chapter 54 covers both delegation and assignment. Why not this section?

Commented [VP(12R11): Revise to add some references

- 5815.3 The employer or organization employing APRN, RN, LPN, NAP, or UAP shall have policies and procedures for delegation and such policies and procedures shall not conflict with this section.
- 5815.4 This section does not apply to the transfer of responsibility for care of a patient between the CNM and healthcare providers other than RN, LPN, NAP, or UAP.
- 5815.5 Nursing judgment or any activity that involve nursing judgment or critical decision making shall not be delegated to NAP or UAP.
- 5815.6 A CNM has the following responsibilities when making delegation decisions:
- (a) Determine when and what to delegate based on the practice setting, the patient's needs and condition, and the employing organization's policies and procedures regarding delegation;
 - (b) Determine that the delegatee has been trained and is competent to perform the delegated task, activity, or procedure;
 - (c) Ensure that the delegatee understand the delegated task, activity, or procedure;
 - (d) Be available to the delegatee for guidance and questions, including assisting with the delegated task, activity, or procedure;
 - (e) Follow up with the delegatee and the patient after the delegated task, activity, or procedure has been completed; and
 - (f) Provide feedback information about the delegation process and any issues regarding delegatee's competence level to the employing organization.
- 5815.7 A CNM shall assign a task, activity, care, or procedure to a nursing personnel in accordance with section 5415.11.

5899 DEFINITIONS

- 5899.1 For purposes of this chapter, the following terms have the meaning ascribed:

Act - Health Occupation Revision Act of 1985 ("Act"), effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 et seq.).

Advanced practice registered nursing – the practice of advanced graduate level of nursing in four specialized roles, namely, certified nurse anesthetist, certified nurse-midwife, certified nurse practitioner, and certified nurse specialist.

Assignment – the process of referring to another nursing personnel (assignee) a routine care, task, activity, or procedure that would have been included in the assignee’s basic educational program.

Board - the Board of Nursing, established by § 204 of the Act, D.C. Official Code § 3-1202.04.

Certified nurse-midwife - a certified nurse-midwife licensed under this chapter.

Delegation – the exercise of professional judgment by a CRNA in transferring the responsibility to and allowing another nursing professional (delegatee) to perform a specific nursing activity, skill, or procedure that is beyond the delegatee’s traditional role and not routinely performed.

Director - The Director of the Department of Health or his or her designee.

LGBTQ continuing education – continuing education focusing on human patients or clients who identify as lesbian, gay, bisexual, transgender, gender nonconforming, queer, or question their sexual orientation or gender identity and expression (“LGBTQ”) meeting the requirements of § 510(b)(5) of the Act (D.C. Official Code § 3-1205.10 (b)(5)).

NAP – a nursing assistive personnel who is a trained and regulated personnel providing nursing assistance under a licensed nurse’s supervision, including persons regulated under chapters 61 (Trained Medication Employee), 93 (Home Health Aides), 94 (Dialysis Technicians), 95 (Medication Aides), 96 (Certified Nurse Aides), and 97 (Patient Care Technicians) of this title, and any other persons subsequently regulated pursuant to the Act.

Nursing personnel – a person licensed to practice advanced practice registered nursing, registered nursing, or practical nursing under the Act or a person registered or certified to practice as a nursing assistive personnel under the Act.

Qualified practitioner – a health professional licensed pursuant to the Act with a scope of practice similar or comparable to the nurse anesthetist’s.

Supervisor - means a certified nurse-midwife who is responsible for the supervision of a student, graduate, or applicant.

UAP – an unlicensed personnel or individual, other than a licensed nurse or NAP, who has received appropriate training or instruction to function in a complementary or assistant role to a licensed nurse in providing direct patient care or in carrying out common nursing tasks. The term includes, but is not limited to, medical assistants, orderlies, assistant technicians, attendants, or other health aides, who are not subject to licensure, registration, or certification requirements pursuant to the Act.

CHAPTER 58 CERTIFIED NURSE-MIDWIFE

Note: Committee wishes to note that they rely on the following materials:

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American Midwifery Certification Board (AMCB), American College of Nurse Midwives (ACNM), and Accreditation Commission for Midwifery Education (ACME)

Also too, Directors of Midwifery Education (DOME)

References changed to “certified nurse-midwife”.

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5800 APPLICABILITY

5800.1 ~~This chapter applies to persons seeking, authorized, or licensed to practice as a certified nurse-midwife or CNM. A certified nurse-midwife is a registered nurse prepared in a formal educational program to assume an expanded role in providing health care in the area of nurse-midwifery services. Certified nurse-midwives, when functioning within the authorized scope of practice, are qualified to assume primary responsibility for the care of their patients. This practice incorporates the use of independent judgment as well as collaborative interaction with physicians or osteopaths.~~

5800.2 Chapters 40 (Health Occupations: General Rules), 41 (Health Occupations: Administrative Procedures), and 54 (Registered Nursing) of this title shall supplement this chapter.

AUTHORITY: Unless otherwise noted, the authority for this chapter is § 302(14) of the District of Columbia Health Occupations Revision Act of 1985, D.C. Law 6-99, D.C. Code § 2-3303.2(14) (1988 Repl. Vol.), 33 DCR 729, 732 (February 7, 1986), and Mayor's Order 86-110, 33 DCR 5220 (August 22, 1986).

SOURCE: Final Rulemaking published at 36 DCR 3497 (May 12, 1989); and amended by Final Rulemaking published at 49 DCR 11751 (December 27, 2002).

5801 GENERAL REQUIREMENT

5801.1 Only a person currently licensed as a registered nurse under chapter 54 of this title shall be eligible to apply for ~~or hold a certificate~~license to practice ~~as a certified nurse-midwifery (CNM)~~ under this chapter.

SOURCE: Final Rulemaking published at 36 DCR 3497 (May 12, 1989); and amended by Final Rulemaking published at 49 DCR 11751 (December 27, 2002).

5802 TERM OF ~~CERTIFICATE~~LICENSE

5802.1 Subject to § 5802.2, a ~~certificate~~license issued pursuant to this chapter shall expire at ~~12:00~~11:59 PM ~~midnight of~~ June 30 of each even-numbered year.

5802.2 If the Director changes the renewal system pursuant to § 4006.3 of chapter 40 of this title, a certificate issued pursuant to this chapter shall expire at 12:00 midnight of the last day of the

month of the birthdate of the holder of the ~~certificate~~license, or other date established by the Director.

SOURCE: Final Rulemaking published at 36 DCR 3497 (May 12, 1989).

5803 QUALIFICATIONS FOR LICENSE RENEWAL OF CERTIFICATE

5803.1 To qualify for a license to practice as CNM, the applicant shall:

- (a) Possess a Master's degree from a program accredited by the Accreditation Commission for Midwifery Education at the time of graduation;
- (b) Have successfully passed the certification examination administered by the American Midwifery Certification Board (AMBC) and hold current AMBC certification as a Certified Nurse-Midwife; and
- (c) Hold a valid and current license as a registered nurse issued pursuant to chapter 54 of this title.

5803.2 A valid and current AMBC certification under § 5803.1(b) shall be required to maintain a license issued pursuant to this chapter.

5803.3 An applicant for license who holds a license to practice advanced practice registered nursing in any jurisdiction shall disclose their full license history and may be denied or subject to license restrictions or conditions if the applicant has been the subject of a pending investigation, sanction, penalty, or adverse actions by a licensing authority in any jurisdiction.

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~~A holder of a certificate to practice as a certified nurse-midwife shall renew his or her certificate by submitting a completed application on the forms required by the Board and paying the required fees prior to the expiration of the certificate.~~

~~5803.2 The Board's staff shall mail out applications for renewal at least sixty (60) days prior to the date the certificate expires.~~

~~5803.3 A certificate holder shall have the burden of notifying the Board if a renewal notice is not received.~~

~~5803.4 A certificate holder shall notify the Board in writing of a change in home or business address within thirty (30) days after the change.~~

~~5803.5 A certificate holder applying for renewal of a certificate to practice nurse-midwifery shall:~~

- ~~(a) Maintain current licensure as a registered nurse in the District of Columbia;~~
- ~~(b) Submit evidence of current national certification or recertification as applicable by the American College of Nurse-Midwives Certifying Council, Inc. (ACNM) or other national certifying body approved by the Board; and~~
- ~~(c) Beginning with the 2006 renewal period, submit proof of completion of fifteen (15) contact hours of continuing education, which shall include a pharmacology component. A continuing education program, course, seminar, or workshop shall be approved by the ACNM or other nationally certifying organization recognized by the Board and shall be related to the certificate holder's specialty. Only continuing~~

education hours obtained in the two (2) years immediately preceding the application date will be accepted.

~~5803.6 A certificate holder shall submit a verification form of completion, for each program, course, seminar, or workshop for which continuing education is claimed.~~

~~5803.7 A certificate holder applying for renewal of a certificate who fails to submit proof of having completed the requirements as set forth in § 5803.5 by the date the certificate expires may renew the certificate within sixty (60) days after the expiration by submitting the required documents and paying the required late fees.~~

~~5803.8 Upon submitting the required documents and paying the required late fees, the certificate holder shall be deemed to have possessed a valid certificate during the period between the expiration of the certificate and the submission of the required documents and fees.~~

~~5803.9 If a certificate holder applying for renewal of a certificate fails to submit proof of completion of the requirements as set forth in § 5803.5 or pay the late fee within sixty (60) days after expiration of the certificate holder's certificate, the certificate shall be considered to have lapsed on the date of expiration and the certificate holder shall thereafter be required to apply for reinstatement of an expired certificate and meet all requirements and fees for reinstatement.~~

~~5803.10 The Board may, in its discretion, grant an extension of the sixty (60) day period to renew the certificate after expiration, if the certificate holder's failure to submit proof of the requirements or pay the late fee was for good cause. As used in this section "good cause" includes the following:~~

~~(a) Serious and protracted illness of the certificate holder; and~~

~~(b) The death or serious and protracted illness of a member of the certificate holder's immediate family.~~

SOURCE: Final Rulemaking published at 36 DCR 3497, 3498 (May 12, 1989); as amended by Final Rulemaking published at 49 DCR 11751 (December 27, 2002); as amended by Final Rulemaking published at 51 DCR 7228 (July 23, 2004).

5804 RENEWAL OF THE LICENSE EDUCATIONAL REQUIREMENTS

~~5804.1 To qualify for the renewal of a license, an applicant for the license renewal, except one who is renewing the license for the first time after issuance of the initial license, shall have completed twenty-four (24) hours of continuing education during the two years' period before the expiration of the license, meeting the following special subject matters, totaling not more than four (4) hours:~~

~~(a) Two (2) hours of LGBTQ continuing education; and~~

~~(b) Ten percent (10%) of the total required continuing education being in the subjects determined by the Director as public health priorities of the District, which shall be duly published every five (5) years or as deemed necessary.~~

~~5804.2 Pursuant to D.C. Official Code § 3-1205.10(b-1)(3), the requirements of D.C. Official Code § 3-1205.10(b)(4) are waived.~~

~~5804.3 A CNM may submit evidence of current and valid CNM certification from the AMBC to establish full compliance with § 5804.1 and § 5406.1, except the special subject matters required under § 5804.1(a) and (b) or § 5406.1(a) and (b)..~~

Commented [VP(1): 5406.1 is RN continuing education requirement.

~~5804.4 The Board may conduct an audit to verify continuing education compliance as well as compliance with § 5803.2. Upon notification from the Board, with reasonable notice, the licensee subject to the audit shall submit documentation verifying compliance within thirty (30) days.~~

~~5804.5 A CNM shall maintain their record of continuing education completion for at least three (3) years.~~

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~~An applicant for a certificate to practice as a certified nurse-midwife shall furnish proof satisfactory to the Board, in accordance with § 608(b) of the Act, D.C. Official Code § 3-1206.08(b), that the applicant has successfully completed a post-basic nursing education program accredited by the American College of Nurse-Midwives (ACNM) or a nationally recognized accrediting body accepted by the Board.~~

~~5804.2 Repealed.~~

~~5804.3 Repealed~~

SOURCE: Final Rulemaking published at 36 DCR 3497, 3498 (May 12, 1989); as amended by Final Rulemaking published at 37 DCR 2747, 2752 (May 4, 1990); as amended by Final Rulemaking published at 49 DCR 11751 (December 27, 2002).

5805 NATIONAL EXAMINATION AND CERTIFICATION

~~5805.1 In addition to the requirements in § 5801 and § 5804, to qualify for a certificate to practice as a certified nurse-midwife in the District of Columbia, an applicant shall receive a passing score on the national certification examination by the ACNM or any other nationally recognized certifying body accepted by the Board.~~

~~5805.2 An applicant shall submit proof of having obtained a passing score on the examination by arranging to have official written verification of the certification, or a certified, notarized copy of the examination results, sent directly to the Board.~~

~~5805.3 A national certification program acceptable to the Board shall provide:~~

- ~~(a) scope of practice statement that reflects the standards of specialized and advanced nursing practice in the area of certification;~~
- ~~(b) An approval process for the formal programs of study in the area of certification which shall:
 - ~~(1) Be based on measurable objectives that relate directly to the scope of practice;~~
 - ~~(2) Include theoretical and clinical content directed to objectives; and~~
 - ~~(3) Be equivalent to at least one academic year preceptorship which is part of the formal program and shall be included as part of the academic year. Current practice in the area of certification will not be accepted as a substitute for the formal program of study.~~~~
- ~~(c) An examination in the area of certification which shall:~~

- (1) ~~Measure the theoretical and clinical content denoted in the scope of practice;~~
- (2) ~~Be developed in accordance with generally accepted standards of validity and reliability; and~~
- (3) ~~Be open only to registered nurses who have successfully completed the program of study referred to in paragraph (b) of this subsection.~~

(d) ~~A certification maintenance program.~~

5805.4 ~~The passing score on the certification examination shall be the passing score established by the certifying body administering the examination.~~

5805.5 ~~The Board shall issue and update a list of nationally recognized certifying bodies accepted by the Board.~~

5805.6 ~~Failure to maintain recertification as a certified registered nurse-midwife shall result in the loss of status as a certified nurse-midwife.~~

SOURCE: Final Rulemaking published at 36 DCR 3497, 3498 (May 12, 1989); as amended by Final Rulemaking published at 37 DCR 2747, 2752 (May 4, 1990); as amended by Final Rulemaking published at 49 DCR 11751 (December 27, 2002); as amended by Final Rulemaking published at 51 DCR 7228 (July 23, 2004).

5806 INACTIVE STATUS AND REACTIVATION CERTIFICATION BY ENDORSEMENT

5806.1 ~~A license shall be placed on inactive status pursuant to D.C. Official Code § 3-1205.11 upon application and payment of the inactive status fee.~~

5806.2 ~~While in inactive status, the individual shall not be subject to the renewal fee and shall not practice, attempt to practice, or offer to practice as a CNM in the District of Columbia whether in person or via telehealth.~~

5806.3 ~~A individual holding an inactive license pursuant to this section may be granted reactivation of the license if the individual possesses a current and valid national certification required pursuant to § 5803.2.~~

5806.4 ~~A reactivation applicant who has previously been subject to any disciplinary or adverse action by a licensing authority or peer review body shall establish fitness and competency to practice to the Board's satisfaction and shall have complied with all the terms or requirements of the disciplinary or adverse action unless the Board has determined that the applicant may otherwise practice safely and effectively in the District, based on the one of the following:~~

(a) ~~Possessing a current and unrestricted license to practice as a certified nurse-midwife in another jurisdiction; or~~

(b) ~~Completion of a refresher course that includes theory, didactic, and clinical components.~~

5806.1 ~~An applicant is eligible for certification by endorsement if the applicant is currently licensed or certified, in good standing, as a nurse-midwife under the laws of a state or territory of the United States.~~

~~5806.2 To apply for certification by endorsement, an applicant shall:~~

- ~~(a) Submit a completed application on the forms required by the Board;~~
- ~~(b) Submit a copy of his or her current license or certificate as a certified nurse-midwife with the application;~~
- ~~(c) Obtain licensure or certification verification from the current state or territory of licensure or certification, that the license or certificate is current and in good standing. The verification form must be sent directly to the Board by the verifying Board;~~
- ~~(d) Meet any other requirements as set forth by the Board; and~~
- ~~(e) Pay all required fees.~~

~~5806.3 An application that remains incomplete for ninety (90) days or more from the date of submission shall be considered abandoned, and closed by the Board. The applicant shall thereafter be required to reapply, submit the required documents and completed forms, and pay the required fees.~~

~~5806.4 Nothing in this section shall be construed to prohibit the Board from utilizing other authorized databases to verify current licensure standing in other jurisdictions of the U.S. and to review disciplinary records.~~

SOURCE: Final Rulemaking published at 49 DCR 11751 (December 27, 2002); as amended by Final Rulemaking published at 51 DCR 7228 (July 23, 2004).

5807 REINSTATEMENT OF EXPIRED LICENSE STANDARDS OF CONDUCT

~~5807.1 A person with an expired license shall not practice, attempt to practice, or offer to practice as a nurse-midwife in the District of Columbia.~~

~~5807.2 If a licensee fails for any reason to renew their license, the licensee may apply to reinstate the license in accordance with D.C. Official Code § 3-1205.12.~~

~~5807.3~~

~~5807.3 A licensee whose CNM license has been expired for more than five (5) years shall apply for initial licensure pursuant to § 5803.~~

~~5807.4 A reinstatement applicant who has previously been subject to any disciplinary or adverse action by a licensing authority or peer review body, shall establish fitness and competency to practice to the Board's satisfaction and shall have complied with all the terms or requirements of the disciplinary or adverse action unless the Board has determined that the applicant may otherwise practice safely and effectively in the District.~~

~~A certified nurse-midwife shall adhere to the standards set forth in the American College of Nurse Midwives' "Code of Ethics" as they may be amended or republished from time to time.~~

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SOURCE: Final Rulemaking published at 36 DCR 3497, 3499 (May 12, 1989); as amended by Final Rulemaking published at 49 DCR 11751 (December 27, 2002); as amended by Final Rulemaking published at 51 DCR 7228 (July 23, 2004).

5808 STANDARDS OF CONDUCT SCOPE OF PRACTICE

5808.1 A CNM shall:

- (a) Adhere to the standards set forth in the American Nurses Association's "Code of Ethics";
- (b) Comply with the standards for CNM practice and standards of the ACNM; and
- (c) Practice within standards established by the Board and ensure patient care is provide according to relevant patient care standards recognized by the Board, including standards of national professional nursing associations. In addition to the general function specified in D.C. Official Code § 3-1206.04 the nurse-midwife may perform any of the acts listed below, including:

5808.2 Standards for CNM practice supersede standards for RNs where conflict between the standards exist, if any.

- (a) Manage the care of the normal obstetrical patient;
- (b) Perform minor surgical procedure;
- (c) Manage the normal obstetrical patient during labor and delivery to include amniotomy, episiotomy, and repair;
- (d) Initiate and perform local anesthetic procedures and order the necessary anesthetic agents to perform the procedures;
- (e) Manage care of the newborn;
- (f) Perform post-partum examination;
- (g) Provide gynecological care for women;
- (h) Prescribe appropriate medications;
- (i) Provide family planning and STD services;
- (j) Provide primary health care; and
- (k) Such other functions and services the Board deems appropriate upon review and analysis of professional and association literature which articulates scopes and standards for nurse-midwifery practice.

5808.23 A CNM shall not:

- (a) Prescribe, dispense, administer, or distribute drugs in an unsafe manner or without adequate instructions to patients according to acceptable and prevailing standards; or
- (b) Sell, purchase, trade, or offer to sell, purchase, or trade drug samples. Repealed

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~~5808.4 A CNM shall know the limits of their knowledge and experience, practice within the scope of their competency, and plan for the management of situations beyond their expertise, including consulting with or referring patients to other health care providers as appropriate.~~

~~5808.3 Repealed~~

~~5808.4 Repealed~~

~~5808.5 A nurse-midwife may not perform a cesarean section or surgical abortion.~~

~~5808.6 For purposes of this section, "normal patient" means a healthy individual who meets the criteria established in practice protocols as normal.~~

SOURCE: Final Rulemaking published at 36 DCR 3497, 3500 (May 12, 1989); as amended by Final Rulemaking published at 49 DCR 11751 (December 27, 2002).

