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 PNP s 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
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.

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