

Position Statement on Nurse Practitioner Prescriptive Privileges

The National Association of Pediatric Nurse Practitioners (NAPNAP) advocates that all nurse practitioners (NPs) have full prescriptive authority and dispensing privileges based on their education, training, licensure, and certification. Pediatric nurse practitioners (PNPs) have completed a formal educational program in pediatric health care and have met their state board's regulations that govern advanced practice nursing ([American Nurses Association, NAPNAP, & Society of Pediatric Nurses, 2015](#)). PNP educational programs prepare the advanced practice nurse for advanced clinical assessment, management skills, and independent clinical decision making. PNP education includes a comprehensive foundation including advanced pharmacology, physiology, and prevention and management of pediatric illness/disease ([National Organization of Nurse Practitioner Faculties, 2012](#); [Scordo, 2014](#)). Countless studies have demonstrated that NPs have been providing safe, cost-effective health care, including prescribing medications, for years ([Carberry, Connelly, & Murphy, 2012](#); [Chattopadhyay, Zangaro, & White, 2015](#); [Newhouse et al., 2011](#); [Stanik-Hutt et al., 2013](#)).

NAPNAP advocates for:

1. Full prescriptive authority for NPs as appropriate based on their education, training, licensure, and certification ([NAPNAP, 2011, 2012, 2016](#)).
2. NP authority to prescribe adjunct health/medical services, all medical devices, durable medical good/equipment, and supplies.
3. The prescribing NP's name to be displayed on prescription pads (including electronic formats) and dispensed medication bottles.
4. Implementation of e-prescribing, when possible.
5. The ability for all NPs to independently receive and distribute medication samples.
6. Language in all states' nurse practice acts and amendments to clearly and specifically include diagnosis, treatment, and prescriptive authority in an NP's scope of practice as appropriate based on his/her education, training, and certification.
7. Provider-inclusive language in all legislation at both the state and national level affecting access to health care and prescribing health care providers for children ([Dawson & Lighthouse, 2010](#); [Institute of Medicine, 2011](#); [NAPNAP, 2011](#)).
8. All NPs obtaining a National Provider Identifier (NPI) number, Drug Enforcement Agency (DEA) number, and controlled substance licenses.
9. All NPs caring for infants and children obtaining continuing education in pediatric pharmacology on a routine basis ([NAPNAP, 2012](#)).

Prescribing medications is essential to the NP's practice. The ability of NPs to prescribe, without limitation, enhances patient care by promoting greater continuity and efficiency of care, increasing cost-effectiveness, and augmenting safety and accountability ([Manion & Odiaga, 2014](#); [Wilson, Zwart, Everett, & Kernick, 2009](#)). The medical home model requires primary providers to direct and manage all aspects of the patient's care. Restrictions on prescriptive authority limit the ability of PNPs to provide comprehensive health care services for children and lead a health care/medical home ([Dawson & Lighthouse, 2010](#); [Manion, 2013](#)). A clearly defined scope of practice, allowing for full prescriptive privileges, will improve access to pediatric health care provided by highly

Adopted by the National Association of Pediatric Nurse Practitioners' Executive Board on January 13, 2016. This document replaces the 2010 NAPNAP Position Statement on Nurse Practitioner Prescriptive Privileges.

All regular position statements from the National Association of Pediatric Nurse Practitioners automatically expire 5 years after publication unless reaffirmed, revised, or retired at or before that time.

Correspondence: NAPNAP National Office, 5 Hanover Square, Suite 1401, New York, NY 10004.

J Pediatr Health Care. (2016) 30, A15-A16.

0891-5245/\$36.00

<http://dx.doi.org/10.1016/j.pedhc.2016.01.007>

qualified NPs (Stewart, McNulty, Griffin, & Fitzpatrick, 2010).

