

**Texas Tech University Health Sciences Center at El Paso  
Internal Prescriptive Authority  
& Scope of Practice Agreement**

**Article I  
Delegation of Prescriptive Authority**

- 1.1 This Prescriptive Authority & Scope of Practice Agreement (PASPA) is made and entered into by and between:

Physician: \_\_\_\_\_, M.D.  
Specialty: \_\_\_\_\_  
License No. \_\_\_\_\_  
Address \_\_\_\_\_

and

Name: \_\_\_\_\_, (insert credential)  
License No.: \_\_\_\_\_  
Address: \_\_\_\_\_

- 1.2 Physician, APRN and/or PA are Texas Tech University Health Sciences Center at El Paso (TTUHSC at EP) employees.
- 1.3 This PASPA is entered into for the purpose of delegating the prescribing and ordering of drugs and devices to APRN(s) and/or PA(s) under supervision by Physician while promoting the practice and exercise of professional judgment by APRN(s) and/or PA(s), commensurate with APRN's and/or PA's education, experience and the relationship between APRN and/or PA and Physician. (Texas Occupations Code, Chapter 157, Delegation to APRN and PA's) All terms not otherwise defined herein shall have the meaning set forth in Chapter 157.

**Article II  
Term and Termination**

- 2.1 This PASPA is effective on **insert date** for a period of one year. This PASPA will renew automatically upon each annual review as required in Article II.
- 1.2 This PASPA may be terminated by the Physician or the APRN/PA upon thirty (30) days written notice to the other. Physician must notify the TMB within 30 days of termination of this PASPA.

- 1.3 Physician may terminate this PASPA immediately upon receiving documentation that the APRN's /PA's license has been revoked or a restriction has been placed on their license that would make the APRN/PA ineligible to enter into a PASPA.

**Article III  
Annual Review and Retention of Copy**

- 3.1 Physician and APRN/PA agree to review this PASPA and any amendments annually by January 31<sup>st</sup> of each year, unless this PASPA has been terminated as set forth in Article I. The annual review shall be dated and signed by the parties to this PASPA.
- 3.2 Physician and APRN/PA are responsible to retain a copy of this PASPA for two years after the date this PASPA is terminated.

**Article IV  
Description of Practice and Practice Locations**

4.1 Nature of practice: \_\_\_\_\_  
(e.g., primary care, OB/GYN)

4.2 Practice location(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.3 The APRN/PA will provide professional nursing and/or medical aspects of care including: (listing below or as an attachment)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.4 The APRN/PA is authorized to perform the following procedures: (listed below or as an attachment)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Article V**  
**Drugs and Devices APRN/PA May Prescribe or Order**

5.1 APRN/PA may prescribe or order drugs or devices appropriate for patients in the practice type and sites described above.

5.2 APRN/PA may prescribe the following types or categories of drugs or devices:

All Dangerous drugs (nonscheduled)       All Schedule III-V controlled substances  
The APRN/PA may authorize a generic substitution.

Schedule II controlled substances:

(1) in a hospital based practice under Section 157.054, in accordance with policies approved by the hospital 's medical staff or a committee of the hospital 's medical staff as provided by the hospital bylaws to ensure patient safety, and as part of the care provided to a patient who:

(A) has been admitted to the hospital for an intended length of stay of 24 hours or greater; or

(B) is receiving services in the emergency department of the hospital; or

(2) as part of the plan of care for the treatment of a person who has executed a written certification of a terminal illness, has elected to receive hospice care, and is receiving hospice treatment from a qualified hospice provider.

The APRN/PA shall provide appropriate instruction to the patient on use of any medication prescribed including appropriate warnings and monitoring of lab values.

Permitted devices:

---

---

Limitations:

---

---

5.3 The above delegation to APRN/PA to prescribe or order controlled substances, Schedules III-V is subject to the following:

- 1) that the prescription or order, including a refill of the prescription is for a period not to exceed ninety (90) days,
- 2) any refill is authorized after consultation with Physician and the consultation is noted in the patient's medical record, and
- 3) any prescription or order for a child less than two years of age is made only after consultation with Physician and the consultation is noted in the patient's medical record.

5.4 Delegation regarding obstetrical services is subject to the limitations set forth in Occupations Code, §157.059.

**Article VI  
Consultation and Referral**

- 6.1 The APRN/PA may refer patients to licensed physicians, clinics, or other health care providers for the purpose of evaluation, management or consultation, as deemed necessary by APRN/PA. Delegating Physician will be available for consultation either in person or through telecommunication.

