



## Why Full APRN Prescriptive Authority is Safe for WV

### **RN Medication Education**

All RNs are well versed in prescriptive practices. RNs are required to know the actions, dosages, contraindications, side effects and routes of administration for every medication they administer to every patient. In the clinical setting, they must monitor the effects of that medication and are also responsible for checking medication orders to be sure they are appropriate. The nurse must question any medication order that does not seem to be warranted or appropriate based on continuous observation and assessment of the patient's condition. All student nurses are well versed in all medications for patients in their care from their first day in the clinical setting.

### **APRN Prescriptive Education**

All advanced practice registered nurses (APRNs) in clinical nurse practitioner tracks have at least an additional 3 hour course of Advanced Pharmacotherapeutics in their Master of Nursing (MSN) and/or Doctor of Nursing Practice (DNP) Program. APRNs also spend an additional 600 (MSN) to 1000 (DNP) hours of clinical practice in graduate school writing and managing prescriptions as part of their training.

The Council on Accreditation of Nurse Anesthesia Educational Programs (COA) accreditation standards require three separate comprehensive graduate level courses in advanced physiology/pathophysiology, advanced health assessment and advanced pharmacology. The Doctor of Management Practice in Nurse Anesthesia Program (DMPNA) through Charleston Area Medical Center School of Nurse Anesthesia and Marshall University curriculum includes 7 semester hours in advanced pharmacology.

Every APRN in WV who has prescriptive privileges is required to attain 12 hours of continuing pharmacology education every two years. Physicians do not have this requirement.

### **APRN Prescribing Outcomes**

After analysis of pharmaceutical claims data of 1,200 subjects who participated in the Multidisciplinary, Physician, and Nurse Practitioner Study from 2000 to 2004 it was found that the teams led by Nurse Practitioners had **significant reduction in drug cost and drug utilization.** (Chen, McNeese-Smith, Cowan, Upenieks, & Afifi, A. 2009).

Literature review and analysis of 52,636 claims in 2008 from Ingenix National Database and data from 52,233 discharges from 2006 National Survey of Ambulatory Surgery found the **quality of care provided by CRNAs is equivalent to physicians at a lesser cost.** (Hogan, Seifert, Moore & Simonson 2010).

*Removing the collaborative agreement for prescriptive authority appears to be a procompetitive improvement in the law that would benefit West Virginia health consumers.* (Federal Trade Commission report to the WV Legislature, 2012)

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