Having an adequate legal description of nurse practitioners’ (NPs’) scope of practice according to state law is important for the following reasons:

1. To allow NPs to perform at their level of education and training
2. To avoid any charges of practicing medicine without a license
3. To avoid imputation of liability for medical malpractice to someone other than the NP, usually a physician
4. To place accountability for both benefits and harm to patients squarely on the NP
5. To provide a basis for inclusion of NPs in the legal definition of primary care providers, which is necessary for admission to provider panels
6. To establish that the NP is a professional entity, not just a “nonphysician,” a “physician extender,” or whatever an agency, employer, or delegating physician decides an NP is
7. To get reimbursement for physician services, when provided by an NP

State law is the most powerful source of authority for professional practice. However, federal agencies and private businesses may have policies on NP scope of practice, and professional societies may have accepted certain tasks, functions, and decisions as part of NP scope of practice.

Professional Association Definition of Scope of Practice

Some associations define the scope of practice for NPs in general or for individual NPs. For example, the American Academy of Nurse Practitioners’ statement on scope of practice says:

Nurse practitioners are licensed independent practitioners who practice in ambulatory, acute, and long-term care settings as primary and/or specialty care providers. According to their practice specialty, they provide nursing and medical services to individuals, families, and groups. In addition to diagnosing and managing acute episodic and chronic illnesses, NPs emphasize health promotion and disease prevention. Services include but are not limited to ordering, conducting, and interpreting diagnostic and laboratory tests, prescription of pharmacologic agents and treatments and nonpharmacologic therapies. Teaching and counseling individuals, families, and groups are a major part of nurse practitioners’
practice. As licensed independent practitioners, nurse practitioners practice autonomously and in collaboration with healthcare professionals and other individuals to diagnose, treat, and manage the patient's health problems. They serve as healthcare resources, interdisciplinary consultants, and patient advocates.1

Statutory Versus Regulatory Scope of NP Practice

Some states define scope of practice in statutes enacted by the state legislature. In other states, the legislature gives the board of nursing the authority to define the scope of NP practice. Either way is enforceable, and regulations carry the same force of law as statutes.

Some states describe scope of practice specifically, and some define it generally. State statutes describing NP scope of practice fall into six categories:

1. Scope of practice is clearly defined by statute.
2. Scope of practice is clearly defined by regulation.
3. Scope of practice is vaguely defined by statute.
4. Scope of practice is not defined.
5. Scope of practice is defined by exception from a state law prohibiting the practice of medicine without a license.
6. Scope of practice is defined by the individual physician, who may delegate to an NP by law.

The first category is the most secure for the NP.

At a time when NPs are viewed by some physicians as competitors, the first response to competitive pressures is often for physicians to point to state law and ask for strict interpretation. For example, physicians' associations may counter NPs' efforts to be designated as primary care providers (PCPs) for managed-care organizations or a patient's "medical home" by claiming that state law does not explicitly authorize NPs to perform the necessary functions. Then, only NPs in states where the NP scope of practice is clearly defined as including medical diagnosis and treatment, prescription of medication, and oversight of comprehensive healthcare services for patients will have legal grounds for arguing that NPs should be admitted to provider panels as PCPs or designated a "medical home."

A vaguely worded nurse practice act that states, for example, that the scope of NP practice includes "acts of advanced nursing practice" will not provide sound legal basis for arguments that NPs should be admitted to managed-care provider panels or receive fees for providing physician services. It is difficult to argue to managed-care executives, state administrators, and legislators that "acts of nursing practice" are the acts necessary to perform physician services.

Physician Challenges to NPs' Scope of Practice

An example of a physician challenge to NPs' scope of practice is a 1984 Missouri court case, Sermchief v. Gonzales [660 S.W.2d 683 (Mo. 1984)]. That case, which the NPs won only after it went to the state's supreme court, could be repeated in other states today where state law is not specific enough about the authority of NPs to diagnose and treat.
In *Sermchief*, two obstetric-gynecologic NPs were working in a family planning clinic under written protocols with the clinic's physicians. The NPs were taking histories, performing physical examinations, treating minor illnesses, and prescribing contraceptives. There was no specific charge of malpractice, but rather the Missouri Board of Medicine charged that the NPs were practicing medicine without a license.

The lower court agreed and found that the NPs were practicing medicine without a license. However, the Missouri Supreme Court, after analyzing the nurse practice act, noted that the legislature had deleted a requirement that a physician directly supervise nursing functions and decided that by that deletion the legislature had intended to broaden the scope of nursing.

The NPs eventually prevailed in the case, but that will not necessarily help NPs in other states if there is no express statutory authority for NPs' medical functions. NPs need a clear statutory definition of the scope of practice that includes medical diagnoses and treatment and prescriptive authority.

**Need for Clarity of Scope of Practice**

Some state laws describe scope of practice succinctly and others go into great detail. Longer is not necessarily better, and vague language should be avoided. Consider Oklahoma’s statute on nurse practitioner scope of practice:

> “Certified Nurse Practitioner” is an Advanced Practice Registered Nurse who performs in an expanded role in the delivery of health care:

a. consistent with advanced educational preparation as a Certified Nurse Practitioner in an area of specialty,

b. functions within the Certified Nurse Practitioner scope of practice for the selected area of specialization, and

c. is in accord with the standards for Certified Nurse Practitioners as identified by the certifying body and approved by the Board.

A Certified Nurse Practitioner shall be eligible, in accordance with the scope of practice of the Certified Nurse Practitioner, to obtain recognition as authorized by the Board to prescribe, as defined by the rules promulgated by the Board pursuant to this section and subject to the medical direction of a supervising physician. This authorization shall not include dispensing drugs, but shall not preclude, subject to federal regulations, the receipt of, the signing for, or the dispensing of professional samples to patients.

*Citation: Okla. Stat. Ann. tit. 59, § 567.3a(6).*

Under Oklahoma’s statutory definition of NP scope of practice, an NP can prescribe, but it is unclear what else an NP can do. To prove that the NP can make medical diagnoses, the NP would need to produce transcripts and course descriptions, as well as information from the certifying body on the scope of practice. Oklahoma’s Administrative Code provides a detailed description of NP scope of practice, however. The Oklahoma Administrative Code states the following:
The Certified Nurse Practitioner’s scope of practice includes the full scope of nursing practice and practice in an expanded role as follows:

1. The Certified Nurse Practitioner (CNP) provides comprehensive health care to clients across the life span.

2. The CNP is responsible and accountable for the continuous and comprehensive management of a broad range of health services, which include, but are not limited to:
   A. promotion and maintenance of health;
   B. prevention of illness and disability;
   C. diagnosis and prescription of medications, treatments, and devices for acute and chronic conditions and diseases;
   D. management of health care during acute and chronic phases of illness;
   E. guidance and counseling services;
   F. consultation and/or collaboration with other health care providers and community resources;
   G. referral to other health care providers and community resources.

Citation: Okla. Admin. Code § 485:10–15.6(b)

An example of a comprehensive description of scope of practice is Pennsylvania’s law:

When acting in collaboration with a physician as set forth in a collaborative agreement and within the CRNP’s specialty, a CRNP may:

1. Perform comprehensive assessments of patients and establish medical diagnoses.
2. Order, perform and supervise diagnostic tests for patients and, to the extent the interpretation of diagnostic tests is within the scope of the CRNP’s specialty and consistent with the collaborative agreement, may interpret diagnostic tests.
3. Initiate referrals to and consultations with other licensed professional health care providers, and consult with other licensed professional health care providers at their request.
4. Develop and implement treatment plans, including issuing orders to implement treatment plans. However, only a CRNP with current prescriptive authority approval may develop and implement treatment plans for pharmaceutical treatments.
5. Complete admission and discharge summaries.
6. Order blood and blood components for patients.
7. Order dietary plans for patients.
8. Order home health and hospice care.
10. Issue oral orders to the extent permitted by the health care facilities by-laws, rules, regulations or administrative policies and guidelines.
11. Make physical therapy and dietitian referrals.
12. Make respiratory and occupational therapy referrals.
13. Perform disability assessments for the program providing temporary assistance to needy families (TANF).
15. Perform and sign the initial assessment of methadone treatment evaluations, provided that any order for methadone treatment shall be made only by a physician.

Citation: 49 PA code § 21.251.

See Exhibit 2-1 for a breakdown of elements of NP practice found in various state laws. See Appendix 2-A for the law of each of the states regarding NP scope of practice.

### Exhibit 2-1 Specific Functions Included in States’ Definitions of NP Scope of Practice

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**NP Scope of Practice Compared with Registered Nurse Scope of Practice**

NP scope of practice usually includes medical diagnosis and treatment, while registered nurse (RN) scope of practice usually includes "nursing diagnosis" and "nursing interventions" or "nursing treatments."

Compare Oregon's scope of practice for an RN to Oregon's scope of practice for an NP. Oregon's law on scope of practice for an RN states:

The Board recognizes that the scope of practice for the registered nurse encompasses a variety of roles, including, but not limited to:

a. Provision of client care;
b. Supervision of others in the provision of care;

c. Teaching;

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c. Development and implementation of health care policy;
d. Consultation in the practice of nursing;
e. Nursing administration;
f. Nursing education;
g. Case management;
h. Nursing research;
i. Teaching health care providers and prospective healthcare providers;
j. Specialization in advanced practice;
k. Nursing informatics.

Citation: Or. Admin. § R. 851-045-0060.

Oregon’s board of nursing has elegantly defined the scope of NP practice as follows:

3. The nurse practitioner provides holistic health care to individuals, families, and groups across the life span in a variety of settings, including hospitals, long-term care facilities, and community-based settings.

4. Within his or her specialty, the nurse practitioner is responsible for managing health problems encountered by the client and is accountable for health outcomes. This process includes:
   a. Assessment;
   b. Diagnosis;
   c. Development of a plan;
   d. Intervention;
   e. Evaluation.

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:
   a. Promotion and maintenance of health;
   b. Prevention of illness and disability;
   c. Assessment of clients, synthesis and analysis of data, and application of nursing principles and therapeutic modalities;
   d. Management of health care during acute and chronic phases of illness;
   e. Admission of his/her clients to hospitals and long-term care facilities and management of client care in these facilities;
   f. Counseling;
   g. Consultation and/or collaboration with other care providers and community resources;
   h. Referral to other healthcare providers and community resources;
   i. Management and coordination of care;
   j. Use of research skills;
   k. Diagnosis of health/illness status;
1. 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.

6. The nurse practitioner’s scope of practice includes teaching the theory and practice of advanced practice nursing.

7. The nurse practitioner is responsible for recognizing limits of knowledge and experience, and for resolving situations beyond his/her nurse practitioner expertise by consulting with or referring clients to other healthcare providers.

8. The nurse practitioner will only provide healthcare services within the nurse practitioner’s scope of practice for which he/she is educationally prepared and for which competency has been established and maintained. Educational preparation includes academic course work, workshops or seminars, provided both theory and clinical experience are included.

Citation: Or. Admin. § R. 851-050-0005.

In California, the scope of practice of an NP is defined as that of an RN:

The nurse practitioner shall function within the scope of practice as specified in the Nursing Practice Act and as it applies to all registered nurses.

Citation: Cal. Code Reg. tit. 16 §1485.

An NP or RN gets the authority to perform medical acts through standardized procedures developed with physicians. Here is a statement from the California Board of Professional Nursing website about the scope of practice of a nurse practitioner:

The NP does not have an additional scope of practice beyond the usual RN scope and must rely on standardized procedures for authorization to perform overlapping medical functions (CCR Section 1485). Section 2725 of the Nursing Practice Act (NPA) provides authority for nursing functions that are also essential to providing primary health care which do not require standardized procedures. Examples include physical and mental assessment, disease prevention and restorative measures, performance of skin tests and immunization techniques, and withdrawal of blood, as well as authority to initiate emergency procedures.

Nurse practitioners frequently ask if they really need standardized procedures. The answer is that they do when performing overlapping medical functions. Standardized procedures are the legal authority to exceed the usual scope of RN practice. Without standardized procedures the NP is legally very vulnerable, regardless of having been certified as a RN, who has acquired additional skills as a certified nurse practitioner.
In general, NPs may make medical diagnoses and initiate and perform medical treatments, while RNs may not. RNs may make nursing diagnoses, carry out physician or NP orders, and perform nursing treatments, as well as many other functions. Ideally, NPs have clear authority under state law to perform comprehensive evaluations, make medical diagnoses, order tests, initiate and perform medical therapies, including the prescribing of medication, and admit patients to hospitals.

NP and Physician Scope of Practice Compared

When NP scope of practice is defined to include medical diagnosis, medical treatment, prescriptive authority, and admission of patients to hospitals, as in Oregon law, there is little legal difference between NP and physician scope of practice. However, in most states, medical scope of practice is defined more broadly than the scope of practice for any other healthcare professional. Consider Mississippi’s definition of the practice of medicine:

The practice of medicine shall mean to suggest, recommend, prescribe, or direct for the use of any person, any drug, medicine, appliance, or other agency, whether material or not material, for the cure, relief, or palliation of any ailment or disease of the mind or body, or for the cure or relief of any wound or fracture or other bodily injury or deformity, or the practice of obstetrics or midwifery, after having received, or with the intent of receiving therefore, either directly or indirectly, any bonus, gift, profit, or compensation; provided, that nothing in this section shall apply to females engaged solely in the practice of midwifery.

Citation: Miss. Code Ann. § 73-25-33.

The liberal use of the word “any” differentiates the physician scope of practice from the NP scope of practice. There are no laws that authorize as wide a scope of practice for NPs as the Mississippi law authorizes for physician practice.

An Individual NP’s Portfolio

Individual NPs may want to develop portfolios—compilations of documentation of the NP’s education, training, and experience. The portfolio often is a binder containing pages, which may be removed and copied as needed.

There are at least three good reasons to keep a portfolio. First, in many states, NPs must submit to the Board of Nursing a written agreement stating the services the NP is authorized to perform. NPs may want to perform procedures, such as colposcopy or suturing. Boards require NPs to document that they are qualified to perform such procedures. Qualifications might include formal course work, informal course work, or formal or informal one-to-one preceptorship experience. NPs can find it difficult to document such training, especially if the NP learned how to perform a procedure years ago from a physician while on
The job. If NPs document the teaching at the time it is done, through a letter or form signed and dated by the instructor, the NP can produce the document as needed many years later, assuming the NP keeps such documents in a safe place—in the portfolio.

Second, some states’ laws defer to scope of practice statements adopted by professional organizations. For example, Texas law states the following:

The advanced practice nurse provides a broad range of health services, the scope of which shall be based upon educational preparation, continued advanced practice experience, and the accepted scope of professional practice of the particular specialty area. Advanced practice nurses practice in a variety of settings and, according to their practice specialties and roles, they provide a broad range of healthcare services to a variety of patient populations.

1. The scope of practice of particular specialty areas shall be defined by national professional specialty organizations or advanced practice nursing organizations recognized by the Board. The advanced practice nurse may perform only those functions which are within that scope of practice and which are consistent with the Nursing Practice Act, Board rules, and other laws and regulations of the State of Texas.

Citation: TX Admin. Code § 221.12.

NPs living in states with laws similar to Texas should have the scope and standards of practice established by the national organization representing the NP’s specialty in their portfolios.

For example, if an NP in Texas is certified by the American Academy of Nurse Practitioners (AANP), the NP should keep in his/her portfolio a 1-page document from the AANP website titled Scope of Practice for Nurse Practitioners. The document states, in part:

Nurse Practitioners are licensed independent practitioners who practice in ambulatory, acute and long-term care as primary and/or specialty care providers. According to their practice specialty they provide nursing and medical services to individuals, families, and groups. In addition to diagnosing and managing acute episodic and chronic illnesses, nurse practitioners emphasize health promotion and disease prevention. Services include, but are not limited to ordering, conducting, supervising, and interpreting diagnostic and laboratory tests, and prescription of pharmacologic agents and nonpharmacologic therapies. Teaching and counseling individuals, families, and groups are a major part of nurse practitioner practice.¹

Third, some nurses are using their portfolios in place of resumes when interviewing for jobs. A portfolio could include the following:
- Statement of career goals
- Description of special interests or abilities
Mandated Physician Involvement with NP Practice

In some states, there is no legal requirement for physician involvement in NP practice. However, in the majority of states, there is some legal requirement for physician involvement. That involvement may be “supervision,” “collaboration,” or some other form. It may be limited to situations where the NP is prescribing medications, or it may be required for all advanced practice.

See Exhibit 2-2 for a chart listing requirements of physician involvement by state. For text of state laws regarding physician involvement, see Appendix 2-B.
**Exhibit 2-2** Physician Involvement Required for NP Practice

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<tr>
<td>VT</td>
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<tr>
<td>WV</td>
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<tr>
<td>WI</td>
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</table>

*Iowa Administrative Code requires collaboration for medical functions; however, the Board of Nursing’s position is that advanced registered nurse practitioners function independently.*

*First 24 months of practice only.*

**After 24 months.*

***Consultation/referral plan required to prescribe Schedules II–III controlled substances.*

Some states require that NPs practice using written protocols. Some states require a written agreement between the NP and the physician that states how the physician will participate in NP practice, what medications the NP may prescribe, what procedures an NP may perform, how often a physician will review NP documentation, and under what circumstances an NP must contact a physician. A protocol is a written instrument that guides the NP in collecting data from the patient and recommends specific action based upon the collected data. It consists of mutually agreed upon medical guidelines between the
physician and the NP that define their individual and shared responsibilities. The protocol is considered a standard because it provides a guideline for a minimum level of safe practice in specific situations.

Exhibit 2-3 is an example of a protocol.

### Exhibit 2-3  Urinary Tract Infection Protocol: Initial Visit

**I. RATIONALE**

This protocol will assist in the differentiation between pyelonephritis and urinary tract symptoms sufficiently to eradicate the symptoms per se rather than an attempt to eradicate any bacteriuria that may or may not be present. The design of the protocol for urinary tract infection (UTI) encompasses these principles.

**II. SYMPTOMS**

**A. CYSTITIS**

1. **FEMALE PATIENTS**

   - Order a STAT clean catch urinalysis (UA) for female patients with any of the following symptoms:
   - a. Dysuria
   - b. Frequency
   - c. Urgency
   - d. Inability to empty bladder completely

2. **Male patients**

   Male patients with any of the above symptoms should be seen by a physician, not by an NP, unless they have a urethral discharge (possible venereal disease (VD)—follow VD protocol).

