

## State law chart: Nurse Practitioner Practice Authority

State (incl. year independence granted, if applicable)	Definition of Nurse Practitioner	Physician involvement required for diagnosis & treatment?	Details	Supervised practice hours required before autonomy	Additional notes
Alabama	An “advanced practice nurse” is a registered nurse that has gained additional knowledge and skills through successful completion of an organized program of nursing education that prepares nurses for advanced practice roles and has been certified by the Board of Nursing to engage in the practice of advanced practice nursing. There shall be four categories of advanced practice nurses: CRNP, CNM, CRNA, and CNS. (Ala. Code. Ann. § 34-21-81 (3)).	Yes  (Ala. Code § 34-21-81 (3)).	<p>A <b>collaborative practice agreement</b> is required.</p> <p>Collaborating physician provides direction and oversight and must be available to the NP by radio, telephone, or telecommunications, and must be available for consultation or referrals from the NP (Ala. Admin. Code 540-X-8-.08 (1); Ala. Admin. Code 610-X-5-.08 (1)).</p> <p>If the NP is to perform services off site, then the written protocol must specify “the circumstances and provide written verification of physician availability for consultation, referral, or direct medical intervention in emergencies, and after hours, if indicated.” (Ala. Admin. Code 540-X-8-.08 (8);).</p> <p>The collaborating physician must be present at least 10% of the NP’s scheduled hours with a NP who has less than 2 years (4,000 hours) of collaborative practice, and must visit each collaborative practice site at least quarterly. (Ala. Admin. Code 540-X-8-.08 (5)(b));</p> <p>Written standard protocols must</p> <ul style="list-style-type: none"> <li>• specify the specialty practice area of the NP and the collaborating physician;</li> <li>• identify all sites where the NP will practice within the protocol;</li> </ul>	N/A	A physician may enter into collaborative agreements with certified registered nurse practitioners not exceeding a cumulative one hundred and sixty (160) hours (4 FTEs) per week. The total number of persons supervised by or in collaborative practice with a physician shall not exceed one hundred and sixty (160) hours per week (4 FTEs). Ala. Admin. Code 540-X-8-.12 (1).

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			<ul style="list-style-type: none"> <li>• identify the physician’s principal practice site; be maintained at each practice site;</li> <li>• include a formulary of drugs, devices, medical treatments, tests, and procedures that may be prescribed, ordered, and implemented by the NP;</li> <li>• include a pre-determined plan for emergency services;</li> <li>• specify a plan for quality assurance management with established patient outcome indicators for evaluation of the NP, and include review of “a meaningful sample of medical records, plus all adverse outcomes (Ala. Admin. Code 540-X-8-.08 (8));</li> </ul>		
Alaska (1984)	“Advanced nurse practitioner” means a registered nurse authorized to practice in the state who, because of specialized education and experience, is certified to perform acts of medical diagnosis and the prescription and dispensing of medical, therapeutic, or corrective measures under regulations adopted by the board. (Ala. Rev. Stat. § 08.68.850 (1)).	No  (12 Alaska Admin. Code 44.400)	N/A	None	When applying to deliver health care services the NP shall submit a written consultation and referral plan. The plan must describe the clinical practice characteristics, list the method and documentation process for routine consultations and referrals and describe the process for quality assurance to evaluate the practice (including a written evaluation of the quality assurance review with a plan for corrective action) (12 Alaska Admin. Code 44.400(5))
Arizona	“Registered nurse practitioner” means a registered nurse who: is certified by the board, has completed a NP education program approved or recognized by the board and	No  (A.R.S. § 32-1601 (22)(v)); Ariz. Admin.	NPs must refer a patient to a physician or another health care provider if the referral will protect the health and welfare of the patient and consult with a physician and other health care providers if a situation or condition occurs in a patient that is beyond the NP’s knowledge and experience. (Ariz. Admin. Code R4-19-508)	None	

