Committee Members
I reviewed all 17 states that have plenary authority and tried to pull out language related to:
-National Certification
-Malpractice (I’m still looking at examples of this, will share next week)
-Prescriptive language
Sorry it is so long. I tried to cut out the extra verbiage.
Michelle

Alaska

12 AAC 44.420. RECOGNIZED CERTIFICATION BODIES. (a) The board will, in its discretion, recognize national certification bodies which certify advanced nurse practitioners by exercising responsibility for
(1) approving the basic education course of study in the population focus;
(2) examining graduates of the course of study; and
(3) addressing the issue of ongoing competency.
(b) The board will annually review national certification bodies to assure that board requirements are met.
(c) The board will maintain a current list of certification bodies which it has reviewed and recognized.
(d) An applicant applying for an advanced nurse practitioner authorization by virtue of certification from a body not on the board’s current list of certification bodies shall supply the board with sufficient data to evaluate the authority of the certifying body.

12 AAC 44.440. PRESCRIPTIVE AUTHORITY. (a) The board will, in its discretion, authorize an advanced nurse practitioner or “ANP” to prescribe and dispense legend drugs in accordance with applicable state and federal laws.
(c) An advanced nurse practitioner who applies for authorization to prescribe and dispense drugs
(1) must be currently designated as an ANP in Alaska at the time of application;
(2) shall provide evidence of completion of 15 contact hours of education in advanced pharmacology and clinical management of drug therapy within the two-year period immediately before the date of application; and
(3) shall submit a completed application, as required in 12 AAC 44.400(a)(6) accompanied by the application fee established by 12 AAC 02.280.
(d) Authorized prescriptions by an ANP must
(1) comply with all applicable state and federal laws; and
(2) contain the signature of the prescriber followed by the initials “ANP” and the prescriber’s identification number assigned by the board.
(e) Prescriptive authorization will, in the board’s discretion, be terminated if the ANP has
(1) not maintained current authorization as an ANP;
(2) prescribed or dispensed outside the ANP scope of practice or for other than therapeutic purposes; or
(3) violated any provision of state or federal statutes and regulations pertaining to nursing practice.
(f) An ANP’s prescriptive authority must be renewed biennially with the ANP authorization. The renewal application must include the applicant’s certification of completion, during the previous two years, of 12 contact hours of continuing education in advanced pharmacotherapeutics and 12 contact hours of continuing education in clinical management of patients. These 24 hours of continuing education may be counted as part of the continuing education hours described in 12 AAC 44.610(a)(3).

12 AAC 44.445. CONTROLLED SUBSTANCE PRESCRIPTIVE AND DISPENSING AUTHORITY. (a) In addition to the legend drug prescriptive and dispensing authority under 12 AAC 44.440, the board will, in its discretion, authorize an advanced nurse practitioner or “ANP” to prescribe and dispense schedule 2-5 controlled substances in accordance with applicable state and federal laws if an applicant
(1) submits a completed application on a form provided by the department; the completed application must include the applicant’s
(A) name, address, and phone number;
(B) authorization number as an ANP;
(C) date of birth;
(D) repealed 12/27/2012; and
(E) notarized signature certifying that the information in the application is correct to the best of the applicant’s knowledge.

Arizona

19. “Registered nurse practitioner” means a registered nurse who:
(c) If applying for certification after July 1, 2004, holds national certification as a nurse practitioner from a national certifying body recognized by the board.
(v) Diagnosing, performing diagnostic and therapeutic procedures, and prescribing, administering and dispensing therapeutic measures, including legend drugs, medical devices and controlled substances within the scope of registered nurse practitioner practice on meeting the requirements established by the board.

Hawaii

16-89-85 Recognized national certifying body; certification. (a) National certifying bodies recognized by the board to certify the advanced practice registered nurse specialty include:
(1) The American Nurses Credentialing Center;
(2) The Pediatric Nurses Certification Board;
(3) The National Certification Corporation for Obstetric, Gynecologic and Neonatal Nursing Specialties;
(4) The Council on Certification of the American College of Nurse-Midwives;
(5) The National Board of Certification and Recertification for Nurse Anesthetists; and
(6) The American Academy of Nurse Practitioners.