**B. PYELONEPHRITIS**

1. In addition to the above symptoms, patients with pyelonephritis may have:
   - a. Fever greater than 100.0 °F, or
   - b. Flank pains, or
   - c. Chills, or
   - d. Nausea, vomiting, or abdominal pain.

2. Continue with protocol through the physical exam with these patients, but then consult supervising physician before deciding on treatment.

**III. HISTORY**

**A.** Consult supervising physician if patient has:

1. A history of kidney problems, or
2. Is currently pregnant. To ascertain this, always ask for last menstrual period (LMP) date and record for all female patients.
3. Diabetes or insulin.
4. Three or more UTIs in past 12 months.

**B.** Continue with UTI protocol, but also refer patient to gynecology practitioner if history of:
1. Vaginal discharge, or
2. Perineal inflammation.

IV. PHYSICAL EXAM
A. Perform the following examinations:
   1. Abdominal
   2. Costovertebral angle (CVA) tenderness
   3. Temperature
B. Consult supervising physician if findings of:
   1. Fever greater than 100.0 ° F, or
   2. CVA tenderness.

V. LAB TESTS
INITIAL URINALYSIS
A. Consult supervising physician if:
   1. casts
   2. Red blood cells (RBCs) or protein are positive (with associated white blood cell (WBC) abnormality).
B. If UA shows 10 or more WBCs/hpf and patient is symptomatic, give patient antibiotic prescription as described in the treatment section.
C. If UA revealed 0–10 WBCs, review symptoms. If the symptoms are definite and very severe, treat with antibiotics; if symptoms are vague and poorly defined, then give patient symptomatic treatment as described in the treatment section and consider referral to gynecology for pelvic.
D. Should the initial UA be “positive”: (defined in guidelines below), then give patient a repeat UA slip for the abnormality found with instructions to have the UA one week following completion of treatment.

Positive UA findings are defined as:
- Casts: any except occasional hyaline or rare granular
- RBCs > 3 (if not menstruating) and WBC < 5
- Protein > trace and WBC < 5

VI. TREATMENT
ANTIBACTERIAL TREATMENT
To be given if initial UA reveals 10 or more WBC/hpf, or in any case where symptoms are severe, even if UA revealed, WBC/hpf.
A. Prescribe appropriate antibiotic drug (see below).
B. Instruct patient to call in if symptoms do not subside within 72 hours. If patient does call back, information for treatment failure instructions.

SYMPTOMATIC TREATMENT
To be given only if initial UA reveals, 10 WBC/hpf, and patient has minimal or uncertain symptoms. Consider gynecology referral for pelvic.
A. Prescribe either Propantheline 15 mg #20 sig: 1-2 QID prn or Belladonna with Pb tabs #15, sig: 1 tab QID prn.
B. Instruct patient to call in if symptoms persist beyond 72 hours or if symptoms worsen at any time.

VII. REPEAT URINALYSIS

A. Consult supervising physician if UA shows casts.
B. If repeat UA conforms abnormality (protein and/or RBC as listed below) refer to Proteinuria and/or Hematuria protocols.

Positive UA findings are defined as:
- Casts: any, except occasional hyaline or rare granular
- RBCs > 3 (if not menstruating) and WBC < 5
- Protein > trace and WBC < 5

UTI PROTOCOL: ANTIBIOTIC TREATMENT

A. If organism found in patient's urine is not listed in the table below, consult supervising physician for treatment.
B. If this is the first antibiotic course (initial visit), assume E. coli and use the first listed drug to which patient is not allergic, as listed for E. coli in the drug table on the following page.
C. If this is a second antibiotic course (treatment failure), go to the first drug for the organism listed that is not the same as that previously used and to which the patient is not allergic. If the patient is allergic to all drugs listed, consult supervising physician for treatment.
D. Prescribe according to the prescription table which follows:
   1. If symptoms have been present within the past 48 hours, use 1 dose treatment.
   2. If symptoms have been present longer than 48 hours, use 5-day treatment.
   3. If symptoms persist after treatment with first drug, repeat UA and culture and consult supervising physician.

UTI PROTOCOL: TREATMENT FAILURE

If the patient calls in with persisted or recurrent symptoms after the first course of antibiotic treatment, obtain a clean catch urine specimen for UA and culture and sensitivity.

If the UA is negative, wait for the culture results before treating. If the UA is positive, treat with the next drug listed on the Antibiotic Prescription Table and review treatment choice when the culture and sensitivity results are available.

If culture is positive and patients symptoms are improving, stay with the same antibiotic. If not responding after 3 days, switch to a new antibiotic based on culture sensitivity.

Adapted from protocol developed by: ________________________, NP
__________________________, MD

(List names of nurse practitioners and physicians who developed the standardized procedure, including the protocol section.)
### ANTIBIOTIC PRESCRIPTION TABLE

<table>
<thead>
<tr>
<th>Organism</th>
<th>Drug</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. Coli</td>
<td>Septra DS, AmoxicillinProteus mirabilis</td>
</tr>
<tr>
<td>Aerobacter</td>
<td>Septra DS, MacrodantinKlebsiella</td>
</tr>
<tr>
<td>Enterococcus</td>
<td>Ampicillin</td>
</tr>
<tr>
<td>Pseudomonas</td>
<td>Ciprofloxacin</td>
</tr>
</tbody>
</table>

#### Dosages

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEPTRA DS</td>
<td>#3 PO at once or 1 bid × 5 days</td>
</tr>
<tr>
<td>AMOXICILLIN</td>
<td>500 mg 3 gms PO at once or 250 mg 1 tid × 5 days</td>
</tr>
<tr>
<td>MACRODANTIN</td>
<td>100 mg qid × 5 day</td>
</tr>
<tr>
<td>KEFLEX</td>
<td>250 mg qid × 5 day</td>
</tr>
<tr>
<td>CIPROFLOXACIN</td>
<td>250 mg qid × 5 day</td>
</tr>
</tbody>
</table>


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### Notes

Scope of Practice

In some states scope of practice is specified by statute; in other states it is specified by regulation. Both statutes and regulations carry the same legal weight. Statutes are laws made by the legislature; they are also changed by a vote of the legislature. Regulations are executive agency-made law; they can be changed by the agency or overridden by statute.

The following are excerpts from state law. For the complete language, see each state’s Nurse Practice Act, usually available online through the state’s Board of Nursing website.

Alabama

Practice as a certified registered nurse practitioner (CRNP) means the performance of nursing skills by a registered nurse who has demonstrated by certification that he or she has advanced knowledge and skills in the delivery of nursing services within a healthcare system that provides for consultation, collaborative management, or referral as indicated by the health status of the client.

Citation: Ala. Code § 34-21-81(4a).

1. Functions and activities of certified registered nurse practitioners. The certified registered nurse practitioner is responsible for the continuous and comprehensive management of a broad range of health services for which the certified registered nurse practitioner is educationally prepared and for which competency is maintained, with physician collaboration as described in these rules. These services include but are not restricted to the following:
   a. Evaluate current health status and risk factors of individuals based on comprehensive health history and physical examination and assessment.
   b. Formulate a working diagnosis, develop and implement a treatment plan, and evaluate and modify therapeutic regimens to promote positive patient outcomes.
   c. Prescribe, administer and provide therapeutic measures, tests, procedures, and drugs.
d. Counsel, teach and assist individuals and families to assume responsibility for self-care in prevention of illness, health maintenance, and health restoration.

e. Consult with and refer to other healthcare providers as appropriate.

2. A standard protocol approved by the Board of Nursing and State Board of Medical Examiners shall address permissible functions and activities specific to the advanced practice of the certified registered nurse practitioner.

3. A certified registered nurse practitioner may, after the successful completion of an organized program of study and supervised clinical practice, carry out functions beyond the nurse practitioner educational preparation provided the functions are approved by the Board of Nursing as being within the legal scope of practice for a certified registered nurse practitioner. Such functions shall be submitted to the Joint Committee for consideration for inclusion on the standard protocol.

4. Request for additional functions to be added to the protocol may be submitted to the Joint Committee for consideration.

5. A certified registered nurse practitioner may write admission orders for inpatients as directed by the physician and subsequent orders in accordance with established protocols and institutional policies.

Citation: Ala. Admin. Code r. 610-X-5-.10.
Perform therapeutic procedures that the RNP is qualified to perform
Prescribe treatments
If authorized under R4-19-511, prescribe and dispense drugs and devices
Perform additional acts that the RNP is qualified to perform

Citation: Ariz. Admin. Code § R4-19-508.

Arkansas

“Practice of advanced nurse practitioner nursing” means the performance for compensation of nursing skills by a registered nurse who, as demonstrated by national certification, has advanced knowledge and practice skills in the delivery of nursing services.

Citation: Ark. Code Ann. § 17-87-102.(4)(B)(i).

“Practice of registered nurse practitioner nursing” means the delivery of health care services for compensation in collaboration with and under the direction of a licensed physician or under the direction of protocols developed with a licensed physician.

Citation: Ark. Code Ann. § 17-87-102.(8)(A).

California

Nothing in this article shall be construed to limit the scope of practice of a registered nurse authorized pursuant to this chapter.

Citation: Cal. Bus. & Prof. Code § 2837.

Nothing in this article shall be construed to limit the scope of practice of the registered nurse authorized pursuant to the Business and Professions Code, Division 2, Chapter 6. The nurse practitioner shall function within the scope of practice as specified in the Nurse Practice Act and as it applies to all registered nurses.

Citation: Cal. Code Reg. tit.16, § 1485.

Colorado

In order to enhance the cost efficiency and continuity of care, an advanced practice nurse may, within his or her scope of practice and within the advanced practice nurse-patient relationship, sign an affidavit, certification, or similar document that:

I. Documents a patient’s current health status;
II. Authorizes continuing treatment, tests, services, or equipment; or
III. Gives advance directives for end-of-life care.
b. Such affidavit, certification, or similar document may not:

I. Be the prescription of medication unless the advanced practice nurse has been granted prescriptive authority pursuant to section 12-38-111.6; or
II. Be in conflict with other requirements of law.

Citation: COLO. REV. STAT. §12-38-111.5(7)(A).

“Practice of professional nursing” means the performance of both independent nursing functions and delegated medical functions in accordance with accepted practice standards. Such functions include the initiation and performance of nursing care through health promotion, supportive or restorative care, disease prevention, diagnosis and treatment of human disease, ailment, pain, injury, deformity, and physical or mental condition using specialized knowledge, judgment, and skill involving the application of biological, physical, social, and behavioral science principles required for licensure as a professional nurse pursuant to section 12-38-111. The “practice of professional nursing” shall include the performance of such services as:

I. Evaluating health status through the collection and assessment of health data;
II. Health teaching and health counseling;
III. Providing therapy and treatment that is supportive and restorative to life and well-being either directly to the patient or indirectly through consultation with, delegation to, supervision of, or teaching of others;
IV. Executing delegated medical functions;
V. Referring to medical or community agencies those patients who need further evaluation or treatment;
VI. Reviewing and monitoring therapy and treatment plans.

Citation: Colo. Rev. Stat. Ann. § 12-38-103 (10)(a) and (b).

A nurse who meets the definition of advanced practice nurse . . . may be granted prescriptive authority as a function in addition to those defined in Section 12-38-103(10).

Citation: Colo. Rev. Stat. Ann. § 12-38-111.5.

The scope of practice for an advanced practice nurse may be determined by the board in accordance with this article.

Citation: Colo. Rev. Stat. Ann. § 12-38-111.6(8)(a).

**Connecticut**

Advanced nursing practice is defined as the performance of advanced level nursing practice activities, which by virtue of post-basic specialized education and experience are appropriate to and may be performed by an Advanced
Practice Registered Nurse. The advanced practice registered nurse performs acts of diagnosis and treatment of alteration in health status as described in subsection (a) of this section, and shall collaborate with a physician licensed to practice medicine in this state. In all settings, the advanced practice registered nurse may, in collaboration with a physician licensed to practice medicine in this state, prescribe, dispense, and administer medical therapeutics and corrective measures and may request, sign for, receive, and dispense drugs in the form of professional samples.


Delaware

“Independent practice by an advanced practice nurse” shall include those advanced practice nurses who practice and prescribe without written guidelines or protocols but with a collaborative agreement with a licensed physician, dentist, podiatrist, or licensed Delaware health care delivery system and with the approval of the Joint Practice Committee.

Citation: Del. Code Ann. tit. 24, § 1902(g).

Generic functions of the Advanced Practice Nurse with the Specialized Scope of Practice include, but are not limited to:

- Eliciting detailed health history(s)
- Defining nursing problem(s)
- Performing physical examination(s)
- Collecting and performing laboratory tests
- Interpreting laboratory data
- Initiating requests for essential laboratory procedures
- Initiating requests for essential x-rays
- Screening patients to identify abnormal problems
- Initiating referrals to appropriate resources and services as necessary
- Initiating or modifying treatment and medications within established guidelines
- Assessing and reporting changes in the health of individuals, families, and communities
- Providing health education through teaching and counseling
- Planning and/or instituting health care programs in the community with other health care professionals and the public
- Delegating tasks appropriately
- Prescribing medications and treatments independently pursuant to Rules and Regulations . . .
- Removing epidural catheters

Citation: Del. Nursing Regs. tit. 24, ch 1900, § 8.7.
District of Columbia

The advanced practice registered nurse may perform actions of medical diagnosis, treatment, prescription, and other functions authorized by this subchapter.

Citation: D.C. Stat. § 3-1206.01(a).

An advanced practice registered nurse may:
1. Initiate, monitor, and alter drug therapies;
2. Initiate appropriate therapies or treatments;
3. Make referrals for appropriate therapies or treatments; and
4. Perform additional functions within his or her specialty determined in accordance with rules and regulations promulgated by the board.

Citation: D.C. Stat. § 3-1206.04.

“Practice of advanced practice registered nursing” means the performance of advanced-level nursing actions, with or without compensation, by a licensed registered nurse with advanced education, knowledge, skills, and scope of practice who has been certified to perform such actions by a national certifying body acceptable to the Board of Nursing. The practice of advanced practice registered nursing includes:

A. Advanced assessment;
B. Medical diagnosis;
C. Prescribing;
D. Selecting, administering, and dispensing therapeutic measures;
E. Treating alterations of the health status; and
F. Carrying out other functions identified in subchapter VI of this chapter and in accordance with procedures required by this chapter.

Citation: D.C. Stat. § 3-1201.02(2).

Florida

An advanced registered nurse practitioner shall perform those functions authorized in this section within the framework of an established protocol that is filed with the board upon biennial license renewal and within 30 days after entering into a supervisory relationship with a physician or changes to the protocol. The board shall review the protocol to ensure compliance with applicable regulatory standards for protocols. The board shall refer to the department licensees submitting protocols that are not compliant with the regulatory standards for protocols. A practitioner currently licensed under chapter 458, chapter 459, or chapter 466 shall maintain supervision for directing the specific course of medical treatment. Within the established framework, an advanced registered nurse practitioner may:
a. Monitor and alter drug therapies.
b. Initiate appropriate therapies for certain conditions.
c. Perform additional functions as may be determined by rule . . .
d. Order diagnostic tests and physical and occupational therapy.

Citation: Fla. Stat. Ch. 464.012(3).

All categories of Advanced Registered Nurse Practitioner may perform functions listed in Section 464.012(3), F.S. The scope of practice for all categories of ARNP’s shall include those functions which the ARNP has been educated to perform including the monitoring and altering of drug therapies, and initiation of appropriate therapies, according to the established protocol and consistent with the practice setting.

Citation: Fla. Admin Register & Fla. Admin Code. Ch. 064B9-4.009.

Within the context of advanced or specialized nursing practice, the advanced registered nurse practitioner may perform acts of nursing diagnosis and nursing treatment of alterations of the health status. The advanced registered nurse practitioner may also perform acts of medical diagnosis and treatment, prescription, and operation which are identified and approved by a joint committee composed of three members appointed by the Board of Nursing, two of whom must be advanced registered nurse practitioners; three members appointed by the Board of Medicine, two of whom must have had work experience with advanced registered nurse practitioners; and the State Surgeon General or the State Surgeon General’s designee.

Citation: Fla. Stat. Ch. 464.003(2).

Georgia

The nurse practitioner provides advanced practice nursing care and medical services specific to the nurse practitioner respective specialty to individuals, families, and groups, emphasizing health promotion and disease prevention as well as the diagnosis and management of acute and chronic diseases. The nurse practitioner collaborates as necessary with a variety of individuals to diagnose and manage clients’ healthcare problems.

Citation: Ga. Comp. R. & Regs. r. 410-12-.03(2)(a).

The advanced practice registered nurse is authorized to perform advanced nursing functions and certain medical acts which include, but are not limited to, ordering drugs, treatments, and diagnostic studies as provided in O.C.G.A. 43-24-26.1 and Chapter 410.13.

Citation: Ga. Comp. R. & Regs. r. 410-12-.01(4b).
In addition to those functions specified for the registered nurse, and in accordance with appropriate nationally recognized standards of practice, the advanced practice registered nurse may perform the following generic acts which include, but are not limited to:

1. Provide direct nursing care by utilizing advanced practice scientific knowledge, skills, nursing and related theories to assess, plan, and implement appropriate health and nursing care to patients;

2. Provide indirect care. Plan, guide, evaluate, and direct the nursing care given by other personnel associated with the health care team;

3. Teach, counsel, or plan care for individuals or groups, utilizing a synthesis of advanced skills, theories, and knowledge of biologic, pharmacologic, physical, sociocultural and psychological aspects of care to accomplish desired objectives;

4. Serve as a consultant and resource of advanced clinical knowledge and skills to those involved directly or indirectly in patient care;

5. Participate in joint and periodic evaluation of services rendered including, but not limited to, chart reviews, case reviews, patient evaluations, and outcome of case statistics;

6. Establish collaborative, consultative, and referral networks as appropriate with other health care professionals. Patients who require care beyond the scope of practice of an APRN shall be referred to an appropriate health care provider;

7. Manage the plan of care prescribed for the patient;

8. Initiate and maintain accurate records and authorize appropriate regulatory and other legal documents;

9. Recognize, develop, and implement professional and community educational programs related to health care;

10. Conduct research and analyze the health needs of individuals and populations and design programs which target at-risk groups and cultural and environmental factors which foster health and prevent illness;

11. Participate in policy analysis and development of new policy initiative in the area of practice specialty; and

12. Contribute to the development, maintenance, and change of health care delivery systems to improve quality of health care services and consumer access to services.