**Article VII  
Patient Emergencies**

- 7.1 APRN/PA may provide care to stabilize and prevent deterioration of a patient's condition. The APRN/PA will notify and review with the Delegating Physician such emergency care as APRN/PA determined was necessary.

**Article VIII  
Communication and Sharing of Information  
Related to Patient Care and Treatment**

- 8.1 Physician, or designated alternate Physician as set forth in Article XI, will be available to APRN /PA either in person or through telecommunication to discuss patient care and treatment.

**Article IX  
PASPA Quality Assurance (QA) Plan**

- 9.1 Collaboration between Physician and APRN/PA to maintain the standard of patient care and the improvement of practice will be ongoing and include:
- 1) Monthly face to face meetings between the Physician and APRN/PA to review the care and prescribing practices in general of the APRN/PA being supervised and any changes that might be needed, education or training that is felt necessary, praise worthy/disciplinary issues, etc. Sample of documentation forms are available. Chart reviews can be incorporated into this meeting also in order to consolidate and efficiently use time.
  - 2) Chart reviews:
    - (a) For APRN/PA practicing only in a clinic setting, a minimum of 10% of the charts of patients for whom APRN/PA has prescribed or ordered drugs or devices will be reviewed. Documentation of these chart reviews will consist of a log format. Log samples are available.
    - (b) For APRN/PA practicing only in a hospital setting, a minimum of 10% of the charts of patients for whom APRN/PA has prescribed or ordered drugs or devices will be reviewed. Documentation of these hospital chart reviews will

consist of either the log format or use of the daily patient census with appropriate documentation.

(c) For APRN/PA who practices in both settings, both (a) and (b) will apply.

- 9.2 Implementation of this prescriptive authority QA Plan will be documented by logging the date of the meeting, Physician(s) and APRN/PA present, the name of the patient (including MR number), and the log kept in the APRN/PA Department personnel file and a copy sent to HR.

**Article X  
Physician Supervision**

- 10.1 Physician agrees to provide supervision consistent with the standard of care of a reasonable prudent physician supervising the APRN's/PA's exercise of prescriptive authority with APRN's/PA's education and experience and the relationship between APRN/PA and Physician.
- 10.2 APRN/PA agrees to consult with Physician consistent with the standard of care of a reasonable prudent APRN/PA exercising prescriptive authority with APRN's/PA's education and experience and the relationship between APRN/PA and Physician.
- 10.3 Delegating Physician will not delegate prescriptive authority to a combined number of more than seven (7) APRNs/PAs practicing at the physician's primary and alternate practice sites without a waiver granted by the TMB.

**Article XI  
Alternate Physician Supervision**

- 11.1 Physician is part of a healthcare entity as defined by Texas Occupations Act §151.002(a)(5)(B) and has designated alternating supervising physician to conduct and document the PASPA Quality Assurance meetings set forth in Article IX :

Name: \_\_\_\_\_

License No.: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

License No.: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

License No.: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

License No.: \_\_\_\_\_

Address: \_\_\_\_\_

**Article XII  
Registration with Texas Medical Board**

- 12.1 Physician is responsible to register this PASPA with the Texas Medical Board within thirty (30) days of signing this PASPA. (22 TAC 193.10 (b), Standing Delegation Orders.) The APRN/PA must also register copies with the TBON or TPAB, whichever is appropriate.

**Article XIII  
Complaints Against License**

- 13.1 Physician and APRN/PA agree to immediately notify the other if they become the subject of an investigation by the Texas Medical Board, or the Texas Board of Nursing/Physician Assistant Board.

- 13.2 APRN/PA listed in this agreement hereby acknowledges that he or she:

- 1) Holds an active license to practice in Texas as an APRN/PA and is in good standing in the State of Texas; and
- 2) Is not currently prohibited by TBON or the Texas Physician Assistant Board (TPAB) from executing a prescriptive authority agreement; and
- 3) Has disclosed to the physician any prior disciplinary action by TBON or TPAB, as follows (include action, state and date):

\_\_\_\_\_  
\_\_\_\_\_

*[Signature page follows.]*

**DELEGATING PHYSICIAN**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**APRN/PA**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**DESIGNATED  
ALTERNATE PHYSICIAN(S)**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date