NAPNAP is an organization whose mission is to empower pediatric-focused advanced practice registered nurses (APRNs) and their interprofessional partners to enhance child and family health through leadership, advocacy, professional practice, education and research, and which remains committed to pursuing the vision that all children will have access to quality pediatric-centric health care delivered by NPs with full authority to prescribe and manage their patients' health care needs.

The National Association of Pediatric Nurse Practitioners would like to acknowledge the contribution of the following members of the Professional Issues Committee: Kristin Hittle, MSN, RN, CPNP-AC, CCRN (Chair, Professional Issues Committee); Beth Heuer, DNP, RN, CPNP-PC, PMHS; Amy Manion, PhD, RN, CPNP-PC; and Audra Rankin, DNP, APRN, CPNP.

REFERENCES

- American Nurses Association, National Association of Pediatric Nurse Practitioners, and Society of Pediatric Nurses. (2015). *Pediatric nursing: Scope and standards of practice*. Silver Spring, MD: nursebooks.org.
- Carberry, M., Connelly, S., & Murphy, J. (2012). A prospective audit of a nurse independent prescribing within critical care. *Nursing in Critical Care, 18*, 135-141.
- Chattopadhyay, A., Zangaro, G. A., & White, K. M. (2015). Practice patterns and characteristics of nurse practitioners in the United States: Results from the 2012 national sample survey of nurse practitioners. *The Journal for Nurse Practitioners, 11*(2), 170-177.
- Dawson, L., & Lighthouse, S. (2010). Assessment of self-efficacy for cultural competence in prescribing. *The Journal for Nurse Practitioners, 6*(1), 44-48.
- Institute of Medicine. (2011). *The future of nursing: Leading change, advancing health*. Washington, DC: The National Academies Press.
- Manion, A. (2013). The medical home: The debate over who is qualified to drive the bus. *Journal of Pediatric Health Care, 26*(5), 393-395.
- Manion, A., & Odiaga, J. (2014). Health care economics and the advanced practice registered nurse. *Journal of Pediatric Health Care, 28*(5), 466-469.
- National Association of Pediatric Nurse Practitioners. (2011). NAPNAP position statement on access to care. *Journal of Pediatric Health Care, 26*, 21A-23A.
- National Association of Pediatric Nurse Practitioners. (2012). NAPNAP position statement on continuing education. *Journal of Pediatric Health Care, 26*, e1.
- National Association of Pediatric Nurse Practitioners. (2016). NAPNAP position statement on pediatric health care/medical home: Key issues on care coordination, transitions, and leadership. *Journal of Pediatric Health Care, 30*(2), 17A-19A.
- National Organization of Nurse Practitioner Faculties. (2012). *Nurse practitioner primary care competencies in specialty areas: Adult, family, gerontological, pediatric, and women's health*. Washington, DC: U.S. Department of Health and Human Services Health Resources and Services Administration, Bureau of Health Professions, Division of Nursing.
- Newhouse, R., Stanik-Hutt, J., White, K., Johantgen, M., Bass, E., Zangaro, G., ... Weiner, J. (2011). Advanced practice nurse outcomes 1990-2008: A systematic review. *Nursing Economics, 29*, 1-21.
- Scordo, K. (2014). Teaching students about the WHO Guide to Good Prescribing. *The Nurse Practitioner, 39*, 51-54.
- Stanik-Hutt, J., Newhouse, R., White, K., Johantgen, M., Bass, E., Zangaro, G., ... Weiner, J. (2013). The quality and effectiveness of care provided by nurse practitioners. *The Journal for Nurse Practitioners, 9*, 492-500.
- Stewart, J. G., McNulty, R., Griffin, M. T., & Fitzpatrick, J. J. (2010). Psychological empowerment and structural empowerment among nurse practitioners. *Journal of the American Academy of Nurse Practitioners, 22*(1), 27-34.
- Wilson, A., Zwart, E., Everett, I., & Kernick, J. (2009). The clinical effectiveness of nurse practitioners' management of minor injuries in an adult emergency department: A systematic review. *International Journal of Evidence-Based Healthcare, 7*(1), 3-14.