Citation: Haw. Admin. R. §16-89-81(b).

Nurse practitioner scope of practice, depending on area of specialty, may include, but is not limited to:

A. Evaluate the physical and psychosocial health status of patients through a comprehensive health history and physical examination, or mental status
examination, using skills of observation, inspection, palpation, percussion, and auscultation, and using diagnostic instruments or procedures that are basic to the clinical evaluation of physical, developmental, and psychological signs and symptoms;

B. Order, interpret, or perform diagnostic, screening, and therapeutic examinations, tests and procedures.

C. Formulate a diagnosis;

D. Plan, implement, and evaluate care;

E. Order or utilize medical, therapeutic, or corrective measures, including, but not limited to, rehabilitation therapies, medical nutritional therapy, social services and psychological and other medical services;

F. Monitor the effectiveness of therapeutic interventions;

G. Assist in surgery; and

H. Admit and discharge clients for inpatient care at facilities licensed as hospitals, long term care facilities or hospice.

Citation: Haw. Admin. R. § 16-89-81(c)(1).

Practice as an advanced practice registered nurse means the scope of nursing in a category approved by the board, regardless of compensation or personal profit, and includes the registered nurse scope of practice. The scope of an advanced practice registered nurse includes but is not limited to advanced assessment and the diagnosis, prescription, selection, and administration of therapeutic measures including over the counter drugs, legend drugs, and controlled substances within the advanced practice registered nurse’s role and specialty-appropriate education and certification.

Citation: Haw. Rev. Stat. § 457-a.

Idaho

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.

Citation: Idaho Code § 54-1402(1).

Advanced Practice Registered Nurse. Means a registered nurse licensed in this state who has gained additional specialized knowledge, skills and experience through a graduate or post-graduate program of study as defined herein and is authorized to perform advanced nursing practice, which may include acts of diagnosis and treatment, and the prescribing, administering and dispensing of therapeutic pharmacologic and non-pharmacologic agents, as defined herein.

Citation: Idaho Admin. Code §23.01.01: 271.02.
**Illinois**

a. Advanced practice nursing by certified nurse practitioners, certified nurse anesthetists, certified nurse midwives, or clinical nurse specialists is based on knowledge and skills acquired throughout an advanced practice nurse’s nursing education, training, and experience.

b. Practice as an advanced practice nurse means a scope of nursing practice, with or without compensation, and includes the registered nurse scope of practice.

c. The scope of practice of an advanced practice nurse includes, but is not limited to, each of the following:

1. Advanced nursing patient assessment and diagnosis.
2. Ordering diagnostic and therapeutic tests and procedures, performing those tests and procedures when using health care equipment, and interpreting and using the results of diagnostic and therapeutic tests and procedures ordered by the advanced practice nurse or another health care professional.
3. Ordering treatments, ordering or applying appropriate medical devices, and using nursing medical, therapeutic, and corrective measures to treat illness and improve health status.
4. Providing palliative and end-of-life care.
5. Providing advanced counseling, patient education, health education, and patient advocacy.
6. Prescriptive authority as defined in Section 65-40 of this Act.
7. Delegating selected nursing activities or tasks to a licensed practical nurse, a registered nurse, or other personnel.

Citation: 225 Ill. Comp. Stat. § 65/65-30.

**Indiana**

“Nurse practitioner” means an advanced practice nurse who provides advanced levels of nursing client care in a specialty role, who meets the requirements of the advanced practice nurse as outlined in Section 3 of this rule.

Citation: Ind. Admin. Code tit. 848, r. 4-1-4.

[Indiana law does not use the words “scope of practice,” but describes “standards for each nurse practitioner” as follows:]

1. Assess clients by using advanced knowledge and skills to:
   A. identify abnormal conditions;
   B. diagnose health problems;
   C. develop and implement nursing treatment plans;
D. evaluate patient outcomes; and
E. collaborate with or refer to a practitioner, as defined in IC 25-23-1-19.4, in managing the plan of care.

2. Use advanced knowledge and skills in teaching and guiding clients and other health team members.

3. Use appropriate critical thinking skills to make independent decisions, commensurate with the autonomy, authority, and responsibility of a nurse practitioner.

4. Function within the legal boundaries of their advanced practice area and shall have and utilize knowledge of the statutes and rules governing their advanced practice area; including the following:
   A. State and federal drug laws and regulations.
   B. State and federal confidentiality laws and regulations.
   C. State and federal medical records access laws.

5. Consult and collaborate with other members of the health team as appropriate to provide reasonable client care, both acute and ongoing.

6. Recognize the limits of individual knowledge and experience, and consult with or refer clients to other health care providers as appropriate.

7. Retain professional accountability for any delegated intervention, and delegate interventions only as authorized by IC 25-23-1 and this title.

8. Maintain current knowledge and skills in the nurse practitioner area.

9. Conduct an assessment of clients and families, which may include health history, family history, physical examination, and evaluation of health risk factors.

10. Assess normal and abnormal findings obtained from the history, physical examination, and laboratory results.

11. Evaluate clients and families regarding development, coping ability, and emotional and social well-being.


13. Develop individualized teaching plans with each client based on health records.

14. Counsel individuals, families, and groups about health and illness and promote attention to wellness.

15. Participate in periodic or joint evaluations of services rendered, including, but not limited to, the following:
   A. Chart reviews.
   B. Client evaluations.
   C. Outcome statistics.

16. Conduct and apply research findings appropriate to the area of practice.

17. Participate, when appropriate, in the joint review of the plan of care.

Citation: Ind. Admin. Code tit. 848, r. 4-2-1.
The board shall establish a program under which advanced practice nurses who meet the requirements established by the board are authorized to prescribe legend drugs, including controlled substances (as defined in IC 35-48-1).

b. The authority granted by the board under this section:
   1. expires on October 31 of the odd-numbered year following the year the authority was granted or renewed; and
   2. is subject to renewal indefinitely for successive periods of two (2) years.

c. The rules adopted under section 7 of this chapter concerning the authority of advanced practice nurses to prescribe legend drugs must do the following:
   1. Require an advanced practice nurse or a prospective advanced practice nurse who seeks the authority to submit an application to the board.
   2. Require, as a prerequisite to the initial granting of the authority, the successful completion by the applicant of a graduate level course in pharmacology providing at least two (2) semester hours of academic credit.
   3. Require, as a condition of the renewal of the authority, the completion by the advanced practice nurse of the continuing education requirements set out in section 19.7 of this chapter.

Citation: Ind. Code §25-23-1-19.5(a).

Iowa

In the advanced role, the nurse practices nursing assessment, intervention, and management within the boundaries of the nurse-client relationship. Advanced nursing practice occurs in a variety of settings within an interdisciplinary healthcare team, which provides for consultation, collaborative management, and referral. The ARNP may perform selected medically designated functions when a collaborative practice agreement exists.

Citation: Iowa Admin. Code r. 655-6.1(152).

Kansas

Each “advanced practice registered nurse” (APRN), as defined by K.S.A. 65-1113 and amendments thereto, shall function in an expanded role to provide primary, secondary, and tertiary health care in the APRN’s category of advanced practice. Each APRN shall be authorized to make independent decisions about advanced practice nursing needs of families, patients, and clients and medical decisions based on the authorization for collaborative practice with one or more physicians. This regulation shall not be deemed to require the immediate and physical presence of the physician when care is given by an APRN. Each APRN shall be directly accountable and responsible to the consumer.

Citation: Kan. Admin. Regs. § 60-11-101(a).
Each advanced registered nurse practitioner in the category of nurse practitioner shall function in an expanded role at a specialized level, through the application of advanced knowledge and skills and shall be authorized to perform the following:

a. Provide health promotion and maintenance, disease prevention, and independent nursing diagnosis, as defined in K.S.A. 65-1113(b) and amendments thereto, and treatment, as defined in K.S.A. 65-1113(c) and amendments thereto, of acute and chronic diseases;

b. develop and manage the medical plan of care for patients or clients, based on the authorization for collaborative practice;

c. provide health care services for which the nurse practitioner is educationally prepared and for which competency has been established and maintained. Educational preparation may include academic coursework, workshops, institutes, and seminars if theory or clinical experience, or both, are included;

d. provide health care for individuals by managing health problems encountered by patients and clients; and

e. provide innovation in evidence-based nursing practice based upon advanced clinical expertise, decision making, and leadership skills and serve as a consultant, researcher, and patient advocate for individuals, families, groups, and communities to achieve quality, cost-effective patient outcomes and solutions.

Citation: Kan. Admin. Regs. § 60-11-104.

An advanced practice registered nurse may prescribe drugs pursuant to a written protocol as authorized by a responsible physician.


Kentucky

“Advanced practice registered nursing” means the performance of additional acts by registered nurses who have gained added knowledge and skills through an approved organized postbasic program of study and clinical experience; and who are certified by the American Nurses’ Association or other nationally established organizations or agencies recognized by the board to certify registered nurses for advanced practice registered nursing as a certified nurse practitioner, certified nurse anesthetist, certified nurse midwife, or clinical nurse specialist, and who are certified in at least one (1) population focus. The additional acts shall, subject to approval of the board, include but not be limited to, prescribing treatment, drugs, devices, and ordering diagnostic tests. Advanced practice registered nurses who engage in these additional acts shall be authorized to issue prescriptions for and dispense nonscheduled legend drugs as defined in KRS 217.905 and to issue prescriptions for but not to dispense Schedules II through V controlled substances as classified in KRS 218A.060, 218A.070, 218A.080,
218A.090, 218A.100, 218A.110, 218A.120, and 218A.130, under the conditions set forth in KRS 314.042 and regulations promulgated by the Kentucky Board of Nursing on or before August 15, 2006.

a. Prescriptions issued by advanced practice registered nurses for Schedule II controlled substances classified under KRS 218A.060 shall be limited to a seventy-two (72)-hour supply without any refill. Prescriptions issued under this subsection for psychostimulants may be written for a thirty (30)-day supply only by an advanced practice registered nurse certified in psychiatric-mental health nursing who is providing services in a health facility as defined in KRS Chapter 216B or in a regional mental health-mental retardation services program as defined in KRS Chapter 210.

b. Prescriptions issued by advanced practice registered nurses for Schedule III controlled substances classified under KRS 218A.080 shall be limited to a thirty (30)-day supply without any refill. Prescriptions issued by advanced practice registered nurses for Schedules IV and V controlled substances classified under KRS 218A.100 and 218A.120 shall be limited to the original prescription and refills not to exceed a six (6)-month supply.

Citation: Ky. Rev. Stat. Ann. § 314.011(8).

The practice of the advanced practice registered nurse shall be in accordance with the standards and functions defined in the following scope and standards of practice statements for each specialty area.

- In the performance of advanced practice registered nursing, the advanced practice registered nurse shall seek consultation or referral in those situations outside the advanced practice registered nurse’s scope of practice.
- Advanced practice registered nursing shall include prescribing medications and ordering treatments, devices, and diagnostic tests which are consistent with the scope and standard of practice of the advanced practice registered nurse.

Advanced practice registered nursing shall not preclude the practice by the advanced practice registered nurse of registered nursing practice as defined in KRS 314.011(5).

Citation: 201 Ky. Admin. Regs. § 20:057 Sections 2–5.

**Louisiana**

An advanced practice registered nurse shall practice as set forth in R.S. 37:913(3)(a) and the standards set forth in these administrative rules. The patient services provided by an APRN shall be in accord with the educational preparation of that APRN.

Standards of practice are essential for safe practice by the APRN and shall be in accordance with the published professional standards for each recognized...
specialty and/or functional role. The core standards for all categories of advanced practice registered nurses include, but are not limited to:

1. an APRN shall meet the standards of practice for registered nurses as defined in LAC 46:XLVII.3901-3915;
2. an APRN shall assess patients at an advanced level, identify abnormal conditions, analyze and synthesize data to establish a diagnosis, develop and implement treatment plans, and evaluate patient outcomes;
3. the APRN shall use advanced knowledge and skills in providing patients and health team members with guidance and teaching;
4. an APRN shall use critical thinking and independent decision-making at an advanced level commensurate with the autonomy, authority, and responsibility of the specialty and functional role while working with patients and their families in meeting health care needs;
5. an APRN shall demonstrate knowledge of the statutes and rules governing advanced registered nursing practice and function within the legal boundaries of the appropriate advanced registered nursing practice role;
6. an APRN shall demonstrate knowledge of and apply current nursing research findings relevant to the advanced nursing specialty and functional role;
7. an APRN shall make decisions to solve patient care problems and select medical treatment regimens in collaboration with a licensed physician or dentist; and
8. an APRN shall retain professional accountability for his/her actions and/or interventions.

Citation: La. Admin. Code tit. 46, § XLVII-4513.

a. “Advanced practice registered nursing” means nursing by a certified registered nurse anesthetist, certified nurse midwife, clinical nurse specialist, or nurse practitioner which is based on knowledge and skills acquired in a basic nursing education program, licensure as a registered nurse, and a minimum of a master’s degree with a concentration in the respective advanced practice nursing specialty which includes both didactic and clinical components, advanced knowledge in nursing theory, physical and psychosocial assessment, nursing interventions, and management of health care. Advanced practice registered nursing includes:

i. Assessing patients, analyzing and synthesizing data, and knowledge of and applying nursing principles at an advanced level.

ii. Providing guidance and teaching.

iii. Working with patients and families in meeting health care needs.

iv. Collaborating with other health care providers.

v. Managing patients’ physical and psychosocial health-illness status with regard to nursing care.

vi. Utilizing research skills.
vii. Analyzing multiple sources of data and performing certain acts of medical diagnosis in accordance with the collaborative practice agreement.

viii. Making decisions in solving patient care problems and selecting treatment regimens in collaboration with a licensed physician, dentist, or other health care provider as indicated.

ix. Consulting with or referring patients to licensed physicians, dentists, and other health care providers in accordance with a collaborative practice agreement.

b. Advanced practice registered nursing may include certain acts of medical diagnosis, in accordance with R.S. 37:913(8) and (9), or medical prescriptions of therapeutic or corrective nature, prescribing assessment studies, legend and certain controlled drugs, therapeutic regimens, medical devices and appliances, receiving and distributing a therapeutic regimen of prepackaged drugs prepared and labeled by a licensed pharmacist, and free samples supplied by a drug manufacturer, and distributing drugs for administration to and use by other individuals within the scope of practice as defined by the board and in accordance with this Paragraph.

Citation: L.A. REV. STAT. § 37:913(3).

Maine

The certified nurse practitioner shall provide only those health care services for which the certified nurse practitioner is educationally and clinically prepared, and for which competency has been maintained. The Board reserves the right to make exceptions. Such health care services, for which the certified nurse practitioner is independently responsible and accountable, include:

1. obtaining a complete health data base that includes a health history, physical examination, and screening and diagnostic evaluation
2. interpreting health data by identifying wellness and risk factors and variations from norms
3. diagnosing and treating common diseases and human responses to actual and potential health problems
4. counseling individuals and families
5. consulting and/or collaborating with other healthcare providers and community resources
6. referring client to other health care providers and community resources.

Citation: Code Me. R. § 02 380 3.

"Advanced practice registered nursing" means the delivery of expanded professional health care by an advanced practice registered nurse that is:
B. Within the advanced practice registered nurse's scope of practice as specified by the board of rulemaking, taking into consideration any national standards that exist; and

C. In accordance with the standards of practice for advanced practice registered nurses as specified by the board by rulemaking, taking into consideration any national standards that may exist. Advanced practice registered nursing includes consultation with or referral to medical and other health care providers when required by client health care needs.

A certified nurse practitioner or a certified nurse midwife who qualified as an advanced practice registered nurse may prescribe and dispense drugs or devices, or both, in accordance with rules adopted by the board.

A certified nurse practitioner who qualified as an advanced practice registered nurse must practice, for at least 24 months, under the supervision of a licensed physician or a supervising nurse practitioner or must be employed by a clinic or hospital that has a medical director who is a licensed physician. The certified nurse practitioner shall submit written evidence to the board upon completion of the required clinical experience.

Citation: Me. Rev. Stat. Ann. tit. 32, § 2102-2A.

Maryland

A. A nurse practitioner may perform independently the following functions:

1. A comprehensive physical assessment of patients;

2. In accordance with Family Law Article, §2-301, Annotated Code of Maryland, certify to the clerk of the court that a:

   a. 16 or 17 year old individual, who wants to get married without parental consent, has been examined and found to be pregnant or has given birth to a child; or

   b. 15 year old individual, who has parental consent to be married, has been examined and found to be pregnant or has given birth to a child;

3. In accordance with Transportation Article, §13-704, Annotated Code of Maryland, certify to the Department of Transportation that an individual needs special consideration for certain health reasons;

4. In accordance with Health General Article, §4-208, Annotated Code of Maryland, complete the date of birth and medical information required on a birth certificate;

5. In accordance with Health General Article, §4-212, Annotated Code of Maryland, complete a death certificate if:

   a. The medical examiner does not take charge of the body; and

   b. The deceased was under the care of the nurse practitioner;
6. In accordance with Health General Article, §13-704, Annotated Code of Maryland, conduct education and training to certify individuals for the Insect Sting Emergency Treatment Program;
7. Establish medical diagnosis for common short-term and chronic stable health problems;
8. In accordance with Health General Article, §4-212, Annotated Code of Maryland, file a replacement death certificate;
9. In accordance with Health General Article, §5-601, Annotated Code of Maryland, issue a “do not resuscitate order” on a Maryland Emergency Medical Services form.
10. Order, perform, and interpret laboratory and diagnostic tests;
11. Order and perform diagnostic, therapeutic, and corrective measures;
12. Prescribe drugs;
13. Provide emergency care;
14. Refer patients to appropriate licensed physicians or other health care providers as needed; and
15. In accordance with Health General Article, §5-602, Annotated Code of Maryland, witness an advance directive.