(b) The board may recognize other national certifying bodies accredited by the ABNS or the NCCA, which provide competency-based certification examinations reflective of APRN knowledge of and expertise in their nursing specialties.
(c) A national certifying body which is a successor to any body listed in this section may also be recognized by the board, provided the body maintains or exceeds the standards of its predecessor. Any modifications to the standards shall be recognized unless otherwise provided in the board's policy until such time as the board can amend its rules.

§16-89-97 Advanced practice registered nurse requesting prescriptive authority. An advanced practice registered nurse who applies for prescriptive authority also shall comply with the eligibility requirements as set forth by the board in this chapter. [Eff and comp 9/5/97; comp 8/9/01; comp 5/5/05; am and comp 12/2[4]7/10; comp 3/28/13] (Auth: HRS §457-8.6) (Imp: HRS §457-8.6)

ADVANCED PRACTICE REGISTERED NURSE PRESCRIPTIVE AUTHORITY §16-89-116 Purpose. The purpose of this subchapter is to establish the requirements of the board for APRN prescriptive authority. APRNs who are granted prescriptive authority shall only prescribe drugs appropriate to their practice specialties as recognized by the board and in accordance with the exclusionary formulary. [Eff 12/27/10; comp 3/28/13] (Auth: HRS §§26-9 (k), 436B-4, 436B-7) (Imp: HRS §457-8.6)

§16-89-117 Prescriptive authority. Only an APRN granted prescriptive authority by the board shall be able to practice as an APRN with prescriptive authority or use any sign, card, or device to indicate
or in any way imply, that the person is an APRN who is authorized to prescribe. [Eff 12/27/10 comp 3/28/13] (Auth: HRS §§26-9(k), 436B-4, 436B-7) (Imp: HRS §457-8.6)
§16-89-119 Prescriptive authority eligibility requirements. (a) The requirements for prescriptive authority are as follows:

(1) A completed application for prescriptive authority for controlled or non-controlled substances provided by the board and submitted with all appropriate documents (unless currently filed with the board) and required fees;
(2) Proof of a current, unencumbered license as a registered nurse in this State and in all other states in which the nurse has a current and active license;
(3) Proof of a current, unencumbered recognition or license as an advanced practice registered nurse in this State and in all other states in which the nurse has a current and active recognition or license as an advanced practice registered nurse or similar designation;
(4) Proof of a current, unencumbered certification for specialized and advanced nursing practice from a national certifying body recognized by the board;
(5) Proof of successful completion of an accredited graduate-level nursing program with a significant educational and practical concentration on the direct care of patients, recognized by the board, leading to a master's degree as a certified registered nurse anesthetist;
(5) Proof of successful completion of an accredited graduate-level nursing program with a significant educational and practical concentration on the direct care of patients, recognized by the board, leading to a master's degree as a certified registered nurse anesthetist, a nurse midwife, a clinical nurse specialist, or a nurse practitioner (nursing education and administration do not qualify);
(6) Proof of successful completion of at least thirty contact hours, as part of a master's degree program from an accredited, board-recognized college or university, of advanced pharmacology education, including advanced pharmacotherapeutics that is integrated into the curriculum, within the three-year time period immediately preceding the date of application. If completed more than the three-year time period, then one of the following shall be completed within the three-year time period immediately preceding the date of application for initial prescriptive authority:
(A) At least thirty contact hours of advanced pharmacology, including advanced pharmacotherapeutics, from an accredited, board-recognized college or university; or
(B) At least thirty contact hours of continuing education ("CE") approved by board-recognized national certifying bodies in advanced pharmacology, including advanced pharmacotherapeutics related to the applicant's scope of nursing practice specialty; and
(7) Payment of a non-refundable application fee.
(b) APRN authorized to prescribe non-controlled substances and who subsequently wish to prescribe controlled substances shall submit the appropriate application for prescriptive authority for controlled substances and meet the requirements of this chapter.
(c) Upon satisfying all requirements in chapter 457, HRS, and this chapter, and payment of required fees, the board shall grant prescriptive authority to the APRN.
(d) Nothing in this section shall preclude a registered nurse, a licensed practical nurse, or an APRN from carrying out the prescribed medical orders of a licensed dentist, physician, osteopath, or podiatrist licensed in accordance with chapters 448, 453, or 463E, HRS, or the orders of a recognized APRN granted prescriptive authority in accordance with this chapter.