5809 ~~PRESCRIPTIVE AUTHORITY~~ SCOPE OF PRACTICE

5809.1 ~~A CNM shall practice in accordance with §§ 601, 603, and 604 of the Act, D.C. Official Code §§ 3-1206.01, 3-1206.03, and 3-1206.04. A certified nurse-midwife shall have authority to prescribe legend drugs and controlled substances subject to the limitations set forth in § 5810.~~

5809.2 A CNM may perform the following functions:

- (a) ~~Manage the care of the normal obstetrical patient;~~
- (b) ~~Perform minor surgical procedures;~~
- (c) ~~Manage the normal obstetrical patient during labor and delivery including amniotomy, episiotomy, and repair;~~
- (d) ~~Initiate and perform local anesthetic procedures and order the necessary anesthetic agents to perform the procedures;~~
- (e) ~~Manage care of the newborn during the first twenty-eight (28) days of life;~~
- (f) ~~Perform post-partum examinations;~~
- (g) ~~Provide gynecological care;~~
- (h) ~~Prescribe appropriate drugs;~~
- (i) ~~Provide family planning and sexually transmitted disease services;~~
- (j) ~~Provide primary health care within their population;~~
- (k) ~~Provide counseling, clinical interventions, referrals for pregnancy termination, sexual and gender concerns and infertility;~~
- (l) ~~Treatment of male partners for sexually transmitted infections; and~~

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Commented [VP(2)]: Any minor procedures or only minor procedures related to child birth?

Commented [VP(3R2)]: Any minor surgical procedures

Commented [VP(4)]: Does this extend to the male partners?

Commented [VP(5R4)]: Yes

Commented [VP(6)]: From ACNM.

- (l) ~~Such other functions and services the Board deems appropriate upon review and analysis of professional and association literature that articulates scopes and standards for CNM practice.~~

5809.3 ~~In addition to the functions specified in §§ 5809.1 and 5809.2, a CNM may perform the following:~~

- (a) ~~Making an advanced assessment;~~
- (b) ~~Making a medical diagnosis;~~
- (c) ~~Prescribing; monitoring and altering drug therapies;~~
- (d) ~~Selecting, ordering, administering, dispensing, and performing diagnostic and therapeutic measures;~~
- (e) ~~Treating alterations of the health status;~~
- (f) ~~Initiating appropriate therapies or treatments;~~
- (g) ~~Making referral for appropriate therapies or treatments;~~
- (h) ~~Performing additional functions as a nurse practitioner determined in accordance with rules and regulations promulgated by the Board and standards of practice;~~
- (i) ~~Performing procedures as first assist to the surgeon or proceduralist; and~~
- (j) ~~Authorizing the use of restraints and seclusion, in emergency or other situations that necessitate their use, in accordance with federal and District laws and regulations as applicable; and~~
- (k) ~~Signing, certifying, stamping, or endorsing all documents that require a signature by a physician, in place of a physician, provided it is within the scope of their authorized act.~~

5809.2 ~~A certified nurse-midwife shall have authority to prescribe drugs only while licensed in accordance with this chapter.~~

5809.3 ~~Prescriptions for drugs shall comply with all applicable District of Columbia and federal laws.~~

5809.4 ~~A certified nurse-midwife who administers or prescribes a prescription drug shall enter into the patient's chart on the date of the transaction, or if the chart is not available, within a reasonable time but no later than the next office day the following information:~~

- (a) ~~Each prescription that a certified nurse-midwife orders; and~~
- (b) ~~The name, strength, and amount of each drug that a certified nurse-midwife prescribes and/or dispenses.~~

5809.5 ~~Pursuant to § 514 of the Act, D.C. Code § 2-3305.14(a)(19) (1988), the Board may suspend or revoke the license or certification of, or take other disciplinary action against any applicant or licensee who prescribes, dispenses, or administers drugs when not authorized to do so.~~

SOURCE: Final Rulemaking published at 36 DCR 3497, 3501 (May 12, 1989); as amended by Final Rulemaking published at 49 DCR 11751 (December 27, 2002); as amended by Final Rulemaking published at 51 DCR 7228 (July 23, 2004).

Commented [VP(7)]: This seems to imply that they can do these things for all types of population, not just limited to pregnant women/mothers and children (and treatment of STD for male partners. This is correct?

5810 PRESCRIBING CONTROLLED SUBSTANCES

5810.1 A ~~certified nurse-midwife~~CNM shall have authority to prescribe those drugs in Schedules II through V, established pursuant to the District of Columbia Uniform Controlled Substances Act of 1981, D.C. Law 4-29, D.C. Official Code §§ 48-901.02 et seq.

5810.2 A ~~certified nurse-midwife~~CNM shall not prescribe a controlled substance unless ~~a-the~~ certified nurse-midwifeCNM meets the following requirements:

- (a) Possesses a valid controlled substances certificate of registration from the United States Drug Enforcement Administration (DEA); and
- (b) Possesses a valid District of Columbia controlled substances registration pursuant to D.C. Official Code §§ 48-901.02 et seq., the District of Columbia Uniform Controlled Substances Act.

5810.3 A ~~certified nurse-midwife~~CNM shall not issue a refillable prescription for a controlled substance.

5810.4 A ~~certified nurse-midwife~~CNM shall maintain a current and complete log of all controlled substances that a certified nurse-midwife prescribes, in accordance with regulations for record keeping promulgated by the United States Drug Enforcement Administration.

SOURCE: Final Rulemaking published at 36 DCR 3497, 3501 (May 12, 1989); as amended by Final Rulemaking published at 49 DCR 11751 (December 27, 2002).

(no 5811 in dcmr)

5811 STANDARDS FOR THE USE OF CONTROLLED SUBSTANCES FOR THE TREATMENT OF PAIN

5811.1 A CNM shall prescribe, order, administer, or dispense controlled substances for pain only for a legitimate medical purpose based on accepted scientific knowledge of the treatment of pain or based on sound clinical grounds. All such prescribing shall be based on clear documentation of unrelieved pain and in compliance with applicable District or federal law.

5811.2 A CNM shall employ up-to-date treatment modalities in order to improve the quality of life for patients who suffer from pain as well as to reduce the morbidity and costs incurred by patients associated with untreated or inappropriately treated pain. For purposes of this section, "inappropriately treated pain" includes any of the following:

- (a) Non-treatment;
- (b) Under-treatment;
- (c) Over-treatment; and
- (d) The continued use of ineffective treatments.

Commented [VP(8)]: Van included some minor changes to this section. And he added 5711 (Standards for the Use of Controlled Substances for the Treatment of Pain), which contains similar but not the same provision as BoMed 17 DCMR § 4616. FOR THOUGHTS: Are there differences between “prescribing” and “use”? Is there any need to identify marijuana specifically as opposed to all controlled substances? Is it “treatment of pain” and not management/alleviation of pain?

Commented [VP(9)]: BJ thinks this provision may be relevant only to CRNA and not CNP or other APRNs. Needs more review/thinking.

- 5811.3 A CNM shall perform an evaluation of the patient by taking a complete medical history and performing a physical examination. The medical history and physical examination shall be documented in the medical record. The medical record shall contain a description of the following:
- (a) The nature and intensity of the patient's pain;
 - (b) The patient's current and past treatments for pain;
 - (c) The patient's underlying or coexisting diseases or conditions;
 - (d) The effect of the pain on the patient's physical and psychological function;
 - (e) A history of the patient's substance abuse if applicable; and
 - (f) The presence of one or more recognized medical indications in the patient for the use of a controlled substance.
- 5811.4 A CNM shall maintain a written treatment plan which states the objectives used to determine treatment success, such as pain relief and improved physical and psychosocial function
- 5811.5 The treatment plan shall indicate if any further diagnostic evaluations or other treatments are planned.
- 5811.6 A CNM shall adjust drug therapy to the individual medical needs of each patient after treatment begins.
- 5811.7 A CNM shall consider other treatment modalities or a rehabilitation program if necessary depending on the etiology of the pain and the extent to which the pain is associated with physical and psychosocial impairment.
- 5811.8 A CNM shall discuss the risks and benefits of the use of controlled substances with the patient, person(s) designated by the patient, or with the patient's surrogate or guardian if the patient is incompetent.
- 5811.9 If a patient is determined to be at high risk for medication abuse or have a history of substance abuse, the CNM shall employ the use of a written agreement between the CNM and patient outlining the patient's responsibilities, including, but not limited to:
- (a) Urine/serum medication levels screening when requested;
 - (b) Number and frequency of all prescription refills; and

- (c) Reasons for which drug therapy may be discontinued, such as violation of an agreement.
- 5811.10 A CNM shall do the following:
- (a) Review the course of treatment and any new information about the etiology of the pain at reasonable intervals based on the individual circumstances of the patient;
- (b) Continue or modify the pain therapy depending on the nurse anesthetist's evaluation of the patient's progress;
- (c) Reevaluate the appropriateness of continued treatment if treatment goals are not being achieved despite medication adjustments; and
- (d) Monitor the patient's compliance in medication usage and related treatment plans.
- 5811.11 A CNM shall refer the patient, as necessary, to another qualified practitioner for additional evaluation and treatment in order to achieve treatment objectives. Special attention shall be given to those pain patients who are at risk for misusing their medications and those whose living arrangements pose a risk for medication misuse or diversion.
- 5811.12 A CNM shall consult with or refer to an expert for management the following types of patients:
- (a) Patients with a history of substance abuse; or
- (b) Patients with comorbid psychiatric disorders that require extra care, monitoring, and documentation.
- 5811.13 A CNM shall recognize that tolerance and physical dependence are normal consequences of sustained use of opioid analgesics and are not the same as addiction.
- 5811.14 A CNM shall keep accurate and complete records that include, but are not limited to:
- (a) The medical history and physical examination, including history of drug abuse or dependence, as appropriate;
- (b) Diagnostic, therapeutic, and laboratory results;
- (c) Evaluations and consultations;

- (c) Treatment objectives;
- (d) Discussion of risks and benefits;
- (e) Treatments;
- (f) Medications including date, type, dosage, and quantity prescribed;
- (g) Instructions and agreements; and
- (h) Periodic reviews.

5811.15 A CNM shall maintain current records in an accessible manner that is readily available for review.

5812 DISCIPLINE

5812.1 A CNM or any person authorized to practice under this chapter may be subject to disciplinary action pursuant to D.C. Official Code § 3-1205.14.

Commented [VP(10)]: Van added subsection xx12 for “Discipline”. This is not necessary. Discipline is addressed by the HORA and chapter 41. With NAP, there was an argument in favor of including a discipline section to alert the population that’s less educated and requires more upfront information. No such argument exists for APRN.

5812 USE OF TITLE, ~~OR~~ ABBREVIATIONS; RESTRICTIONS; AND PENALTY

5812.1 The abbreviation for the license issued pursuant to this chapter shall be “APRN,” or “CNM.”

5812.1 Only a persons certified, as certified nurse-midwives and licensed to practice as a certified nurse-midwife pursuant to this chapter by the Board shall be designated as such and have the right to use the title "Certified Nurse-Midwife" or (“CNM”) and the title or abbreviations designated by the Board or an approved national certifying body. No other person may use any title, words, letters, signs, or figures to indicate, represent, or give the impression that the person is authorized to practice or recognized as a certified nurse-midwife.

5813.3 No person may use or imply the words or terms “Advanced Practice Registered Nurse” or APRN unless the person is licensed under this chapter or under chapter 57, 59, or 60.

5813.4 A violation of this section may be punishable pursuant to D.C. Official Code § 3-1210.07.

SOURCE: Final Rulemaking published at 36 DCR 3497, 3504 (May 12, 1989); as amended by Final Rulemaking published at 49 DCR 11751 (December 27, 2002).

5813 PRACTICE OF A CERTIFIED ~~REGISTERED~~ NURSE-MIDWIFE IN HEALTH CARE FACILITIES REQUIRING A FORMAL EVALUATION

5813.1 A ~~CNM or~~ ~~APRN~~ shall be evaluated by another CNM or APRN licensed to practice in the same specialty area.

SOURCE: Final Rulemaking published at 49 DCR 11751 (December 27, 2002).

5814 SUPERVISED PRACTICE OF STUDENTS

5814.1 A student may practice nurse-midwifery only in accordance with the Act and this chapter.

5814.2 A student fulfilling education requirements for certification and practicing within the limitations set forth in § 103(c) of the Act, D.C. Official Code § 3-1201.03(c), may be authorized to engage in the supervised practice of nurse-midwifery without a District of Columbia ~~certificate~~ license.

5814.3 A person who has been denied a certificate, denied a license, disciplined, convicted of an offense that bears directly upon his or her fitness to be licensed, or who has such an action pending in the District of Columbia or another jurisdiction shall not practice pursuant to this section unless first authorized by the Board in writing.

5814.4 Only a ~~nurse-midwife~~ CNM ~~certified~~ license under ~~the Act~~ this chapter, who is an appointed faculty member of the accredited school or college, or a preceptor meeting the requirements set forth in chapter 56 of this Title, shall be authorized to supervise the practice of nurse-midwifery by a student.

5814.5 A student who practices pursuant to this section shall only practice at a hospital, a health facility operated by the District or federal government, or other health care facility considered appropriate by the Board.

5814.6 All supervised practice of a student shall take place under general or immediate supervision.

5814.7 A student practicing under this section shall not assume administrative or technical responsibility for the operation of a nurse-midwifery program, unit, service, or institution.

5814.8 A student shall identify himself or herself as such before practicing as a student nurse-midwife. A student shall wear a picture identification badge with lettering clearly visible to the client bearing the name of the student and the position title.

5814.9 A student shall not receive compensation of any nature, directly or indirectly, from a client or client's family member.

5814.10 The supervisor or preceptor, as applicable, shall be fully responsible for the practice by a student during the period of supervision and may be subject to disciplinary action for violations of the Act or this chapter by the student.

5814.11 The Board may deny an application for ~~certification~~ license by, or take other disciplinary action against, a student who is found to have violated the Act or this chapter. The Board may, in addition to any other disciplinary actions permitted by the Act, revoke, suspend, or restrict the privilege of the student to practice.

SOURCE: Final Rulemaking published at 51 DCR 7228 (July 23, 2004).

Commented [VP(11): Van's version would take this out. BJ and I agreed we should consult with the experts on the advisability of that.

5815 **G****U****I****D****E****L****I****N****E****S****F****O****R****D****E****L****E****G****A****T****I****O****N****S****U****P****E****R****S****E****D****P****R****A****C****T****I****C****E****S****O****F****G****R****A****D****U****A****T****E****S**

- 5815.1 A CNM may delegate a task, activity, or procedure to another nursing personnel in accordance with this section provided that the nurse anesthetist retains responsibility and accountability for the performance and outcome of any delegated task, activity, or procedure.
- 5815.2 The relevant provisions in Chapter 54 of this Title supplements this section.
- 5815.3 The employer or organization employing APRN, RN, LPN, NAP, or UAP shall have policies and procedures for delegation and such policies and procedures shall not conflict with this section.
- 5815.4 This section does not apply to the transfer of responsibility for care of a patient between the CNM and healthcare providers other than RN, LPN, NAP, or UAP.
- 5815.5 Nursing judgment or any activity that involve nursing judgment or critical decision making shall not be delegated to NAP or UAP.
- 5815.6 A CNM has the following responsibilities when making delegation decisions:
- (a) Determine when and what to delegate based on the practice setting, the patient's needs and condition, and the employing organization's policies and procedures regarding delegation;
 - (b) Determine that the delegatee has been trained and is competent to perform the delegated task, activity, or procedure;
 - (c) Ensure that the delegatee understand the delegated task, activity, or procedure;
 - (d) Be available to the delegatee for guidance and questions, including assisting with the delegated task, activity, or procedure;
 - (e) Follow up with the delegatee and the patient after the delegated task, activity, or procedure has been completed; and
 - (f) Provide feedback information about the delegation process and any issues regarding delegatee's competence level to the employing organization.
- 5815.7 A CNM shall assign a task, activity, care, or procedure to a nursing personnel in accordance with section 5415.11.
- 5815.1 A graduate may practice nurse-midwifery only in accordance with the Act and this chapter.
- 5815.2 An individual shall be authorized to engage in the supervised practice of nurse-midwifery, as a graduate nurse-midwife, without a District of Columbia certificate if the individual:
- (a) Graduated from a post-basic nursing education program in nurse-midwifery approved by the ACNM or other certifying body approved by the board;

Commented [VP(12): Why don't we refer to chapter 54 (RN)? Are there different principles applicable to delegation by APRN? If not, then we should just refer to chapter 54. Also, why do we only have delegation? The comparable section in chapter 54 covers both delegation and assignment. Why not this section?

Commented [VP(13R12): Revise to add some references

Commented [VP(14): Van's version would take this out. It's probably the right idea – but we should ascertain.

- (b) ~~Is awaiting the results of the certification examination given by the ACNM or other certifying body approved by the board; and~~
 - (c) ~~Has an initial application pending for certification to practice nurse-midwifery in the District of Columbia.~~
- 5815.3 ~~A person who has been denied a certificate, denied a license, disciplined, convicted of an offense that bears directly upon his or her fitness to be licensed, or who has such an action pending in the District of Columbia or another jurisdiction shall not practice pursuant to this section unless first authorized by the Board in writing.~~
- 5815.4 ~~Within five (5) business days after the application for certification has been received by the Board's staff, the Board's staff shall, at the request of the applicant, issue a supervised practice letter to the applicant to document that his or her application is pending and that he or she is authorize to practice under the Act and this chapter. The practice letter is not renewable and shall expire:~~
- (a) ~~Ninety (90) days from the date of issuance;~~
 - (b) ~~Upon receipt of written notice to the applicant of denial of certification;~~
 - (c) ~~Upon receipt of notice to the applicant that the applicant has failed the certification examination; or~~
 - (d) ~~Upon receipt of written notice to the applicant from the Board that the application for certification has been denied, whichever date is the earliest.~~
- 5815.5 ~~Upon receipt of the practice letter, the graduate shall inform employers of the date of expiration of the letter and shall immediately cease the practice of nurse-midwifery on that date or upon receipt of written notice as set forth in § 5815.4, whichever date is the earliest. The graduate thereafter may practice in any other area for which the graduate is qualified and licensed in the District, until receipt of a certificate to practice nurse-midwifery in the District.~~
- 5815.6 ~~The graduate shall immediately notify the Board and the graduate's supervisor of the results of the certification examination.~~
- 5815.7 ~~Only a nurse-midwife certified under the Act, who is a supervisor, shall be authorized to supervise the practice of nurse-midwifery by a graduate.~~
- 5815.8 ~~A supervisor shall not supervise more than two (2) graduates at one time.~~
- 5815.9 ~~All supervised practice of a graduate shall take place under general or immediate supervision.~~
- 5815.10 ~~A graduate who practices pursuant to this section shall only practice at a hospital, a health facility operated by the District or federal government, or other health care facility considered appropriate and approved by the Board.~~
- 5815.11 ~~A graduate practicing under this section shall not assume administrative or technical responsibility for the operation of a nurse-midwifery program, unit, service, or institution.~~
- 5815.12 ~~A graduate shall identify himself or herself as such before practicing as a nurse-midwife. A graduate shall wear a picture identification badge with lettering clearly visible to the client bearing the name of the graduate and the position title.~~

~~5815.13—A graduate shall not receive compensation of any nature, directly or indirectly, from a client or client's family member, except for a salary based on hours worked under supervision.~~

~~5815.14—The supervisor shall be fully responsible for the practice by a graduate during the period of supervision and may be subject to disciplinary action for violations of the Act or this chapter by the graduate.~~

~~5815.15—The Board may deny an application for certification by, or take other disciplinary action against, a graduate who is found to have violated the Act or this chapter. The Board may, in addition to any other disciplinary actions permitted by the Act, revoke, suspend, or restrict the privilege of the graduate to practice.~~

SOURCE: Final Rulemaking published at 51 DCR 7228 (July 23, 2004)

~~5816—SUPERVISED PRACTICE OF APPLICANTS FOR CERTIFICATION BY ENDORSEMENT~~

~~5816.1—An applicant may practice nurse-midwifery only in accordance with the Act and this chapter.~~

~~5816.2—An applicant for certification by endorsement shall be authorized to engage in the supervised practice of nurse-midwifery in the District of Columbia without a District of Columbia certificate if the applicant:~~

- ~~(a) —Is currently certified by the ACNM or a certifying body approved by the Board;~~
- ~~(b) —Is currently licensed, in good standing, under the laws of a state or territory of the United States; and~~
- ~~(c) —Has an initial application pending for certification by endorsement to practice nurse-midwifery in the District of Columbia.~~

~~5816.3—A person who has been denied a certificate, denied a license, disciplined, convicted of an offense that bears directly upon his or her fitness to be licensed, or who has such an action pending in the District of Columbia or another jurisdiction shall not practice pursuant to this section unless first authorized by the Board in writing.~~

~~5816.4—Within five (5) business days after the application for certification by endorsement has been received by the Board's staff, the Board's staff shall issue a practice letter to the applicant to document that his or her application is pending and that he or she is eligible to practice under the Act and this chapter. The practice letter is not renewable and shall expire:~~

- ~~(a) —Ninety (90) days from the date of issuance; or~~
- ~~(b) —Upon receipt of written notice from the Board that the application for certification has been denied, whichever date is the earliest.~~

~~5816.5—Upon receipt of the practice letter, the applicant shall inform employers of the date of expiration of the letter and shall immediately cease the practice of nurse-midwifery on that date or upon receipt of written notice as set forth in § 5816.4, whichever date is the earliest. The applicant thereafter may practice in any other area for which the graduate is qualified and licensed in the District, until receipt of a certificate to practice nurse-midwifery in the District.~~

~~5816.6—Only a nurse-midwife certified under the Act, who is a supervisor, shall be authorized to supervise the practice of nurse-midwifery by an applicant.~~

Commented [VP(15): Why don't we refer to chapter 54 (RN)? Are there different principles applicable to delegation by APRN? If not, then we should just refer to chapter 54. Also, why do we only have delegation? The comparable section in chapter 54 covers both delegation and assignment. Why not this section?