B. A nurse practitioner may practice only in the area of specialization in which certified.

C. Nothing in this chapter limits or prohibits a registered nurse from performing those functions which constitute the practice of registered nursing as defined by law.

Citation: MD. REGS. CODE. 10 § 27.07.02.

Massachusetts

The practice of registered nurses shall include, but not be limited to:
1. the application of nursing theory to the development, implementation, evaluation, and modification of plans of nursing care for individuals, families and communities;
2. coordination and management of resources of care delivery;
3. management, direction and supervision of the practice of nursing, including the delegation of selected activities to unlicensed assistive personnel.

Advanced practice nurse regulations which govern the ordering of tests, therapeutics, and prescribing of medications shall be promulgated by the board of nursing and in conjunction with the board of medicine.

Citation: MASS. GEN LAWS CH 112 § 80B.

The area of practice of a nurse practitioner includes:

a. Assessing the health status of individuals and families by obtaining health and medical histories, performing physical examinations, diagnosing health
and developmental problems, and caring for patients suffering from acute and chronic diseases by managing therapeutic regimens according to guidelines approved and developed in compliance with 244 CMR § 4.22.

Citation: Code Mass Regs Tit. 244 § 4.26(a).

Michigan

[There is no statutory or regulatory scope of practice for NPs. Physicians may delegate at their discretion.]

Subject to subsections (2) to (6), a licensee who holds a license other than a health profession subfield license may delegate to a licensed or unlicensed individual who is otherwise qualified by education, training or experience the performance of selected acts, tasks or functions where the acts, tasks, or functions fall within the scope of practice of the licensee's profession and will be performed under the licensee's supervision. A licensee shall not delegate an act, task, or function under this section if the act, task, or function, under standards of acceptable and prevailing practice, requires the level of education, skill, and judgment required of the licensee under this article.

Citation: Mich. Comp. Laws § 333.16215(1).

Minnesota

“Nurse practitioner practice” means, within the context of collaborative management:

1. diagnosing, directly managing, and preventing acute and chronic illness and disease; and
2. promoting wellness, including providing non-pharmacologic treatment. The certified nurse practitioner is certified for advanced registered nurse practice in a specific field of nurse practitioner practice.

Citation: Minn. Stat. Ann. § 148.171(11).

The “practice of advanced practice registered nursing” means the performance of clinical nurse specialist practice, nurse-midwife practice, nurse practitioner, or registered nurse anesthetist practice as defined in subdivisions 5, 10, 11, and 21. The practice includes functioning as a direct care provider, case manager, consultant, educator, and researcher. The practice of advanced practice registered nursing also includes accepting referrals from, consulting with, cooperating with, or referring to all other types of health care providers, including but not limited to physicians, chiropractors, podiatrists, and dentists, provided that the advanced practice registered nurse and the other provider are practicing within their scopes of practice as defined in state law. The advanced practice registered nurse must practice within a health care
system that provides for consultation, collaborative management, and referral as indicated by the health status of the patient.

Citation: Minn. Stat. Ann. § 148.171(13).

Mississippi

“Advanced nursing practice” means, in addition to the practice of professional nursing, the performance of advanced-level nursing approved by the board which, by virtue of graduate education and experience are appropriately performed by an advanced practice registered nurse. The advanced practice registered nurse may diagnose, treat, and manage medical conditions. This may include prescriptive authority as identified by the board.

Citation: Miss. Nursing Practice Law §73-15-5(4).

Missouri

RNs recognized by the MSBN as being eligible to practice as an APRN shall function clinically within the professional scope and standards of their advanced practice nursing clinical specialty area and consistent with their formal advanced nursing education and national certification, if applicable, or within their education, training, knowledge, judgment, skill, and competence as an RN.

Citation: Mo. Code Regs. Ann. tit. 20, § 2200-4.100(4)(A)(2).

The methods of treatment and the authority to administer, dispense, or prescribe drugs delegated in a collaborative practice arrangement between a collaborating physician and collaborating APRN shall be within the scope of practice of each professional and shall be consistent with each professional’s skill, training, education, competence, licensure, and/or certification and shall not be further delegated to any person except that the individuals identified in sections 338.095 and 338.198, RSMo, may communicate prescription drug orders to a pharmacist.

Citation: Mo. Code Regs. Ann. tit. 20, § 2200-4.200.

(3)(A) When a collaborative practice arrangement is utilized to provide health care services for conditions other than acute self-limited or well-defined problems, the collaborating physician, or other physician designated in the collaborative practice arrangement, shall examine and evaluate the patient and approve or formulate the plan of treatment for new or significantly changed conditions as soon as is practical, but in no case more than two (2) weeks after the patient has been seen by the collaborating APRN or RN.

Citation: Mo. Code Regs. Ann. tit. 20, § 2200-4.200 (3)(H).
Montana

Nurse practitioner practice means the independent and/or collaborative management of primary and/or acute health care of individuals, families, and communities including:

a. assessing the health status of individuals and families using methods appropriate to the client population and area of practice such as health history taking, physical examination, and assessing developmental health problems;

b. instituting and facilitating continuity of health care to clients, including:
   i. ordering durable medical equipment, treatments and modalities, and diagnostic tests;
   ii. receiving and interpreting results of diagnostic procedures;
   iii. making medical and nursing diagnoses; and
   iv. working with clients to promote their understanding of and compliance with therapeutic regimens.

c. promoting wellness and disease prevention programs;

d. referring clients to a physician or other health care provider, when appropriate;

e. providing instruction and counseling to individuals, families, and groups in the areas of health promotion and maintenance, including involving such persons in planning for their health care; and

f. working in collaboration with other health care providers and agencies to provide and, where appropriate, coordinate services to individuals and families.

Citation: Mont. Admin. R. § 24.159.1470(1).

Nebraska

An advanced practice registered nurse practitioner may provide healthcare services within specialty areas.

1. A nurse practitioner may provide health care services within specialty areas. A nurse practitioner shall function by establishing collaborative, consultative, and referral networks as appropriate with other health care professionals. Patients who require care beyond the scope of practice of a nurse practitioner shall be referred to an appropriate health care provider.

2. Nurse practitioner practice means health promotion, health supervision, illness prevention and diagnosis, treatment, and management of common health problems and acute and chronic conditions, including:

a. Assessing patients, ordering diagnostic tests and therapeutic treatments, synthesizing and analyzing data, and applying advanced nursing principles;

b. Dispensing, incident to practice only, sample medication which are provided by the manufacturer and are provided at no charge to the patient; and
c. Prescribing therapeutic measures and medications, relating to health conditions within the scope of practice. Any limitation on the prescribing authority of the advanced practice registered nurse for controlled substances listed in Schedule II of Section 28-405 shall be recorded in the integrated practice agreement.

Citation: Neb. Rev. Stat. § 38-2315.

Nevada

[Effective through June 30, 2014.]

1. The Board may issue a license to practice as an advanced practice registered nurse to a registered nurse who has completed an educational program designed to prepare a registered nurse to:
   a. Perform designated acts of medical diagnosis;
   b. Prescribe therapeutic or corrective measures; and
   c. Prescribe controlled substances, poisons, dangerous drugs and devices, and who meets the other requirements established by the Board for such licensure.

2. An advanced practice registered nurse 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 the training, education and experience necessary for licensure as an advanced practice registered nurse.
   b. Delineating the authorized scope of practice of an advanced practice registered nurse.
   c. Establishing the procedure for application for licensure as an advanced practice registered nurse.

Citation: Nev. Rev. Stat. § 632.237, as amended May 2013 by AB 170.

An advanced practice registered nurse may perform the following acts in addition to the functions of a registered nurse if the advanced practice registered nurse is properly prepared and the acts are currently within the standard of practice for his or her role and population of focus:

1. Systematically assess the health status of person and families by:
   a. Taking, recording and interpreting medical histories and performing physical examinations; and
   b. Performing or initiating selected diagnostic procedures.
2. Based on information obtained in the assessment of a person's health, manage the care of selected persons and families with common, acute, recurrent or long-term health problems. Management may include:
   a. Initiation of a program of treatment;
   b. Evaluation of responses to health problems and programs of treatment;
   c. Informing a person or family of the status of the patient's health and alternatives for care;
   d. Evaluation of compliance with a program of treatment agreed upon by the person or family and the advanced practice registered nurse;
   e. Modification of programs of treatment based on the response of the person or family to treatment;
   f. Referral to appropriate providers of health care; and
   g. Commencement of care required to stabilize a patient in an emergency.

3. Any other act if:
   a. The advanced practice registered nurse is certified to perform that act by an organization recognized by the Board;
   b. The performance of the act was taught in the program of education attended by the advanced practice registered nurse;
   c. The performance of the act was taught in a comprehensive program of instruction successfully completed by the advanced practice registered nurse, which included clinical experience;
   d. The act is within the scope of practice of an advanced practice registered nurse as determined by the Board; or
   e. The advanced practice registered nurse is trained to perform that act by a physician or another advanced practice registered nurse and the act:
      1. Has been described as being performed by an advanced practice registered nurse in two or more national nursing publications, national nursing practice guidelines or national standards for nursing practice, or any combination thereof, which are listed in the Cumulative Index to Nursing and Allied Health Literature, as adopted by referenced in NAC 632.1110; or
      2. Has been individually approved by the Board.

**New Hampshire**

1. Advanced practice registered nursing by nurse practitioners shall consist of a combination of knowledge and skills acquired in basic nursing education. The APRN scope of practice, with or without compensation or personal profit, shall be limited to:
Performing acts of advanced assessment, diagnosing, prescribing, selecting, administering, and providing therapeutic measures and treatment regimes;
b. Obtaining consultation, planning, and implementing collaborative management, referral, or transferring the care of the client as appropriate; and
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.

II. An APRN shall practice within standards 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. The board shall not approve a new advanced practice specialty category that has not been developed by a national credentialing or certifying body recognized by the National Council of State Board of Nursing without approval of the legislature under RSA 332-G:6. Each APRN shall be accountable to clients and the board:
a. For complying with this chapter and the quality of advanced nursing care rendered;
b. For recognizing limits of knowledge and experience and planning for the management of situations beyond the APRN's expertise; and
c. For consulting with or referring clients to other healthcare providers as appropriate.

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.

IV. Any expansion of the scope of practice shall be adopted by legislation in accordance with RSA 332-G:6.

New Jersey

a. In addition to all other tasks which a registered professional nurse may, by law, perform, an advanced practice nurse may manage preventive care services, and diagnose and manage deviations from wellness and long-term illnesses, consistent with the needs of the patient and within the scope of practice of the advanced practice nurse, by:
1. initiating laboratory and other diagnostic tests;
2. prescribing or ordering medications and devices, as authorized by subsections b. and c. of this section;
3. prescribing and ordering treatments, including referrals to other licensed health care professionals, and performing specific procedures in accordance with the provisions of this subsection.


New Mexico

Certified nurse practitioners who have fulfilled requirements for prescriptive authority may prescribe in accordance with the rules, regulations, guidelines, and formularies for individual certified nurse practitioners promulgated by the board.

Citation: N.M. Stat. Ann. § 61-3-23.2.C.

Certified nurse practitioners may:
1. Perform an expanded practice that is beyond the scope of practice of professional registered nursing;
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 dispensing of dangerous drugs and controlled substances included in Schedule II through V of the Controlled Dangerous Substances Act; 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.

Citation: N.M. Stat. Ann. § 61-3-23.2.B.

New York

The practice of registered professional nursing by a nurse practitioner, certified under section six thousand nine hundred ten of this article, may include the diagnosis of illness and physical conditions and the performance of therapeutic and corrective measures within a specialty area of practice, in collaboration with a licensed physician qualified to collaborate in the specialty involved, provided such services are performed in accordance with a written practice agreement and written practice protocols.

Citation: N.Y. Educ. Law, Art. 139 § 6902.3(a).

Prescriptions for drugs, devices, and immunizing agents may be issued . . . in accordance with the practice agreement and practice protocols.

Citation: N.Y. Educ. Law Art. 139 § 6902.3(b).
North Carolina

A nurse practitioner shall be held accountable by both Boards for the continuous and comprehensive management of a broad range of personal health services for which the nurse practitioner is educationally prepared and for which competency has been maintained, with physician supervision as described in Rule .0810 of this Section. These services include but are not restricted to:

1. Promotion and maintenance of health;
2. Prevention of illness and disability;
3. Diagnosis, treating, and managing acute and chronic illnesses;
4. Guidance and counseling of both individuals and families;
5. Prescribing, administering, and dispensing therapeutic measures, tests, procedures and drugs;
6. Planning for situations beyond the nurse practitioner’s expertise, and consulting with and referring to other health care providers as appropriate; and
7. Evaluating health outcomes.

Citation: N.C. Admin Code tit. 21, r. 36.0802.

North Dakota

1. Practice as an advanced practice registered nurse may include:
   a. Perform a comprehensive assessment of clients and synthesize and analyze data within a nursing framework;
   b. Identify, develop, plan, and maintain evidence-based, client-centered nursing care;
   c. Prescribe a therapeutic regimen of health care, including diagnosing, prescribing, administering and dispensing legend drugs and controlled substances;
   d. Evaluate prescribed health care regimen;
   e. Participate in nursing care management according to chapter 54-05-04 relating to standards for assignment and delegation and section 54-05-02-02.2 assigning of nursing interventions;
   f. Promote a safe and therapeutic environment;
   g. Provide health teaching and counseling to promote, attain, and maintain the optimum health level of clients;
   h. Communicate and collaborate with the interdisciplinary team in the management of health care and the implementation of the total health care regimen;
   i. Manage and evaluate the clients’ physical and psychosocial health-illness status;
   j. Manage, supervise, and evaluate the practice of nursing;
   k. Utilize evolving client information management systems;
1. Integrate quality improvement principles in the delivery and evaluation of client care;
2. Teach the theory and practice of nursing;
3. Analyze, synthesize, and apply research outcomes in practice; and
4. Integrate the principles of research in practice.

Notwithstanding the above, all services rendered by the licensee shall be commensurate with the academic preparation, knowledge, skills, and abilities of the advanced practice licensed nurse's experience, continuing education, and demonstrated competencies. The nurse must recognize individual limits of knowledge, skills, and abilities and plan for situations beyond the licensee's expertise.

Citation: N.D. Admin. Code § 54-05-03.1-03.2.

Ohio

A certified nurse-midwife, certified nurse practitioner, certified registered nurse anesthetist, or clinical nurse specialist shall do all of the following:

1. Function within the scope of practice of nursing for a registered nurse as set forth in division (b) of section 4723.01 of the Revised Code and the rules of the board.
2. Function within the nurse's applicable scope of practice as set forth in section 4723.43 of the Revised Code and the rules of the board.
3. Practice in accordance with section 4723.481 of the Revised Code and Chapter 4723-9 of the Administrative Code if the individual holds a certificate to prescribe.

Citation: Ohio Rev. Code Ann. § 4723-4-053(A).

Oklahoma

A Certified Nurse Practitioner shall be eligible, in accordance with the scope of practice of the Certified Nurse Practitioner, to obtain recognition as authorized by the Board to prescribe, as defined by the rules promulgated by the Board pursuant to this section and subject to the medical direction of a supervising physician. This authorization shall not include dispensing drugs, but shall not preclude, subject to federal regulations, the receipt of, the signing for, or the dispensing of professional samples to patients.

The Certified Nurse Practitioner accepts responsibility, accountability, and obligation to practice in accordance with usual and customary advanced practice nursing standards and functions as defined by the scope of practice/role definition statements for the advanced registered nurse practitioner.

Citation: Okla. Stat. Ann. tit. 59, § 567.3a (6).
The Certified Nurse Practitioner’s (CNP) scope of practice includes the full scope of nursing practice and practice in an expanded role as follows:

1. The Certified Nurse Practitioner (CNP) provides comprehensive health care to clients across the life span.

2. The CNP is responsible and accountable for the continuous and comprehensive management of a broad range of health services, which include, but are not limited to:
   A. promotion and maintenance of health;
   B. prevention of illness and disability;
   C. diagnosis and prescription of medications, treatments, and devices for acute and chronic conditions and diseases;
   D. management of health care during acute and chronic phases of illness;
   E. guidance and counseling services;
   F. consultation and/or collaboration with other healthcare providers and community resources;
   G. referral to other healthcare providers and community resources.

3. The CNP will provide services based upon education, experience, and national certification. It is the responsibility of the licensee to document competency of any act, based upon education, experience and certification.

4. The scope of practice as previously defined is incorporated into the following specialty categories and further delineates the population served:
   A. Adult CNP (acute and/or primary) provides health care to adolescents and adults.
   B. Family CNP provides health care to persons across the lifespan.
   C. Geriatric CNP provides health care to older adults.
   D. Neonatal CNP provides health care to neonates and infants.
   E. Pediatric CNP (acute and/or primary) provides health care to persons from newborn to young adulthood.
   F. Women’s Health Care CNP provides health care to adolescent and adult females. Care may also be provided to males with reproductive health needs or problems.
   G. Acute Care CNP provides health care to adults who are acutely or critically ill.
   H. The Adult Psychiatric and Mental Health CNP provides acute and chronic psychiatric and mental health care to persons age 13 or older.
   I. The Family Psychiatric and Mental Health CNP provides acute and chronic psychiatric and mental health care to persons across the lifespan.
   J. The Acute Care Pediatric CNP provides health care to persons from newborn to young adulthood with complex acute, critical, and chronic health conditions.

5. Effective January 1, 2016, the applicant for initial APRN licensure or APRN licensure by endorsement as a CNP shall hold certification in at least one of the following population foci: family/individual across the lifespan,
adult-gerontology (acute and/or primary), neonatal, pediatrics (acute and/or primary), women’s health/gender related, or psychiatric/mental health.

Citation: Okla. Admin. Code § 485:10-15-6(c).

Oregon

3. The nurse practitioner provides holistic health care to individuals, families, and groups across the life span in a variety of settings, including hospitals, long-term care facilities, and community-based settings.

4. Within his or her specialty, the nurse practitioner is responsible for managing health problems encountered by the client and is accountable for health outcomes. This process includes:
   a. Assessment;
   b. Diagnosis;
   c. Development of a plan;
   d. Intervention;
   e. Evaluation.