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	educational requirements prescribed by the board by rule; if applying for certification after July 1, 2004, holds national certification as a NP from a national certifying body recognized by the board; has an expanded scope of practice within a specialty area. (A.R.S. § 32-1601 (22)).	Code R4-19-508).	Scope of practice includes: assessing clients, synthesizing and analyzing data and understanding and applying principles of health care at an advanced level; managing the physical and psychosocial health status of clients; analyzing multiple sources of data, identifying alternative possibilities as to the nature of a health care problem and selecting, implementing and evaluating appropriate treatment; making independent decisions in solving complex client care problems; diagnosing, performing diagnostic and therapeutic procedures, and prescribing, administering and dispensing therapeutic measures, including legend drugs, medical devices and controlled substances within the scope of NP practice on meeting the requirements established by the board; recognizing the limits of the nurse's knowledge and experience and planning for situations beyond the nurse's knowledge, educational preparation and expertise by consulting with or referring clients to other health care providers when appropriate; delegating to a medical assistant pursuant to section 32-1456; performing additional acts that require education and training as prescribed by the Board and that are recognized by the nursing profession as proper to be performed by a nurse practitioner. (A.R.S. § 32-1601 (5)(d)).		
Arkansas (1995)	“Practice of advanced nurse practitioner nursing” means the performance for compensation of nursing skills by a RN who, as demonstrated by national certification, has advanced knowledge and practice skills in the delivery of nursing services. (Ark. Code Ann. 17-87-102 (4)(A	APRN - No  RNP - Yes	No collaborative practice agreement required for APRNs.  RNPs must practice in accordance with protocols developed in collaboration with a practicing physician. These protocols must address: “established procedures for the management of common medical problems in the practice setting”; “the degree to which collaboration, independent action, and supervision are required”; and “acts including, but not limited to, assessment, diagnosis, treatment, and evaluation.” (Arkansas State Board of Nursing Rules, Ch 3 Section 1©(2)).	N/A	Arkansas distinguishes between APRNs and Registered Nurse Practitioners (RNPs), which does not require a master’s degree or national board certification and has not been issued since 2000.  Collaborative practice agreement required for prescriptive authority.  HB 1230: to authorize a podiatrist to have a collaborative practice agreement with an

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					APRN → codified in Ark. Code. 17-87-310(a)(2)
California	"Nurse practitioner" means a RN who possesses additional preparation and skills in physical diagnosis, psycho-social assessment, and management of health-illness needs in primary health care, and who has been prepared in a program conforms to board standards as specified in Section 1484. (16 Code Cal. Rules 1480 (a) (AB 890, enacted in 2020, has not yet been implemented. The bill creates three tiers of NPs)	Yes. Even the most recent law in California creating Section 103 NPs and Section 104 NPs contemplate some degree of physician oversight for these new categories of NPs.  (Cal. Bus. & Prof. Code §2837.103(a)(1)(D) & §2837.104(a)&(b))	Three levels of physician supervision: 1) In addition to any other practices that meet the general criteria set forth in statute or regulation for inclusion in standardized procedures developed through collaboration among administrators and health professionals, including physicians and surgeons and nurses, pursuant to a standardized procedures may be implemented that authorize a NP to do any of the following: (1) Order DME (2) After performance of a physical examination by the nurse practitioner and collaboration with a physician and surgeon, certify disability pursuant to Section 2708 of the Unemployment Insurance Code. (3) For individuals receiving home health services or personal care services, after consultation with the treating physician and surgeon, approve, sign, modify, or add to a plan of treatment or plan of care.  A “standardized procedure” is the legal mechanism for RNs and NPs to perform functions which would otherwise be considered the practice of medicine. Standardized procedures must be developed collaboratively by nursing, medicine, and administration in the organized health care system where they will be utilized. The procedure functions are the diagnosing, prescribing, and severing or penetrating of tissue functions under the MPA. The standardized procedure outlines when the nurse is to refer or seek a second opinion, limitations, required education, settings, how the practice will be evaluated etc.  Standardized procedures must be developed collaboratively by nursing, medicine, and administration in the organized health care system where they will be utilized. Once the physician signs off on the standardized procedure,	See details section	Section 103 and Section 104 NPs must do the following: -Verbally inform all new patients in a language understandable to the patient that the nurse practitioner is not a physician; -Post a notice in a conspicuous location accessible to public view that the nurse practitioner is regulated by the BRN, including information about how complaints can be made; - Practice only within the scope of their education and training; -Refer patients to a physician in specified circumstances; and -Carry professional liability insurance. (Business & Professions Code §§2837.103(d)-(g), 2837.104(c)(1),(3)&(d)-(f).)