Commented [VP(16): This appears to conflict with the national guidelines.

- 5816.7—A supervisor shall not supervise more than two (2) applicants at one time.
- 5816.8—All supervised practice of an applicant shall take place under general or immediate supervision.
- 5816.9—An applicant who practices pursuant to this section shall only practice at a hospital, a health facility operated by the District or federal government, or other health care facility considered appropriate by the Board.
- 5816.10—An applicant under this section shall not assume administrative or technical responsibility for the operation of a nurse-midwifery program, unit, service, or institution.
- 5816.11—An applicant shall not receive compensation of any nature, directly or indirectly, from a client or client's family member, except for a salary based on hours worked under supervision.
- 5816.12—The supervisor shall be fully responsible for the practice by an applicant during the period of supervision and may be subject to disciplinary action for violations of the Act or this chapter by the applicant.
- 5816.13—The Board may deny an application for a certificate by, or take other disciplinary action against, an applicant who is found to have violated the Act or this chapter. The Board may, in addition to any other disciplinary actions permitted by the Act, revoke, suspend, or restrict the privilege of the applicant to practice.

SOURCE: Final Rulemaking published at 51 DCR 7228 (July 23, 2004).

5899 DEFINITIONS

- 5899.1 For purposes of this chapter, the following terms have the meaning ascribed:

Act - Health Occupation Revision Act of 1985 ("Act"), effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 et seq.).

Advanced practice registered nursing — the practice of advanced graduate level of nursing in four specialized roles, namely, certified nurse anesthetist, certified nurse-midwife, certified nurse practitioner, and certified nurse specialist.

Applicant — a person applying for a license to practice as a certified nurse-midwife under this chapter.

Assignment — the process of referring to another nursing personnel (assignee) a routine care, task, activity, or procedure that would have been included in the assignee's basic educational program.

Board - the Board of Nursing, established by § 204 of the Act, D.C. Official Code § 3-1202.04.

Certificate — a certificate to practice as a nurse-midwife under this chapter.

Certified nurse-midwife - a registered nurse trained in an educational program to provide nurse-midwifery services, exercise independent judgment, and assume primary responsibility for the care of patients certified nurse-midwife licensed under this chapter.

Clinical practice — the routine application of the principles of nurse-midwifery to the diagnosis and treatment of disease and the maintenance of health.

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Delegation – the exercise of professional judgment by a CRNA in transferring the responsibility to and allowing another nursing professional (delegatee) to perform a specific nursing activity, skill, or procedure that is beyond the delegatee’s traditional role and not routinely performed.

Director - The Director of the Department of Health or his or her designee.

LGBTQ continuing education – continuing education focusing on human patients or clients who identify as lesbian, gay, bisexual, transgender, gender nonconforming, queer, or question their sexual orientation or gender identity and expression (“LGBTQ”) meeting the requirements of § 510(b)(5) of the Act (D.C. Official Code § 3-1205.10 (b)(5)).

NAP – a nursing assistive personnel who is a trained and regulated personnel providing nursing assistance under a licensed nurse’s supervision, including persons regulated under chapters 61 (Trained Medication Employee), 93 (Home Health Aides), 94 (Dialysis Technicians), 95 (Medication Aides), 96 (Certified Nurse Aides), and 97 (Patient Care Technicians) of this title, and any other persons subsequently regulated pursuant to the Act.

Nursing personnel – a person licensed to practice advanced practice registered nursing, registered nursing, or practical nursing under the Act or a person registered or certified to practice as a nursing assistive personnel under the Act.

~~**Graduate** – an individual who has graduated from a post-basic nursing education program for nurse-midwifery.~~

Qualified practitioner – a health professional licensed pursuant to the Act with a scope of practice similar or comparable to the nurse anesthetist’s.

Supervisor - means a certified nurse-midwife who is responsible for the supervision of a student, graduate, or applicant.

UAP – an unlicensed personnel or individual, other than a licensed nurse or NAP, who has received appropriate training or instruction to function in a complementary or assistant role to a licensed nurse in providing direct patient care or in carrying out common nursing tasks. The term includes, but is not limited to, medical assistants, orderlies, assistant technicians, attendants, or other health aides, who are not subject to licensure, registration, or certification requirements pursuant to the Act.

SOURCE: Final Rulemaking published at 49 DCR 11751 (December 27, 2002); as amended by Final Rulemaking published at 51 DCR 7228 (July 23, 2004).

CHAPTER 59

CERTIFIED NURSE PRACTITIONERS

5900 APPLICABILITY

- 5900.1 This chapter applies to a person seeking, authorized, or licensed to practice as a certified nurse practitioner (CNP).
- 5900.2 Chapters 40 (Health Occupations: General Rules), 41 (Health Occupations: Administrative Procedures), and 54 (Registered Nursing) of this title shall supplement this chapter.

5901 GENERAL REQUIREMENT

- 5901.1 Only a person currently licensed, as a registered nurse under Chapter 54 of this title shall be eligible to apply for or hold a license to practice as a certified nurse practitioner under this chapter.

5902 TERM OF LICENSE

- 5902.1 Subject to § 5902.2, a license issued pursuant to this chapter shall expire at 11:59 PM midnight on June 30 of each even-numbered year.
- 5902.2 If the Director changes the renewal system pursuant to § 4006.3 of chapter 40 of this title, a license issued pursuant to this chapter shall expire at 12:00 midnight of the last day of the month of the birthdate of the holder of the license, or other date established by the Director.

5903 QUALIFICATIONS FOR LICENSE

- 5903.1 To qualify for a license to practice as a CNP, the applicant shall:
- (a) Have graduated from an accredited graduate or post-graduate level nurse practitioner program;
 - (b) Have successfully passed a national certification examination administered by a national nurse practitioner certifying organization recognized by the National Council of State Boards of Nursing (NCSBN) and the Board, and hold a valid and current such certification, in one of the following population foci:

Commented [VP(1): For further research and review by committee.

- (1) Family or individuals across the lifespan;
- (2) Adult gerontology - primary or acute;
- (3) Neonatal;
- (4) Pediatrics - primary or acute;
- (5) Women's health or gender-related, or;
- (6) Psychiatric - mental health.

- (c) Hold a valid and current license as a registered nurse issued pursuant to chapter 54 of this title.

5903.2 A valid and current certification required under § 5903.1(b) shall be required to obtain and maintain a license issued pursuant to this chapter.

5903.3 An applicant for license who holds a license to practice advanced practice registered nursing in any jurisdiction shall disclose their full license history and may be denied or subject to license restrictions or conditions if the applicant has been the subject of a pending investigation, sanction, penalty, or adverse actions on any type of healthcare license by a licensing authority in any jurisdiction.

Commented [VP(2)]: Added "on any type of license" after consultation with BJ. This is to ensure the board can review all license history -- not just APRN.

5904 RENEWAL OF THE LICENSE

5904.1 To qualify for the renewal of a license, an applicant, except one who is renewing the license for the first time after issuance of the initial license, shall have completed twenty-four (24) hours of continuing education during the two years' period before the expiration of the license, which shall include the following special subject matters, totaling not more than four (4) hours:

- (a) Two (2) hours of LGBTQ continuing education; and
- (b) Ten percent (10%) of the total required continuing education in the subjects determined by the Director as public health priorities of the District, which shall be duly published every five (5) years or as deemed necessary.

5904.2 Pursuant to D.C. Official Code § 3-1205.10(b-1)(3), the requirements of D.C. Official Code § 3-1205.10(b)(4) are waived.

5904.3 A renewal applicant may submit evidence of current and valid national certification required pursuant to § 5903.2 to establish full compliance with § 5904.1 and § 5406.1, except the special subject matters required under § 5904.1(a) and (b) or § 5406.1(a) and (b).

5904.4 The Board may conduct an audit to verify continuing education compliance as well as compliance with § 5903.2. Upon notification from the Board, with reasonable notice, the licensee subject to the audit shall submit documentation verifying compliance within thirty (30) days.

5904.5 A CNP shall maintain their record of continuing education completion for at least three (3) years.

5906 INACTIVE STATUS AND REACTIVATION

5906.1 A license shall be placed on inactive status pursuant to D.C. Official Code § 3-1205.11 upon application and payment of the inactive status fee.

5906.2 While in inactive status, the individual shall not be subject to the renewal fee and shall not practice, attempt to practice, or offer to practice as a nurse practitioner in the District of Columbia whether in person or via telehealth.

5906.3 A individual holding an inactive license pursuant to this section may be granted reactivation of the license if the individual possesses a current and valid national certification required pursuant to § 5903.2.

5906.4 A reactivation applicant who has previously been subject to any disciplinary or adverse action by a licensing authority or peer review body shall establish fitness and competency to practice to the Board's satisfaction and shall have complied with all the terms or requirements of the disciplinary or adverse action unless the Board has determined that the applicant may otherwise practice safely and effectively in the District.

NOTE: This subsection is being added after consultation with BJ. The purpose is to prevent loophole for bad actors. It's the same provision as in reinstatement section.

5907 REINSTATEMENT OF EXPIRED LICENSE

5907.1 A person with an expired license shall not practice, attempt to practice, or offer to practice as a CNP in the District of Columbia.

5907.2 If a licensee fails for any reason to renew their license, the licensee may apply to reinstate the license in accordance with D.C. Official Code § 3-1205.12.

5907.3 A licensee whose CNP license has been expired for more than five (5) years shall apply for initial licensure pursuant to § 5903.

Commented [VP(3)]: Discuss current competency indication (e.g. license in another state) with TH.

- 5907.4 A reinstatement applicant who has previously been subject to any disciplinary or adverse action by a licensing authority or peer review body shall establish fitness and competency to practice to the Board's satisfaction and shall have complied with all the terms or requirements of the disciplinary or adverse action unless the Board has determined that the applicant may otherwise practice safely and effectively in the District.

5908 STANDARDS OF CONDUCT

- 5908.1 A CNP shall:
- (a) Adhere to the standards set forth in the American Nurses Association's "Code of Ethics;"
 - (b) Comply with the standards for CNP practice and standards of the national professional nurse practitioner associations recognized by the Board. Standards for a specific role and population focus of CNP practice supersede standards for RNs where conflict between the standards, if any, exists; and
 - (c) Practice within standards established by the Board and ensure patient care is provided according to relevant patient care standards recognized by the Board, including standards of national professional nurse practitioner associations.
- 5908.2 Standards for a specific role and population focus of CNP practice supersedes standards for RNs where conflict between the standards, if any, exists.

5909 SCOPE OF PRACTICE

- 5909.1 A CNP shall practice in accordance with §§ 601, 603, and 604 of the Act, D.C. Code §§ 3-1206.01, 3-1206.03, and 3-1206.04.
- 5909.2 A CNP may practice within the acceptable and prevailing standards of nursing practice pursuant to national curriculums guided by Licensure, Accreditation, Certification, and Education (LACE) consistent with the APRN Consensus Model that include national nursing accreditors, and national nursing certifiers.

5909.3 In addition to the functions specified in §§ 5909.1 and 5909.2, a CNP may perform the following:

- (a) Making an advanced assessment;
- (b) Making a medical diagnosis;
- (c) Prescribing, monitoring and altering drug therapies;
- (d) Selecting, ordering, administering, dispensing and performing diagnostic and therapeutic measures;
- (e) Treating alterations of the health status;
- (f) Initiating appropriate therapies or treatments;
- (g) Making referral for appropriate therapies or treatments;
- (h) Performing additional functions as a CNP **determined** in accordance with rules and regulations promulgated by the Board and standards of practice;
- (i) Performing procedures as first assist to the surgeon or **proceduralist**; and
- (j) Signing, certifying, stamping, or endorsing all documents that require a signature by a physician, in place of a physician, provided it is within the scope of their authorized act

Commented [VP(4)]: I would say this is not right. These are the rules where the additional functions can be allowed. Why are we still talking about "rules and regulations"? This is circular.

Commented [VP(5R4)]: Keep

Commented [VP(6)]: This is added -- not in the other APRN scope.

5909.4 A CNP is a licensed independent practitioner within standards established or recognized by the Board. Each CNP is accountable to patients, the nursing profession and the Board for:

- (a) Complying with the requirements of the Act and the quality of advanced nursing care rendered;
- (b) Recognizing limits of knowledge and experience;
- (c) Planning for the management of situations beyond the CNP's expertise;
- (d) Authorizing the use of restraints and seclusion, in emergency or other situations that necessitate their use; and
- (e) Consulting with or referring patients to other health care providers as appropriate.

- 5909.5 The Board may issue advisory opinions clarifying the scope of CNP practice based on accepted standards of nursing practice.

5910 PRESCRIBING CONTROLLED SUBSTANCES

- 5910.1 A certified nurse practitioner shall have authority to prescribe those drugs on Schedules II through V established pursuant to the District of Columbia Uniform Controlled Substances Act of 1981, D.C. Law 4-29, D.C. Code §§ 33-501 et seq., that are authorized by the protocol under which the nurse-practitioner is practicing.
- 5910.2 A certified nurse practitioner shall not prescribe a controlled substance unless the CNP meets the following requirements:
- (a) Possesses a valid controlled substances certificate of registration from the United States Drug Enforcement Administration (DEA); and
 - (b) Possesses a valid District of Columbia controlled substances registration pursuant to D.C. Official Code §§ 48-901.02 et seq., the District of Columbia Uniform Controlled Substances Act.
- 5910.3 A certified nurse practitioner shall not issue a refillable prescription for a controlled substance.
- 5910.4 A certified nurse practitioner shall maintain a current and complete log of all controlled substances that the nurse practitioner prescribes in accordance with regulations for record keeping promulgated by the United States Drug Enforcement Administration.

5911 STANDARDS FOR THE USE OF CONTROLLED SUBSTANCES FOR THE TREATMENT OF PAIN

- 5911.1 A CNP shall prescribe, order, administer, or dispense controlled substances for pain only for a legitimate medical purpose based on accepted scientific knowledge of the treatment of pain or based on sound clinical grounds. All such prescribing shall be based on clear documentation of unrelieved pain and in compliance with applicable District or federal law.
- 5911.2 A CNP shall employ up-to-date treatment modalities in order to improve the quality of life for patients who suffer from pain as well as to reduce the

morbidity and costs incurred by patients associated with untreated or inappropriately treated pain. For purposes of this section, "inappropriately treated pain" includes any of the following:

- (a) Non-treatment;
- (b) Under-treatment;
- (c) Over-treatment; and
- (d) The continued use of ineffective treatments.

5911.3 A CNP shall perform an evaluation of the patient by taking a complete medical history and performing a physical examination. The medical history and physical examination shall be documented in the medical record. The medical record shall contain a description of the following:

- (a) The nature and intensity of the patient's pain;
- (b) The patient's current and past treatments for pain;
- (c) The patient's underlying or coexisting diseases or conditions;
- (d) The effect of the pain on the patient's physical and psychological function;
- (e) A history of the patient's substance abuse if applicable; and
- (f) The presence of one or more recognized medical indications in the patient for the use of a controlled substance.

5911.4 A CNP shall maintain a written treatment plan which states the objectives used to determine treatment success, such as pain relief and improved physical and psychosocial function

5911.5 The treatment plan shall indicate if any further diagnostic evaluations or other treatments are planned.

5911.6 A CNP shall adjust drug therapy to the individual medical needs of each patient after treatment begins.

5911.7 A CNP shall consider other treatment modalities or a rehabilitation program if necessary depending on the etiology of the pain and the extent to which the pain is associated with physical and psychosocial impairment.

- 5911.8 A CNP shall discuss the risks and benefits of the use of controlled substances with the patient, person(s) designated by the patient, or with the patient's surrogate or guardian if the patient is incompetent.
- 5911.9 If a patient is determined to be at high risk for medication abuse or have a history of substance abuse, the CNP shall employ the use of a written agreement between the CNP and patient outlining the patient's responsibilities, including, but not limited to:
- (a) Urine/serum medication levels screening when requested;
 - (b) Number and frequency of all prescription refills; and
 - (c) Reasons for which drug therapy may be discontinued, such as violation of an agreement.
- 5911.10 A CNP shall do the following:
- (a) Review the course of treatment and any new information about the etiology of the pain at reasonable intervals based on the individual circumstances of the patient;
 - (b) Continue or modify the pain therapy depending on the nurse anesthetist's evaluation of the patient's progress;
 - (c) Reevaluate the appropriateness of continued treatment if treatment goals are not being achieved despite medication adjustments; and
 - (d) Monitor the patient's compliance in medication usage and related treatment plans.
- 5911.11 A CNP shall refer the patient, as necessary, to another qualified practitioner for additional evaluation and treatment in order to achieve treatment objectives. Special attention shall be given to those pain patients who are at risk for misusing their medications and those whose living arrangements pose a risk for medication misuse or diversion.
- 5911.12 A CNP shall consult with or refer to an expert for management the following types of patients:
- (a) Patients with a history of substance abuse; or
 - (b) Patients with comorbid psychiatric disorders that require extra care, monitoring, and documentation.

- 5911.13 A CNP shall recognize that tolerance and physical dependence are normal consequences of sustained use of opioid analgesics and are not the same as addiction.
- 5911.14 A CNP shall keep accurate and complete records that include, but are not limited to:
- (a) The medical history and physical examination, including history of drug abuse or dependence, as appropriate;
 - (b) Diagnostic, therapeutic, and laboratory results;
 - (c) Evaluations and consultations;
 - (c) Treatment objectives;
 - (d) Discussion of risks and benefits;
 - (e) Treatments;
 - (f) Medications including date, type, dosage, and quantity prescribed;
 - (g) Instructions and agreements; and
 - (h) Periodic reviews.
- 5911.15 A CNP shall maintain current records in an accessible manner that is readily available for review.

5712 DISCIPLINE

- 5712.1 A CNP or any person authorized to practice under this chapter may be subject to disciplinary action pursuant to D.C. Official Code § 3-1205.14.