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:
   a. Promotion and maintenance of health;
   b. Prevention of illness and disability;
   c. Assessment of clients, synthesis and analysis of data and application of nursing principles and therapeutic modalities;
   d. Management of health care during acute and chronic phases of illness;
   e. Admission of his/her clients to hospitals and/or health services including but not limited to home health, hospice, long term care, and drug and alcohol treatment;
   f. Counseling;
   g. Consultation and/or collaboration with other care providers and community resources;
   h. Referral to other health care providers and community resources;
   i. Management and coordination of care;
   j. Use of research skills;
   k. Diagnosis of health/illness status;
   l. 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.

6. The nurse practitioner scope of practice includes teaching the theory and practice of advanced practice nursing.
7. The nurse practitioner is responsible for recognizing limits of knowledge and experience, and for resolving situations beyond his/her nurse practitioner expertise by consulting with or referring clients to other health care providers.

8. The nurse practitioner will only provide health care services within the nurse practitioner’s scope of practice for which he/she is educationally prepared and for which competency has been established and maintained. Educational preparation includes academic course work, workshops or seminars, provided both theory and clinical experience are included.

Citation: Or. Admin. R. § 851-050-0005.

Pennsylvania

A CRNP ... while functioning in the expanded role as a professional nurse, performs acts of medical diagnosis or prescription of medical therapeutics or corrective measures in collaboration with a physician licensed to practice.

Citation: 49 Pa. Code § 21.251.

a. A CRNP may collaborate only with physicians who hold a current license to practice in this Commonwealth.

b. When acting in collaboration with a physician as set forth in a collaborative agreement and within the CRNP’s specialty, a CRNP may:

1. Perform comprehensive assessments of patients and establish medical diagnoses.

2. Order, perform and supervise diagnostic tests for patients and, to the extent the interpretation of diagnostic tests is within the scope of the CRNP’s specialty and consistent with the collaborative agreement, may interpret diagnostic tests.

3. Initiate referrals to and consultations with other licensed professional health care providers, and consult with other licensed professional health care providers at their request.

4. Develop and implement treatment plans, including issuing orders to implement treatment plans. However, only a CRNP with current prescriptive authority approval may develop and implement treatment plans for pharmaceutical treatments.

5. Complete admission and discharge summaries.

6. Order blood and blood components for patients.

7. Order dietary plans for patients.

8. Order home health and hospice care.

10. Issue oral orders to the extent permitted by the health care facilities’ by-laws, rules, regulations or administrative policies and guidelines.
11. Make physical therapy and dietitian referrals.
12. Make respiratory and occupational therapy referrals.
13. Perform disability assessments for the program providing temporary assistance to needy families (TANF).
15. Perform and sign the initial assessment of methadone treatment evaluations, provided that any order for methadone treatment shall be made only by a physician.

Citation: 49 PA Code §21.282a(a) and (b).

**Rhode Island**

“Certified registered nurse practitioner” (RNP) means an advanced practice nurse utilizing independent knowledge of physical assessment and management of health care and illnesses. The practice includes prescriptive privileges, and collaboration with other licensed healthcare professionals, including, but not limited to, physicians, pharmacists, podiatrists, dentists, and nurses. Such collaboration is not required to be pursuant to a written collaboration agreement, with a specific designation physician, or at the same physical location as a collaborating practitioner.

Citation: r.i. r. r.5-34-nur/ed 1.10.

**South Carolina**

In addition to those activities considered the practice of nursing, an APRN may perform delegated medical acts.

Citation: S.C. Code Ann. § 40-33-20(5).

“Delegated medical acts” means additional acts delegated by a physician or dentist to the NP, CNM, or CNS and may include formulating a medical diagnosis and initiating, continuing, and modifying therapies, including prescribing drug therapy, under approved written protocols. Delegated medical acts must be agreed to jointly by both the Board of Nursing and the Board of Medical Examiners. Delegated medical acts must be performed under the general supervision of a physician or dentist who must be readily available for consultation.

Citation: S.C. Code Ann. § 40-33-20(23).
South Dakota

A nurse practitioner may perform the following overlapping scope of advanced practice nursing and medical functions pursuant to § 36-9A-15, including:

1. The initial medical diagnosis and the institution of a plan of therapy or referral;
2. The prescription of medications and provision of drug samples or a limited supply of labeled medications, including controlled drugs or substances listed in Schedule II in Chapter 34-20B for one period of not more than thirty days for treatment of causative factors and symptoms. Medications or sample drugs provided to patients shall be accompanied with written administration instructions and appropriate documentation shall be entered in the patient's medical record;
3. The writing of a chemical or physical restraint order when the patient may do personal harm or harm others;
4. The completion and signing of official documents such as death certificates, birth certificates, and similar documents required by law;
5. The performance of a physical examination for participation in athletics and the certification that the patient is healthy and able to participate in athletics.

Citation: S.D. Codified Laws § 36-9A-12.

The nurse practitioner or nurse midwife advanced practice nursing functions include:

1. Providing advanced nursing assessment, nursing intervention, and nursing case management;
2. Providing advanced health promotion and maintenance education and counseling to clients, families, and other members of the health care team;
3. Utilizing research findings to evaluate and implement changes in nursing practice, programs, and policies; and
4. Recognizing limits of knowledge and experience, planning for situations beyond expertise, and consulting with or referring clients to other health care providers as appropriate.

These advanced practice nursing functions are under the jurisdiction of the Board of Nursing.

Citation: S.D. Codified Laws § 36-9A-13.1.

Tennessee

There is no description of the scope of practice for a nurse practitioner in Tennessee law, other than the authority to write and sign prescriptions and/or issue drugs.

Citation: [for prescriptive authority] Tenn. Code Ann. § 63-7-123(a) and (b)(2).
Texas

The advanced practice nurse provides a broad range of health services, the scope of which shall be based upon educational preparation, continued advanced practice experience and the accepted scope of professional practice of the particular specialty area. Advanced practice nurses practice in a variety of settings and, according to their practice specialty and role, they provide a broad range of health care services to a variety of patient populations.

1. The scope of practice of particular specialty areas shall be defined by national professional specialty organizations or advanced practice nursing organizations recognized by the Board. The advanced practice nurse may perform only those functions which are within that scope of practice and which are consistent with the Nursing Practice Act, Board rules, and other laws and regulations of the State of Texas.

2. The advanced practice nurse’s scope of practice shall be in addition to the scope of practice permitted a registered nurse and does not prohibit the advanced practice nurse from practicing in those areas deemed to be within the scope of practice of a registered nurse.

Citation: 22 Texas Admin. Code § 221.12.

Utah

“Practice of advanced practice registered nursing” means the practice of nursing within the generally recognized scope and standards of advanced practice registered nursing as defined by rule and consistent with professionally recognized preparation and education standards of an advanced practice registered nurse by a person licensed under this chapter as an advanced practice registered nurse. Advanced practice registered nursing includes:

a. maintenance and promotion of health and prevention of disease;
b. diagnosis, treatment, correction, consultation, or referral for common health problems; and
c. prescription or administration of prescription drugs or devices, including:
   i. local anesthesia
   ii. schedule IV-V controlled substances; and
   iii. schedule II-III controlled substances in accordance with a consultation and referral plan.

Citation: Utah Code Ann. § 58-31b-102(13).

Vermont

“Advanced practice registered nurse” or “APRN” means a licensed registered nurse, authorized to practice in this state who, because of specialized education
and experience is endorsed to perform acts of medical diagnosis and to prescribe medical, therapeutic, or corrective measures under administrative rules adopted by the board.


An APRN practices an expanded scope of nursing, which includes the registered nurse scope of practice. The scope of an APRN includes assessing at an advanced level, diagnosing, prescribing, giving medical and nursing orders, and evaluating care.

Citation: Vt. Board of Nursing Admin Rules 15.2(3).

Virginia

A nurse practitioner licensed in a category other than certified registered nurse anesthetist shall be authorized to render care in collaboration with a licensed patient care team physician as part of a patient care team.

Citation: 18 Va. Admin. Code § 90-30-120A.

Washington

An advanced registered nurse practitioner, under his license, may perform for compensation nursing care, as that term is usually understood, of the ill, injured, or infirm and in the course thereof, she or he may do the following things that shall not be done by a person not so licensed, except as provided in RCW 18.79.260 and 18.79.270:

1. Perform specialized and advanced levels of nursing as recognized jointly by the medical and nursing professions, as defined by the commission;
2. Prescribe legend drugs and Schedule V controlled substances, as defined in the Uniform Controlled Substances Act, chapter 69.50 RCW, and Schedule II through IV subject to RCW 18.79.240(1)(r) or (s) within the scope of practice defined by the commission;
3. Perform all acts provided in RCW 18.79.260;
4. Hold himself out to the public or designate himself as an advanced registered nurse practitioner or as a nurse practitioner.

Citation: Wash. Rev. Code § 18.79.250.

1. A licensed advanced registered nurse practitioner (ARNP) is a registered nurse prepared in a formal educational program to assume primary responsibility for continuous and comprehensive management of a broad range of patient care, concerns, and problems.
2. The ARNP is prepared and qualified to assume primary responsibility and accountability for the care of patients.
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.

5. The ARNP shall obtain instruction, supervision, and consultation as necessary before implementing new or unfamiliar techniques or practices.

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 healthcare 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 healthcare 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.

Citation: Wash. Admin. Code § 246-840-300.

West Virginia

"Advanced Practice Registered Nurse" (APRN) means a registered nurse who has acquired clinical knowledge and skills preparing him or her to independently provide direct and indirect care to patients, who has completed a board approved graduate-level education program and who has passed a board approved national certification examination.

Citation: WVa. Code St. R. tit. 19, § 19-7-2.1.

The intent of the board of nursing in adopting rules in this chapter is to specify education, training, or experience that a registered nurse must satisfy to call himself or herself an advanced practice nurse; to establish appropriate education, training, and examination requirements that an advanced practice nurse must satisfy to qualify for a certificate to issue prescription orders; to define the scope of practice within which an advanced practice nurse prescriber may issue prescription orders; to specify the classes of drugs, individual drugs, or devices that may not be prescribed by an advanced practice nurse prescriber; to specify
The conditions to be met for a registered nurse to administer a drug prescribed or directed by an advanced practice nurse prescriber; to establish procedures for maintaining a certificate to issue prescription orders, including requirements for continuing education; and to establish the minimum amount of malpractice insurance required of an advanced practice nurse prescriber.

Citation: Wis. Admin. Code § N8.01(2).

To promote case management, the advanced practice nurse prescriber may order laboratory testing, radiographs or electrocardiograms appropriate to his or her education, training, or experience.

Citation: Wisc. Admin. Code § N8.10(6).

**Wyoming**

“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.


a. The advanced practice registered nurse is subject at all times to the established Standards of Nursing Practice as stated in Chapter 3 of these rules and regulations, the standards and scope of practice established by national professional organizations, and/or accrediting agencies representing the various core, role and population focus areas of advanced practice registered nursing, and the Wyoming Nurse Practice Act.

b. The board recognizes advanced practice registered nurse core, role and population focus areas described in the scope of practice statements for advanced practice registered nurses issued by national professional organizations and/or accrediting agencies.

Citation: Wyo. Board of Nursing Rules Chapter 4 § Section 7.
Physician Collaboration

Alabama

COLLABORATION. A formal relationship between one or more certified registered nurse practitioners and certified nurse midwives and a physician or physicians under which these nurses may engage in advanced practice nursing as evidenced by written protocols approved in accordance with the requirements of this article or exempted in accordance with requirements of this article. The term collaboration does not require direct, on-site supervision of the activities of a certified registered nurse practitioner or a certified nurse midwife by the collaborating physician. The term does require such professional oversight and direction as may be required by the rules and regulations of the State Board of Medical Examiners and the Board of Nursing.

Citation: Ala. Code § 34-21-81(5).

Requirements for collaborative practice by physicians and certified registered nurse practitioners:

1. The collaborating physician shall:
   a. Provide professional medical oversight and direction to the certified registered nurse practitioner.
   b. Be readily available for direct communication or by radio, telephone or telecommunications.
   c. Be readily available for consultation or referrals of patients from the certified registered nurse practitioner.

2. In the event the collaborating physician is not readily available, provisions shall be made for medical coverage by a physician who is pre-approved by the State Board of Medical Examiners and is familiar with these rules.

3. If the certified registered nurse practitioner is to perform duties at a site away from the collaborating physician, the written protocol shall clearly specify the circumstances and provide written verification of physician availability for consultation, referral, or direct medical intervention in emergencies and after hours, if indicated.
4. The collaborating physician shall be present with the certified registered nurse practitioner in an approved collaborative practice site for not less than ten percent (10%) of the certified registered nurse practitioner’s scheduled hours in the collaborative practice as specified in the protocol application. In addition, the collaborating physician shall visit each approved collaborative practice site not less than quarterly. The collaborating physicians with the Alabama Department of Public Health and county health departments are exempt from this requirement.

5. The certified registered nurse practitioner’s scheduled hours in licensed acute care hospitals, licensed skilled nursing facilities, licensed special-care assisted living facilities, and licensed assisted living facilities are not subject to the required minimum hours for physician presence.

6. If the certified registered nurse practitioner’s scheduled weekly collaborative practice hours are:
   a. Thirty or more hours per week, the certified registered nurse practitioner shall be present in an approved practice site with the collaborating or covering physician for time equal to ten percent (10%) of the certified registered nurse practitioner’s scheduled weekly hours. Cumulative hours may accrue on a monthly basis.
   b. Less than 30 hours per week, the certified registered nurse practitioner shall be present in an approved practice site with the collaborating or covering physician for time equal to ten percent (10%) of the certified registered nurse practitioner’s scheduled weekly hours. Cumulative hours may accrue on a quarterly basis.

7. The collaborating physician shall provide notice in writing to the State Board of Medical Examiners of the commencement or termination of a collaborative practice agreement as required by Rule 540-X-8-.04(4).

8. The Joint Committee may, at its discretion, waive the requirements of written verification of physician availability upon documentation of exceptional circumstances. Employees of the Alabama Department of Public Health and county health departments are exempt from the requirements of written verification of physician availability.

9. A written standard protocol specific to the specialty practice area of the certified registered nurse practitioner and the specialty practice area of the collaborating physician, approved and signed by both the collaborating physician and the certified registered nurse practitioner, shall:
   a. Identify all sites where the certified registered nurse practitioner will practice within the collaboration protocol.
   b. Identify the physician’s principal practice site.
   c. Be maintained at each practice site.
   d. Include a formulary of drugs, devices, medical treatments, tests and procedures that may be prescribed, ordered, and implemented by the certified registered nurse practitioner consistent with these rules and which are appropriate for the collaborative practice setting.

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e. Include a pre-determined plan for emergency services.

f. Specify the process by which the certified registered nurse practitioner shall refer a patient to a physician other than the collaborating physician.

g. Specify a plan for quality assurance management with established patient outcome indicators for evaluation of the clinical practice of the certified registered nurse practitioner and include review of no less than ten percent (10%) of medical records plus all adverse outcomes. Documentation of quality assurance review shall be readily retrievable, identify records that were selected for review, include a summary of findings, conclusions, and, if indicated, recommendations for change. Quality assurance monitoring may be performed by designated personnel, with final results presented to the physician and certified registered nurse practitioner for review.

Citation: Ala. Admin. Code r. 610-X-5-.08.

Alaska

If intending to deliver health care services to the public, must submit with the application for initial authorization a consultation and referral plan: the plan must:

A. describe the applicant’s clinical practice;

B. identify the expected client population focus area, which is within the scope of practice of the applicant;

C. list the applicant’s method of routine consultations and referrals, the method of documenting routine consultations and referrals in the patient record, and the names and titles of health care providers that the applicant will use for routine consultations and referrals;

D. list the applicant’s method for emergency referrals; and

E. repealed 10/3/2011;

F. describe the process for quality assurance the applicants will use to evaluate the applicant’s practice, including
   i. the use of standards that apply to the area of practice;
   ii. present or past review of the practice;
   iii. use of preestablished criteria; and
   iv. a written evaluation of the quality assurance review with a plan for corrective action, if indicated, and follow-up;

Citation: Alaska Admin. Code tit. 12, § 44.400(5)(c).

Arizona

"Collaborate" means to establish a relationship for consultation or referral with one or more licensed physicians on an as-needed basis. Supervision of the activities of a registered nurse practitioner by the collaborating physician is not required.

Arkansas

A collaborative practice agreement shall include, but not be limited to, provisions addressing: (1) The availability of the collaborating physician for consultation or referral or both; (2) Methods of management of the collaborative practice, which shall include protocols for prescriptive authority; (3) Coverage of the health care needs of a patient in the emergency absence of the advanced practice nurse or physician; and (4) Quality assurance.

Citation: Ark. Code Ann. § 17-87-310(C).

California

Neither this chapter nor any other provision of law shall be construed to prohibit a nurse practitioner from furnishing or ordering drugs or devices when all of the following apply:

a. The drugs or devices are furnished or ordered by a nurse practitioner in accordance with standardized procedures or protocols developed by the nurse practitioner and the supervising physician and surgeon when the drugs or devices furnished or ordered are consistent with the practitioner’s educational preparation or for which clinical competency has been established and maintained.

b. The nurse practitioner is functioning pursuant to standardized procedure, as defined by Section 2725, or protocol. The standardized procedure or protocol shall be developed and approved by the supervising physician and surgeon, the nurse practitioner, and the facility administrator or the designee.

c. 1. The standardized procedure or protocol covering the furnishing of drugs or devices shall specify which nurse practitioners may furnish or order drugs or devices, which drugs or devices may be furnished or ordered, under what circumstances, the extent of physician and surgeon supervision, the method of periodic review of the nurse practitioner’s competence, including peer review, and review of the provision of the standardized procedure.