Idaho
54-1402. Definitions. As used in this act:
(1) "Advanced practice registered nurse" means a registered nurse licensed in this state who has gained additional specialized knowledge, skills and experience through a program of study
recognized or defined by the board. An advanced practice registered nurse is authorized to perform advanced nursing practice, which may include the prescribing, administering and dispensing of therapeutic pharmacologic agents, as defined by board rules. An advanced practice registered nurse shall perform only those acts as provided by the board and for which the individual is educationally prepared. Advanced practice registered nurses shall include the following four (4) roles: certified nurse-midwife; clinical nurse specialist; certified nurse practitioner; and certified registered nurse anesthetist as defined in board rule. An advanced practice registered nurse collaborates with other health professionals in providing health care.

54-1409. License for advanced practice registered nursing. (1) Qualifications. To qualify for a license to practice advanced practice registered nursing, a person must:
   (c) Have passed a qualifying examination recognized by the board and have current certification from a national organization recognized by the board; and

Iowa

655—7.1 (152) Definitions.

"National professional nursing certifying body" is a professional nursing certifying body approved by the board. Agencies approved by the board include the American Nurses Credentialing Center, the American Academy of Nurse Practitioners, the American College of Nurse-Midwives Certification Council, the Council on Certification of Nurse Anesthetists, the Council on Recertification of Nurse Anesthetists, the National Certification Board of Pediatric Nurse Practitioners and Nurses, the National Certification Corporation for the Obstetric, Gynecologic, and Neonatal Nursing Specialties, the Oncology Nursing Certification Organization, and the American Association of Critical Care Nurses Certification Corporation.

"Prescriptive authority" is the authority granted to an ARNP registered in Iowa in a recognized nursing specialty to prescribe, deliver, distribute, or dispense prescription drugs, devices, and medical gases when the nurse is engaged in the practice of that nursing specialty. Registration as a practitioner with the Federal Drug Enforcement Administration and the Iowa board of pharmacy examiners extends this authority to controlled substances. ARNPs shall access the Iowa board of pharmacy examiners Web site for Iowa pharmacy law and administrative rules and the Iowa Board of Pharmacy Examiners Newsletter.

Maine

Sec. 1. Definitions, Special Provisions, and Scopes of Practice
1. Definitions
B. Certified nurse practitioner. "Certified nurse practitioner" (C.N.P.) means a registered professional nurse who has received post-graduate education designed to prepare the nurse for advanced practice registered nursing in a specialty area in nursing that has a defined scope of practice and has been certified in the clinical specialty by a national certifying organization acceptable to the Board.

C. Certified nurse-midwife. "Certified nurse-midwife" (C.N.M.) means a registered professional nurse who has received post-graduate education in a nurse-midwifery program approved by the American College of Nurse-Midwives and who has passed the national certification examination administered by the American College of
Sec. 2. General Regulations Relating to Certified Nurse Practitioners and Recent Graduates of Nurse Practitioner Programs

1. Requirements for initial approval to practice
D. Submits evidence of satisfactory completion of 45 contact hours (or 3 credits) of pharmacology as set forth in Section 6(3).
C. The Board accepts nurse practitioner certification conferred by national certifying organizations such as, but not limited to: American Nurses Credentialing Center; National Board of Pediatric Nurse Associates and Practitioners; National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties; and American Academy of Nurse Practitioners.
D. A nurse who is no longer certified by the national organization for the specific area of practice shall notify the Board immediately and shall not practice as or use the titles of "certified nurse practitioner" or "advanced practice registered nurse."