5912 USE OF TITLES OR ABBREVIATIONS; RESTRICTIONS; AND PENALTY

- 5912.1 Only a person licensed to practice as a certified nurse practitioner pursuant to this chapter may use the title or abbreviation "Nurse Practitioner," "Nurse-Practitioner," "Certified Nurse Practitioner," or "C.N.P.".
- 5912.2 A certified nurse practitioner may place the title or abbreviations in § 5912.1 after his or her name, alone or in combination with other letters or words

identifying categories of specialization, including, but not limited to, the following:

- (a) Adult Nurse-Practitioner;
- (b) Pediatric Nurse-Practitioner;
- (c) Family Nurse-Practitioner;
- (d) Gerontologic Nurse-Practitioner;
- (e) Neonatal Nurse-Practitioner;
- (f) School Nurse-Practitioner; and
- (g) Psychiatric Nurse-Practitioner.

5912.3 A specialty area of nursing practice shall be declared, and the specialty title to be utilized shall be the title which is granted by a nationally recognized accrediting body or the title of the specialty area of nursing practice in which the nurse practitioner has received postgraduate educational preparation.

5913.4 No person may use or imply the words or terms “Advanced Practice Registered Nurse” or APRN unless the person is licensed under this chapter or under chapter 57, 58, or 60.

5913.5 A violation of this section may be punishable pursuant to D.C. Official Code § 3-1210.07.

5913 PRACTICE OF A CERTIFIED NURSE PRACTITIONER IN HEALTH CARE FACILITIES REQUIRING A FORMAL EVALUATION

5913.1 A CNP shall be evaluated by another CNP or APRN licensed to practice in the same specialty area.

5914 SUPERVISED PRACTICE OF STUDENTS

5914.1 A student may practice as a nurse practitioner only in accordance with the Act and this chapter.

5914.2 A student fulfilling education requirements for certification and practicing within the limitations set forth in § 103(c) of the Act, D.C. Official Code § 3-

1201.03(c), shall be authorized to engage in the supervised practice as a nurse practitioner without a District of Columbia license.

- 5914.3 A person who has been denied a certificate, denied a license, disciplined, convicted of an offense that bears directly upon his or her fitness to be licensed, or who has such an action pending in the District of Columbia or another jurisdiction shall not practice pursuant to this section unless first authorized by the Board in writing.
- 5914.4 Only a CNP licensed under this chapter, who is an appointed faculty member of the accredited school or college, or a preceptor meeting the requirements set forth in chapter 56 of this Title, shall be authorized to supervise the practice of a student.
- 5914.5 A student who practices pursuant to this section shall only practice at a hospital, long-term care facility, a health facility operated by the District or federal government, or other health care facility considered appropriate by the ANCC or other certifying body recognized by the Board.
- 5914.6 All supervised practice of a student shall take place under general or immediate supervision.
- 5914.7 A student under this section shall not assume administrative or technical responsibility for the operation of a nurse practitioner program, unit, service, or institution.
- 5914.8 A student shall identify himself or herself as such before practicing as a nurse practitioner. A student shall wear a picture identification badge with lettering clearly visible to the client bearing the name of the student and the position title.
- 5914.9 A student shall not receive compensation of any nature, directly or indirectly, from a client or client's family member.
- 5914.10 The appointed supervising faculty member shall be fully responsible for the practice by a student during the period of supervision and may be subject to disciplinary action for violations of the Act or this chapter by the student.
- 5914.11 The Board may deny an application for a license by, or take other disciplinary action against, a student who is found to have violated the Act or this chapter. The Board may, in addition to any other disciplinary actions permitted by the Act, revoke, suspend, or restrict the privilege of the student to practice.

5915 GUIDELINES FOR DELEGATION

- 5915.1 A CNP may delegate a task, activity, or procedure to another nursing personnel in accordance with this section provided that the nurse practitioner retains responsibility and accountability for the performance and outcome of any delegated task, activity, or procedure.
- 5915.2 The relevant provisions in Chapter 54 of this Title supplements this section.
- 5915.3 The employer or organization employing APRN, RN, LPN, NAP, or UAP shall have policies and procedures for delegation and such policies and procedures shall not conflict with this section.
- 5915.4 This section does not apply to the transfer of responsibility for care of a patient between a CNP and healthcare providers other than RN, LPN, NAP, or UAP.
- 5915.5 Nursing judgment or any activity that involve nursing judgment or critical decision making shall not be delegated to NAP or UAP.
- 5915.6 A CNP has the following responsibilities when making delegation decisions:
- (a) Determine when and what to delegate based on the practice setting, the patient's needs and condition, and the employing organization's policies and procedures regarding delegation;
 - (b) Determine that the delegatee has been trained and is competent to perform the delegated task, activity, or procedure;
 - (c) Ensure that the delegatee understand the delegated task, activity, or procedure;
 - (d) Be available to the delegatee for guidance and questions, including assisting with the delegated task, activity, or procedure;
 - (e) Follow up with the delegatee and the patient after the delegated task, activity, or procedure has been completed; and
 - (f) Provide feedback information about the delegation process and any issues regarding delegatee's competence level to the employing organization.
- 5915.7 A CNP shall assign a task, activity, care, or procedure to a nursing personnel in accordance with section 5415.11.

Commented [VP(7)]: Why don't we refer to chapter 54 (RN)? Are there different principles applicable to delegation by APRN? If not, then we should just refer to chapter 54. Also, why do we only have delegation? The comparable section in chapter 54 covers both delegation and assignment. Why not this section?

Commented [VP(8R7)]: Revise to add some references

5999 DEFINITIONS

5999.1 For purposes of this chapter, the following terms have the meanings ascribed:

Act - Health Occupation Revision Act of 1985 (“Act”), effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1201.01 et seq.).

Advanced practice registered nursing – the practice of advanced graduate level of nursing in four specialized roles, namely, certified nurse anesthetist, certified nurse-midwife, certified nurse practitioner, and certified nurse specialist.

Board - the Board of Nursing, established by § 204 of the Act, D.C. Official Code § 3-1202.04.

Certificate - a certificate to practice as a nurse practitioner under this chapter.

Certified nurse practitioner - a certified nurse practitioner licensed under this chapter.

CNP practice – the practice of nurse practitioners generally.

Delegation – the exercise of professional judgment by a nurse practitioner in transferring the responsibility to and allowing another nursing professional (delegatee) to perform a specific nursing activity, skill, or procedure that is beyond the delegatee’s traditional role and not routinely performed.

Director - The Director of the Department of Health or his or her designee.

LGBTQ continuing education – continuing education focusing on human patients or clients who identify as lesbian, gay, bisexual, transgender, gender nonconforming, queer, or question their sexual orientation or gender identity and expression (“LGBTQ”) meeting the requirements of § 510(b)(5) of the Act (D.C. Official Code § 3-1205.10 (b)(5)).

NAP – a nursing assistive personnel who is a trained and regulated personnel providing nursing assistance under a licensed nurse’s supervision, including persons regulated under chapters 61 (Trained Medication Employee), 93 (Home Health Aides), 94 (Dialysis Technicians), 95 (Medication Aides), 96 (Certified Nurse Aides), and 97 (Patient Care Technicians) of this title, and any other persons subsequently regulated pursuant to the Act.

Nursing personnel – a person licensed to practice advanced practice registered nursing, registered nursing, or practical nursing under the Act or a person registered or certified to practice as a nursing assistive personnel under the Act.

Supervisor - a registered nurse-practitioner certified under the Act who is responsible for the supervision of a student

UAP – an unlicensed personnel or individual, other than a licensed nurse or NAP, who has received appropriate training or instruction to function in a complementary or assistant role to a licensed nurse in providing direct patient care or in carrying out common nursing tasks. The term includes, but is not limited to, medical assistants, orderlies, assistant technicians, attendants, or other health aides, who are not subject to licensure, registration, or certification requirements pursuant to the Act.

5999.2 The definitions in § 4099 of chapter 40 of this title are incorporated by reference into and are applicable to this chapter.

CHAPTER 59

CERTIFIED NURSE -PRACTITIONERS

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5900 APPLICABILITY

5900.1 This chapter applies to a person seeking, authorized, or licensed to practice as a certified nurse practitioner (CNP) ~~shall apply to applicants for and holders of a certificate to practice nurse-practitioners.~~

5900.2 Chapters 40 (Health Occupations: General Rules), 41 (Health Occupations: Administrative Procedures), and 54 (Registered Nursing) of this title shall supplement this chapter.

AUTHORITY: Unless otherwise noted, the authority for this chapter is § 302(14) of the District of Columbia Health Occupations Revision Act of 1985, D.C. Law 6-99, D.C. Code § 2-3303.2(14) (1988 Repl. Vol.), 33 DCR 729, 732 (February 7, 1986), and Mayor's Order 86-110, 33 DCR 5220 (August 22, 1986).

SOURCE: Final Rulemaking published at 36 DCR 3505 (May 12, 1989).

5901 GENERAL REQUIREMENT

5901.1 Only a person currently licensed, as a registered nurse under Chapter 54 of this title shall be eligible to apply for or hold a license to practice as a certified nurse-practitioner under this chapter.

SOURCE: Final Rulemaking published at 36 DCR 3505 (May 12, 1989); as amended by Final Rulemaking published at 49 DCR 11751 (December 27, 2002).

~~(There is no section 5902)~~

5902 TERM OF LICENSE

5902.1 Subject to § 5902.2, a license issued pursuant to this chapter shall expire at 11:59 PM midnight on June 30 of each even-numbered year.

5902.2 If the Director changes the renewal system pursuant to § 4006.3 of chapter 40 of this title, a license issued pursuant to this chapter shall expire at 12:00 midnight of the last day of the month of the birthdate of the holder of the license, or other date established by the Director.

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5903 RENEWAL OF CERTIFICATE QUALIFICATIONS FOR LICENSE

5903.1 To qualify for a license to practice as a CNP, the applicant shall:

(a) Have graduated from an accredited graduate or post-graduate level nurse practitioner program;

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(b) Have successfully passed a national certification examination administered by a national nurse practitioner certifying organization recognized by the National Council of State Boards of Nursing (NCSBN) and the Board, and hold a valid and current such certification, in one of the following population foci:

Commented [VP(1)]: For further research and review by committee.

- (1) Family or individuals across the lifespan;
- (2) Adult gerontology - primary or acute;
- (3) Neonatal;
- (4) Pediatrics - primary or acute;
- (5) Women's health or gender-related, or;
- (6) Psychiatric - mental health;; and

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(c) Hold a valid and current license as a registered nurse issued pursuant to chapter 54 of this title. A holder of a certificate to practice as a nurse-practitioner shall renew his or her certificate by submitting a completed application on the forms required by the Board and paying the required fees prior to the expiration of the certificate.

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5903.2 A valid and current certification required under § 5903.1(b) shall be required to obtain and maintain a license issued pursuant to this chapter. The Board's staff shall mail out applications for renewal at least sixty (60) days prior to the date the certificate expires.

5903.3 An applicant for license who holds a license to practice advanced practice registered nursing in any jurisdiction shall disclose their full license history and may be denied or subject to license restrictions or conditions if the applicant has been the subject of a pending investigation, sanction, penalty, or adverse actions on any type of healthcare license by a licensing authority in any jurisdiction.

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5903.3 A certificate holder shall have the burden of notifying the Board if a renewal notice is not received.

Commented [VP(2)]: Added "on any type of license" after consultation with BJ. This is to ensure the board can review all license history -- not just APRN.

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5903.4 A certificate holder shall notify the Board in writing of a change of home or business address within thirty (30) days of the change.

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5903.5 A certificate holder applying for renewal of a certificate to practice as a nurse-practitioner shall:

- (a) Maintain current licensure as a registered nurse in the District of Columbia;
- (b) Submit evidence of current national certification or recertification, as applicable, by the American Nurses Credentialing Center (ANCC) or other national certifying body approved by the Board; and
- (c) Beginning with the 2006 renewal period, submit proof of completion of fifteen (15) contact hours of continuing education, which shall include a pharmacology component. A continuing education program, course, seminar, or workshop shall be approved by the ANCC or other nationally certifying organization recognized by the Board and related to the certificate holder's specialty. Only continuing education hours obtained in the two (2) years immediately preceding the application date will be accepted.

5903.6 A certificate holder shall submit a verification form of completion, for each program, course, seminar, or workshop for which continuing education is claimed.

5903.7 A certificate holder applying for renewal of a certificate who fails to submit proof of having completed the requirements as set forth in § 5903.5 by the date the certificate expires may renew

the certificate within sixty (60) days after the expiration by submitting the required documents and paying the required late fees.

5903.8 Upon submitting the required documents and paying the required late fees, the certificate holder shall be deemed to have possessed a valid certificate during the period between the expiration of the certificate and the submission of the required documents and fees.

5903.9 If a certificate holder applying for renewal of a certificate fails to submit proof of completion of the requirements as set forth in § 5903.5 or pay the late fee within sixty (60) days after the expiration of the certificate holder's certificate, the certificate shall be considered to have lapsed on the date of expiration and the certificate holder shall thereafter be required to apply for reinstatement of an expired certificate and meet all requirements and fees for reinstatement.

5903.10 The Board may, in its discretion, grant an extension of the sixty (60) day period to renew the certificate after expiration, if the certificate holder's failure to submit proof of the requirements or pay the late fee was for good cause. As used in this section "good cause" includes the following:

- (a) Serious and protracted illness of the certificate holder; and
- (b) The death or serious and protracted illness of a member of the certificate holder's immediate family.

SOURCE: Final Rulemaking published at 36 DCR 3505, 3506 (May 12, 1989); as amended by Final Rulemaking published at 49 DCR 11751 (December 27, 2002); as amended by Final Rulemaking published at 51 DCR 7228 (July 23, 2004).

5904 RENEWAL OF THE LICENSEED EDUCATIONAL REQUIREMENTS

5904.1 To qualify for the renewal of a license, an applicant, except one who is renewing the license for the first time after issuance of the initial license, shall have completed twenty-four (24) hours of continuing education during the two years' period before the expiration of the license, which shall include the following special subject matters, totaling not more than four (4) hours:

- (a) Two (2) hours of LGBTQ continuing education; and
- (b) Ten percent (10%) of the total required continuing education in the subjects determined by the Director as public health priorities of the District, which shall be duly published every five (5) years or as deemed necessary. An applicant for a license to practice as a nurse-practitioner shall furnish proof satisfactory to the Board, in accordance with § 608(c) of the Act, D.C. Official Code § 3-1206.08, that the applicant has successfully completed a post-basic nursing education program applicable to the area of practice approved by the Board or accredited by a nationally recognized body accepted by the Board and which is relevant to the nurse-practitioner's area of practice.

5904.2 Pursuant to D.C. Official Code § 3-1205.10(b-1)(3), the requirements of D.C. Official Code § 3-1205.10(b)(4) are waived.

5904.3 A renewal applicant may submit evidence of current and valid national certification required pursuant to § 5903.2 to establish full compliance with § 5904.1 and § 5406.1, except the special subject matters required under § 5904.1(a) and (b) or § 5406.1(a) and (b). Repealed

5904.43 The Board may conduct an audit to verify continuing education compliance as well as compliance with § 5903.2. Upon notification from the Board, with reasonable notice, the

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licensee subject to the audit shall submit documentation verifying compliance within thirty (30) days. Repealed

5904.4 Repealed

5904.5 A CNP shall maintain their record of continuing education completion for at least three (3) years.

SOURCE: Final Rulemaking published at 36 DCR 3505, 3506 (May 12, 1989); as amended by Final Rulemaking published at 37 DCR 2747, 2752 (May 4, 1990); as amended by Final Rulemaking published at 49 DCR 11751 (December 27, 2002).

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5906 CERTIFICATION BY ENDORSEMENT INACTIVE STATUS AND REACTIVATION

5906.1 A license shall be placed on inactive status pursuant to D.C. Official Code § 3-1205.11 upon application and payment of the inactive status fee.

5906.2 While in inactive status, the individual shall not be subject to the renewal fee and shall not practice, attempt to practice, or offer to practice as a CNP in the District of Columbia whether in person or via telehealth.

5906.3 A individual holding an inactive license pursuant to this section may be granted reactivation of the license if the individual possesses a current and valid national certification required pursuant to § 5903.2.

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5906.4 A reactivation applicant who has previously been subject to any disciplinary or adverse action by a licensing authority or peer review body shall establish fitness and competency to practice to the Board's satisfaction and shall have complied with all the terms or requirements of the disciplinary or adverse action unless the Board has determined that the applicant may otherwise practice safely and effectively in the District.

NOTE: This subsection is being added after consultation with BJ. The purpose is to prevent loophole for bad actors. It's the same provision as in reinstatement section.

5906.1 An applicant is eligible for certification by endorsement if the applicant is currently licensed or certified, in good standing, as a nurse practitioner under the laws of a state or territory of the United States.

5906.2 To apply for certification by endorsement, an applicant shall:

- (a) Submit a completed application on the forms required by the Board;
- (b) Submit a copy of his or her current license or certificate as a nurse practitioner with the application;
- (c) Obtain licensure or certification verification from the current state or territory of licensure or certification, that the license or certificate is current and in good standing. The verification form must be sent directly to the Board by the verifying Board;
- (d) Meet any other requirements as set forth by the Board; and
- (e) Pay all required fees.

~~5906.3 An application that remains incomplete for ninety (90) days or more from the date of submission shall be considered abandoned, and closed by the Board. The applicant shall thereafter be required to reapply, submit the required documents and completed forms, and pay the required fees.~~

~~5906.4 Nothing in this section shall be construed to prohibit the Board from utilizing other authorized databases to verify current licensure standing in other jurisdictions of the U.S. and to review disciplinary records.~~

SOURCE: Final Rulemaking published at 49 DCR 11751 (December 27, 2002); as amended by Final Rulemaking published at 51 DCR 7228 (July 23, 2004).

5907 REINSTATEMENT OF EXPIRED LICENSE STANDARDS OF CONDUCT

~~5907.1 A person with an expired license shall not practice, attempt to practice, or offer to practice as a CNP in the District of Columbia.~~

~~5907.2 If a licensee fails for any reason to renew their license, the licensee may apply to reinstate the license in accordance with D.C. Official Code § 3-1205.12.~~

~~5907.3 A licensee whose CNP license has been expired for more than five (5) years shall apply for initial licensure pursuant to § 5903.~~

~~5907.4 A reinstatement applicant who has previously been subject to any disciplinary or adverse action by a licensing authority or peer review body shall establish fitness and competency to practice to the Board's satisfaction and shall have complied with all the terms or requirements of the disciplinary or adverse action unless the Board has determined that the applicant may otherwise practice safely and effectively in the District.~~

~~5907.1 A nurse practitioner shall adhere to the standards set forth in the American Nurses Association's "Code of Ethics," as they may be amended or republished from time to time.~~

SOURCE: Final Rulemaking published at 36 DCR 3505, 3507 (May 12, 1989); as amended by Final Rulemaking published at 49 DCR 11751 (December 27, 2002); as amended by Final Rulemaking published at 51 DCR 7228 (July 23, 2004).

5908 STANDARDS OF CONDUCT SCOPE OF PRACTICE

~~5908.1 A CNP shall:~~

- ~~(a) Adhere to the standards set forth in the American Nurses Association's "Code of Ethics;"~~
- ~~(b) Comply with the standards for CNP practice and standards of the national professional nurse practitioner associations recognized by the Board. Standards for a specific role and population focus of CNP practice supersede standards for RNs where conflict between the standards, if any, exists; and~~
- ~~(c) Practice within standards established by the Board and ensure patient care is provided according to relevant patient care standards recognized by the Board, including standards of national professional nurse practitioner associations.~~

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~~A nurse-practitioner shall practice in accordance with §§ 604 and 606 of the Act, D.C. Code §§ 2-3306.4 and 2-3306.7 (1988).~~

~~5908.2 Standards for a specific role and population focus of CNP practice supersedes standards for RNs where conflict between the standards, if any, exists.~~

~~5908.3 A CNP shall not:~~

~~(a) Prescribe, dispense, administer, or distribute drugs in an unsafe manner or without adequate instructions to patients according to acceptable and prevailing standards; or~~

~~(b) Sell, purchase, trade, or offer to sell, purchase, or trade drug samples.~~~~Repealed~~

~~5908.4 A CNP shall know the limits of their knowledge and experience, practice within the scope of their competency, and plan for the management of situations beyond their expertise, including consulting with or referring patients to other health care providers as appropriate.~~

~~5908.2—Repealed~~

~~5908.3—Repealed~~

SOURCE: Final Rulemaking published at 36 DCR 3505, 3508 (May 12, 1989); as amended by Final Rulemaking published at 49 DCR 11751 (December 27, 2002).

