

Georgia Composite Medical Board

Executive Director
Daniel R. Dorsey



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NOTICE OF INTENT TO AMEND AND ADOPT RULES

TO ALL INTERESTED PARTIES:

Notice is hereby given that pursuant to the authority set forth below, the Georgia Composite Medical Board (hereinafter "Board") proposes amendments to the Georgia Composite Medical Board Rules by amending **Rule 360-32-.05 "Additional Requirements Regarding Physician Delegation to an APRN."** An exact copy of the proposed rule is attached to this Notice.

This notice, together with an exact copy of the proposed rules and a synopsis of the proposed amendments may be reviewed between 8:00 a.m. and 4:00 p.m., Monday through Friday, except official state holidays, at 2 Peachtree Street, NW, 6th Floor, Atlanta, GA 30303. These documents can also be reviewed online at <http://medicalboard.georgia.gov/notice-intent-amendadopt-rules>.

A public hearing is scheduled to begin at **8:30 a.m. on August 4, 2022, via TEAMS** to provide the public an opportunity to comment upon and provide input into the proposed rules. At the public hearing, any interested person may present data, make a statement or comment, or offer a viewpoint or argument orally or in writing. Lengthy statements and statements of a considerable technical or economic nature, as well as previously recorded messages, must be submitted for the official record. Oral statements should be concise and will be limited to five minutes per person. Additional comments should be presented in writing. To ensure their consideration, submit all written comments by **July 15, 2022 to Kierra.Battle@dch.ga.gov** or via mail to the Georgia Composite Medical Board Rules Committee at 2 Peachtree Street, NW, 6th Floor, Atlanta, Georgia 30303.

The Board voted to adopt this Notice of Intent on **June 2, 2022**. Upon conclusion of the public hearing on **August 4, 2022**, the Board will consider whether the formulation and adoption of these proposed rule amendments imposes excessive regulatory costs on any license or entity, and whether any cost to comply with the proposed rule amendments could be reduced by a less expensive alternative that accomplishes the objectives of the statutes which are the basis of the proposed rule. Additionally, the Board will consider whether it is legal or feasible in meeting the objectives of the applicable laws to adopt or implement differing actions for businesses as listed in O.C.G.A. § 50-13-4(3)(A),(B),(C), and (D).

This Notice is adopted and posted in compliance with O.C.G.A. § 50-13-4 of the Georgia Administrative Procedures Act. A synopsis of the proposed rules and an economic impact statement are attached to this Notice. The authority for promulgation of these rules is O.C.G.A. Secs. 43-34-5, 43-34-103, and 43-34-108.

Issued this day June 2, 2022.

Daniel R. Dorsey
Executive Director

ECONOMIC IMPACT AND SYNOPSIS FOR

RULE CHAPTER 360-32

Nurse Protocol Agreements Pursuant to O.C.G.A. Section 43-34-25

ECONOMIC IMPACT:

The attached rules are promulgated under the authority of the Medical Practice Act, Title 43, Chapter 34. The Georgia Composite Medical Board licenses and regulates nine professions. The formulation and adoption of these rules do not impose excessive regulatory cost on any licensee, and any cost to comply with the proposed rule cannot be reduced by a less expensive alternative that fully accomplishes the objectives of Article 2 of Chapter 34 of Title 43 of the Official Code of Georgia Annotated. Additionally, it is not legal or feasible to meet the objectives of the Article 2 of Chapter 34 of Title 43 of the Official Code of Georgia Annotated to adopt or implement differing actions for businesses listed in O.C.G.A. §50-13-4(a)(3)(A), (B), (C) and (D).

RULE SYNOPSIS:

Rule 360-32-.05 “Additional Requirements Regarding Physician Delegation to an APRN.”

Purpose/Main Features: The purpose of the proposed amendment is to limit and clarify the scope of the observation that is required to maintain an appropriate delegating physician/APRN relationship, while also allowing the review of records to take place virtually if deemed appropriate by the parties.

Authority: O.C.G.A. § 43-34-25.

Rule 360-32-.05. Additional Requirements Regarding Physician Delegation to an APRN

- (1) The delegating physician shall be available for immediate consultation with the advanced practice registered nurse. If the delegating physician is not available, the delegating physician for purposes of consultation may designate another physician who concurs with the terms of the nurse protocol agreement as provided in O.C.G.A. 43-34-25.
- (2) ~~The delegating physician shall document and maintain a record of onsite observation and review of medical records on a quarterly basis to monitor quality of care being provided to the patients.~~ The delegating physician shall document and maintain a record of real-time or direct onsite observation of the practice of the APRN, conducted at least once annually. Additionally, the delegating physician shall conduct a review of medical records on a quarterly basis; this review may be conducted via telecommunications and/or electronically to monitor quality of care being provided to the patients.
- (3) The delegating physician shall make certain that the medical acts provided by the APRN pursuant to the protocol agreement are:
 - (a) Commensurate with the education, training, experience and competence of the APRN:
 1. A delegating physician shall therefore ensure that an APRN to whom he delegates prescriptive receives pharmacology training appropriate to the delegating physician's scope of practice at least annually. Documentation of such training shall be maintained by the physician and provided to the Board upon request.
 2. A delegating physician who fails to comply with subparagraph (3)(a)1. of this rule by delegating prescriptive to an APRN who has not received pharmacology training appropriate to the delegating physician's scope of practice at least annually may be subject to disciplinary action.
 - (b) Within the scope of practice, specialty area or field and certification of the APRN;
 - (c) Within the comparable specialty area or field of the delegating physician; and
 - (d) Well documented in accurately maintained patient specific medical records.
- (4) The delegating physician is responsible for all the medical acts performed by the APRN.
- (5) A delegating physician shall notify the Board within ten (10) working days of the date of termination of a nurse protocol agreement with the delegating physician and APRN.
- (6) In the event of the death or departure of a delegating physician, an APRN must notify the Board within 7 days. If a designated physician is available according to an approved protocol agreement, he or she may serve as the delegating physician for up to 60 days (from the date of death or departure) until a new protocol agreement is approved by the Board. In the event that there is no designated physician, the APRN will not have prescriptive authority until a new signed protocol agreement is submitted to the Board.

(7) The Board may request at any time to review the nurse protocol agreement and any supporting documentation. Failure to provide this written information to the Board within 30 days shall be a basis for and may result in disciplinary action. The Board may require changes in these documents if the Board determines that they do not comply with O.C.G.A. 43-34-25 and/or accepted standards of medical practice.

Authority: O.C.G.A. §§ 43-1-19, 43-1-25, 43-34-5, ~~43-34-24, 43-34-25, 43-34-26.3, 43-34-37.~~