2. In addition to the requirements in paragraph (1), for Schedule II controlled substance protocols, the provision for furnishing Schedule II controlled substances shall address the diagnosis of the illness, injury, or condition for which the Schedule II controlled substance is to be furnished.

d. The furnishing or ordering of drugs or devices by a nurse practitioner occurs under physician and surgeon supervision. Physician and surgeon supervision shall not be construed to require the physical presence of the physician, but does include (1) collaboration on the development of the standardized procedure, (2) approval of the standardized procedure, and (3) availability by telephonic contact at the time of patient examination by the nurse practitioner.

e. For purposes of this section, no physician and surgeon shall supervise more than four nurse practitioners at one time.
Drugs or devices furnished or ordered by a nurse practitioner may include Schedule II through Schedule V controlled substances under the California Uniform Controlled Substances Act . . . and shall be further limited to those drugs agreed upon by the nurse practitioner and physician and surgeon and specified in the standardized procedure.

When Schedule II or III controlled substances . . . are furnished or ordered by a nurse practitioner, the controlled substances shall be furnished or ordered in accordance with a patient-specific protocol approved by the treating or supervising physician. A copy of the section of the nurse practitioner’s standardized procedure relating to controlled substances shall be provided, upon request, to any licensed pharmacist who dispenses drugs or devices, when there is uncertainty about the nurse practitioner furnishing the order.

The board has certified in accordance with Section 2836.3 that the nurse practitioner has satisfactorily completed (1) at least six month’s physician and surgeon-supervised experience in the furnishing or ordering of drugs or devices, and (2) a course in pharmacology covering the drugs or devices to be furnished or ordered under this section.

Nurse practitioners who are certified by the board and hold an active furnishing number, who are authorized through standardized procedures or protocols to furnish Schedule II controlled substances, and who are registered with the United States Drug Enforcement Administration, shall complete, as part of their continuing education requirements, a course including Schedule II controlled substances based on the standards developed by the board. The board shall establish the requirements for satisfactory completion of this subdivision.

Use of the term “furnishing” in this section, in health facilities defined in Section 1250 of the Health and Safety Code, shall include (1) the ordering of a drug or device in accordance with the standardized procedure and (2) transmitting an order of a supervising physician and surgeon.

“Drug order” or “order” for purposes of this section means an order for medication which is dispensed to or for an ultimate user, issued by a nurse practitioner as an individual practitioner, within the meaning of Section 1306.02 of Title 21 of the Code of Federal Regulations. Notwithstanding any other provision of law, (1) a drug order issued pursuant to this section shall be treated in the same manner as a prescription of the supervising physician; (2) all references to “prescription” in this code and the Health and Safety Code shall include drug orders issued by nurse practitioners; and (3) the signature of a nurse practitioner on a drug order issued in accordance with this section shall be deemed to be the signature of a prescriber for purposes of this code and the Health and Safety Code.

Furnishing or ordering of drugs or devices by nurse practitioners is defined to mean the act of making a pharmaceutical agent or agents available to the patient in strict accordance with a standardized procedure. All nurse practitioners who are authorized pursuant to Section 2836.1 to furnish or issue drug orders for controlled substances shall register with the United States Drug Enforcement Administration.

_Citation_: Ann. Cal. Bus. & Prof. Code § 2836.2.

**Colorado**

An advanced practice nurse shall practice in accordance with the standards of the appropriate national professional nursing organization and have a safe mechanism for consultation or collaboration with a physician or, when appropriate, referral to a physician. Advanced practice nursing also includes, when appropriate, referral to other health care providers.


**Connecticut**

...“(C)ollaboration” means a mutually agreed upon relationship between an advanced practice registered nurse and a physician who is educated, trained, or has relevant experience that is related to the work of such advanced practice registered nurse. The collaboration shall address a reasonable and appropriate level of consultation and referral, coverage for the patient in the absence of the advanced practice registered nurse, a method to review patient outcomes, and a method of disclosure of the relationship to the patient. Relative to the exercise of prescriptive authority, the collaboration between an advanced practice registered nurse and a physician shall be in writing and shall address the level of Schedule II and III controlled substances that the advanced practice registered nurse may prescribe and provide a method to review patient outcomes, including, but not limited to, the review of medical therapeutics, corrective measures, laboratory tests, and other diagnostic procedures that the advanced practice registered nurse may prescribe, dispense, and administer.


**Delaware**

Advanced practice nurses shall operate in collaboration with a licensed physician, dentist, podiatrist, or licensed Delaware health care delivery system to cooperate, coordinate, and consult with each other as appropriate pursuant to a collaborative agreement defined in the rules and regulations promulgated by the Board of Nursing, in the provision of health care to their patients. Advanced
practice nurses desiring to practice independently or to prescribe independently must do so pursuant to Title 24, § 1906(a)(20) of Title 24.

Citation: Del. Code Ann. tit. 24, § 1906(20).

The “Joint Practice Committee” with the approval of the Board of Medical Licensure and Discipline shall have the authority to grant, restrict, suspend or revoke practice or independent practice authority and the Joint Practice Committee with the approval of the Board of Medical Licensure and Discipline shall be responsible for promulgating rules and regulations to implement the provisions of this chapter regarding “advanced practice nurses” who have been granted authority for independent practice and/or independent prescriptive authority.

Citation: Del. Code Ann. tit. 24, § 1902(b)(2).

Those individuals who wish to engage in independent practice without written guidelines or protocols and/or wish to have independent prescriptive authority shall apply for such privilege or privileges to the Joint Practice Committee and do so only in collaboration with a licensed physician, dentist, podiatrist, or licensed Delaware health care delivery system. This does not include those individuals who have protocols and/or waivers approved by the Board of Medical Licensure and Discipline.

Citation: Del. Code Ann. tit. 24, § 1902(b)(2).

District of Columbia

a. Generally, advanced practice registered nurses shall carry out acts of advanced registered nursing in collaboration with a licensed health care provider.

d. Notwithstanding the provisions of this section, hospitals, facilities, and agencies, in requiring specific levels of collaboration and licensed health care providers in agreeing to the levels of collaboration, shall apply reasonable, nondiscriminatory standards, free of anticompetitive intent or purpose, in accordance with Chapter 14 of Title 2, Chapter 45 of Title 28, and § 44-507.

Citation: D.C. Stat. § 3-1206.03.

Florida

An Advanced Registered Nurse Practitioner shall only perform medical acts of diagnosis, treatment, and operation pursuant to a protocol between the ARNP and a Florida-licensed medical doctor, osteopathic physician, or dentist. The degree and method of supervision, determined by the ARNP and the physician or dentist, shall be specifically identified in the written protocol and shall be appropriate for prudent health care providers under similar circumstances. General supervision by the physician or dentist is required, unless these rules set
a different level of supervision for a particular act. The number of persons to be supervised shall be limited to insure that an acceptable standard of medical care is rendered in consideration of the following factors:

a. Risk to patient;
b. Educational preparation, specialty, and experience of the parties to the protocol;
c. Complexity and risk of the procedures;
d. Practice setting; and
e. Availability of the physician or dentist.

Citation: Fla. Admin. Code Ch. 64B9-4.010(1).

Georgia

A nurse protocol agreement between a physician and an advanced practice registered nurse pursuant to this Code section shall:

1. Be between an advanced practice registered nurse who is in a comparable specialty area or field as that of the delegating physician;
2. Contain a provision for immediate consultation between the advanced practice registered nurse and the delegating physician; if the delegating physician is not available, the delegating physician for purposes of consultation may designate another physician who concurs with the terms of the nurse protocol agreement;
3. Identify the parameters under which delegated acts may be performed by the advanced practice registered nurse, including without limitation the number of refills which may be ordered, the kinds of diagnostic studies which may be ordered, the extent to which radiographic image tests may be ordered, and the circumstances under which a prescription drug order may be executed. In the event the delegating physician authorizes the advanced practice registered nurse to order an X-ray, ultrasound, or radiographic imaging test, the nurse protocol agreement shall contain provisions whereby such X-ray, ultrasound, or radiographic imaging test shall be read and interpreted by a physician who is trained in the reading and interpretation of such tests; a report of such X-ray, ultrasound, or radiographic imaging test may be reviewed by the advanced practice registered nurse; and a copy of such report shall be forwarded to the delegating physician, except that such provision for an ultrasound shall not be required for an advanced practice registered nurse acting within his or her scope of practice as authorized by Code Sections 43-26-3 and 43-26-5.
4. Require documentation either in writing or by electronic means or other medium by the advanced practice registered nurse or those acts performed by the advanced practice registered nurse which are specific to the medical act authorized by the delegating physician;
5. Include a schedule for periodic review by the delegating physician of patient records. Such patient records review may be achieved with a sampling of such records as determined by the delegating physician;  
6. Provide for patient evaluation or follow-up examination by the delegating physician or other physician designated by the delegating physician pursuant to paragraph (2) of this subsection, with the frequency of such evaluation or follow-up examination based on the nature, extent, and scope of the delegated act or acts as determined by the delegating physician in accordance with paragraph (3) of this subsection and accepted standards of medical practice as determined by the board;  
7. Be reviewed, revised, or updated annually by the delegating physician and the advanced practice registered nurse;  
8. Be available for review upon written request to the advanced practice registered nurse by the Georgia Board of Nursing or to the physician by the board; and  
9. Provide that a patient who received a prescription drug order for any controlled substance pursuant to a nurse protocol agreement shall be evaluated or examined by the delegating physician or other physician designated by the delegating physician pursuant to paragraph (2) of this subsection on at least a quarterly basis or at a more frequent interval as determined by the board.  
   d. A written prescription drug order issued pursuant to this Code section shall be signed by the advanced practice registered nurse and shall be on a form which shall include, without limitation, the names of the advanced practice registered nurse and delegating physician who are parties to the nurse protocol agreement, the patient’s name and address, the drug or device ordered, directions with regard to the taking and dosage of the drug or use of the device, and the number of refills. A prescription drug order which is transmitted either electronically or via facsimile shall conform to the requirements set out in paragraphs (1) and (2) of Subsection (c) of Code Section 26-4-80, respectively.

Citation: Ga Code Ann. § 43-34-25(b).

**Hawaii**

"Collaborate" means a process in which an APRN works with other members of the health care team to deliver health care services.

Citation: Haw. Admin. R § 16-89-2.

**Idaho**

An advanced practice registered nurse collaborates with other health professionals in providing health care.

Citation: Idaho Code § 54-1402(1).
Illinois

a. A written collaborative agreement is required for all advanced practice nurses engaged in clinical practice, except for advanced practice nurses who are authorized to practice in a hospital or ambulatory surgical treatment center.

a-5. If an advanced practice nurse engages in clinical practice outside of a hospital or ambulatory surgical treatment center in which he or she is authorized to practice, the advanced practice nurse must have a written collaborative agreement.

b. A written collaborative agreement shall describe the working relationship of the advanced practice nurse with the collaborating physician or podiatrist and shall authorize the categories of care, treatment, or procedures to be performed by the advanced practice nurse. A collaborative agreement with a dentist must be in accordance with subsection (c-10) of this Section. Collaboration does not require an employment relationship between the collaborating physician and advanced practice nurse.

Collaboration means the relationship under which an advanced practice nurse works with a collaborating physician or podiatrist in an active clinical practice to deliver health care services in accordance with (i) the advanced practice nurse's training, education, and experience and (ii) collaboration and consultation as documented in a jointly developed written collaborative agreement.

The agreement shall promote the exercise of professional judgment by the advanced practice nurse commensurate with his or her education and experience. The services to be provided by the advanced practice nurse shall be services that the collaborating physician or podiatrist is authorized to and generally provides or may provide in his or her clinical medical or podiatric practice, except as set forth in subsections (b-5) or (c-5) of this Section. The agreement need not describe the exact steps that an advanced practice nurse must take with respect to each specific condition, disease, or symptom but must specify which authorized procedures require the presence of the collaborating physician or podiatrist as the procedures are being performed.

The collaborative relationship under an agreement shall not be construed to require the personal presence of a physician or podiatrist at the place where the services are rendered.

Methods of communication shall be available for consultation with the collaborating physician or podiatrist in person or by telecommunications in accordance with established written guidelines as set forth in the written agreement.

b-5. Absent an employment relationship, a written collaborative agreement may not (1) restrict the categories of patients of an advanced practice nurse within the scope of the advanced practice nurses training and experience, (2) limit
third party payors or government health programs, such as the medical assistance program or Medicare with which the advanced practice nurse contracts, or (3) limit the geographic area or practice location of the advanced practice nurse in this State.

c. Collaboration and consultation under all collaboration agreements shall be adequate if a collaborating physician or podiatrist does each of the following:

1. Participates in the joint formulation and joint approval of orders or guidelines with the advanced practice nurse and he or she periodically reviews such orders and the services provided patients under such orders in accordance with accepted standards of medical practice or podiatric practice and advanced practice nursing practice.

2. Provides collaboration and consultation with the advanced practice nurse at least once a month. In the case of anesthesia services provided by a certified registered nurse anesthetist, an anesthesiologist, physician, dentist, or podiatrist must participate through discussion of and agreement with the anesthesia plan and remain physically present and available on the premises during the delivery of anesthesia services for diagnosis, consultation, and treatment of emergency medical conditions.

3. Is available through telecommunications for consultation on medical problems, complications, or emergencies or patient referral. In the case of anesthesia services provided by a certified registered nurse anesthetist, an anesthesiologist, physician, dentist, or podiatrist must participate through discussion of and agreement with the anesthesia plan and remain physically present and available on the premises during the delivery of anesthesia services for diagnosis, consultation, and treatment of emergency medical conditions.

The agreement must contain provisions detailing notice for termination or change of status involving a written collaborative agreement, except when such notice is given for just cause. [Portions omitted.]

Citation: 225 I.LL. COMP. STAT. § 60/54.5 as amended by Public Act 098-0192, enacted August 6, 2013.

Indiana

An advanced practice nurse shall operate in collaboration with a licensed practitioner as evidenced by a practice agreement, or by privileges granted by the governing board of a hospital . . . with the advice of the medical staff of the hospital that sets forth the manner in which the advanced practice nurse and a licensed practitioner will cooperate, coordinate, and consult with each other in the provision of health care to their patients.

Citation: Ind. Code Ann. § 25-23-1-19.4(b).
“Practitioner” means [for the purpose of the nurse practice act]:

- A licensed physician
- A veterinarian
- A dentist
- A podiatrist
- An optometrist
- An advanced practice nurse who meets the requirements of IC 25-23-1-19.5
- A physician assistant licensed under IC 25-27.5 who is delegated prescriptive authority under IC 25-27.5-5-6

Citation: Ind. Code Ann. § 16-42-19-5.

An advanced practice nurse may be authorized to prescribe legend drugs, including controlled substances, if the advanced practice nurse submits proof of collaboration with a licensed practitioner in the form of a written practice agreement that sets forth the manner in which the advanced practice nurse and licensed practitioner will cooperate, coordinate, and consult with each other in the provision of health care to patients. Practice agreements shall be in writing and shall also set forth provisions for the type of collaboration between the advanced practice nurse and the licensed practitioner and the reasonable and timely review by the licensed practitioner of the prescribing practices of the advanced practice nurse.

Citation: Ind. Admin. Code tit. 848, r. 5-1-1(7).

**Iowa**

The ARNP may perform selected medically designated functions when a collaborative practice agreement exists.

Citation: Iowa Admin. Code r. 655-7.1(152).

Author’s note: The Iowa Board of Nursing interprets Iowa law as not requiring physician involvement in nurse practitioner practice:

- “In Iowa, an ARNP may practice independently.” Source: Iowa Board of Nursing website
- “An ARNP may have a collaborative agreement with a physician or physicians if their practice so warrants, but this agreement is not a requirement of the Iowa Board of Nursing.”

Source: Iowa Board of Nursing Newsletter, Volume 28, Number 4

Author’s note: The inconsistency between the regulatory language and the Board of Nursing statements seem to be related to whether an ARNP is performing medicine or nursing. Making medical diagnoses and treating with medical therapies (prescribing medications and ordering therapies) are medical functions, and therefore would require collaboration with a physician.
Kansas

An advanced practice registered nurse may prescribe drugs pursuant to a written protocol as authorized by a responsible physician. Each written protocol shall contain a precise and detailed medical plan of care for each classification of disease or injury for which the advanced practice registered nurse is authorized to prescribe and shall specify all drugs which may be prescribed by the advanced practice registered nurse. Any written prescription order shall include the name, address, and telephone number of the responsible physician. The advanced practice registered nurse may not dispense drugs, but may request, receive and sign for professional samples and may distribute professional samples to patients pursuant to written protocol as authorized by a responsible physician.


“Authorization for collaborative practice” shall mean that an ARNP is authorized to develop and manage the medical plan of care for patients or clients based upon an agreement developed jointly and signed by the ARNP and one or more physicians. Each ARNP and physician shall jointly review the authorization for collaborative practice annually. Each authorization for collaborative practice shall include a cover page containing the names and telephone numbers of the ARNP and the physician, their signatures, and the date of review by the ARNP and the physician. Each authorization for collaborative practice shall be maintained in either hard copy or electronic format at the ARNP’s principal place of practice.


Kentucky

Before an advanced practice registered nurse engages in the prescribing or dispensing of nonscheduled legend drugs as authorized under KRS 314.011(8), the advanced practice registered nurse shall enter into a written “Collaborative Agreement for Advanced Practice Registered Nurse’s Prescriptive Authority for Nonscheduled Legend Drugs” (CAPA-NS) with a physician that defines the scope of the prescriptive authority for nonscheduled legend drugs.


Before an advanced registered nurse practitioner engages in the prescribing of Schedules II through V controlled substances as authorized by KRS 314.011(8), the advanced practice registered nurse practitioner shall enter into a written “Collaborative Agreement for the Advanced Practice Registered Nurse’s Prescriptive Authority for Controlled Substances” (CAPA-CS) with a physician that defines the scope of the prescriptive authority for controlled substances [further requirements omitted].

Citation: Ky. Rev. Stat. Ann. § 314.042(9).
Louisiana

7. "Collaboration" means a cooperative working relationship with another licensed physician, dentist, or other health care providers to jointly contribute to providing patient care and may include, but not be limited to discussion of a patient's diagnosis and cooperation in the management and delivery of health care with each provider performing those activities that he is legally authorized to perform.

8. "Collaborative practice" means the joint management of the health care of a patient by an advanced practice registered nurse performing advanced practice registered nursing and one or more consulting physicians or dentists. Except as otherwise provided in R.S. 37:930, acts of medical diagnosis and prescription by an advanced practice registered nurse shall be in accordance with a collaborative practice agreement.