5909 SCOPE OF PRACTICE~~PREScriptive AUTHORITY~~

~~5909.1 A CNP shall practice in accordance with §§ 601, 603, and 604 of the Act, D.C. Code §§ 3-1206.01, 3-1206.03, and 3-1206.04. A nurse-practitioner shall have authority to prescribe legend drugs and controlled substances subject to the limitations set forth in § 5910.~~

~~5909.2 A nurse-practitioner shall have authority to prescribe drugs only while certified in accordance with this chapter. A CNP may practice within the acceptable and prevailing standards of nursing practice pursuant to national curriculums guided by Licensure, Accreditation, Certification, and Education (LACE) consistent with the APRN Consensus Model that include national nursing accreditors, and national nursing certifiers.~~

~~5909.3 In addition to the functions specified in §§ 5909.1 and 5909.2, a CNP may perform the following:~~

~~(a) Making an advanced assessment;~~

~~(b) Making a medical diagnosis;~~

~~(c) Prescribing, monitoring and altering drug therapies;~~

~~(d) Selecting, ordering, administering, dispensing and performing diagnostic and therapeutic measures;~~

~~(e) Treating alterations of the health status;~~

~~(f) Initiating appropriate therapies of treatments;~~

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- (g) Making referral for appropriate therapies or treatments;
 - (h) Performing additional functions as a CNP ~~determined~~ in accordance with rules and regulations promulgated by the Board and standards of practice;
 - (i) Performing procedures as first assist to the surgeon or ~~proceduralist~~ and
 - (j) Signing, certifying, stamping, or endorsing all documents that require a signature by a physician, in place of a physician, provided it is within the scope of their authorized act
- ~~Prescriptions for drugs shall comply with all applicable District of Columbia and federal laws.~~

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Commented [VP(6)]: This is added -- not in the other APRN scope.

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5909.4 A CNP is a licensed independent practitioner within standards established or recognized by the Board. Each CNP is accountable to patients, the nursing profession and the Board for:

- (a) Complying with the requirements of the Act and the quality of advanced nursing care rendered;
- (b) Recognizing limits of knowledge and experience;
- (c) Planning for the management of situations beyond the CNP's expertise;
- (d) Authorizing the use of restraints and seclusion, in emergency or other situations that necessitate their use; and
- (e) Consulting with or referring patients to other health care providers as appropriate.

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5909.5 The Board may issue advisory opinions clarifying the scope of CNP practice based on accepted standards of nursing practice.

5909.4 A nurse-practitioner who administers or prescribes a prescription drug shall enter in the patient's chart on the date of the transaction or, if the chart is not available, no later than the next office day, the following information:

- (a) Each prescription that a nurse-practitioner orders; and
- (b) The name, strength, and amount of each drug that a nurse-practitioner administers.

5909.5 Pursuant to § 514 of the Act, D.C. Official Code § 3-1205.14(a)(19), the Board may suspend or revoke the license or take other disciplinary action against any applicant or licensee who prescribes, dispenses, or administers drugs when not authorized to do so.

SOURCE: Final Rulemaking published at 36 DCR 3505, 3508 (May 12, 1989); as amended by Final Rulemaking published at 49 DCR 11751 (December 27, 2002).

5910 PRESCRIBING CONTROLLED SUBSTANCES

5910.1 A certified nurse-practitioner shall have authority to prescribe those drugs on Schedules II through V established pursuant to the District of Columbia Uniform Controlled Substances Act of 1981, D.C. Law 4-29, D.C. Code §§ 33-501 et seq., that are authorized by the protocol under which the nurse-practitioner is practicing.

5910.2 A certified nurse-practitioner shall not prescribe a controlled substance unless athe licensed,
certified nurse-practitioner CNP meets the following requirements:

- (a) Possesses a valid controlled substances certificate of registration from the United States Drug Enforcement Administration (DEA); and
- (b) Possesses a valid District of Columbia controlled substances registration pursuant to D.C. Official Code §§ 48-901.02 et seq., the District of Columbia Uniform Controlled Substances Act.

5910.3 A certified nurse-practitioner shall not issue a refillable prescription for a controlled substance.

5910.4 A certified nurse-practitioner shall maintain a current and complete log of all controlled substances that the nurse practitioner prescribes in accordance with regulations for record keeping promulgated by the United States Drug Enforcement Administration.

SOURCE: Final Rulemaking published at 36 DCR 3505, 3510 (May 12, 1989); as amended by Final Rulemaking published at 49 DCR 11751 (December 27, 2002).

(There is on section 5911)

5911 STANDARDS FOR THE USE OF CONTROLLED SUBSTANCES FOR THE TREATMENT OF PAIN

5911.1 A CNP shall prescribe, order, administer, or dispense controlled substances for pain only for a legitimate medical purpose based on accepted scientific knowledge of the treatment of pain or based on sound clinical grounds. All such prescribing shall be based on clear documentation of unrelieved pain and in compliance with applicable District or federal law.

5911.2 A CNP shall employ up-to-date treatment modalities in order to improve the quality of life for patients who suffer from pain as well as to reduce the morbidity and costs incurred by patients associated with untreated or inappropriately treated pain. For purposes of this section, "inappropriately treated pain" includes any of the following:

- (a) Non-treatment;
- (b) Under-treatment;
- (c) Over-treatment; and
- (d) The continued use of ineffective treatments.

5911.3 A CNP shall perform an evaluation of the patient by taking a complete medical history and performing a physical examination. The medical

history and physical examination shall be documented in the medical record. The medical record shall contain a description of the following:

- (a) The nature and intensity of the patient's pain;
- (b) The patient's current and past treatments for pain;
- (c) The patient's underlying or coexisting diseases or conditions;
- (d) The effect of the pain on the patient's physical and psychological function;
- (e) A history of the patient's substance abuse if applicable; and
- (f) The presence of one or more recognized medical indications in the patient for the use of a controlled substance.

5911.4 A CNP shall maintain a written treatment plan which states the objectives used to determine treatment success, such as pain relief and improved physical and psychosocial function

5911.5 The treatment plan shall indicate if any further diagnostic evaluations or other treatments are planned.

5911.6 A CNP shall adjust drug therapy to the individual medical needs of each patient after treatment begins.

5911.7 A CNP shall consider other treatment modalities or a rehabilitation program if necessary depending on the etiology of the pain and the extent to which the pain is associated with physical and psychosocial impairment.

5911.8 A CNP shall discuss the risks and benefits of the use of controlled substances with the patient, person(s) designated by the patient, or with the patient's surrogate or guardian if the patient is incompetent.

5911.9 If a patient is determined to be at high risk for medication abuse or have a history of substance abuse, the CNP shall employ the use of a written agreement between the CNP and patient outlining the patient's responsibilities, including, but not limited to:

- (a) Urine/serum medication levels screening when requested;
- (b) Number and frequency of all prescription refills; and
- (c) Reasons for which drug therapy may be discontinued, such as violation of an agreement.

5911.10 A CNP shall do the following:

- (a) Review the course of treatment and any new information about the etiology of the pain at reasonable intervals based on the individual circumstances of the patient;
- (b) Continue or modify the pain therapy depending on the nurse anesthetist's evaluation of the patient's progress;
- (c) Reevaluate the appropriateness of continued treatment if treatment goals are not being achieved despite medication adjustments; and
- (d) Monitor the patient's compliance in medication usage and related treatment plans.

5911.11 A CNP shall refer the patient, as necessary, to another qualified practitioner for additional evaluation and treatment in order to achieve treatment objectives. Special attention shall be given to those pain patients who are at risk for misusing their medications and those whose living arrangements pose a risk for medication misuse or diversion.

5911.12 A CNP shall consult with or refer to an expert for management the following types of patients:

- (a) Patients with a history of substance abuse; or
- (b) Patients with comorbid psychiatric disorders that require extra care, monitoring, and documentation.

5911.13 A CNP shall recognize that tolerance and physical dependence are normal consequences of sustained use of opioid analgesics and are not the same as addiction.

5911.14 A CNP shall keep accurate and complete records that include, but are not limited to:

- (a) The medical history and physical examination, including history of drug abuse or dependence, as appropriate;
- (b) Diagnostic, therapeutic, and laboratory results;
- (c) Evaluations and consultations;
- (c) Treatment objectives;

(d) Discussion of risks and benefits;

(e) Treatments;

(f) Medications including date, type, dosage, and quantity prescribed;

(g) Instructions and agreements; and

(h) Periodic reviews.

5911.15 A CNP shall maintain current records in an accessible manner that is readily available for review.

5712 DISCIPLINE

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5712.1 A CNP or any person authorized to practice under this chapter may be subject to disciplinary action pursuant to D.C. Official Code § 3-1205.14.

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5912 USE OF TITLES OR ABBREVIATIONS; RESTRICTIONS; AND PENALTY

5912.1 Only a person ~~certified by the Board~~licensed to practice as a certified nurse-practitioner pursuant to this chapter shall be designated as such and may use the title or abbreviation "Nurse Practitioner," "Nurse-Practitioner," "Certified Nurse-Practitioner," or "C.N.P.". ~~No other person may use any title, words, letters, signs, or figures to indicate, represent, or give the impression that the person is authorized to practice or recognized as a certified nurse practitioner.~~

5912.2 A ~~CNP-nurse-practitioner~~ may place the title or abbreviations in § 5912.1 after his or her name, alone or in combination with other letters or words identifying categories of specialization, including, but not limited to, the following:

- (a) Adult Nurse-Practitioner;
- (b) Pediatric Nurse-Practitioner;
- (c) Family Nurse-Practitioner;
- (d) Gerontologic Nurse-Practitioner;
- (e) Neonatal Nurse-Practitioner;
- (f) School Nurse-Practitioner; and
- (g) Psychiatric Nurse-Practitioner.

5912.3 A ~~speeiality~~specialty area of nursing practice shall be declared, and the specialty title to be utilized shall be the title which is granted by a nationally recognized accrediting body or the title of the specialty area of nursing practice in which the nurse practitioner has received postgraduate educational preparation.

5913.4 No person may use or imply the words or terms "Advanced Practice Registered Nurse" or APRN unless the person is licensed under this chapter or under chapter 57, 58, or 60.

5913.5 A violation of this section may be punishable pursuant to D.C. Official Code § 3-1210.07.

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SOURCE: Final Rulemaking published at 36 DCR 3505, 3512 (May 12, 1989); as amended by Final Rulemaking published at 49 DCR 11751 (December 27, 2002).

5913 PRACTICE OF A CERTIFIED ~~REGISTERED~~ NURSE-PRACTITIONER IN HEALTH CARE FACILITIES REQUIRING A FORMAL EVALUATION

5913.1 A ~~CNP~~APRN shall be evaluated by another CNP or APRN licensed to practice in the same specialty area.

SOURCE: Final Rulemaking published at 49 DCR 11751 (December 27, 2002).

5914 SUPERVISED PRACTICE OF STUDENTS

5914.1 A student may practice as a nurse practitioner only in accordance with the Act and this chapter.

5914.2 A student fulfilling education requirements for certification and practicing within the limitations set forth in § 103(c) of the Act, D.C. Official Code § 3-1201.03(c), shall be authorized to engage in the supervised practice as a nurse practitioner without a District of Columbia ~~certificate~~license.

5914.3 A person who has been denied a certificate, denied a license, disciplined, convicted of an offense that bears directly upon his or her fitness to be licensed, or who has such an action pending in the District of Columbia or another jurisdiction shall not practice pursuant to this section unless first authorized by the Board in writing.

5914.4 Only a ~~nurse-practitioner~~CNP certified-licensed under ~~this chapter~~the Act, who is an appointed faculty member of the accredited school or college, or a preceptor meeting the requirements set forth in chapter 56 of this Title, shall be authorized to supervise the practice of a student.

5914.5 A student who practices pursuant to this section shall only practice at a hospital, long-term care facility, a health facility operated by the District or federal government, or other health care facility considered appropriate by the ANCC or other certifying body ~~approved-recognized~~ by the Board.

5914.6 All supervised practice of a student shall take place under general or immediate supervision.

5914.7 A student under this section shall not assume administrative or technical responsibility for the operation of a nurse practitioner program, unit, service, or institution.

- 5914.8 A student shall identify himself or herself as such before practicing as a nurse practitioner. A student shall wear a picture identification badge with lettering clearly visible to the client bearing the name of the student and the position title.
- 5914.9 A student shall not receive compensation of any nature, directly or indirectly, from a client or client's family member.
- 5914.10 The appointed supervising faculty member shall be fully responsible for the practice by a student during the period of supervision and may be subject to disciplinary action for violations of the Act or this chapter by the student.
- 5914.11 The Board may deny an application for a ~~certificate~~ license by, or take other disciplinary action against, a student who is found to have violated the Act or this chapter. The Board may, in addition to any other disciplinary actions permitted by the Act, revoke, suspend, or restrict the privilege of the student to practice.

SOURCE: Final Rulemaking published at 51 DCR 7228 (July 23, 2004).

5915 GUIDELINES FOR DELEGATION

- 5915.1 A CNP may delegate a task, activity, or procedure to another nursing personnel in accordance with this section provided that the nurse practitioner retains responsibility and accountability for the performance and outcome of any delegated task, activity, or procedure.
- 5915.2 The relevant provisions in Chapter 54 of this Title supplements this section.
- 5915.3 The employer or organization employing APRN, RN, LPN, NAP, or UAP shall have policies and procedures for delegation and such policies and procedures shall not conflict with this section.
- 5915.4 This section does not apply to the transfer of responsibility for care of a patient between a CNP and healthcare providers other than RN, LPN, NAP, or UAP.
- 5915.5 Nursing judgment or any activity that involve nursing judgment or critical decision making shall not be delegated to NAP or UAP.
- 5915.6 A CNP has the following responsibilities when making delegation decisions:
- (a) Determine when and what to delegate based on the practice setting, the patient's needs and condition, and the employing organization's policies and procedures regarding delegation;
 - (b) Determine that the delegatee has been trained and is competent to perform the delegated task, activity, or procedure;
 - (c) Ensure that the delegatee understand the delegated task, activity, or procedure;
 - (d) Be available to the delegatee for guidance and questions, including assisting with the delegated task, activity, or procedure;
 - (e) Follow up with the delegatee and the patient after the delegated task, activity, or procedure has been completed; and

Commented [VP(7)]: Why don't we refer to chapter 54 (RN)? Are there different principles applicable to delegation by APRN? If not, then we should just refer to chapter 54. Also, why do we only have delegation? The comparable section in chapter 54 covers both delegation and assignment. Why not this section?

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- (f) ~~Provide feedback information about the delegation process and any issues regarding delegatee's competence level to the employing organization.~~

~~5915.7 A CNP shall assign a task, activity, care, or procedure to a nursing personnel in accordance with section 5415.11.~~

~~5915 — SUPERVISED PRACTICE OF GRADUATES~~

~~5915.1 A graduate may practice as a nurse practitioner only in accordance with the Act and this chapter.~~

~~5915.2 An individual may be authorized to engage in the supervised practice as a nurse practitioner as a graduate nurse practitioner, without a District of Columbia certificate if the individual:~~

- ~~(a) Graduated from post-basic nursing education program for nurse practitioners approved by the ANCC or other certifying board approved by the board;~~
- ~~(b) Is awaiting the results of the certification examination given by the ANCC or other certifying body approved by the board; and~~
- ~~(c) Has an initial application pending for certification to practice as a nurse practitioner in the District of Columbia.~~

~~5915.3 A person who has been denied a certificate, denied a license, disciplined, convicted of an offense that bears directly upon his or her fitness to be licensed, or who has such an action pending in the District of Columbia or another jurisdiction shall not practice pursuant to this section unless first authorized by the Board in writing.~~

~~5915.4 Within five (5) business days after the application for certification has been received by the Board's staff, the Board's staff shall, at the request of the applicant, issue a supervised practice letter to the applicant to document that his or her application is pending and that he or she is authorized to practice under the Act and this chapter. The practice letter is not renewable and shall expire:~~

- ~~(a) Ninety (90) days from the date of issuance;~~
- ~~(b) Upon receipt of written notice to the applicant of denial of certification;~~
- ~~(c) Upon receipt of notice to the applicant that the applicant has failed the certification examination; or~~
- ~~(d) Upon receipt of written notice to the applicant from the Board that the application for certification has been denied, whichever occurs first.~~

~~5915.5 Upon receipt of the practice letter, the graduate shall inform employers of the date of expiration of the letter and shall immediately cease practice as a nurse practitioner on that date or upon receipt of written notice as set forth in § 5915.4, whichever date is the earliest. The graduate thereafter may practice in any other area for which the graduate is qualified and licensed in the District, until receipt of a certificate to practice as a nurse practitioner in the District.~~

~~5915.6 The graduate shall immediately notify the Board and the graduate's supervisor of the results of the certification examination.~~

~~5915.7—Only a nurse practitioner certified under the Act, who is a supervisor, shall be authorized to supervise practice as a nurse practitioner by a graduate.~~

~~5915.8—A supervisor shall not supervise more than two (2) graduates at one time.~~

~~5915.9—All supervised practice of a graduate shall take place under general or immediate supervision.~~

~~5916—SUPERVISED PRACTICE OF APPLICANTS FOR CERTIFICATION BY ENDORSEMENT~~

~~5916.1—An applicant may practice as a nurse practitioner only in accordance with the Act and this chapter.~~

~~5916.2—An applicant for certification by endorsement shall be authorized to engage in the supervised practice as a nurse practitioner in the District of Columbia without a District of Columbia certificate if the applicant:~~

- ~~(a) —Is currently certified by the ANCC or a certifying body approved by the Board;~~
- ~~(b) —Is currently licensed, in good standing, under the laws of a state or territory of the United States; and~~
- ~~(c) —Has an initial application pending for certification by endorsement to practice as a nurse practitioner in the District of Columbia.~~

~~5916.3—A person who has been denied a certificate, denied a license, disciplined, convicted of an offense that bears directly upon his or her fitness to be licensed, or who has such an action pending in the District of Columbia or another jurisdiction shall not practice pursuant to this section unless first authorized by the Board in writing.~~

~~5916.4—Within five (5) business days after the application for certification by endorsement has been received by the Board's staff, the Board's staff shall issue a practice letter to the applicant to document that his or her application is pending and that he or she is eligible to practice under the Act and this chapter. The practice letter is not renewable and shall expire:~~

- ~~(a) —Ninety (90) days from the date of issuance; or~~
- ~~(b) —Upon receipt of written notice from the Board that the application for certification has been denied, whichever date is the earliest.~~

~~5916.5—Upon receipt of the practice letter, the applicant shall inform employers of the date of expiration of the letter and shall immediately cease practice as a nurse practitioner. The graduate thereafter may practice in any other area for which the graduate is qualified and licensed in the District, until receipt of a certificate to practice as a nurse practitioner in the District.~~

~~5916.6—Only a nurse practitioner certified under the Act, who is a supervisor, shall be authorized to supervise practice as a nurse practitioner by a graduate.~~

~~5916.7—A supervisor shall not supervise more than two (2) applicants at one time.~~

~~5916.8—All supervised practice of an applicant shall take place under general or immediate supervision.~~

~~5916.9—An applicant who practices pursuant to this section shall only practice at a hospital, long-term care facility, a health facility operated by the District or federal government, or other health care facility considered appropriate by the Board.~~

~~5916.10—An applicant under this section shall not assume administrative or technical responsibility for the operation of a nurse practitioner program, unit, service, or institution.~~

~~5916.11—An applicant shall not receive compensation of any nature, directly or indirectly, from a client or client's family member, except for a salary based on hours worked under supervision.~~

~~5916.12—The supervisor shall be fully responsible for all practice by an applicant during the period of supervision and is subject to disciplinary action for any violation of the Act or this chapter by the applicant.~~

~~5916.13—The Board may deny an application for a certificate by, or take other disciplinary action against, an applicant who is found to have violated the Act or this chapter. The Board may, in addition to any other disciplinary actions permitted by the Act, revoke, suspend, or restrict the privilege of the applicant to practice.~~

SOURCE: Final Rulemaking published at 51 DCR 7228 (July 23, 2004).

