NAPNAP Position Statement on Nurse Practitioner Prescriptive Privileges

National Association of Pediatric Nurse Practitioners, Professional Issues Committee, Jackie Calhoun, DNP, RN, CPNP-AC, CCRN, Joe Don Cavender, APRN, MSN, CPNP-PC, Emily McRae, DNP, APRN, CPNP-AC/PC, & Ann Sheehan, DNP, CPNP, FAANP

The National Association of Pediatric Nurse Practitioners (NAPNAP) advocates that all nurse practitioners (NPs) have full prescriptive authority (FPA) and dispensing privileges on the basis of their education, training, licensure, and certification. FPA includes prescribing medications, various therapies and medical services, medical devices, durable medical equipment, and supplies (American Association of Nurse Practitioners [AANP], 2020). NPs have completed a formal educational program in pediatric health care, including advanced pharmacotherapeutics, and have met their state board's regulations that govern advanced practice nursing (American Nurses Association et al., 2015). NP educational programs prepare the advanced practice nurse for advanced clinical assessment, management skills, and independent clinical decision-making. NP education incorporates a comprehensive foundation, including advanced pharmacology, physiology, and prevention and management of pediatric illness/disease (National Organization of Nurse Practitioner Faculties, 2012; Scordo, 2014). Numerous studies demonstrate that NPs provide safe, cost-effective health care, including prescribing medications, in various settings (Kleinpell et al., 2019; Liu et al., 2020; Traczynski & Udalova, 2018). FPA is essential for NPs to provide quality care that is timely and cost-effective (AANP, 2020).

Prescribing medications, various therapies and medical services, medical devices, durable medical equipment, and supplies 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 (Dillon & Gary, 2017; Traczynski & Udalova, 2018). The medical home model requires primary providers to direct and manage all patient care aspects. Restrictions on prescriptive authority by governmental or institutional entities limit the ability of NPs to provide comprehensive health care.
care services for children and provide a medical home for pediatric patients (Bowman et al., 2022; Dillon et al., 2020; Gigli et al., 2018). Furthermore, restrictions on prescriptive authority inhibit transparency in health care, including appropriate provider attribution when a health care provider’s name who has never seen the patient appears on the patient’s prescription bottle. A defined scope of practice allows FPA and improves access to pediatric health care provided by highly qualified NPs (Dillon & Gary, 2017; Peacock & Hernandez, 2020).

NAPNAP advocates for:
1. FPA for NPs, as defined by the American Association of Nurse Practitioners (AANP, 2020; National Association of Pediatric Nurse Practitioners [NAPNAP], 2021; NAPNAP, 2022).
2. NP authority to prescribe adjunct health/medical services, all medical devices, durable medical goods/equipment, and supplies.
3. Prescribing NPs name 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 clearly and specifically include diagnosis, treatment, and prescriptive authority within an NP’s scope of practice.
7. Provider-inclusive language in all legislation at the state and national levels affects access to health care and prescribing for children (Institute of Medicine, 2011; NAPNAP, 2022; National Academies of Sciences, Engineering, and Medicine, 2021).
8. Institutional policies, medical staff bylaws, and medical staff rules clearly define FPA as defined by American Association of Nurse Practitioners (2020) within the NP’s scope of practice (Bowman et al., 2022; Gigli et al., 2018).
9. All NPs obtain a National Provider Identifier number, Drug Enforcement Agency number, and controlled substance licenses.
10. All NPs caring for infants and children obtain continuing education in pediatric pharmacology routine.

NAPNAP is an organization whose mission is to empower pediatric-focused advanced practice registered nurses and key partners to optimize child and family health and which remains committed to pursuing the vision that all children will have access to quality pediatric-centric health care delivered by pediatric-focused NPs with full authority to prescribe and manage their patients’ health care needs.

REFERENCES