Sec. 6. General Regulations Relating to Prescriptive and Dispensing Authority for Certified Nurse Practitioners and Certified Nurse-Midwives

1. Requirements for prescriptive authority for certified nurse practitioners and certified nurse-midwives
A. If the applicant has not prescribed drugs within the past 2 years, the applicant shall provide evidence of satisfactory completion of 15 contact hours of pharmacology within the 2 years prior to applying for approval to practice.
B. If the applicant has not prescribed drugs within the past 5 years, the applicant shall provide evidence of satisfactory completion of 45 contact hours (or 3 credits) of

4. Requirements for authorized prescription and dispensing
A. In addition to the required client and drug information, a written prescription shall include the date, printed name, legal signature, specialty category, business address, and telephone number of the prescribing certified nurse practitioner or certified nurse-midwife.
B. Prescriptions may be written for medical appliances and devices and for over-the-counter drugs.
C. Drugs in the formulary may be prescribed, administered, dispensed, or distributed in combination.
D. Any product name drug may be prescribed, administered, dispensed, or distributed as long as the generic name or category for the drug is in the formulary.
E. The certified nurse practitioner and certified nurse-midwife shall comply with all applicable laws and rules in prescribing, administering, dispensing, and distributing drugs, including compliance with the labeling requirements and all other applicable requirements of the Board of Commissioners of the Profession of Pharmacy.
F. For the administration, dispensing, and distribution of controlled substances, the certified nurse practitioner and certified nurse-midwife shall comply with the requirements in the Code of Federal Regulations, 21 CFR Chapter II, Sections 1301, 1304.03 and 1304.04.

Sec. 7. Formulary for Certified Nurse Practitioners and Certified Nurse-Midwives with Prescriptive Authority

1. General regulations relating to the formulary
A. Certified nurse practitioners and certified nurse-midwives are authorized to prescribe
the following:
(1) over-the-counter drugs
(2) appliances and devices
(3) drugs related to the specialty area of certification.
(4) drugs prescribed off label according to common and established standards of practice.
B. Regardless of the schedules indicated on the certificate issued by the Drug Enforcement Administration, the certified nurse practitioner and certified nurse-midwife shall prescribe only those controlled drugs from schedules II, III, IIIN, IV, and V. A Drug Enforcement Agency (D.E.A.) number is required to prescribe these Drugs.

Montana

37-2-101. Definitions. As used in this part, the following definitions apply:
(5) "Medical practitioner" means any person licensed by the state of Montana to engage in the practice of medicine, dentistry, osteopathy, podiatry, optometry, or a nursing specialty as described in 37-8-202 and in the licensed practice to administer or prescribe drugs.

37-8-409. Advanced practice registered nursing -- when professional nurse may practice.
(1) The board shall grant a certificate in a field of advanced practice registered nursing to a person who submits written verification of certification by a board-approved national certifying body appropriate to the specific field of advanced practice registered nursing and who meets any other qualification requirements that the board prescribes.

Nevada –Just passed Plenary Authority.