5999 DEFINITIONS

5999.1 For purposes of this chapter, the following terms have the meanings ascribed:

Act - Health Occupation Revision Act of 1985 ("Act"), effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1201.01 et seq.).

Advanced practice registered nursing – the practice of advanced graduate level of nursing in four specialized roles, namely, certified nurse anesthetist, certified nurse-midwife, certified nurse practitioner, and certified nurse specialist.

Applicant—a person applying for a license to practice as a nurse practitioner under this chapter.

Board - the Board of Nursing, established by § 204 of the Act, D.C. Official Code § 3-1202.04.

Certificate - a certificate to practice as a nurse practitioner under this chapter.

Certified nurse practitioner - ~~a registered nurse trained in an educational program and certified by a recognized national certification organization to provide healthcare services who, when functioning within the authorized scope of practice, is qualified to assume primary responsibility for the care of patients; a certified nurse practitioner licensed under this chapter.~~

~~**Clinical practice**—the routine application of the principles of a nurse practitioner to the diagnosis and treatment of disease and the maintenance of health.~~

~~**Graduate**—an individual who has graduated from a post-basic nursing education program for preparation to practice as a nurse practitioner.~~

CNP practice – the practice of nurse practitioners generally.

Delegation – the exercise of professional judgment by a nurse practitioner in transferring the responsibility to and allowing another nursing professional (delegatee) to perform a specific nursing activity, skill, or procedure that is beyond the delegatee's traditional role and not routinely performed.

Director - The Director of the Department of Health or his or her designee.

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LGBTQ continuing education – continuing education focusing on human patients or clients who identify as lesbian, gay, bisexual, transgender, gender nonconforming, queer, or question their sexual orientation or gender identity and expression (“LGBTQ”) meeting the requirements of § 510(b)(5) of the Act (D.C. Official Code § 3-1205.10 (b)(5)).

NAP – a nursing assistive personnel who is a trained and regulated personnel providing nursing assistance under a licensed nurse’s supervision, including persons regulated under chapters 61 (Trained Medication Employee), 93 (Home Health Aides), 94 (Dialysis Technicians), 95 (Medication Aides), 96 (Certified Nurse Aides), and 97 (Patient Care Technicians) of this title, and any other persons subsequently regulated pursuant to the Act.

Nursing personnel – a person licensed to practice advanced practice registered nursing, registered nursing, or practical nursing under the Act or a person registered or certified to practice as a nursing assistive personnel under the Act.

Supervisor - a registered nurse-practitioner certified under the Act who is responsible for the supervision of a student, ~~graduate, or applicant~~

UAP – an unlicensed personnel or individual, other than a licensed nurse or NAP, who has received appropriate training or instruction to function in a complementary or assistant role to a licensed nurse in providing direct patient care or in carrying out common nursing tasks. The term includes, but is not limited to, medical assistants, orderlies, assistant technicians, attendants, or other health aides, who are not subject to licensure, registration, or certification requirements pursuant to the Act.

5999.2 The definitions in § 4099 of chapter 40 of this title are incorporated by reference into and are applicable to this chapter.

SOURCE: Final Rulemaking published at 36 DCR 3505, 3512 (May 12, 1989); as amended by Final Rulemaking published at 49 DCR 11751 (December 27, 2002); as amended by Final Rulemaking published at 51 DCR 7228 (July 23, 2004).

CHAPTER 60

CLINICAL NURSE SPECIALIST

6000 APPLICABILITY

- 6000.1 This chapter applies to a person seeking, authorized, or licensed to practice as a clinical nurse specialist or CNS.
- 6000.2 Chapters 40 (Health Occupations: General Rules), 41 (Health Occupations: Administrative Procedures), and 54 Registered Nursing) of this title shall supplement this chapter.

6001 GENERAL REQUIREMENT

- 6001.1 Only a person currently licensed as a registered nurse under chapter 54 of this title shall be eligible to apply for or hold a license to practice as a clinical nurse specialist (CNS) under this chapter.

6002 TERM OF LICENSE

- 6002.1 Subject to § 6002.2, a license issued to this chapter shall expire at 12:00 midnight of June 30 of even-numbered year.
- 6002.2 If the Director changes the renewal system pursuant to § 4006.3 of chapter 40 of this title, a license issued pursuant to this chapter shall expire at 12:00 midnight of the last day of the month of the birthdate of the holder of the certificate, or other date established by the Director.

6003 QUALIFICATIONS FOR LICENSE

- 6003.1 To qualify for a license to practice as a CNS, the applicant shall:
- (a) Possess at least a Master of Science in Nursing from a program accredited by a national nursing organization recognized by the Board of Nursing;
 - (b) Have successfully passed a national certification examination administered by a national clinical nurse specialist certifying organization recognized by the Board of Nursing and hold such a current certification in the relevant population focus; and

- (c) Hold a valid and current license as a registered nurse pursuant to chapter 54 of this title.

6003.2 A valid and current certification required pursuant to § 6003.1(b) shall be required to maintain a license issued pursuant to this chapter.

6003.3 An applicant for license who holds a license to practice advanced practice registered nursing in any jurisdiction shall disclose their full license history and may be denied or subject to license restrictions or conditions if the applicant has been the subject of a pending investigation, sanction, penalty, or adverse actions on any type of healthcare license by a licensing authority in any jurisdiction.

6004 RENEWAL OF THE LICENSE

6004.1 To qualify for the renewal of a license, an applicant, except one who is renewing the license for the first time after issuance of the initial license, shall have completed twenty-four (24) hours of continuing education during the two years' period before the expiration of the license, which shall include the following special subject matters, totaling not more than four (4) hours:

- (a) Two (2) hours of LGBTQ continuing education; and
- (b) Ten percent (10%) of the total required continuing education in the subjects determined by the Director as public health priorities of the District, which shall be duly published every five (5) years or as deemed necessary.

6004.2 Pursuant to D.C. Official Code § 3-1205.10(b-1)(3), the requirements of D.C. Official Code § 3-1205.10(b)(4) are waived.

6004.3 A CNS may submit evidence of current and valid national certification required pursuant to § 6003.1(b) to establish full compliance with § 6004.1 and § 5406.1, except the special subject matters required under § 6004.1(a) and (b) or § 5406.1(a) and (b).

6004.4 The Board may conduct an audit to verify continuing education compliance as well as compliance with § 6003.2. Upon notification from the Board, with reasonable notice, the licensee subject to the audit shall submit documentation verifying compliance within thirty (30) days.

6004.5 A CNS shall maintain their record of continuing education completion for at least three (3) years.

Commented [VP(1): 5406.1 is RN continuing education requirement.

6005 RESERVED.

6006 INACTIVE STATUS AND REACTIVATION

- 6006.1 A license shall be placed on inactive status pursuant to D.C. Official Code § 3-1205.11 upon application and payment of the inactive status fee.
- 6006.2 While in inactive status, the individual shall not be subject to the renewal fee and shall not practice, attempt to practice, or offer to practice as a CNS in the District of Columbia whether in person or via telehealth.
- 6006.3 A individual holding an inactive license pursuant to this section may be granted reactivation of the license if the individual possesses a current and valid national certification required pursuant to § 6003.1(b).
- 6006.4 A reactivation applicant who has previously been subject to any disciplinary or adverse action by a licensing authority or peer review body shall establish fitness and competency to practice to the Board's satisfaction and shall have complied with all the terms or requirements of the disciplinary or adverse action unless the Board has determined that the applicant may otherwise practice safely and effectively in the District.

6007 REINSTATEMENT OF EXPIRED LICENSE

- 6007.1 A person with an expired license shall not practice, attempt to practice, or offer to practice as a CNS in the District of Columbia.
- 6007.2 If a licensee fails for any reason to renew their license, the licensee may apply to reinstate the license in accordance with D.C. Official Code § 3-1205.12.
- 6007.3 A licensee whose CNS license has been expired for more than five (5) years shall apply for initial licensure pursuant to § 6003.
- 6007.4 A reinstatement applicant who has previously been subject to any disciplinary or adverse action by a licensing authority or peer review body shall establish fitness and competency to practice to the Board's satisfaction and shall have complied with all the terms or requirements of the disciplinary or adverse action unless the Board has determined that the applicant may otherwise practice safely and effectively in the District.

6008 STANDARDS OF CONDUCT

6008.1 A CNS shall:

- (a) Adhere to the standards set forth in the American Nurses Association's "Code of Ethics";
- (b) Comply with the standards for CNS practice and standards of the national professional clinical nurse specialist associations recognized by the Board. Standards for a specific role and population focus of clinical nurse specialist practice supersede standards for RNs where conflict between the standards, if any, exists; and
- (c) Practice within standards established by the Board and ensure patient care is provided according to relevant patient care standards recognized by the Board, including standards of national professional nursing associations.

6008.2 Standards for a specific role and population focus of CNP practice supersede standards for RNs where conflict between the standards, if any, exists.

6008.3 A CNS shall not:

- (a) Prescribe, dispense, administer, or distribute drugs in an unsafe manner or without adequate instructions to patients according to acceptable and prevailing standards; or
- (b) Sell, purchase, trade, or offer to sell, purchase, or trade drug samples.

6008.4 A CNS shall know the limits of their knowledge and experience, practice within the scope of their competency, and plan for the management of situations beyond their expertise, including consulting with or referring patients to other health care providers as appropriate.

6009 SCOPE OF PRACTICE

6009.1 A CNS shall practice in accordance with §§ 601, 603, and 604 of the Act, D.C. Official Code §§ 3-1206.01, 3-1206.03, and 3-1206.04.

6009.2 A CNS may perform the following:

- (a) Making an advanced assessment;
- (b) Making a medical diagnosis;
- (c) Prescribing, monitoring and altering drug therapies;
- (d) Selecting, ordering, administering, dispensing and performing diagnostic and therapeutic measures;
- (e) Treating alterations of the health status;
- (f) Initiating appropriate therapies of treatments;
- (g) Making referral for appropriate therapies or treatments;
- (h) Signing, certifying, stamping, or endorsing all documents that require a signature by a physician, in place of a physician, provided it is within the scope of their authorized act.

6010 PRESCRIBING CONTROLLED SUBSTANCES

- 6010.1 A CNS shall have authority to prescribe those drugs in Schedules II through V, established pursuant to the District of Columbia Uniform Controlled Substances Act of 1981, D.C. Law 4-29, D.C. Official Code §§ 48-901.02 *et seq.*
- 6010.2 A CNS shall not prescribe a controlled substances unless a clinical nurse specialist meets the following requirements;
- (a) Possesses a valid controlled substances certificate of registration from the United States Drug Enforcement Administration (DEA); and
 - (b) Possesses a valid District of Columbia controlled substances registration pursuant to D.C. Official Code §§ 48-901.02 *et seq.*, the District of Columbia Uniform Controlled Substances Act.
- 6010.3 A clinical nurse specialist shall not issue a refillable prescription for a controlled substance.
- 6010.4 A clinical nurse specialist shall maintain a current and complete log of all controlled substances that the clinical nurse specialist prescribes, in accordance with regulations for record keeping promulgated by the United States Drug Enforcement Administration (DEA).

6011 STANDARDS FOR THE USE OF CONTROLLED SUBSTANCES FOR THE TREATMENT OF PAIN

- 6011.1 A CNS shall prescribe, order, administer, or dispense controlled substances for pain only for a legitimate medical purpose based on accepted scientific knowledge of the treatment of pain or based on sound clinical grounds. All such prescribing shall be based on clear documentation of unrelieved pain and in compliance with applicable District or federal law.
- 6011.2 A CNS shall employ up-to-date treatment modalities in order to improve the quality of life for patients who suffer from pain as well as to reduce the morbidity and costs incurred by patients associated with untreated or inappropriately treated pain. For purposes of this section, "inappropriately treated pain" includes any of the following:
- (a) Non-treatment;
 - (b) Under-treatment;
 - (c) Over-treatment; and
 - (d) The continued use of ineffective treatments.
- 6011.3 A CNS shall perform an evaluation of the patient by taking a complete medical history and performing a physical examination. The medical history and physical examination shall be documented in the medical record. The medical record shall contain a description of the following:
- (a) The nature and intensity of the patient's pain;
 - (b) The patient's current and past treatments for pain;
 - (c) The patient's underlying or coexisting diseases or conditions;
 - (d) The effect of the pain on the patient's physical and psychological function;
 - (e) A history of the patient's substance abuse if applicable; and
 - (f) The presence of one or more recognized medical indications in the patient for the use of a controlled substance.
- 6011.4 A CNS shall maintain a written treatment plan which states the objectives used to determine treatment success, such as pain relief and improved physical and psychosocial function

- 6011.5 The treatment plan shall indicate if any further diagnostic evaluations or other treatments are planned.
- 6011.6 A CNS shall adjust drug therapy to the individual medical needs of each patient after treatment begins.
- 6011.7 A CNS shall consider other treatment modalities or a rehabilitation program if necessary depending on the etiology of the pain and the extent to which the pain is associated with physical and psychosocial impairment.
- 6011.8 A CNS shall discuss the risks and benefits of the use of controlled substances with the patient, person(s) designated by the patient, or with the patient's surrogate or guardian if the patient is incompetent.
- 6011.9 If a patient is determined to be at high risk for medication abuse or have a history of substance abuse, the CNS shall employ the use of a written agreement between the CNS and patient outlining the patient's responsibilities, including, but not limited to:
- (a) Urine/serum medication levels screening when requested;
 - (b) Number and frequency of all prescription refills; and
 - (c) Reasons for which drug therapy may be discontinued, such as violation of an agreement.
- 6011.10 A CNS shall do the following:
- (a) Review the course of treatment and any new information about the etiology of the pain at reasonable intervals based on the individual circumstances of the patient;
 - (b) Continue or modify the pain therapy depending on the nurse anesthetist's evaluation of the patient's progress;
 - (c) Reevaluate the appropriateness of continued treatment if treatment goals are not being achieved despite medication adjustments; and
 - (d) Monitor the patient's compliance in medication usage and related treatment plans.
- 6011.11 A CNS shall refer the patient, as necessary, to another qualified practitioner for additional evaluation and treatment in order to achieve treatment objectives. Special attention shall be given to those pain patients

- who are at risk for misusing their medications and those whose living arrangements pose a risk for medication misuse or diversion.
- 6011.12 A CNS shall consult with or refer to an expert for management the following types of patients:
- (a) Patients with a history of substance abuse; or
 - (b) Patients with comorbid psychiatric disorders that require extra care, monitoring, and documentation.
- 6011.13 A CNS shall recognize that tolerance and physical dependence are normal consequences of sustained use of opioid analgesics and are not the same as addiction.
- 6011.14 A CNS shall keep accurate and complete records that include, but are not limited to:
- (a) The medical history and physical examination, including history of drug abuse or dependence, as appropriate;
 - (b) Diagnostic, therapeutic, and laboratory results;
 - (c) Evaluations and consultations;
 - (c) Treatment objectives;
 - (d) Discussion of risks and benefits;
 - (e) Treatments;
 - (f) Medications including date, type, dosage, and quantity prescribed;
 - (g) Instructions and agreements; and
 - (h) Periodic reviews.
- 6011.15 A CNS shall maintain current records in an accessible manner that is readily available for review.

6012 DISCIPLINE

- 6012.1 A CNS or any person authorized to practice under this chapter may be subject to disciplinary action pursuant to D.C. Official Code § 3-1205.14.

6013 USE OF TITLES OR ABBREVIATIONS; RESTRICTIONS; AND PENALTY

- 6012.1 Only a person certified as a clinical nurse specialist and licensed pursuant to this chapter shall be designated as such and have the right to use the title "Clinical Nurse Specialist" or "CNS" or any other title or abbreviation designated by the board or the approved national certifying body. No other person may use any title, words, letters, signs, or figures to indicate, represent, or give the impression that the person is authorized to practice or recognized as a clinical nurse specialist.
- 6012.2 No person may use or imply the words or terms "Advanced Practice Registered Nurse" or APRN unless the person is licensed under this chapter or under chapter 57, 58, or 59.
- 6013.3 A violation of this section may be punishable pursuant to D.C. Official Code § 3-1210.07.

6013 PRACTICE OF A CERTIFIED REGISTERED CLINICAL NURSE SPECIALIST IN HEALTH CARE FACILITIES REQUIRING A FORMAL EVALUATION

- 6013.1 A CNS shall be evaluated by another CNS or APRN licensed to practice in the same specialty area.

6014 SUPERVISED PRACTICE OF STUDENTS

- 6014.1 A student may practice as a clinical nurse specialist only in accordance with the Act and this chapter.
- 6014.2 A student fulfilling education requirements for certification and practicing within the limitations set forth in § 103(c) of the Act, D.C. Official Code § 3-1201.03(c), shall be authorized to engage in the supervised practice as a clinical nurse specialist without a District of Columbia license.
- 6014.3 A person who has been denied a certificate, denied a license, disciplined, convicted of an offense that bears directly upon his or her fitness to be licensed, or who has such an action pending in the District of Columbia or another jurisdiction shall not practice pursuant to this section unless first authorized by the Board in writing.

- 6014.4 Only a clinical nurse specialist licensed under this chapter, who is an appointed faculty member of the accredited school or college, or a preceptor meeting the requirements set forth in chapter 56 of this Title, shall be authorized to supervise the practice of a clinical nurse specialist by a student.
- 6014.5 A student who practices pursuant to this section shall only practice at a hospital, long-term care facility, a health facility operated by the District or federal government, or other health care facility considered appropriate by the ANCC or other certifying body approved by the Board.
- 6014.6 All supervised practice of a student shall take place under general or immediate supervision.
- 6014.7 A student under this section shall not assume administrative or technical responsibility for the operation of a clinical nurse specialist program, unit, service, or institution.
- 6014.8 A student shall identify himself or herself as such before practicing as a nurse practitioner. A student shall wear a picture identification badge with lettering clearly visible to the client bearing the name of the student and the position title.
- 6014.9 A student shall not receive compensation of any nature, directly or indirectly, from a client or client's family member.
- 6014.10 The supervisor or preceptor, as applicable, shall be fully responsible for the practice by a student during the period of supervision and may be subject to disciplinary action for violations of the Act or this chapter by the student.
- 6014.11 The Board may deny an application for a certificate by, or take other disciplinary action against, a student who is found to have violated the Act or this chapter. The Board may, in addition to any other disciplinary actions permitted by the Act, revoke, suspend, or restrict the privilege of the student to practice.

6015 GUIDELINES FOR DELEGATION

- 6015.1 A CNS may delegate a task, activity, or procedure to another nursing personnel in accordance with this section provided that the clinical nurse specialist retains responsibility and accountability for the performance and outcome of any delegated task, activity, or procedure.
- 6015.2 The relevant provisions in Chapter 54 of this Title supplements this section.

Commented [VP(2)]: Why don't we refer to chapter 54 (RN)? Are there different principles applicable to delegation by APRN? If not, then we should just refer to chapter 54. Also, why do we only have delegation? The comparable section in chapter 54 covers both delegation and assignment. Why not this section?

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- 6015.3 The employer or organization employing APRN, RN, LPN, NAP, or UAP shall have policies and procedures for delegation and such policies and procedures shall not conflict with this section.
- 6015.4 This section does not apply to the transfer of responsibility for care of a patient a CNS and healthcare providers other than RN, LPN, NAP, or UAP.
- 6015.5 Nursing judgment or any activity that involve nursing judgment or critical decision making shall not be delegated to NAP or UAP.
- 6015.6 A CNS has the following responsibilities when making delegation decisions:
- (a) Determine when and what to delegate based on the practice setting, the patient's needs and condition, and the employing organization's policies and procedures regarding delegation;
 - (b) Determine that the delegatee has been trained and is competent to perform the delegated task, activity, or procedure;
 - (c) Ensure that the delegatee understand the delegated task, activity, or procedure;
 - (d) Be available to the delegatee for guidance and questions, including assisting with the delegated task, activity, or procedure;
 - (e) Follow up with the delegatee and the patient after the delegated task, activity, or procedure has been completed; and
 - (f) Provide feedback information about the delegation process and any issues regarding delegatee's competence level to the employing organization.
- 6015.7 A CNS shall assign a task, activity, care, or procedure to a nursing personnel in accordance with section 5415.11.

