

**ESTABLISHING MEDICATION PRESCRIBING AUTHORITY FOR ADVANCED
PRACTICE REGISTERED NURSES**

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive establishes the policy for the medication prescribing authority for Advanced Practice Registered Nurses (APRNs). **NOTE:** *For additional information on policy and responsibilities related to permitting full practice authority (FPA) of three roles of advanced practice nurses (APRN), Certified Nurse Practitioners (CNP), Clinical Nurse Specialists (CNS), and Certified Nurse-Midwife (CNM), when they have a VA appointment and are acting within the scope of their VA employment see Title 38 Code of Federal Regulations (CFR) 17.415 and VHA Directive 1350, Advanced Practice Registered Nurse Full Practice Authority, dated September 13, 2017, or subsequent policy.*

2. SUMMARY OF MAJOR CHANGES: None.

3. RELATED ISSUES: VHA Directive 1350, Advanced Practice Registered Nurse Full Practice Authority, dated September 13, 2017, or subsequent policy.

4. RESPONSIBLE OFFICE: The Office of Nursing Services (ONS, 10A1) is responsible for the content of this directive. Questions may be directed to the Chief Nursing Officer at 202-461-6700.

5. RESCISSIONS: VHA Directive 2008-049, Establishing Medication Prescribing Authority for Advanced Practice Nurses, dated August 22, 2008, is rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of April 2023. This directive will continue to serve as VHA policy until it is recertified or rescinded.

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DISTRIBUTION: E-mailed to the VHA Publications Distribution List on April 5, 2018.

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ESTABLISHING MEDICATION PRESCRIBING AUTHORITY FOR ADVANCED PRACTICE REGISTERED NURSES

1. PURPOSE

This Veterans Health Administration (VHA) directive establishes the policy and assigns responsibilities for the medication prescribing authority for Advanced Practice Registered Nurses (APRNs). **AUTHORITY:** Title 38 United States Code (U.S.C.) 7301(b) and Title 38 Code of Federal Regulations (CFR) 17.415.

2. BACKGROUND

The Department of Veterans Affairs (VA) provides high quality health care to its patients through the proper utilization of a variety of well-qualified, credentialed APRNs. This VA directive applies to APRNs prescribing non-controlled substances.

3. DEFINITIONS

a. **Advanced Practice Registered Nurses.** APRN has the same definition as Title 38 CFR 17.415(a); however, this directive only applies to Certified Nurse Practitioners (CNP) and Clinical Nurse Specialists (CNS).

b. **VetPro.** VetPro is an Internet-enabled data bank for the credentialing of VHA personnel that facilitates completion of a uniform, accurate, and complete credentials file.

4. POLICY

It is VHA policy that APRNs may only be granted the ability to prescribe if they are credentialed by VA and authorized by their State of licensure or registration. **NOTE:** This VA directive applies to APRNs prescribing non-controlled substances who have not been granted full practice authority under 38 CFR 17.415.

5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring VA exercises its authority in defining inpatient and outpatient medication prescribing for APRNs, consistent with the Federal Food, Drug, and Cosmetic Act, applicable regulations, and informal Food and Drug Administration guidance.

b. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary for Operations and Management (10N), or designee, is responsible for:

(1) Communicating the contents of this directive to each Veterans Integrated Services Network (VISN).

(2) Ensuring that each VISN Director has the resources required to support the fulfillment of the terms of this directive in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to assure compliance with this directive.

c. **Chief Nursing Officer, Office of Nursing Services.** The Chief Nursing Officer (CNO) is responsible for providing leadership, guidance and strategic direction on all issues related to APRN prescribing authority from a national level.

d. **Veterans Integrated Service Network Directors.** The Veterans Integrated Service Network (VISN) Directors have overall responsibility for ensuring APRNs within their respective VISNs are acting within the scope of their prescribing authority.

e. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Ensuring that APRNs may prescribe non-controlled substances only if they are granted to do so by their State of licensure or registration.

(2) Ensuring that each APRN is credentialed utilizing VetPro.

(3) Ensuring that each APRN is credentialed by the appropriate facility-based authorizing body (i.e. Clinical Executive Board, Medical Executive Committee) and the Chief of Staff, Associate Director Patient Care Services, and Chief Nurse Executive.

(4) Ensuring that the VA medical facility complies with the prescribing authority of each of its APRNs, including monitoring and adherence as outlined by the State of Licensure requirements for prescribing.

f. **Advanced Practice Registered Nurses.** APRNs may be granted the ability to prescribe if the requirements of this directive are met and the APRN has completed graduate level pharmacology coursework, including clinical hours.

6. REFERENCES

a. 38 CFR 17.415.

b. VA Handbook 5005/27, Part II, Appendix G6; Nurse Qualification Standard, dated March 17, 2009, or subsequent policy.

c. VHA Directive 2012-030, Credentialing of Health Care Professionals, dated October 11, 2012, or subsequent policy.

d. VHA Directive 1350, Advanced Practice Registered Nurse Full Practice Authority, dated September 13, 2017, or subsequent policy.

e. VHA Handbook 1100.19, Credentialing and Privileging, dated October 15, 2012, or subsequent policy.