9. "Collaborative practice agreement" means a formal written statement addressing the parameters of the collaborative practice which are mutually agreed upon by the advanced practice registered nurse and one or more licensed physicians or dentists which shall include but not be limited to the following provisions:
   a. Availability of the collaborating physician or dentist for consultation or referral, or both.
   b. Methods of management of the collaborative practice which shall include clinical practice guidelines.
   c. Coverage of the health care needs of a patient during any absence of the advanced practice registered nurse, physician, or dentist.


vi. The applicant shall ... provide evidence of ... [a] collaborative practice agreement ... which shall include, but not be limited to:
   a. A plan of accountability among the parties that: (i) defines the limited prescriptive authority of the APRN and the responsibilities of the collaborating physician or physicians; (ii) delineates a plan for possible hospital admissions and privileges which includes a statement that the collaborating physician must have said privileges at the same institution before an APRN can receive this determination at said institution; (iii) delineates mechanisms and arrangements for diagnostic and laboratory requests for testing; and (iv) delineates a plan for documentation of medical records;
   b. Clinical practice guidelines ... shall contain documentation of the types of categories or schedules of drugs available and generic substitution for prescription and be in accordance with current standards of care and evidence-based practice for the APRN specialty and functional role and be: (i) mutually agreed upon by the APRN and collaborating physician; (ii) specific to the
practice setting; (iii) maintained on site; and (iv) reviewed and signed at least annually by the APRN and physician to reflect current practice.

c. documentation of the availability of the collaborating physician when the physician is not physically present in the practice setting.

d. documentation shall be shown that patients are informed about how to access care when both the APRN and/or collaborating physicians are absent from the practice setting; and

e. an acknowledgment of the mutual obligation and responsibility of the APRN and collaborating physician to insure that all acts of limited prescriptive authority of the APRN are properly documented.

Citation: La. Admin. Code tit. 46, § XLVII.4513.

Maine

1. Requirements for initial approval to practice
C. Submits evidence of a minimum of 1500 hours of practice in an expanded specialty nursing role within 5 years preceding application, or have completed a nurse practitioner program within 5 years preceding application. If more than 5 years have elapsed since completion of an advanced practice registered nurse program and the applicant does not meet the practice requirement of 1500 hours, the applicant shall complete 500 hours of clinical practice supervised by a physician or nurse practitioner in the same specialty area of practice.

2. For temporary approval [to practice] for graduates of nurse practitioner programs
A. A nurse practitioner must practice for a minimum of 24 months under the supervision of a licensed physician, or a supervising nurse practitioner, or be employed by a clinic or hospital that has a medical director who is a licensed physician.
B. The applicant shall identify a supervisory relationship with a licensed physician or nurse practitioner in the same practice category who will provide oversight for the nurse practitioner.

Citation: Code Me. R. § 02 380 008 (Section 2).

Maryland

A. Before commencing practice, a nurse practitioner shall complete a Board-approved written attestation that:

1. The nurse practitioner has an agreement for collaborating and consulting with a physician;

2. States the name and license number of the physician;
3. The nurse practitioner shall refer to and consult with physicians and other health care providers as needed; and

4. The nurse practitioner shall practice in accordance with the standards of practice of:
   a. The American Academy of Nurse Practitioners; or
   b. Any other national nurse practitioner certifying body recognized by the Board.

B. The Board shall:
   1. Maintain an approved written attestation; and
   2. Make the approved written attestation available to the Board of Physicians on the request of the Board of Physicians.

C. If a nurse practitioner terminates or changes an agreement to collaborate, a new written attestation stating the name of the physician shall be submitted immediately, by mail or facsimile, to the Board.

Citation: Md. Code tit. 10 § 27.07.04.

Massachusetts

1. All nurses practicing in an expanded role shall practice in accordance with the written guidelines developed in collaboration with and mutually acceptable to the nurse and to:
   a. a physician expert by virtue of training or experience in the nurse’s area of practice; or
   b. the appropriate medical staff and nursing administration staff of the institution employing the nurse.

2. In all cases the written guidelines shall designate a physician who shall provide medical direction as is customarily accepted in the specialty area. Guidelines may authorize the nurse’s performance of any professional activities included within her area of practice. The guidelines shall:
   a. specifically describe the nature and scope of the nursing practice;
   b. describe the circumstances in which physician consultation or referral is required;
   c. describe the use of established procedures for the treatment of common medical conditions which the nurse may encounter; and
   d. include provisions for managing emergencies.

3. In addition to the requirements of 244 CMR 4.22(2), the guidelines pertaining to prescriptive practice shall:
   a. include a defined mechanism to monitor prescribing practices, including documentation of review with a supervising physician at least every three months;
   b. include protocols for initiation of intravenous therapies and Schedule II drugs;
c. specify the frequency of review of initial prescription of controlled substances; the initial prescription of Schedule II drugs must be reviewed by the physician within 96 hours; and
d. conform to M.G.L. c.94C, 105 CMR 700.000 et seq., and M.G.L. c.112, § 80E or § 80G, as applicable.

**Citation:** Code Mass. Regs. tit. 244, § 4.22.

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**Michigan**

Subject to subsections (2) to (6), a licensee who holds a license other than a health profession subfield license may delegate to a licensed or unlicensed individual who is otherwise qualified by education, training or experience the performance of selected acts, tasks, or functions where the acts, tasks, or functions fall within the scope of practice of the licensee's profession and will be performed under the licensee's supervision. A licensee shall not delegate an act, task, or function under this section if the act, task, or function, under standards of acceptable and prevailing practice, requires the level of education, skill, and judgment required of the licensee under this article.

**Citation:** Mich. Comp. Laws § 333.16215(1).

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**Minnesota**

“Collaborative management” is a mutually agreed-upon plan between an advanced practice registered nurse and one or more physicians or surgeons licensed under chapter 147 that designates the scope of collaboration necessary to manage the care of patients. The advanced practice registered nurse and the one or more physicians must have experience in providing care to patients with the same or similar medical problems.

**Citation:** Minn. Stat. Ann. § 148.171(6).

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**Mississippi**

An advanced practice registered nurse shall perform those functions authorized in this section within a collaborative/consultative relationship with a dentist or physician with an unrestricted license to practice dentistry or medicine in this state and within an established protocol or practice guidelines, as appropriate, that is filed with the board upon license application, license renewal, after entering into a new collaborative/consultative relationship or making changes to the protocol or practice guidelines or practice site. The board shall review and approve the protocol to ensure compliance with applicable regulatory standards. The advanced practice registered nurse may not practice as an APRN if there
Missouri

Collaborative practice arrangements—Refers to written agreements, jointly agreed upon protocols, or standing orders, all of which shall be in writing, for the delivery of healthcare services.

Citation: Mo. Code Regs. Ann. tit. 20, § 2200-4.200 (1)(C).

A. The collaborating physician in a collaborative practice shall not be so geographically distanced from the collaborating RN or APRN as to create an impediment to effective collaboration in the delivery of healthcare services or the adequate review of those services.

B. The use of a collaborative practice arrangement by an APRN who provides health care services that include the diagnosis and initiation of treatment for acutely or chronically ill or injured persons shall be limited to practice locations where the collaborating physician, or other physician designated in the collaborative practice arrangement, is no further than fifty (50) miles by road, using the most direct route available, from the collaborating APRN if the APRN is practicing in federally-designated health professional shortage areas (HPSAs). Otherwise, in non-HPSAs, the collaborating physician and collaborating APRN shall practice within thirty (30) miles by road of one another.

C. An APRN who desires to enter into a collaborative practice arrangement at a location where the collaborating physician is not continuously present shall practice together at the same location with the collaborating physician continuously for a period of at least one (1) month before the collaborating APRN practices at a location where the collaborating physician is not present. It is the responsibility of the collaborating physician to determine and document the completion of the same location practice described in the previous sentence.

D. A collaborating physician shall not enter into a collaborative practice arrangement with more than three (3) full-time equivalent APRNs. This limitation shall not apply to collaborative arrangements of hospital employees providing inpatient care service in hospitals as defined in Chapter 197, RSMo, or population-based public health services as defined in this rule.

Citation: Mo. Code Regs. Ann. tit. 20, § 2200-4.200(2).

The methods of treatment and the authority to administer, dispense, or prescribe drugs delegated in a collaborative practice arrangement between a collaborating physician and collaborating APRN shall be within the scope of
practice of each professional and shall be consistent with each professional’s skill, training, education, competence, licensure, and/or certification and shall not be further delegated to any person except that the individuals identified in sections 338.095 and 338.198, RSMo, may communicate prescription drug orders to a pharmacist.

**Citation:** Mo. Code Regs. Ann. tit. 20, § 2200-4.200(3)(A).

C. The collaborating physician shall consider the level of skill, education, training, and competence of the collaborating RN or APRN and ensure that the delegated responsibilities contained in the collaborative practice arrangement are consistent with that level of skill, education, training, and competence.

D. Guidelines for consultation and referral to the collaborating physician or designated health care facility for services or emergency care that is beyond the education, training, competence, or scope of practice of the collaborating RN or APRN shall be established in the collaborative practice arrangement.

E. The methods of treatment, including any authority to administer or dispense drugs, delegated in a collaborative practice arrangement between a collaborating physician and a collaborating RN shall be delivered only pursuant to a written agreement, jointly agreed-upon protocols, or standing orders that shall describe a specific sequence of orders, steps, or procedures to be followed in providing patient care in specified clinical situations.

F. The methods of treatment, including any authority to administer, dispense, or prescribe drugs, delegated in a collaborative practice arrangement between a collaborating physician and a collaborating APRN shall be delivered only pursuant to a written agreement, jointly agree-upon protocols, or standing orders that are specific to the clinical conditions treated by the collaborating physician and collaborating APRN.

**Citation:** Mo. Code Regs. Ann. tit. 20, § 2200-4.200(3).

Methods of treatment delegated and authority to administer, dispense, or prescribe drugs shall be subject to the following:

1. The physician retains the responsibility for ensuring the appropriate administering, dispensing, prescribing, and control of drugs utilized pursuant to a collaborative practice arrangement in accordance with all state and federal statues, rules, or regulations.

   **Citation:** Mo. Code Regs. Ann. tit. 20, § 2200-4.200(3)(G).

A. In order to assure true collaborative practice and to foster effective communication and review of services, the collaborating physician, or other physician designated in the collaborative practice arrangement, shall be immediately available for consultation to the collaborating RN or APRN at all times, either personally or via telecommunications.
B. The collaborative practice arrangement between a collaborating physician and a collaborating RN or APRN shall be signed and dated by the collaborating physician and collaborating RN or APRN before it is implemented, signifying that both are aware of its content and agree to follow the terms of the collaborative practice arrangement. The collaborative practice arrangement and any subsequent notice of termination shall be in writing and shall be maintained by the collaborating professionals for a minimum of eight (8) years after termination of the collaborative practice arrangement. The collaborative practice arrangement shall be reviewed at least annually and revised as needed by the collaborating physician and collaborating RN or APRN. Documentation of the annual review shall be maintained as part of the collaborative practice arrangement.

C. Within thirty (30) days of any change and with each physician’s license renewal, the collaborating physician shall advise the Missouri State Board of Registration for the Healing Arts whether he/she is engaged in any collaborative practice agreement, including collaborative practice agreements delegating the authority to prescribe controlled substances and also report to the board the name of each licensed RN or APRN with whom he/she has entered into such agreement. A change shall include, but not be limited to, resignation or termination of the RN or APRN; change in practice locations; and addition or new collaborating professionals.

D. An RN or an APRN practicing pursuant to a collaborative practice arrangement shall maintain adequate and complete patient records in compliance with section 334.097, RSMo.

E. The collaborating physician shall complete a review of a minimum of ten percent (10%) of the total health care services delivered by the collaborating APRN. If the APRN’s practice includes the prescribing of controlled substances, the physician shall review a minimum of twenty percent (20%) of the cases in which the APRN wrote a prescription for a controlled substance. If the controlled substance chart review meets the minimum total ten percent (10%) as described above, then the minimum review requirements have been met. The collaborating APRN’s documentation shall be submitted for review to the collaborating physician at least every fourteen (14) days. This documentation submission may be accomplished in person or by other electronic means and reviewed by the collaborating physician. The collaborating physician must produce evidence of the chart review upon request of the Missouri State Board of Registration for the Healing Arts. This subsection shall not apply during the time the collaborating physician and collaborating APRN are practicing together as required in subsection (2)(C) above.

F. If a collaborative practice arrangement is used in clinical situations where a collaborating APRN provides health care services that include the diagnosis
and initiation or treatment for acutely or chronically ill or injured persons, then the collaborating physician shall be present for sufficient periods of time, at least once every two (2) weeks, except in extraordinary circumstances that shall be documented, to participate in such review and to provide necessary medical direction, medical services, consultations, and supervision of the health care staff. In such settings, the use of a collaborative practice arrangement shall be limited to only an APRN.

G. The collaborating physician and collaborating RN or APRN shall determine an appropriate process of review and management of abnormal test results which shall be documented in the collaborative practice arrangement.

**Citation:** Mo. Code Regs. Ann. tit. 20, § 2200-4.200(4).

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**Montana**

Nurse practitioner (NP) practice means the independent and/or collaborative management of primary and/or acute health care of individuals, families, and communities including . . . working in collaboration with other health care providers and agencies to provide and, where appropriate, coordinate services to individuals and families.

**Citation:** Mont. Admin. R. § 24.159.1470(f).

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**Nebraska**

Collaboration means a process and relationship in which a nurse practitioner, together with other health professionals, delivers health care within the scope of authority of the various clinical specialty practices.

**Citation:** Neb. Rev. Stat. § 38-2308.

1. Integrated practice agreement means a written agreement between a nurse practitioner and a collaborating physician in which the nurse practitioner and the collaborating physician provide for the delivery of health care through an integrated practice. The integrated practice agreement shall provide that the nurse practitioner and the collaborating physician will practice collaboratively within the framework of their respective scopes of practice. Each provider shall be responsible for his or her individual decisions in managing the health care of patients. Integrated practice includes consultation, collaboration, and referral.

2. The nurse practitioner and the collaborating physician shall have joint responsibility for patient care, based upon the scope of practice of each practitioner. The collaborating physician shall be responsible for supervision of the nurse practitioner to ensure the quality of health care provided to patients.
3. For the purposes of this section:
   a. Collaborating physician means a physician or osteopathic physician licensed in Nebraska and practicing in the same geographic area and practice specialty, related specialty, or field of practice as the nurse practitioner; and
   b. Supervision means the ready availability of the collaborating physician for consultation and direction of the activities of the nurse practitioner within the nurse practitioner’s defined scope of practice.

Citation: Neb. Rev. Stat. § 38-2310.

Nevada

Note: Section 632.2555 has been repealed as of December 10, 2013.

New Hampshire

There is no requirement for physician collaboration for NP practice in New Hampshire.

New Jersey

An advanced practice nurse may order medications and devices in the inpatient setting, subject to the following condition:

1. the collaborating physician and advanced practice nurse shall address in the joint protocols whether prior consultation with the collaborating physician is required to initiate an order for a controlled dangerous substance;
2. the order is written in accordance with standing orders or joint protocols developed in agreement between a collaborating physician and the advanced practice nurse, or pursuant to the specific direction of a physician;
3. the advanced practice nurse authorizes the order by signing his or her own name, printing the name and certification number, and printing the collaborating physician’s name;
4. the physician is present or readily available through electronic communications;
5. the charts and records of the patients treated by the advanced practice nurse are reviewed by the collaborating physician and the advanced practice nurse within the period of time specified by rule adopted by the Commissioner of Health and Senior Services pursuant to section 13 of P.L.1991, c.377 (C.45:11-52);
6. the joint protocols developed by the collaborating physician and the advanced practice nurse are reviewed, updated and signed at least annually by both parties; and
7. the advanced practice nurse has completed six contact hours of continuing professional education in pharmacology related to controlled substances, including pharmacologic therapy and addiction prevention and management.
in accordance with regulations adopted by the New Jersey Board of Nursing. The six contact hours shall be in addition to the New Jersey Board of Nursing pharmacology education requirements for advanced practice nurses related to initial certification and recertification of an advanced practice nurse as set forth in N.J.A.C.13:37-7.2 and 12:37-7.5.

c. An advanced practice nurse may prescribe medications and devices in all other medically appropriate settings, subject to the following conditions:
   1. the collaborating physician and advanced practice nurse shall address in the joint protocols whether prior consultation with the collaborating physician is required to initiate a prescription for a controlled dangerous substance;
   2. the prescription is written in accordance with standing orders or joint protocols developed in agreement between a collaborating physician and the advanced practice nurse, or pursuant to the specific direction of a physician;
   3. the advanced practice nurse writes the prescription on a New Jersey Prescription Blank pursuant to P.L.2003, c.280 (C.45:14-40 et seq.), signs his name to the prescription and prints his name and certification number;
   4. the prescription is dated and includes the name of the patient and the name, address, and telephone number of the collaborating physician;
   5. the physician is present or readily available through electronic communications;
   6. the charts and records of the patients treated by the advanced practice nurse are periodically reviewed by the collaborating physician and the advanced practice nurse;
   7. the joint protocols developed by the collaborating physician and the advanced practice nurse are reviewed, updated, and signed at least annually by both parties; and
   8. the advanced practice nurse has completed six contact hours of continuing professional education in pharmacology related to controlled substances, including pharmacologic therapy and addiction prevention and management, in accordance with regulations adopted by the New Jersey Board of Nursing. The six contact hours shall be in addition to New Jersey Board of Nursing pharmacology education requirements for advanced practice nurses related to initial certification and recertification of an advanced practice nurse as set forth in N.J.A.C.13:37-7.2 and 13:37-7.5.

d. The joint protocols employed pursuant to Subsections b. and c. of this section shall conform with standards adopted by the Director of the Division of Consumer Affairs pursuant to Section 12 of P.L.1991, c. 377 (C.45:11-51) or Section 10 of P.L.1999, c. 85 (C.45:11-49.2), as applicable.

Citation: N.J. Stat. Ann. § 45:11-49.
New Mexico

The Certified Nurse Practitioner makes independent decisions regarding the health care needs of the client and also makes independent decisions on carrying out health care regimens.

Citation: N.M. Admin. Code § 16.12.2.13.N(1).