6099 DEFINITIONS

- 6099.1 For purposes of this chapter, the following terms have the meanings ascribed:

Act - Health Occupation Revision Act of 1985 ("Act"), effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §8 3-1201.01 et seq.).

Advanced practice registered nursing – the practice of advanced graduate level of nursing in four specialized roles, namely, certified nurse anesthetist, certified nurse-midwife, certified nurse practitioner, and certified nurse specialist.

Assignment – the process of referring to another nursing personnel (assignee) a routine care, task, activity, or procedure that would have been included in the assignee’s basic educational program.

Board - the Board of Nursing, established by § 204 of the Act, D.C. Official Code § 3-1202.04.

Director - The Director of the Department of Health or his or her designee.

LGBTQ continuing education – continuing education focusing on human patients or clients who identify as lesbian, gay, bisexual, transgender, gender nonconforming, queer, or question their sexual orientation or gender identity and expression (“LGBTQ”) meeting the requirements of § 3-1205.10(b)(5) of the Act (D.C. Official Code § 3-1205.10 (b)(5)).

NAP – a nursing assistive personnel who is a trained and regulated personnel providing nursing assistance under a licensed nurse’s supervision, including persons regulated under chapters 61 (Trained Medication Employee), 93 (Home Health Aides), 94 (Dialysis Technicians), 95 (Medication Aides), 96 (Certified Nurse Aides), and 97 (Patient Care Technicians) of this title, and any other persons subsequently regulated pursuant to the Act.

Nursing personnel – a person licensed to practice advanced practice registered nursing, registered nursing, or practical nursing under the Act or a person registered or certified to practice as a nursing assistive personnel under the Act.

Qualified practitioner – a health professional licensed pursuant to the Act with a scope of practice similar or comparable to the clinical nurse specialist’s.

Supervisor - means a certified clinical nurse specialist who is responsible for the supervision of a student, graduate, or applicant.

UAP – an unlicensed personnel or individual, other than a licensed nurse or NAP, who has received appropriate training or instruction to function in a complementary or assistant role to a licensed nurse in providing direct patient care or in carrying out common nursing tasks. The term includes, but is not limited to, medical assistants, orderlies, assistant technicians, attendants, or

other health aides, who are not subject to licensure, registration, or certification requirements pursuant to the Act.

6099.2 The definitions in § 4099 of chapter 40 of this title are incorporated by reference into and are applicable to this chapter.

CHAPTER 60 CLINICAL NURSE SPECIALIST

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6000 APPLICABILITY

6000.1 ~~This chapter applies to a person seeking, authorized, or licensed to practice as a clinical nurse specialist or CNS. A clinical nurse specialist is an expert clinician and clinical leader in a particular specialty or subspecialty of nursing and is prepared in a formal educational program to assume an expanded role in providing health care services. The clinical nurse specialist possesses refined knowledge and skills pertinent to the medical needs of patients in a specialty area. Clinical nurse specialists, when functioning within their scope of practice, are qualified to assume primary responsibility for the care of their clients.~~

6000.2 Chapters 40 (Health Occupations: General Rules), 41 (Health Occupations: Administrative Procedures), and 54 (Registered Nursing) of this title shall supplement this chapter.

SOURCE: Final Rulemaking published at 49 DCR 11771 (December 27, 2002).

6001 GENERAL REQUIREMENT

6001.1 Only a person currently licensed as a registered nurse under chapter 54 of this title shall be eligible to apply for or hold a certificate-license to practice as a clinical nurse specialist (CNS) under this chapter.

SOURCE: Final Rulemaking published at 49 DCR 11771 (December 27, 2002).

6002 TERM OF ~~CERTIFICATE~~LICENSE

6002.1 Subject to § 6002.2, a certificate-license issued to this chapter shall expire at 12:00 midnight of June 30 of even-numbered year.

6002.2 If the Director changes the renewal system pursuant to § 4006.3 of chapter 40 of this title, a certificate-license issued pursuant to this chapter shall expire at 12:00 midnight of the last day of the month of the birthdate of the holder of the certificate, or other date established by the Director.

SOURCE: Final Rulemaking published at 49 DCR 11771 (December 27, 2002).

6003 QUALIFICATIONS FOR LICENSE~~RENEWAL OF CERTIFICATE~~

6003.1 ~~A holder of a certificate to practice as a clinical nurse specialist shall renew his or her certificate by submitting a completed application on the forms required by the Board and paying the required fees prior to the expiration of the certificate. To qualify for a license to practice as a CNS, the applicant shall:~~

- (a) Possess at least a Master of Science in Nursing from a program accredited by a national nursing organization recognized by the Board of Nursing;
- (b) Have successfully passed a national certification examination administered by a national clinical nurse specialist certifying organization recognized by the Board of Nursing and hold such a current certification in the relevant population focus; and
- (c) Hold a valid and current license as a registered nurse pursuant to chapter 54 of this title.

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6003.2 A valid and current certification required pursuant to § 6003.1(b) shall be required to maintain a license issued pursuant to this chapter.

6003.3 An applicant for license who holds a license to practice advanced practice registered nursing in any jurisdiction shall disclose their full license history and may be denied or subject to license restrictions or conditions if the applicant has been the subject of a pending investigation, sanction, penalty, or adverse actions on any type of healthcare license by a licensing authority in any jurisdiction.

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6003.2 The Board's staff shall mail out applications for renewal at least sixty (60) days prior to the date the certificate expires.

6003.3 A certificate holder shall have the burden of notifying the Board if a renewal notice is not received.

6003.4 A certificate holder shall notify the Board in writing of a change of home or business address within thirty (30) days after the change.

6003.5 A certificate holder applying for renewal of a certificate to practice clinical nurse specialty shall:

- (a) Maintain current licensure as a registered nurse in the District of Columbia;
- (b) Submit evidence of current national certification or recertification, as applicable, by the American Nurses Credentialing Center (ANCC) or any other nationally recognized certifying organization accepted by the Board; and
- (c) Beginning with the 2006 renewal period, submit proof of completion of fifteen (15) contact hours of continuing education, which shall include a pharmacology component. A continuing education program, seminar, or workshop shall be approved by the ANCC or other nationally certifying body recognized by the Board and shall be related to the certificate holder's specialty. Only continuing education hours obtained in the two (2) years immediately preceding the application date will be accepted.

6003.6 A certificate holder shall submit a verification form of completion, for each program, course, seminar, or workshop for which continuing education is claimed.

6003.7 A certificate holder applying for renewal of a certificate who fails to submit proof of having completed the requirements as set forth in § 6003.5 by the date the certificate expires may renew the certificate within sixty (60) days after the expiration by submitting the required documents and paying the required late fees.

6003.8 Upon submitting the required documents and paying the required late fees, the certificate holder shall be deemed to have possessed a valid certificate during the period between the expiration of the certificate and the submission of the required documents and fees.

~~6003.9—If a certificate holder applying for renewal of a certificate fails to submit proof of completion of the requirements as set forth in § 6003.5 or pay the late fee within sixty (60) days after the expiration of the certificate holder's certificate, the certificate shall be considered to have lapsed on the date of expiration and the certificate holder shall thereafter be required to apply for reinstatement of an expired certificate and meet all requirements and fees for reinstatement.~~

~~6003.10 The Board may, in its discretion, grant an extension of the sixty (60) day period to renew the certificate after expiration, if the certificate holder's failure to submit proof of the requirements or pay the late fee was for good cause. As used in this section "good cause" includes the following:~~

~~(a) ——— Serious and protracted illness of the certificate holder; and~~

~~(b) ——— The death or serious and protracted illness of a member of the certificate holder's immediate family.~~

SOURCE: Final Rulemaking published at 49 DCR 11771 (December 27, 2002); as amended by Final Rulemaking published at 51 DCR 7228 (July 23, 2004).

6004 EDUCATIONAL REQUIREMENTSRENEWAL OF THE LICENSE

~~6004.1 To qualify for the renewal of a license, an applicant, except one who is renewing the license for the first time after issuance of the initial license, shall have completed twenty-four (24) hours of continuing education during the two years' period before the expiration of the license, which shall include the following special subject matters, totaling not more than four (4) hours:~~

~~(a) ——— Two (2) hours of LGBTQ continuing education; and~~

~~(b) ——— Ten percent (10%) of the total required continuing education in the subjects determined by the Director as public health priorities of the District, which shall be duly published every five (5) years or as deemed necessary. An applicant for a license to practice as a clinical nurse specialist must furnish proof satisfactory to the Board, in accordance with § 608(e) of the Act, D.C. Official Code § 3-1206.08, that the applicant is educationally prepared, at a minimum, at the master's level, and has satisfactorily completed an accredited master's degree program in the clinical specialty area in which he or she practices.~~

~~6004.2 Pursuant to D.C. Official Code § 3-1205.10(b-1)(3), the requirements of D.C. Official Code § 3-1205.10(b)(4) are waived.~~

~~6004.3 A CNS may submit evidence of current and valid national certification required pursuant to § 6003.1(b) to establish full compliance with § 6004.1 and § 5406.1, except the special subject matters required under § 6004.1(a) and (b) or § 5406.1(a) and (b).~~

~~6004.4 The Board may conduct an audit to verify continuing education compliance as well as compliance with § 6003.2. Upon notification from the Board, with reasonable notice, the licensee subject to the audit shall submit documentation verifying compliance within thirty (30) days.~~

~~6004.5 A CNS shall maintain their record of continuing education completion for at least three (3) years.~~

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SOURCE: Final Rulemaking published at 49 DCR 11771 (December 27, 2002).

6005 NATIONAL EXAMINATION AND CERTIFICATION

6005.1 In addition to the requirements in § 6001 and § 6004, to qualify for a certificate to practice as a clinical nurse specialist in the District of Columbia, an applicant shall:

- (a) Be currently certified as a clinical nurse specialist by the American Nurses Credentialing Center (ANCC) or any nationally recognized certifying body accepted by the Board; and
- (b) Submit evidence indicating satisfactory completion of at least a three (3) credit hour pharmacology and clinical management of drug therapy or pharmacotherapeutics course, or completion of at least a thirty (30) contact hour pharmacology and clinical management of drug therapeutics course or pharmacotherapeutics course within the last five (5) years as it relates to the clinical nurse specialists' scope of practice.

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6005.2 An applicant shall submit proof of having obtained a passing score on the ANCC certification examination by arranging to have official written certification of the certified copy of the examination results, sent to the Board.

6005.3 A national certification program acceptable to the Board shall provide:

- (a) A scope of practice statement that reflects the standards of specialized and advanced nursing practice the area of certification;
- (b) An approval process for the formal programs of study in the area of certification which shall:
 - (1) Be based on measurable objectives that relate directly to the scope of practice;
 - (2) Include theoretical and clinical content directed to the objectives; and
 - (3) Be equivalent to at least one academic year preceptorship which is part of the formal program and shall be included as part of the academic year. Current practice in the area of certification will not be accepted as a substitute for the formal program of study.
- (c) An examination in the area of certification which shall:
 - (1) Measure the theoretical and clinical content denoted in the scope of practice;
 - (2) Be developed in accordance with generally accepted standards of validity and reliability; and
 - (3) Be opened only to registered nurses who have successfully completed the program of study referred to in paragraph (b) of this section.
- (d) A certification maintenance program.

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6005.4 The passing score on the certification examination shall be the passing score established by the certifying body administering the examination.

6005.5 The Board shall issue and update a list of nationally recognized certifying bodies accepted by the Board.

~~6005.6 — Failure to maintain recertification as a clinical nurse specialist shall result in the loss of license status as a clinical nurse specialist.~~

SOURCE: Final Rulemaking published at 49 DCR 11771 (December 27, 2002); as amended by Final Rulemaking published at 52 DCR 3129 (March 25, 2005); as amended by Final Rulemaking published at 52 DCR 3129 (March 25, 2005).

6006 CERTIFICATION — BY — ENDORSEMENT INACTIVE STATUS AND REACTIVATION

~~6006.1 — A license shall be placed on inactive status pursuant to D.C. Official Code § 3-1205.11 upon application and payment of the inactive status fee.~~

~~6006.2 — While in inactive status, the individual shall not be subject to the renewal fee and shall not practice, attempt to practice, or offer to practice as a CNS in the District of Columbia whether in person or via telehealth.~~

~~6006.3 — A individual holding an inactive license pursuant to this section may be granted reactivation of the license if the individual possesses a current and valid national certification required pursuant to § 6003.1(b).~~

~~6006.4 — A reactivation applicant who has previously been subject to any disciplinary or adverse action by a licensing authority or peer review body shall establish fitness and competency to practice to the Board's satisfaction and shall have complied with all the terms or requirements of the disciplinary or adverse action unless the Board has determined that the applicant may otherwise practice safely and effectively in the District~~

~~6006.1 — An applicant is eligible for certification by endorsement if the applicant is currently licensed or certified as a clinical nurse specialist under the laws of a state or territory of the United States.~~

~~6006.2 — To apply for certification by endorsement, an applicant shall:~~

- ~~(a) — Submit a completed application on the forms required by the Board;~~
- ~~(b) — Submit a copy of his or her current license or certificate as a clinical nurse specialist with the application;~~
- ~~(c) — Obtain verification from the current state or territory of licensure or certification that the license or certificate as a clinical nurse specialist is current and in good standing. The verification form must be sent directly to the Board by the verifying Board;~~
- ~~(d) — Meet any other requirements as set forth by the Board; and~~
- ~~(e) — Pay all required fees.~~

~~6006.3 — An application that remains incomplete for ninety (90) days or more from the date of submission shall be considered abandoned, and closed by the Board. The applicant shall thereafter be required to reapply, submit the required documents and completed forms, and pay the required fees.~~

~~6006.4 — Nothing in this section shall be construed to prohibit the Board from utilizing other authorized databases to verify current licensure standing in other jurisdictions of the U.S. and to review disciplinary records.~~

SOURCE: Final Rulemaking published at 49 DCR 11771 (December 27, 2002); as amended by Final Rulemaking published at 51 DCR 7228 (July 23, 2004).

6007 STANDARDS OF CONDUCT REINSTATEMENT OF EXPIRED LICENSE

- 6007.1 A person with an expired license shall not practice, attempt to practice, or offer to practice as a CNS in the District of Columbia. A clinical nurse specialist shall adhere to the standards set forth in the American Nurses Association's "Code of Ethics," as they may be amended or republished from time to time.
- 6007.2 If a licensee fails for any reason to renew their license, the licensee may apply to reinstate the license in accordance with D.C. Official Code § 3-1205.12.
- 6007.3 A licensee whose CNS license has been expired for more than five (5) years shall apply for initial licensure pursuant to § 6003.
- 6007.4 A reinstatement applicant who has previously been subject to any disciplinary or adverse action by a licensing authority or peer review body shall establish fitness and competency to practice to the Board's satisfaction and shall have complied with all the terms or requirements of the disciplinary or adverse action unless the Board has determined that the applicant may otherwise practice safely and effectively in the District.

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SOURCE: Final Rulemaking published at 49 DCR 11771 (December 27, 2002); as amended by Final Rulemaking published at 51 DCR 7228 (July 23, 2004).

6008 SCOPE OF PRACTICE CLINICAL NURSE SPECIALIST STANDARDS OF CONDUCT

- 6008.1 A CNS shall:
- (a) Adhere to the standards set forth in the American Nurses Association's "Code of Ethics";
 - (b) Comply with the standards for CNS practice and standards of the national professional clinical nurse specialist associations recognized by the Board. Standards for a specific role and population focus of clinical nurse specialist practice supersede standards for RNs where conflict between the standards, if any, exists; and
 - (c) Practice within standards established by the Board and ensure patient care is provided according to relevant patient care standards recognized by the Board, including standards of national professional nursing associations.

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Utilizing the knowledge and skills of the particular clinical specialty, the scope of practice includes the following:

- (a) ~~Manage health related and/or psychiatric problems;~~
- (b) ~~Initiate, monitor, or alter therapies;~~
- (c) ~~Design and evaluate innovations in their specialty practice; and~~
- (d) ~~Such other functions and services the Board deems appropriate upon review and analysis of professional and association literature which articulates scopes and standards for Clinical Nurse Specialist.~~

6008.2 Standards for a specific role and population focus of CNP practice supersede standards for RNs where conflict between the standards, if any, exists. ~~In addition to the general functions specified in § 3-1201.02(2) and § 3-1206.04, the clinical nurse specialist may perform any or all of the following acts:~~

- (a) ~~Provide primary health care, including health promotion and disease prevention;~~
- (b) ~~Perform additional special procedures and treatments specific to the specialty scope of practice.~~
- (c) ~~Such other functions and services the Board deems appropriate upon review and analysis of professional and association literature which articulates scope and standards for clinical nurse specialties.~~

6008.3 A CNS shall not:

- (a) ~~Prescribe, dispense, administer, or distribute drugs in an unsafe manner or without adequate instructions to patients according to acceptable and prevailing standards; or~~
- (b) ~~Sell, purchase, trade, or offer to sell, purchase, or trade drug samples.~~

6008.4 A CNS shall know the limits of their knowledge and experience, practice within the scope of their competency, and plan for the management of situations beyond their expertise, including consulting with or referring patients to other health care providers as appropriate.

SOURCE: Final Rulemaking published at 49 DCR 11771 (December 27, 2002).

6009 **PRESCRIPTIVE AUTHORITYSCOPE OF PRACTICE**

6009.1 A CNS shall practice in accordance with §§ 601, 603, and 604 of the Act, D.C. Official Code §§ 3-1206.01, 3-1206.03, and 3-1206.04. A clinical nurse specialist shall have authority to prescribe legend drugs and controlled substances subject to the limitations set forth in § 6010.

6009.2 A CNS may perform the following:

- (a) Making an advanced assessment;
- (b) Making a medical diagnosis;
- (c) Prescribing, monitoring and altering drug therapies;

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- ~~(d) Selecting, ordering, administering, dispensing and performing diagnostic and therapeutic measures;~~
- ~~(e) Treating alterations of the health status;~~
- ~~(f) Initiating appropriate therapies or treatments;~~
- ~~(g) Making referral for appropriate therapies or treatments;~~
- ~~(h) Signing, certifying, stamping, or endorsing all documents that require a signature by a physician, in place of a physician, provided it is within the scope of their authorized act.~~

~~A registered clinical nurse specialist shall have authority to prescribe drugs only while certified in accordance with this chapter.~~

~~6009.3 Prescriptions for drugs shall comply with all applicable District and federal laws.~~

~~6009.4 A clinical nurse specialist who dispenses and/or prescribes a prescription drug shall enter in the patient's chart on the date of the transaction, or if the chart is not available, within a reasonable time but no later than the next business day:~~

- ~~(a) Each prescription that a clinical nurse specialist orders; and~~
- ~~(b) The name, strength, and amount of each drug that a clinical nurse specialist prescribes or dispenses.~~

~~6009.5 Pursuant to § 514 of the Act, D.C. Code § 3-1205.14(a)(19) (2001), the Board may suspend or revoke the license or take other disciplinary action against any applicant or licensee who prescribes, dispenses, or administers drugs when not authorized to do so.~~

SOURCE: Final Rulemaking published at 49 DCR 11771 (December 27, 2002); as amended by Final Rulemaking published at 51 DCR 7228 (July 23, 2004).

6010 PRESCRIBING CONTROLLED SUBSTANCES

6010.1 A ~~clinical nurse specialist~~**CNS** shall have authority to prescribe those drugs in Schedules II through V, established pursuant to the District of Columbia Uniform Controlled Substances Act of 1981, D.C. Law 4-29, D.C. Official Code §§ 48-901.02 *et seq.*

6010.2 A ~~clinical nurse specialist~~**CNS** shall not prescribe a controlled substances unless a clinical nurse specialist meets the following requirements;

- (a) Possesses a valid controlled substances certificate of registration from the United States Drug Enforcement Administration (DEA); and
- (b) Possesses a valid District of Columbia controlled substances registration pursuant to D.C. Official Code §§ 48-901.02 *et seq.*, the District of Columbia Uniform Controlled Substances Act.

