

Issue Brief

Arkansas Nurses' Association

Schedule II prescribing by APRNs

Background

On October 6, 2014, The Drug Enforcement Administration (DEA) rescheduled hydrocodone-combination drugs from Schedule III to Schedule II. Since federal guidelines have changed the drug schedule for these medications, Arkansas Nurses Association (ARNA) proposes that Arkansas law needs to reflect contemporary practice needs.

Problems/delays related to care

APRNs in Arkansas are very concerned regarding how their practice is affected now that hydrocodone-containing medications are in the Schedule II class. Even prior to the recent DEA rule change, APRNs already faced additional hurdles if a patient under their direct care required any Schedule II medication (narcotic or non-narcotic).

There are many examples of clinical situations where there is need for APRNs to prescribe Schedule II drugs, and inability to prescribe results in delayed and fragmented care:

- Palliative care (cancer pain, terminal illness care)
- Acute injury/illness care in the ED – musculoskeletal injuries, such as broken bones, dislocations, or crush injuries; Also other acute severe pain situations, such kidney stone passage
- ADHD patients –Many APRNs provide care for children and adults with ADHD. In this situation, the APRN is the care provider who knows the patient and does the full assessment. Referral to physician who may not have established patient relationship fragments the care and adds additional visit, as well as added cost. “Drug treatment for adults with ADHD should be started only under the guidance of a psychiatrist, nurse prescriber specializing in ADHD, or other clinical prescriber with training in the diagnosis and management of ADHD.”

Rationale for change

APRNs are skilled nursing professionals with advanced clinical training and are educationally prepared to prescribe the Schedule II medications. Certain APRN specialties are educated to assess for and diagnose ADD/ADHD but have been unable to prescribe Schedule II medications to treat these conditions. Because APRNs are not permitted to write prescriptions for schedule II medications, they must locate a physician to write/prescribe the Schedule II med. This leads to delays in care and possible safety risks since the APRN is the provider performing the

assessment and diagnosis, not the prescribing physician that prescribes the Schedule II medication. This is even a bigger problem for APRNs working in rural clinics and hospitals. If there isn't a physician in-house to prescribe a needed Schedule II medication, this leads to a delay in care, possibly extending a patient's ability for pain relief, including a possible additional cost to the patient for the physician's involvement.

- Arkansas needs to modernize state law to provide APRNs the authority to prescribe schedule II medications *within their existing scope of practice*.
- This needed change is consistent with existing law in the majority of states.
- It is necessary for ARNPs to manage their patients' care and reduce delays and costs for patients.

APRNS are educationally prepared

To gain entry into advanced nursing practice, professional nurses must complete a formal course of education in an accredited nursing program at the graduate level. In addition, most states (including Arkansas) require APRN applicants to be certified by a recognized national organization. These requirements ensure that applicants for licensure as an APRN have the necessary knowledge and skills to practice, *including prescribing*, in a specialty area at the advanced nursing level.

APRNS are safe, responsible prescribers

Advanced practice registered nurses do not appear to be any more susceptible to diversion or inappropriate prescribing than any other prescribing practitioners. *Data from the AR Board of Nursing shows an excellent safety record related to prescribing of controlled substances.* **APRNs will have been prescribing hydrocodone-combination drugs for 20 years with a good safety record.**

Arkansas Board of Nursing support for change

In September 2014, the Arkansas Board of Nursing voted their support for a change in state law to authorize APRNs with DEA number and state of Arkansas CPA (certification of prescriptive authority) to prescribe schedule II medications.

National Trends:

A total of 43 states allow APRNs to prescribe schedule II medications, subject to the oversight of the DEA and the state Boards of Nursing.

Surrounding states which permit schedule II prescribing by APRNs:

- **Louisiana**
- **Mississippi (Schedules II – V by CNPs and CNMs)**
- **Tennessee (Schedules II – V)**

(DEA, 2014)

References

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National Institute for Health and Clinical Excellence (2008). Attention deficit hyperactivity disorder: Diagnosis and management of ADHD in children, young people, and adults. NICE Clinical guideline 72. National Collaborating Centre for Mental Health. London, UK.