

# Supervising Nurse Practitioners with Prescriptive Authority

by  
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In Massachusetts,<sup>1,2</sup> nurse practitioner (NP) prescriptive authority requires specific physician supervision in order to meet statutory requisites. However, the NP holds an independent license to practice and is considered responsible for his/her own practice in collaboration with a designated physician.

After proper application, NPs in Massachusetts may obtain a federal DEA number to be eligible to write prescriptions for Schedule 2-5 controlled substances. Numerous other states grant NPs this authority. In fulfillment of Massachusetts requirements, the names of the NP and collaborating physician are printed on all prescriptions.

## Establishing a Collaborative Partnership

The initial choice of a physician collaborator is dictated by several factors. One, the collaborating NP and physician team must share a similar patient population. For example, a pediatric NP may have a pediatrician or family practice physician as collaborator, where an NP seeing adult patients may collaborate with an internist or family practice physician. Generally, both practice at the same clinical site.

In establishing the collaborating relationship, the NP and physician agree to fulfill regulatory requirements developed by Massachusetts' Department of Public Health, the Board of Registration in Nursing, and the Board of Registration in Medicine. Part of the collaborating relationship includes the team agreeing on a select group of references, texts, and guidelines as representing standards of care, including pharmacologic intervention. If the NP chooses a drug intervention outside the established guideline, he or she must consult the physician collaborator.

## The Consultative Process in Practice

A middle-aged man presented to an NP for the treatment of hypertension. Due to additional health problems including morbid obesity, his hypertensive control has been complicated and now includes four medications. As his treatment plan was being developed, arrangements were made for consultative visits with an internist for input on pharmacologic and overall treatment plans. In turn, the NP has been able to see the patient for frequent brief visits to monitor BP continue with education concerning diet, exercise, and other cardiovascular risk factors.

The consultative process is often a two-way street, with physicians seeking out the expertise of NPs in particular areas. For example, women's health NPs frequently advise on hormonal contraception; the adult-care NPs advise on diabetic management.

Since the collaborator may not be available at all times, coverage arrangements must be formalized. This availability is often predetermined through a monthly posted schedule so that all parties are aware of this responsibility.

NP/physician clinical consultation may take place face-to-face or via telephone. The NP may opt to have the physician physically see the patient. As with all other clinical encounters, the consultation is recorded within the medical record.

The NP's prescriptive practice is subject to periodic review, which can be used as a time for dialogue about the ongoing collaborative relationship. To maintain prescriptive authority, the NP must maintain a valid state license for advanced practice nursing and appropriate certification. This requires a combination of ongoing practice and continuing education. A portion of continuing education is devoted to pharmacology-related content. The collaborating physician must also maintain proper licensure.

The NP's prescriptive authority must also be periodically renewed at the state level. Documenting ongoing physician supervision of this aspect of practice is part of this process. If the agreement is broken, such as when the NP or physician leaves the practice, the state must be notified and the prescriptive authority is no longer valid. NP prescriptive licensure is not portable from practice to practice. Proof of a new collaborating arrangement must be provided to obtain or renew a license.

The specifics of the NP-physician collaborative arrangement should be outlined in a document available at each practice site, signed by all involved. That document is subject to periodic review and, as the need arises, modification and updating. This may include the addition or deletion of a certain reference and naming of new members of the health care team or omitting those who have left the practice. ■

## Notes & References

1. In New Hampshire, an Advanced Registered Nurse Practitioner (ARNP) is licensed as having specialized clinical qualifications, including plenary authority to possess, compound, prescribe, administer, dispense, or distribute controlled and noncontrolled drugs. Drugs must be prescribed from an official formulary (distributed yearly to each licensed ARNP in the state) within the scope of the ARNP's practice.
2. In Rhode Island, a nurse practitioner is also required to obtain a state controlled substance registration license. A new law (July 1997) allows NPs to prescribe Schedule 2-5 drugs. However, the federal government allows only class 4 and 5 to be written by NPs. The new drug formulary is still in the process of being generated.