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			<p>nurse and facility (if applicable) the practice is considered independent. The “standardized procedure” is agency specific and must meet certain requirements including collaborative development by nursing, medicine and administration within the agency.</p> <p>2) Section 103 Nurse practitioners with at least three years and 4,600 hours of practice and certain educational and training requirements, including passing a national NP board certification and supplemental examination, may perform certain functions without standardized procedures but only in specified settings in which one or more physician or surgeon’s practice with the nurse practitioner. Section 103 NPs are required to refer a patient to a physician or other licensed health care provider if the "situation or condition is beyond the scope of the education and training of the nurse practitioner." Note: The law creating Section 103 Nurse Practitioners (A.B. 890) does not specify a date when Section 103 NPs can begin performing without standardized procedures in these settings, they cannot do so until the regulations and guidance required by AB 890 become operative, including the transition to practice regulations and supplemental exam requirements.</p> <p>3) Section 104 Nurse practitioners who have completed the requirements of Section 103 NPs and an additional three years of practice in good standing and meet certain education requirements may practice within certain parameters/scope within the limits of their knowledge, experience and national certification outside the settings where Section 103 NPs can practice. Section 104 NPs are authorized to practice in a setting without a practicing physician, however, Section 104 NPs are required to consult with a physician pursuant to the "individual protocols" and under the specific circumstances outlined in the law. Section 104 NPs must also establish a plan for referral of complex medical cases and emergencies to a physician.</p>		
Colorado	Advanced Practice Nurse (APN): A master’s prepared nurse holding a graduate	No.	N/A	None	An APN may sign an affidavit, certification, or similar document that: documents a patient’s current health status; authorizes

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	degree in advanced practice nursing who has completed a graduate or post-graduate program of study in an advanced practice Role and/or Population Focus, in an accredited advanced practice nursing program and has been recognized and included on the Advanced Practice Registry (APR) by the Board. APN Roles recognized by the Board are NP, CRNA, CNM and CNS. A nurse seeking recognition as an APN must be academically prepared for the expanded scope of practice described as Advanced Practice Nursing. (Colo. Code Regs 716-1, Ch. XIV (1.2)).				continuing treatment, tests, services, or equipment; or gives advance directives for end of-life care. Such affidavit, certification, or similar document may not be the prescription of medication unless the APN has been granted RXN by the State BON or in conflict with other requirements of law. Such forms may include but not be limited to forms for jury service, school forms, physical exams, utility company forms, CPR directives, and handicap parking. APNs may place persons on mental health holds but may not discontinue the holds. APNs may not place persons with alcohol or substance abuse problems on Involuntary Commitments and may not place persons on mental health certifications. APNs are authorized to implement Medical Orders Scope of Treatment forms which include advanced directive planning and DNR orders for adults.
Connecticut	Advanced nursing practice is defined as the performance of advanced level nursing practice activities that, by virtue of post-basic specialized education and experience, are appropriate to and may be performed by an APRN. (Conn. Gen. Stat. 20-87a (b)).	Yes – for the first 3 years and no less than 2,000 hours of practice.	For the first 3 years after having been issued a license and no less than 2,000 hours of practice, NPs must perform acts of diagnosis and treatment of alterations in health status in <b>collaboration</b> with a physician. The collaboration must address a reasonable and appropriate level of consultation and referral, coverage for the patient in the absence of the APRN, a method to review patient outcomes and a method of disclosure of the relationship to the patient. The collaborative agreement must be in writing and include the level of schedule II and III drugs that the NP may prescribe and a method to review patient outcomes. (Conn. Gen. Stat. § 20-87a (b)).	3 years and no less than 2,000 hours	APRNs allowed to certify disability leave, authorize DNR orders, certify involuntary commitment, SB 921: extends APRN practice: ex: allows APRNS to diagnose significant changes in a patient’s diabetes symptoms in certain situations, to enter into a written protocol-based collaborative drug therapy management