NRS 632.237  Advanced practitioner of nursing: Certificate of recognition; practice; regulations; exceptions. [Effective July 1, 2014.]
1. The Board may grant a certificate of recognition as an advanced practitioner of nursing to a registered nurse who:
   (2) Prescribe therapeutic or corrective measures; and
   (3) Prescribe controlled substances, poisons, dangerous drugs and devices;
   (b) Except as otherwise provided in subsection 4, submits proof that he or she is certified as an advanced practitioner of nursing by the American Board of Nursing Specialties, the National Commission for Certifying Agencies of the Institute for Credentialing Excellence, or their successor organizations, or any other nationally recognized certification agency approved by the Board; and
2. An advanced practitioner of nursing may:
   (a) Engage in selected medical diagnosis and treatment; and
   (b) If authorized pursuant to NRS 639.2351, prescribe controlled substances, poisons, dangerous drugs and devices,
3. The Board shall adopt regulations:
   (a) Specifying any additional training, education and experience necessary for certification as an advanced practitioner of nursing.
   (b) Delineating the authorized scope of practice of an advanced practitioner of nursing.
   (c) Establishing the procedure for application for certification as an advanced practitioner of nursing.
4. The provisions of paragraph (b) of subsection 1 do not apply to an advanced practitioner of nursing who obtains a certificate of recognition before July 1, 2014.

New Hampshire
326-B:11 Scope of Practice and Authority; Advanced Practice Registered Nurse. –

(c) Providing such functions common to a nurse practitioner for which the APRN is educationally and experientially prepared and which are consistent with standards established by a national credentialing or certification body recognized by the National Council of State Boards of Nursing and approved by the board in the appropriate APRN role and specialty.

III. An APRN shall have plenary authority to possess, compound, prescribe, administer, and dispense and distribute to clients controlled and non-controlled drugs within the scope of the APRN's practice as defined by this chapter. Such authority may be denied, suspended, or revoked by the board after notice and the opportunity for hearing, upon proof that the authority has been abused.

New Mexico

61-3-23.2. Certified nurse practitioner; qualifications; practice; examination; endorsement.
A. The board may license for advanced practice as a certified nurse practitioner an applicant who furnishes evidence satisfactory to the board that the applicant:
   (3) has successfully completed the national certifying examination in the applicant's specialty area; and
   (4) is certified by a national nursing organization.
B. Certified nurse practitioners may:
   (2) practice independently and make decisions regarding health care needs of the individual, family or community and carry out health regimens, including the prescription and distribution of dangerous drugs and controlled substances included in Schedules II through V of the Controlled Substances Act [30-31-1 NMSA 1978]; and
   (3) serve as a primary acute, chronic long-term and end of life health care provider and as necessary collaborate with licensed medical doctors, osteopathic physicians or podiatrists.
C. Certified nurse practitioners who have fulfilled requirements for prescriptive authority may prescribe in accordance with rules, regulations, guidelines and formularies for individual certified nurse practitioners promulgated by the board.
D. Certified nurse practitioners who have fulfilled requirements for prescriptive authority may distribute to their patients dangerous drugs and controlled substances included in Schedules II through V of the Controlled Substances Act [30-31-1 NMSA 1978], that have been prepared, packaged or fabricated by a registered pharmacist or doses of drugs that have been prepackaged by a pharmaceutical manufacturer in accordance with the Pharmacy Act [61-11-1 NMSA 1978] and the New Mexico Drug, Device and Cosmetic Act [26-1-1 NMSA 1978].
E. Certified nurse practitioners licensed by the board on and after December 2, 1985 shall successfully complete a national certifying examination and shall maintain national professional certification in their specialty area. Certified nurse practitioners licensed by a board prior to December 2, 1985 are not required to sit for a national certification examination or be certified by a national organization.

Oregon

(d) As of January 1, 2011 provide verification of current accredited national board certification from a Nurse Practitioner national certification examination which meets criteria in OAR 851-050-0008, congruent with a Board recognized nurse practitioner role and population focus.
(5) The nurse practitioner is independently responsible and accountable for the continuous and comprehensive management of a broad range of health care, which may include:

I) Prescribing, dispensing, and administration of therapeutic devices and measures, including legend drugs and controlled substances as provided in Division 56 of the Oregon Nurse Practice Act, consistent with the definition of the practitioner's specialty category and scope of practice.