6010.3 A clinical nurse specialist shall not issue a refillable prescription for a controlled substance.

6010.4 A clinical nurse specialist shall maintain a current and complete log of all controlled substances that the clinical nurse specialist prescribes, in accordance with regulations for record keeping promulgated by the United States Drug Enforcement Administration (DEA).

SOURCE: Final Rulemaking published at 49 DCR 11771 (December 27, 2002).

(There is no section 6011)

6011 STANDARDS FOR THE USE OF CONTROLLED SUBSTANCES FOR THE TREATMENT OF PAIN

6011.1 A CNS shall prescribe, order, administer, or dispense controlled substances for pain only for a legitimate medical purpose based on accepted scientific knowledge of the treatment of pain or based on sound clinical grounds. All such prescribing shall be based on clear documentation of unrelieved pain and in compliance with applicable District or federal law.

6011.2 A CNS shall employ up-to-date treatment modalities in order to improve the quality of life for patients who suffer from pain as well as to reduce the morbidity and costs incurred by patients associated with untreated or inappropriately treated pain. For purposes of this section, "inappropriately treated pain" includes any of the following:

- (a) Non-treatment;
- (b) Under-treatment;
- (c) Over-treatment; and
- (d) The continued use of ineffective treatments.

6011.3 A CNS shall perform an evaluation of the patient by taking a complete medical history and performing a physical examination. The medical history and physical examination shall be documented in the medical record. The medical record shall contain a description of the following:

- (a) The nature and intensity of the patient's pain;
- (b) The patient's current and past treatments for pain;
- (c) The patient's underlying or coexisting diseases or conditions;
- (d) The effect of the pain on the patient's physical and psychological function;
- (e) A history of the patient's substance abuse if applicable; and

- (f) The presence of one or more recognized medical indications in the patient for the use of a controlled substance.
- 6011.4 A CNS shall maintain a written treatment plan which states the objectives used to determine treatment success, such as pain relief and improved physical and psychosocial function
- 6011.5 The treatment plan shall indicate if any further diagnostic evaluations or other treatments are planned.
- 6011.6 A CNS shall adjust drug therapy to the individual medical needs of each patient after treatment begins.
- 6011.7 A CNS shall consider other treatment modalities or a rehabilitation program if necessary depending on the etiology of the pain and the extent to which the pain is associated with physical and psychosocial impairment.
- 6011.8 A CNS shall discuss the risks and benefits of the use of controlled substances with the patient, person(s) designated by the patient, or with the patient's surrogate or guardian if the patient is incompetent.
- 6011.9 If a patient is determined to be at high risk for medication abuse or have a history of substance abuse, the CNS shall employ the use of a written agreement between the CNS and patient outlining the patient's responsibilities, including, but not limited to:
- (a) Urine/serum medication levels screening when requested;
 - (b) Number and frequency of all prescription refills; and
 - (c) Reasons for which drug therapy may be discontinued, such as violation of an agreement.
- 6011.10 A CNS shall do the following:
- (a) Review the course of treatment and any new information about the etiology of the pain at reasonable intervals based on the individual circumstances of the patient;
 - (b) Continue or modify the pain therapy depending on the nurse anesthetist's evaluation of the patient's progress;
 - (c) Reevaluate the appropriateness of continued treatment if treatment goals are not being achieved despite medication adjustments; and

- (d) Monitor the patient's compliance in medication usage and related treatment plans.
- 6011.11 A CNS shall refer the patient, as necessary, to another qualified practitioner for additional evaluation and treatment in order to achieve treatment objectives. Special attention shall be given to those pain patients who are at risk for misusing their medications and those whose living arrangements pose a risk for medication misuse or diversion.
- 6011.12 A CNS shall consult with or refer to an expert for management the following types of patients:
 - (a) Patients with a history of substance abuse; or
 - (b) Patients with comorbid psychiatric disorders that require extra care, monitoring, and documentation.
- 6011.13 A CNS shall recognize that tolerance and physical dependence are normal consequences of sustained use of opioid analgesics and are not the same as addiction.
- 6011.14 A CNS shall keep accurate and complete records that include, but are not limited to:
 - (a) The medical history and physical examination, including history of drug abuse or dependence, as appropriate;
 - (b) Diagnostic, therapeutic, and laboratory results;
 - (c) Evaluations and consultations;
 - (c) Treatment objectives;
 - (d) Discussion of risks and benefits;
 - (e) Treatments;
 - (f) Medications including date, type, dosage, and quantity prescribed;
 - (g) Instructions and agreements; and
 - (h) Periodic reviews.
- 6011.15 A CNS shall maintain current records in an accessible manner that is readily available for review.

6012 DISCIPLINE

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6012.1 A CNS or any person authorized to practice under this chapter may be subject to disciplinary action pursuant to D.C. Official Code § 3-1205.14.

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6013 USE OF TITLES AND OR ABBREVIATIONS; RESTRICTIONS; AND PENALTY

6012.1 Only a person certified as a clinical nurse specialist and licensed pursuant to this chapter. Any person who qualified under this chapter and whose application for an advanced practice registered nurse practitioner certificate has been approved by the Board shall be designated as such and have the right to use the title "advanced practice registered nurse Clinical Nurse Specialist" or "CNS" or any other title or abbreviation designated by the board or the approved national certifying body, and clinical nurse specialist may use the title or abbreviation designated by the approved national certifying body. No other person shall may use any title, words, letters, signs, or figures to indicate, represent, or give the impression that the person is authorized to practice or recognized as a clinical nurse specialist, assume such title or use such abbreviation. No other person shall use any other title, words, letter, signs, or figures to indicate that the person using the name is recognized as a certified registered clinical nurse specialist. Only persons certified as a Clinical Nurse Specialist by the Board shall be designated as such and have the right to use the title "Clinical Nurse Specialist" ("CNS").

6012.2 No person may use or imply the words or terms "Advanced Practice Registered Nurse" or APRN unless the person is licensed under this chapter or under chapter 57, 58, or 59.

6013.3 A violation of this section may be punishable pursuant to D.C. Official Code § 3-1210.07

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SOURCE: Final Rulemaking published at 49 DCR 11771 (December 27, 2002).

6013 PRACTICE OF A CERTIFIED REGISTERED CLINICAL NURSE SPECIALIST IN HEALTH CARE FACILITIES REQUIRING A FORMAL EVALUATION

6013.1 A ~~CNS~~ ~~APRN~~ shall be evaluated by another ~~CNS~~ or APRN licensed to practice in the same speciality area.

SOURCE: Final Rulemaking published at 49 DCR 11771 (December 27, 2002).

6014 SUPERVISED PRACTICE OF STUDENTS

6014.1 A student may practice as a clinical nurse specialist only in accordance with the Act and this chapter.

6014.2 A student fulfilling education requirements for certification and practicing within the limitations set forth in § 103(c) of the Act, D.C. Official Code § 3-1201.03(c), shall be authorized to engage in the supervised practice as a clinical nurse specialist without a District of Columbia ~~certificate~~ license.

- 6014.3 A person who has been denied a certificate, denied a license, disciplined, convicted of an offense that bears directly upon his or her fitness to be licensed, or who has such an action pending in the District of Columbia or another jurisdiction shall not practice pursuant to this section unless first authorized by the Board in writing.
- 6014.4 Only a clinical nurse specialist ~~certified-licensed under this chapter~~~~under the Act~~, who is an appointed faculty member of the accredited school or college, or a preceptor meeting the requirements set forth in chapter 56 of this Title, shall be authorized to supervise the practice of a clinical nurse specialist by a student.
- 6014.5 A student who practices pursuant to this section shall only practice at a hospital, long-term care facility, a health facility operated by the District or federal government, or other health care facility considered appropriate by the ANCC or other certifying body approved by the Board.
- 6014.6 All supervised practice of a student shall take place under general or immediate supervision.
- 6014.7 A student under this section shall not assume administrative or technical responsibility for the operation of a clinical nurse specialist program, unit, service, or institution.
- 6014.8 A student shall identify himself or herself as such before practicing as a nurse practitioner. A student shall wear a picture identification badge with lettering clearly visible to the client bearing the name of the student and the position title.
- 6014.9 A student shall not receive compensation of any nature, directly or indirectly, from a client or client's family member.
- 6014.10 The supervisor or preceptor, as applicable, shall be fully responsible for the practice by a student during the period of supervision and may be subject to disciplinary action for violations of the Act or this chapter by the student.
- 6014.11 The Board may deny an application for a certificate by, or take other disciplinary action against, a student who is found to have violated the Act or this chapter. The Board may, in addition to any other disciplinary actions permitted by the Act, revoke, suspend, or restrict the privilege of the student to practice.

SOURCE: Final Rulemaking published at 51 DCR 7228 (July 23, 2004).

6015 GUIDELINES FOR DELEGATION

- 6015.1 A CNS may delegate a task, activity, or procedure to another nursing personnel in accordance with this section provided that the clinical nurse specialist retains responsibility and accountability for the performance and outcome of any delegated task, activity, or procedure.
- 6015.2 The relevant provisions in Chapter 54 of this Title supplements this section.
- 6015.3 The employer or organization employing APRN, RN, LPN, NAP, or UAP shall have policies and procedures for delegation and such policies and procedures shall not conflict with this section.
- 6015.4 This section does not apply to the transfer of responsibility for care of a patient a CNS and healthcare providers other than RN, LPN, NAP, or UAP.
- 6015.5 Nursing judgment or any activity that involve nursing judgment or critical decision making shall not be delegated to NAP or UAP.

Commented [VP(2)]: Why don't we refer to chapter 54 (RN)? Are there different principles applicable to delegation by APRN? If not, then we should just refer to chapter 54. Also, why do we only have delegation? The comparable section in chapter 54 covers both delegation and assignment. Why not this section?

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6015.6 A CNS has the following responsibilities when making delegation decisions:

- (a) Determine when and what to delegate based on the practice setting, the patient's needs and condition, and the employing organization's policies and procedures regarding delegation;
- (b) Determine that the delegatee has been trained and is competent to perform the delegated task, activity, or procedure;
- (c) Ensure that the delegatee understand the delegated task, activity, or procedure;
- (d) Be available to the delegatee for guidance and questions, including assisting with the delegated task, activity, or procedure;
- (e) Follow up with the delegatee and the patient after the delegated task, activity, or procedure has been completed; and
- (f) Provide feedback information about the delegation process and any issues regarding delegatee's competence level to the employing organization.

6015.7 A CNS shall assign a task, activity, care, or procedure to a nursing personnel in accordance with section 5415.11.

~~6015~~ — SUPERVISED PRACTICE OF GRADUATES

~~6015.1 A graduate may practice as a clinical nurse specialist only in accordance with the Act and this chapter.~~

~~6015.2 An individual shall be authorized to engage in the supervised practice as a clinical nurse specialist as a graduate clinical nurse specialist, without a District of Columbia certificate if the individual:~~

- ~~(a) Graduated from a post-basic nursing education program for clinical nurse specialists approved by the ANCC or other certifying body approved by the Board;~~
- ~~(b) Is awaiting the results of the certification examination given by the ANCC or other certifying body approved by the Board; and~~
- ~~(c) Has an initial application pending for certification to practice as a clinical nurse specialist in the District of Columbia.~~

~~6015.3 A person who has been denied a certificate, denied a license, disciplined, convicted of an offense that bears directly upon his or her fitness to be licensed, or who has such an action pending in the District of Columbia or another jurisdiction shall not practice pursuant to this section unless first authorized by the Board in writing.~~

~~6015.4 Within five (5) business days after the application for certification has been received by the Board's staff, the Board's staff shall, at the request of the applicant, issue a supervised practice letter to the applicant to document that his or her application is pending and that he or she is authorized to practice under the Act and this chapter. The practice letter is not renewable and shall expire:~~

- (a) ~~Ninety (90) days from the date of issuance;~~
- (b) ~~Upon receipt of written notice to the applicant of denial of certification;~~
- (c) ~~Upon receipt of notice to the applicant that the applicant has failed the certification examination; or~~
- (d) ~~Upon receipt of written notice to the applicant from the Board that the application for certification has been denied, whichever date is the earliest.~~

~~6015.5 Upon receipt of the practice letter, the graduate shall inform employers of the date of expiration of the letter and shall immediately cease practice as a clinical nurse specialist on that date or upon receipt of written notice as set forth in § 6015.4, whichever date is the earliest. The graduate thereafter may practice in any other area for which the graduate is qualified and licensed in the District, until receipt of a certificate to practice as a clinical nurse specialist in the District.~~

~~6015.6 The graduate shall immediately notify the Board and the graduate's supervisor of the results of the certification examination.~~

~~6015.7 Only a clinical nurse specialist certified under the Act, who is a supervisor, shall be authorized to supervise the practice of a clinical nurse specialist by a graduate.~~

~~6015.8 A supervisor shall not supervise more than two (2) graduates at one time.~~

~~6015.9 All supervised practice of a graduate shall take place under general or immediate supervision.~~

~~6015.10 A graduate who practices pursuant to this section shall only practice at a hospital, long-term care facility, a health facility operated by the District or federal government, or other health care facility considered appropriate by the Board.~~

~~6015.11 A graduate under this section shall not assume administrative or technical responsibility for the operation of a clinical nurse specialist program, unit, service, or institution.~~

~~6015.12 A graduate shall identify himself or herself as such before practicing as a nurse practitioner. A graduate shall wear a picture identification badge with lettering clearly visible to the client bearing the name of the graduate and the position.~~

~~6015.13 A graduate shall not receive compensation of any nature, directly or indirectly, from a client or client's family member, except for a salary based on hours worked under supervision.~~

~~6015.14 The supervisor shall be fully responsible for all practice by a graduate during the period of supervision and is subject to disciplinary action for any violation of the Act or this chapter by the graduate.~~

~~6015.15 The Board may deny an application for a certificate by, or take other disciplinary action against, a graduate who is found to have violated the Act or this chapter. The Board may, in addition to any other disciplinary actions permitted by the Act, revoke, suspend, or restrict the privilege of the graduate to practice.~~

SOURCE: Final Rulemaking published at 51 DCR 7228 (July 23, 2004).

~~6016 SUPERVISED PRACTICE OF APPLICANTS FOR CERTIFICATION BY ENDORSEMENT~~

- 6016.1—~~An applicant may practice as a clinical nurse specialist only in accordance with the Act and this chapter.~~
- 6016.2—~~An applicant for certification by endorsement shall be authorized to engage in the supervised practice as a clinical nurse specialist in the District of Columbia without a District of Columbia certificate if the applicant:~~
- ~~(a) — Is currently certified by the ANCC or a certifying body approved by the Board;~~
 - ~~(b) — Is currently licensed, in good standing, under the laws of a state or territory of the United States; and~~
 - ~~(c) — Has an initial application pending for certification by endorsement to practice as a clinical nurse specialist in the District of Columbia.~~
- 6016.3—~~A person who has been denied a certificate, denied a license, disciplined, convicted of an offense that bears directly upon his or her fitness to be licensed, or who has such an action pending in the District of Columbia or another jurisdiction shall not practice pursuant to this section unless first authorized by the Board in writing.~~
- 6016.4—~~Within five (5) business days after the application for certification by endorsement has been received by the Board's staff, the Board's staff shall issue a practice letter to the applicant to document that his or her application is pending and that he or she is eligible to practice under the Act and this chapter. The practice letter is not renewable and shall expire:~~
- ~~(a) — Ninety (90) days from the date of issuance; or~~
 - ~~(b) — Upon receipt of written notice from the Board that the application for certification has been denied, whichever date is the earliest.~~
- 6016.5—~~Upon receipt of the practice letter, the applicant shall inform employers of the date of expiration of the letter and shall immediately cease practice as a clinical nurse specialist on that date or upon receipt of written notice as set forth in § 6015.4, whichever date is the earliest. The applicant thereafter may practice in any other area for which the applicant is qualified and licensed in the District, until receipt of a certificate to practice as a clinical nurse specialist in the District.~~
- 6016.6—~~Only a clinical nurse specialist certified under the Act, who is a supervisor, shall be authorized to supervise the practice of a clinical nurse specialist by an applicant.~~
- 6016.7—~~A supervisor shall not supervise more than two (2) applicants at one time.~~
- 6016.8—~~All supervised practice of an applicant shall take place under general or immediate supervision.~~
- 6016.9—~~An applicant who practices pursuant to this section shall only practice at a hospital, long-term care facility, a health facility operated by the District or federal government, or other health care facility considered appropriate by the Board.~~
- 6016.10—~~An applicant under this section shall not assume administrative or technical responsibility for the operation of a clinical nurse specialist program, unit, service, or institution.~~
- 6016.11—~~An applicant shall not receive compensation of any nature, directly or indirectly, from a client or client's family member, except for a salary based on hours worked under supervision.~~

~~6016.12 The supervisor shall be fully responsible for all practice by an applicant during the period of supervision and is subject to disciplinary action for any violation of the Act or this chapter by the applicant.~~

~~6016.13 The Board may deny an application for a certificate by, or take other disciplinary action against, an applicant who is found to have violated the Act or this chapter. The Board may, in addition to any other disciplinary actions permitted by the Act, revoke, suspend, or restrict the privilege of the applicant to practice.~~

SOURCE: Final Rulemaking published at 51 DCR 7228 (July 23, 2004).

6099 DEFINITIONS

6099.1 For purposes of this chapter, the following terms have the meanings ascribed:

Act - Health Occupation Revision Act of 1985 ("Act"), effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 8 3-1201.01 et seq.).

Advanced practice registered nursing — the practice of advanced graduate level of nursing in four specialized roles, namely, certified nurse anesthetist, certified nurse-midwife, certified nurse practitioner, and certified nurse specialist.

Applicant — a person applying for a license to practice as a clinical nurse specialist under this chapter.

Assignment — the process of referring to another nursing personnel (assignee) a routine care, task, activity, or procedure that would have been included in the assignee's basic educational program.

Board - the Board of Nursing, established by § 204 of the Act, D.C. Official Code § 3-1202.04.

Certificate — a certificate to practice as a clinical nurse specialist under this chapter.

Clinical practice — the routine application of the principles of clinical nurse specialist to the diagnosis and treatment of disease and the maintenance of health.

Director - The Director of the Department of Health or his or her designee.

Graduate — an individual who has graduated from a post-basic nursing education program for preparation to practice as a clinical nurse specialist.

LGBTQ continuing education — continuing education focusing on human patients or clients who identify as lesbian, gay, bisexual, transgender, gender nonconforming, queer, or question their sexual orientation or gender identity and expression ("LGBTQ") meeting the requirements of § 3-1205.10(b)(5) of the Act (D.C. Official Code § 3-1205.10 (b)(5)).

NAP — a nursing assistive personnel who is a trained and regulated personnel providing nursing assistance under a licensed nurse's supervision, including persons regulated under chapters 61 (Trained Medication Employee), 93 (Home Health Aides), 94 (Dialysis Technicians), 95 (Medication Aides), 96 (Certified Nurse Aides), and 97 (Patient Care Technicians) of this title, and any other persons subsequently regulated pursuant to the Act.

Nationally recognized certifying body — is one that offers a national certification examination in the specialty area of advanced nursing practice, utilizes standards and principles of the American Board of Nursing Specialties (ABNS), and provides a mechanism for evaluating continued competency in the specialty area of nursing practice.

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Nursing personnel – a person licensed to practice advanced practice registered nursing, registered nursing, or practical nursing under the Act or a person registered or certified to practice as a nursing assistive personnel under the Act.

Qualified practitioner – a health professional licensed pursuant to the Act with a scope of practice similar or comparable to the clinical nurse specialist's.

Supervisor - means a certified clinical nurse specialist who is responsible for the supervision of a student, graduate, or applicant.

UAP – an unlicensed personnel or individual, other than a licensed nurse or NAP, who has received appropriate training or instruction to function in a complementary or assistant role to a licensed nurse in providing direct patient care or in carrying out common nursing tasks. The term includes, but is not limited to, medical assistants, orderlies, assistant technicians, attendants, or other health aides, who are not subject to licensure, registration, or certification requirements pursuant to the Act.

6099.2 The definitions in § 4099 of chapter 40 of this title are incorporated by reference into and are applicable to this chapter.

SOURCE: Final Rulemaking published at 49 DCR 11771 (December 27, 2002); as amended by Final Rulemaking published at 51 DCR 7228 (July 23, 2004).