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		(Conn. Gen. Stat. § 20-87a (b)).	An APRN who has engaged in APRN activities in collaboration with a physician for a period of no less than 3 years may thereafter, alone or in collaboration with another health care provider: (i) perform the acts of diagnosis and treatment of alterations in health status; and (ii) prescribe, dispense and administer medical therapeutics and corrective measures and dispense drugs in the form of professional samples.		agreement with a pharmacist, etc → effective October 1, 2019
Delaware	An advanced practice registered nurse (APRN) is an individual with knowledge and skills acquired in basic nursing education; licensure as a registered nurse (RN); and graduation from or completion of a graduate level APRN program accredited by a national accrediting body and current certification by a national certifying body in the appropriate APRN role and at least 1 population focus. Includes CRNAs, CNPs, CNMs and CNS. (24 Del. Code. Ann. § 1902(c))	Yes – for the first 2 years or 4,000 hours of practice. (24 Del. Code. Ann. §1936	<p>APRNs are required to practice under a <b>collaborative practice agreement</b> or protocol with a physician for two years and a minimum of 4,000 hours of practice. All APRNs have full practice and prescriptive authority, but full practice authority does not equate to independent practice</p> <p>After 2 years or 4,000 hours of practice under a collaborative agreement, an APRN can apply to the APRN Committee (a joint committee of the BON and BOM) for independent practice, which is defined as “practice and prescribing by an APRN who is not subject to a collaborative agreement and works outside the employment of an established health care organization, health care delivery system, physician, podiatrist, or practice group owned by a physician or podiatrist. Independent practice shall be in an area substantially related to the population and focus of the APRN’s education, and certification.” The APRN Committee makes recommendations to the BON regarding whether to grant independent practice.</p> <p>APRNs granted independent practice shall not be held to any lesser standard of care than that of a physician providing care to a specific patient condition or population.</p>	N/A	When an APRN who has been granted independent practice comes before the Board of Nursing for discipline related to a deviation from the standard of care, the Board of Nursing’s decision must be approved by the Board of Medical Licensure and Discipline.
D.C.	Certified nurse practitioner: a registered nurse trained in an educational program and certified by a recognized	Yes. (D.C. Code § 3-1206.03 (a));	N/A	None	



