

## Prescriptive Authority

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A thorough understanding of pharmacotherapeutics and the ability to safely and appropriately prescribe is critical to the provision of comprehensive women's health care. Pharmacokinetics and pharmacotherapeutics are included in the Core Competencies for Basic Midwifery Practice as one of the Fundamental Components of Midwifery Care and all certified nurse-midwives (CNMs) and certified midwives (CMs) possess that knowledge.

The legal authority to prescribe medication, known as prescriptive authority, comes from the states. States have recognized the importance of prescriptive authority and the adequacy of midwifery education, and all 50 states and the District of Columbia have granted prescriptive authority to CNMs. Twelve states and the District of Columbia grant CNMs full independent prescriptive authority. Prescriptive authority is an important component of a favorable practice environment and is associated with a larger supply of nurse-midwives in a state (1, 2). The ability to prescribe drugs and devices for patient use has, in some states, been a highly volatile and controversial issue as well (3).

This document describes the resources available from the American College of Nurse-Midwives (ACNM) to obtain further information about prescriptive authority. Information specific to prescriptive authority for controlled substances is available from the document in this series entitled "DEA Registration."

### **Summaries of State Laws and Regulations Affecting CNMs/CMs**

These are summaries of the current legal guidelines governing the practice of midwifery in each of the 50 states, the District of Columbia, and all U.S. territories, and include summaries of state laws relating to prescriptive authority, as well as state agencies that regulate midwifery and grant prescriptive authority. These summaries are available to members only on our web site at <http://www.midwife.org/today.cfm>.

### **ACNM Staff**

The ACNM State Policy Analyst serves as the primary resource for state policy issues, legislation, and regulations. This includes monitoring state government trends and laws relating to midwifery and practice issues such as prescriptive authority. For assistance call 240-485-1800.

### **References**

1. Declercq ER, Paine LL, Simmes DR, DeJoseph JF. State regulation, payment policies, and nurse-midwife services. *Health Affairs* 1998; 17:190-200.
2. Sekscenski ES, Sansom S, Bazell C, Salmon ME, Mullan F. State practice environments and

the supply of physician assistants, nurse practitioners, and certified nurse-midwives. *N Engl J Med* 1994; 331:1266-1271.

3. Safriet BJ. Health care dollars and regulatory sense: the role of advanced practice nursing. *Yale Journal on Regulation* 1992; 9(2):149-220.

4. Myers-Ciecko JA. Evolution and current status of direct-entry midwifery education, regulation, and practice in the United States, with examples from Washington State [see comments]. *J Nurse Midwifery* 1999; 44:384-393.

5. Reed A, Roberts JE. State regulation of midwives: issues and options. *J Midwifery Women's Health* 2000 Mar-Apr;45(2):130-49 2000; 45:130-149.

The ACNM "*QuickInfo*" series was developed by the Department of Professional Services to respond to common inquiries, summarizing ACNM resources regarding a particular topic, as well as listing selected literature and a variety of other resources. Your feedback is welcomed; contact Professional Services at 240-485-1800 or [info@acnm.org](mailto:info@acnm.org) 5/6/03

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