New York

[A practice agreement between NP and a physician is required.]

Each practice agreement shall provide for patient records review by the collaborating physician in a timely fashion but in no event less often than every three months. The names of the nurse practitioner and the collaborating physician shall be clearly posted in the practice setting of the nurse practitioner.

Citation: N.Y. Educ. Law, Art. 139 § 6902.3(c).

No physician shall enter into practice agreements with more than four nurse practitioners who are not located on the same physical premises as the collaborating physician.

Citation: N.Y. Educ. Law, Art. 139 § 6902.3(e).

The practice protocol shall reflect current accepted medical and nursing practice. The protocols shall be filed with the department within ninety days of the commencement of the practice and may be updated periodically. The commissioner shall make regulations establishing the procedure for the review of protocols and the disposition of any issues arising from such review.

Citation: N.Y. Educ. Law, Art. 139 § 6902.3(d).

North Carolina

The following are the quality assurance standards for a collaborative practice agreement:

1. Availability: The primary or back-up supervising physician(s) and the nurse practitioner shall be continuously available to each other for consultation by direct communication or telecommunication.

2. Collaborative Practice Agreement:
   a. shall be agreed upon and signed by both the primary supervising physician and the nurse practitioner, and maintained in each practice site;
   b. shall be reviewed at least yearly. This review shall be acknowledged by a dated signature sheet, signed by both the primary supervising physician and the nurse practitioner, appended to the collaborative practice
agreement and available for inspection by members or agents of either Board;
c. shall include the drugs, devices, medical treatments, tests, and procedures that may be prescribed, ordered and performed by the nurse practitioner consistent with Rule .0809 of this Section; and
d. shall include a pre-determined plan for emergency services.
3. The nurse practitioner shall demonstrate the ability to perform medical acts as outlined in the collaborative practice agreement upon request by members or agents of either Board.
a. The primary supervising physician and the nurse practitioner shall develop a process for the ongoing review of the care provided in each practice site including a written plan for evaluating the quality of care provided for one or more frequently encountered clinical problems.
b. This plan shall include a description of the clinical problem(s), an evaluation of the current treatment interventions, and if needed, a plan for improving outcomes within an identified timeframe.
c. The quality improvement process shall include scheduled meetings between the primary supervising physician and the nurse practitioner at least every six months. Documentation for each meeting shall:
   i. identify clinical problems discussed, including progress toward improving outcomes as stated in Sub-item (4)(b) of this Rule, and recommendations, if any, for changes in treatment plan(s);
   ii. be signed and dated by those who attended; and
   iii. be available for review by members or agents of either Board for the previous five calendar years and be retained by both the nurse practitioner and primary supervising physician.
5. Nurse Practitioner-Physician Consultation. The following requirements establish the minimum standards for consultation between the nurse practitioner and primary supervising physician(s):
a. During the first six months of a collaborative practice agreement between a nurse practitioner and the primary supervising physician, there shall be monthly meetings for the first six months to discuss practice relevant clinical issues and quality improvement measures.
b. Documentation of the meetings shall:
   i. identify clinical issues discussed and actions taken;
   ii. be signed and dated by those who attended; and
   iii. be available for review by members or agents of either Board for the previous five calendar years and be retained by both the nurse practitioner and primary supervising physician.

Citation: N.C. Admin. Code tit. 21, r. 36.0810.
North Dakota

There is no requirement for physician collaboration for APRN practice in North Dakota.

Ohio

A certified nurse practitioner, in collaboration with one or more physicians or podiatrists, may provide preventive and primary care services, provide services for acute illness, and evaluate and promote patient wellness within the nurse’s nursing specialty, consistent with the nurse’s education and certification, and in accordance with rules adopted by the board. A certified nurse practitioner who holds a certificate to prescribe issued under Section 4723.48 of the Revised Code may, in collaboration with one or more physicians or podiatrists, prescribe drugs and therapeutic devices in accordance with Section 4723.481 of the Revised Code. When a certified nurse practitioner is collaborating with a podiatrist, the nurse’s scope of practice is limited to the procedures that the podiatrist has the authority under Section 4731.51 of the Revised Code to perform.

Citation: Ohio Rev. Code Ann. § 4723.43(C).

Oklahoma

A Certified Nurse Practitioner shall be eligible, in accordance with the scope of practice of the Certified Nurse Practitioner, to obtain recognition as authorized by the Board to prescribe . . . subject to the medical direction of a supervising physician.

Citation: Okla. Stat. Ann. tit. 59, § 567.3a(6).

Oregon

There is no requirement of physician collaboration.

Pennsylvania

Collaboration—A process in which a CRNP works with one or more physicians to deliver health care services within the scope of the CRNP’s expertise. The process includes all of the following:

i. Immediate availability of a licensed physician to a CRNP through direct communications or by radio, telephone or telecommunications.

ii. A predetermined plan for emergency services.

iii. A physician available to a CRNP on a regularly scheduled basis for referrals, review of the standards of medical practice incorporating consultation and chart review, drug and other medical protocols within the
practice setting, periodic updating in medical diagnosis and therapeutics and cosigning records when necessary to document accountability by both parties.

Citation: 49 Pa. Code § 21.251.

**Rhode Island**

“Certified registered nurse practitioner (RNP)” means an advanced practice nurse utilizing independent knowledge of physical assessment and management of health care and illnesses. The practice includes prescriptive privileges, and collaboration with other licensed healthcare professionals, including, but not limited to, physicians, pharmacists, podiatrists, dentists and nurses. Such collaboration is not required to be pursuant to a written collaboration agreement, with a specific designated physician, or at the same physical location as a collaborating physician.

Citation: R.I. R. § R5-34-NUR/ED 1.0(1.10).

**South Carolina**

... Nurse practitioners who perform delegated medical acts must have a supervising physician or dentist who is readily available for consultation and shall operate within the approved written protocols.

Citation: S.C. Code Ann. § 40-33-20(41).

‘Approved written protocols’ mean specific statements developed collaboratively by a physician or medical staff and a NP, CNM, or CNS that establishes physician delegation for medical aspects of care, including the prescription of medications.

Citation: S.C. Code Ann. § 40-33-20(10).

Delegated medical acts performed by a nurse practitioner, certified nurse-midwife, or clinical nurse specialist must be performed pursuant to an approved written protocol between the nurse and physician and must include ... (a) this general information:

i. Name, address, and South Carolina license number of the nurse;
ii. Name, address, and South Carolina license number of the physician;
iii. Nature of practice and practice locations of the nurse and physician;
iv. Date the protocol was developed and dates the protocol was reviewed and amended;

v. Description of how consultation with the physician is provided and provision for backup consultation in the physician’s absence.

b. This information for delegated medical acts:
i. The medical conditions for which therapies may be initiated, continued, or modified;
ii. The treatments that may be initiated, continued, or modified;
iii. The drug therapies that may be prescribed;
iv. Situations that require direct evaluation by or referral to the physician.

2. The original protocol and any amendments to the protocol must be reviewed at least annually, dated and signed by the nurse and physician, and made available to the Board for review within 72 hours of request. Failure to produce protocols upon request of the board is considered misconduct and subjects the licensee to disciplinary action. A random audit of approved written protocols must be conducted by the board at least biennially.

3. Licensees who change practice settings or physicians, shall notify the board of the change within 15 business days and provide verification of approved written protocols. NPs, CNMs and CNSs who discontinue their practice shall notify the board within 15 days.

_Citation:_ S.C. Code Ann. § 43-33-34(D).

## South Dakota

"Collaborative agreement" defined. The term, collaborative agreement, as used in this chapter, means a written agreement authored and signed by the nurse practitioner or nurse midwife and the physician with whom the nurse practitioner or nurse midwife is collaborating. A collaborative agreement defines or describes the agreed upon overlapping scope of advanced practice nursing and medical functions that may be performed, consistent with § 36-9A-12 or 36-9A-13, and contains such other information as required by the boards. A copy of each collaborative agreement shall be maintained on file with and be approved by the boards prior to performing any of the acts contained in the agreement.

_Citation:_ S.D. Codified Laws § 36-9A-15.

Advanced practice nursing and medical functions—Collaborative agreement required. A nurse practitioner or nurse midwife may perform the overlapping scope of advanced practice nursing and medical functions only under the terms of a collaborative agreement with a physician licensed under Chapter 36-4. Any collaborative agreement shall be maintained on file with the boards. Collaboration may be by direct personal contact, or by a combination of direct personal contact and indirect contact via telecommunication, as may be required by the boards. If the collaborating physician named in a collaborative agreement becomes temporarily unavailable, the nurse practitioner or nurse midwife may perform the agreed upon overlapping scope of advanced practice nursing and medical functions in consultation with another licensed physician designated as a substitute.

_Citation:_ S.D. Codified Laws § 36-9A-17.
Collaboration with a licensed physician or physicians. A nurse practitioner or nurse midwife may perform the overlapping scope of advanced practice nursing and medical functions defined in SDCL 36-9A-12 and 36-9A-13, in collaboration with a physician or physicians licensed under SDCL Chapter 36-4. Collaboration by direct personal contact with each collaborating physician must occur no less than twice each month unless it is established in the collaborative agreement that one of the twice monthly meetings may be held by telecommunication. Collaboration with each collaborating physician shall occur at least once per month by direct personal contact.

Citation: S.D. Admin. R. § 20:62:03:03.

Direct personal contact. For the purposes of this chapter, the term, direct personal contact, means that both the collaborating physician and the nurse practitioner or nurse midwife are physically present on site and available for the purposes of collaboration. When the collaborating physician is not in direct personal contact with the nurse practitioner or nurse midwife, the physician must be available by telecommunication. If the boards consider additional direct personal contact necessary for a nurse practitioner or nurse midwife, they shall set the terms of that additional collaboration and require inclusion of those terms in that nurse practitioner’s or midwife’s collaborative agreement as a condition for its approval.

Citation: S.D. Admin. R. § 20:62:03:04.

Collaboration—Separate practice location. In addition to the required two meetings per month, the collaborating physician must be physically present on site every ninety days at each practice location. This requirement does not apply to locations where health care services are not routine to the setting, such as patient homes and school health screening events.

Citation: S.D. Admin. R. § 20:62:03:05.

Tennessee

b. 1. A nurse who has been issued a certificate of fitness as a nurse practitioner pursuant to § 63-7-207 and this section shall file a notice with the board, containing the name of the nurse practitioner, the name of the licensed physician having supervision, control, and responsibility for prescriptive services rendered by the nurse practitioner and a copy of the formulary describing the categories of legend drugs to be prescribed and/or issued by the nurse practitioner. The nurse practitioner shall be responsible for updating this information.

2. The nurse practitioner who holds a certificate of fitness shall be authorized to prescribe and/or issue controlled substances listed in Schedules II, III, IV, and V . . . upon joint adoption of physician supervisory rules concerning controlled substances. . . .

Citation: Tenn. Code Ann. § 63-7-123(b)(1)&(2).
Texas

The advanced practice nurse acts independently and/or in collaboration with the health team in the observation, assessment, diagnosis, intervention, evaluation, rehabilitation, care and counsel, and health teachings of persons who are ill, injured, or infirm or experiencing changes in normal health processes; and in the promotion and maintenance of health or prevention of illness.

Citation: 21 Tex. Admin. Code § 221.13(c).

When providing medical aspects of care, advanced practice nurses shall utilize mechanisms that provide authority for that care. These mechanisms may include, but are not limited to, protocols or other written authorization. This shall not be construed as requiring authority for nursing aspects of care.

1. Protocols or other written authorization shall promote the exercise of professional judgment by the advanced practice nurse commensurate with his/her education and experience. The degree of detail within protocols/policies/practice guidelines/clinical practice privileges may vary in relation to the complexity of the situations covered by such protocols, the advanced specialty area of practice, the advanced educational preparation of the individual, and the experience level of the individual advanced practice nurse.

2. Protocols or other written authorization:
   A. should be jointly developed by the advanced practice nurse and the appropriate physician(s);
   B. shall be signed by both the advanced practice nurse and the physician(s);
   C. shall be reviewed and re-signed at least annually;
   D. shall be maintained in the practice setting of the advanced practice nurse; and
   E. shall be made available as necessary to verify authority to provide medical aspects of care.

   e. The advanced practice nurse shall retain professional accountability for advanced practice nursing care.

Citation: 21 Tex. Admin. Code § 221.13(d)&(e).

a. The APRN with full licensure and a valid prescription authorization number shall:
   1. order or prescribe only those drugs or devices that are:
      A. authorized by a prescriptive authority agreement or, if practicing in a facility-based practice, authorized by either a prescriptive authority agreement or protocols or other written authorization; and
      B. ordered or prescribed for patient populations within the accepted scope of professional practice for the APRN's license; and
2. comply with the requirements for chart reviews specified in the prescriptive authority agreement and periodic face to face meetings set forth in the prescriptive authority agreement; or
3. comply with the requirements set forth in protocols or other written authorization if ordering or prescribing drugs or devices under facility-based protocols or other written authorization.

b. Prescription Information. The format and essential elements of a prescription drug order shall comply with the requirements of the Texas State Board of Pharmacy. The following information must be provided on each prescription:
1. the patient’s name and address;
2. the name, strength, and quantity of the drug to be dispensed;
3. directions to the patient regarding taking of the drug and the dosage;
4. the intended use of the drug, if appropriate;
5. the name, address, and telephone number of the physician with whom the APRN has a prescriptive authority agreement or facility-based protocols or other written authorization;
6. address and telephone number of the site at which the prescription drug order was issued;
7. the date of issuance;
8. the number of refills permitted;
9. the name, prescription authorization number, and original signature of the APRN who authorized the prescription drug order; and
10. the United States Drug Enforcement Administration numbers of the APRN and the delegating physician, if the prescription drug order is for a controlled substance.

c. Generic Substitution. The APRN shall authorize or prevent generic substitution on a prescription in compliance with the current rules of the Texas State Board of Pharmacy relating to generic substitution.

An APRN may order or prescribe medications for sexually transmitted diseases for partners of an established patient, if the APRN assesses the patient and determines that the patient may have been infected with a sexually transmitted disease. Nothing in this subsection shall be construed to require the APRN to issue prescriptions for partners of patients.

e. APRNs may order or prescribe only those medications that are FDA approved unless done through protocol registration in a United States Institutional Review Board or Expanded Access authorized clinical trial. "Off label" use, or prescription of FDA-approved medications for uses other than that indicated by the FDA, is permitted when such practices are:
1. within the current standard of care for treatment of the disease or condition; and
2. supported by evidence-based research.
f. The APRN with full licensure and a valid prescriptive authorization number shall cooperate with representatives of the Board and the Texas Medical Board during an inspection and audit relating to the operation and implementation of a prescriptive authority agreement.

Citation: 22 Tex. Admin. Code §224.4.

Utah

“Consultation and referral plan” means a written plan jointly developed by an advanced practice registered nurse and a consulting physician that permits the advanced practice registered nurse to prescribe schedule II-III controlled substances in consultation with the consulting physician.

Citation: Utah Code Ann. § 58-31b-102(5).

Vermont

Graduates with fewer than 24 months and 2,400 hours of license active advanced nursing practice shall have a formal agreement with a collaborating provider.

Citation: Vt. Board of Nursing Admin Rules 15.14.

a. A collaborating provider is:
   1. an APRN or
   2. a physician licensed to practice medicine under Title 26, Chapter 23, or
   3. an osteopathic physician licensed to practice under Title 26, Chapter 33.

b. The collaborating provider’s license must be in good standing, and the collaborating provider shall practice in the same role and population focus or specialty as the new graduate APRN’s area of certification.

c. An APRN collaborating provider shall have practiced in the same specialty for a minimum of four years. The Board, in its discretion, may waive the requirement that a collaborating provider be licensed in Vermont upon showing of necessity by the APRN. Any waiver granted under this section will only apply to providers currently licensed in the United States.

Citation: Vt. Board of Nursing Admin Rules 15.17.

Virginia

A nurse practitioner licensed in a category other than certified registered nurse anesthetist shall be authorized to render care in collaboration and consultation with a licensed patient care team physician as part of patient care team.

Citation: 18 Va. Admin. Code § 90-30-120.A.
A nurse practitioner with prescriptive authority may prescribe only within the scope of the written or electronic practice agreement with a patient care team physician.

Citation: 18 V a. Admin. Code § 90-40-90.

“Practice agreement” means a written or electronic agreement jointly developed by the patient care team physician and the nurse practitioner for the practice of the nurse practitioner that also describes the prescriptive authority of the nurse practitioner, if applicable.

Citation: 18 Va. Admin. Code § 90-40-10.

Washington

No physician collaboration is required by law for nurse practitioner practice in Washington.

West Virginia

The board may, in its discretion, authorize an advanced nurse practitioner to prescribe prescription drugs in a collaborative relationship with a physician licensed to practice in West Virginia and in accordance with applicable state and federal laws. An authorized advanced nurse practitioner may write or sign prescriptions or transmit prescriptions verbally or by other means of communication.

For purposes of this section an agreement to a collaborative relationship for prescriptive practice between a physician and an advanced practice registered nurse shall be set forth in writing. . . .

Collaborative agreements shall include, but not be limited to, the following:

1. Mutually agreed upon written guidelines or protocols for prescriptive authority as it applies to the advanced practice registered nurse's clinical practice;
2. Statements describing the individual and shared responsibilities of the advanced practice registered nurse and the physician pursuant to the collaborative agreement between them;
3. Periodic and joint evaluation of prescriptive practice; and
4. Periodic and joint review and updating of the written guidelines or protocols.

Citation: W.VA. Code Ann. § 30-7-15(a).
Wisconsin

Advanced practice nurse prescribers shall facilitate collaboration with other health care professionals, at least one of whom shall be a physician, through the use of modern communication techniques.

*Citation: Wis. Admin. Code § N8.10(2).*

Advanced practice nurse prescribers shall work in a collaborative relationship with a physician. The collaborative relationship is a process in which an advanced practice nurse prescriber is working with a physician, in each other’s presence when necessary, to deliver health care services within the scope of the practitioner’s professional expertise. The advanced practice nurse prescriber and the physician must document this relationship.

*Citation: Wis. Admin. Code § N8.10(7).*

Wyoming

There is no requirement for physician collaboration or supervision.