# Policies Related to APRN Schedule II RX Authority

Student's Name

Institutional Affiliation

Instructor's Name

Course

Date

**Policies Related to APRN Schedule II RX Authority**

Prescriptive authority or independent prescription grants advanced practice registered nurses (APRNs) the capacity to recommend, without restraint, medicine and control drugs, expedients, therapeutic/adjunct fitness services, long-lasting medicinal goods, and other supplies and equipment. Independent recommendations do not need collaboration with a nurse. This is an important aspect of the scope of practice for APRNs and part of the APRNs Agreement Model that functions to attain the uniformity of national regulation of APRN practice (McLaughlin and McLaughlin, 2009). Numerous nations have made, and numerous are thinking of making, alterations to prevailing legislation that oversees the scope of practice for APRNs, including self-governing recommendation freedoms.

The Nurse Practice Act is typically the major body that defines the policies related to APRN practice. The practice is governed by the Board of Nursing, though other regulations and laws may influence its operations, and other boards might have a role in its incorporation (McLaughlin and McLaughlin, 2009). For example, in some nations, nurse-midwives are controlled and regulated by the public health or a Board of Midwifery. The policies outlined by the Nursing Scope and Standards Practice and the Nurse Practice Act outline the "who," "what," "where," "why," and "how" of the nursing practice (McLaughlin and McLaughlin, 2009). Given the difference between APRNs and linked nation statutes, laws and regulations, APRNs must vividly comprehend how their extent of the practice is clarified by those legislations and regulations, as well as any views promulgated by the national regulatory agencies.

The first nurse practitioner plan in the United States was formulated in 1965 by Henry Silver and Loretta Ford. There was a necessity for health care for underserved individuals (Nickitas et al., 2010). Nurses desired a method to actualize this need and viewed the expansion of their duty as the best approach to attain this. Silver and Ford presumed that the

political and social climate of the moment presented opportunities for change (Nickitas et al., 2010). The freshly formulated nurse practitioner's duty was about persons, caring for the population and making very complex clinical choices that would assist individuals in living healthier lives. Since then, the number and impact of nurse practitioners have constantly continued to rise and spread throughout the United States.

With approximately 25,000 nurse practitioners within the United States, in 1985, the American Association of Nurse Practitioners (AANP) started to respond to the expanding profession. Legally, the nursing board in every state, under the control of the Nursing Practice Act, outlines statutory directives for the licensure of registered nurses (RNs) (Nickitas et al., 2010). The licensure entails the authorization for the extent of the practice, application of the title, outline of the principles of practice, and other related disciplinary grounds. Currently, the APRN policies are regulated by the American Nurses Association under federal-level advocacy. The regulations by the federal government ensure that regulators and policymakers comprehend the duty of nurses and nursing when making and implementing laws and legislations through a clearly outlined regulatory process (Nickitas et al., 2010). Presently, ANA cooperates with many other federal agencies to ensure that APRN policies are implemented in all states within the U.S (Nickitas et al., 2010). When Congress passes laws, they do not utilize any specific language. The federal agencies must thus incorporate the legislation through the laid-down regulatory processes (Nickitas et al., 2010). On the other hand, ANA champions firms in ensuring that the crucial voice of nurses is evident and heard during the implementation of the laws by the federal agencies.

## References

McLaughlin, C. P., & McLaughlin, C. D. (2009). *Health policy analysis: An interdisciplinary approach*. Jones & Bartlett *Publishers.*

Nickitas, D. M., Middaugh, D. J., & Aries, N. (2010). *Policy and politics for nurses and other health professionals*. Jones & Bartlett Publishers.