Rhode Island

§ 5-34-39 Process for prescriptive privileges of certified registered nurse practitioner. – (a) Prescriptive privileges for the certified registered nurse practitioner:

(2) Shall include prescription of legend medications and prescription of controlled substances from schedules II, III, IV and V that are established in regulation; and

(3) Must not include controlled substances from Schedule I.

(b) To qualify for prescriptive privileges an applicant must submit on forms provided by the board of nurse registration and nursing education, verified by oath, that the applicant has evidence of completion of thirty (30) hours of education in pharmacology within the three (3) year period immediately prior to date of application. To maintain prescriptive privileges the certified registered nurse practitioner (R.N.P.) must submit upon request of the board of nurse registration and nursing education evidence of thirty (30) hours continuing education in pharmacology every six (6) years.

Vermont

§ 1611. Advanced practice registered nurse licensure
To be eligible for an APRN license, an applicant shall:

(3) hold current advanced nursing certification in a role and population focus granted by a national certifying organization recognized by the board. (Added 2011, No. 66, § 5, eff. June 1, 2011.)

Washington

WAC 246-840-300
Advanced registered nurse practitioner (ARNP) scope of practice.

(3) ARNP practice is grounded in nursing and incorporates the use of independent judgment as well as collaborative interaction with other health care professionals when indicated in the assessment and management of wellness and health conditions as appropriate to the ARNP's area of practice and certification.

(4) The ARNP functions within his or her scope of practice according to the commission approved certification program and standards of care developed by professional organizations.

(6) Performing within the scope of the ARNP's knowledge, experience and practice, the licensed ARNP may perform the following:

(a) Examine patients and establish diagnoses by patient history, physical examination and other methods of assessment;

(b) Admit, manage and discharge patients to and from health care facilities;

(c) Order, collect, perform and interpret diagnostic tests;

(d) Manage health care by identifying, developing, implementing and evaluating a plan of care and treatment for patients;

(e) Prescribe therapies and medical equipment;

(f) Prescribe medications when granted authority under this chapter;

(g) Refer patients to other health care practitioners, services or facilities; and
(h) Perform procedures or provide care services that are within the scope of practice according to the commission approved certification program.

ARNP prescriptive authority.
(1) An ARNP licensed under chapter 18.79 RCW when authorized by the nursing commission may prescribe drugs, medical equipment and therapies pursuant to applicable state and federal laws.
(2) The ARNP when exercising prescriptive authority is accountable for competency in:
(a) Patient selection;
(b) Problem identification through appropriate assessment;
(c) Medication or device selection;
(d) Patient education for use of therapeutics;
(e) Knowledge of interactions of therapeutics, if any;
(f) Evaluation of outcome; and
(g) Recognition and management of complications and untoward reactions.

Authorized prescriptions by ARNP with prescriptive authority.
(1) Prescriptions for drugs, medical equipment and therapies must comply with all applicable state and federal laws and be within the ARNP's scope of practice.
(2) The advanced registered nurse practitioner must sign all prescriptions and include the initials ARNP or NP.
(3) An ARNP may not, under RCW 18.79.240(1) and chapter 69.50 RCW, prescribe controlled substances in Schedule I.
(4) Any ARNP with prescriptive authority who prescribes controlled substances must be registered with the drug enforcement administration.

Wyoming

33-21-120. Definitions.
(a) As used in this act:
(i) "Advanced practice registered nurse (APRN)" means a nurse who:
(A) May prescribe, administer, dispense or provide nonprescriptive and prescriptive medications including prepackaged medications, except schedule I drugs as defined in W.S. 35-7-1013 and 35-7-1014;
(B) Has responsibility for the direct care and management of patients and clients in relation to their human needs, disease states and therapeutic and technological interventions;
(C) Has a master's degree in nursing, or an advanced practice registered nurse specialty or has completed an accredited advanced practice registered nurse educational program prior to January 1, 1999; and
(D) Has completed an advanced program of study in a specialty area in an accredited nursing program, has taken and passed a national certification examination in the same area and has been granted recognition by the board to practice as an APRN.