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	national certification organization to provide healthcare services who, when functioning within the authorized scope of practice, is qualified to assume primary responsibility for the care of patients. (CDCR 17-5999.1).	“Generally, APRNs shall carry out acts of advanced registered nursing in collaboration with a licensed health care provider”			
Florida	“Advanced practice registered nurse” means any person licensed in this state to practice professional nursing and who is licensed in an advanced nursing practice, including certified nurse midwives, certified nurse practitioners, certified registered nurse anesthetists, clinical nurse specialists, and psychiatric nurses. (Fla. Stat. § 464.003(3)).	Yes, except for APRNs who meet the clinical practice hours requirement and practice only in primary care  (Fla. Stat. § 464.012 (3);	<b>General supervision</b> by a physician or dentist is required. The degree and method of general supervision, determined by the APRN and the physician or dentist must be specifically identified in written protocol and shall be appropriate for prudent health care providers under similar circumstances.  APRNs who meet the clinical practice hours requirement and certain educational requirements may practice autonomously only in primary care practice, including family medicine, general pediatrics, and general internal medicine. The Board shall adopt rules in consultation with the Council on Advanced Practice Registered Nurse Autonomous Practice.  There are different requirements for nurse midwives.	3,000 clinical practice hours within the past 5 years while practicing as an APRN under the supervision of a physician.	Must obtain and maintain professional liability coverage in an amount not less than \$100,000 per claim, with a minimum annual aggregate of not less than \$300,000 or obtain and maintaining an unexpired, irrevocable letter of credit, established pursuant to chapter 675, in an amount of not less than \$100,000 per claim, with a minimum aggregate availability of credit of not less than \$300,000.
Georgia	"Advanced practice registered nurse" means a registered professional nurse licensed under this chapter who is recognized by the board as	Yes.  (O.C.G.A. 43-34-25).	<b>General supervision and delegation</b> is required pursuant to a protocol agreement. The protocol agreement must: be between a NP and a physician who practice in comparable specialty areas, and must: <ul style="list-style-type: none"> <li>contain a provision for immediate consultation between the NP and the delegating physician;</li> </ul>	N/A	Chart review required for all charts where controlled substances prescribed.  Protocol agreements define what medical acts are delegated to the NP. NPs cannot “employ



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	<p>having met the requirements established by the board to engage in advanced nursing practice and who holds a master's degree or other graduate degree from an approved nursing education program and national board certification in his or her area of specialty, or a person who was recognized as an advanced practice registered nurse by the board on or before June 30, 2006. CRNAs who graduated from an approved prior to January 1, 1999, are not required to hold a master's or graduate degree. (Ga. Code. Ann. § 43-26-3 (1.1)).</p>		<ul style="list-style-type: none"> <li>• identify the parameters under which delegated acts may be performed by the NP, including the number of refills that 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;</li> <li>• require documentation by the NP of those acts performed by the NP which are specific to the medical acts authorized by the delegating physician;</li> <li>• include a schedule for periodic review by the physician of patient records; provide for patient evaluation or follow up examination by the physician;</li> <li>• be reviewed, revised, or updated annually;</li> <li>• be available upon written request by the Board of Nursing; and</li> <li>• provide that a patient who receives a prescription for a controlled substance pursuant to a nurse protocol agreement shall be evaluated or examined by the physician at least quarterly.</li> </ul>		<p>a physician to be their delegating physician”.”. A 2009 Cosmetic laser bill included APRNs (among other ‘medical practitioners’), addressed new provisions relating to the licensing of cosmetic laser practitioners, and changed certain provisions relating to the two levels of cosmetic laser services licenses. The NP may pronounce death, but may not sign the death certificate. NPs can be delegated the authority to “sign, certify and endorse all documents relating to health care provided to a patient within his or her authorized scope of practice”. Radiographic imaging tests can only be ordered by NPs in life threatening situations.</p> <p>A collaborating physician shall not enter into a collaborative practice arrangement with more than 3 FTE APRNs. This limitation shall not apply to collaborative arrangements of hospital employees, or population-based public health services.</p>
Hawaii	<p>"Advanced practice registered nurse" means a RN who has met the qualifications for advanced practice registered nurse set forth in this chapter and through rules of the board,</p>	<p>No.  (Haw. Rev. Stat § 457-8.5 (a)).</p>	N/A	None	<p>The board shall grant recognition as an advanced practice registered nurse to a nurse who has: (1) A current, unencumbered license as a registered nurse in this State;</p>

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	<p>which shall include educational requirements. (Haw. Rev. Stat. § 457-2 (a)).</p>				<p>(2) An unencumbered license as a registered nurse in all other states in which the nurse has a current and active license;                      (3) An unencumbered recognition as an advanced practice registered nurse or similar designation in all other states in which the nurse has a current and active recognition as an advanced practice registered nurse;                      (4) Completed an accredited graduate-level education program [ ] preparing the nurse for one of the four recognized advanced practice registered nurse roles;                      (5) A current, unencumbered certification of having passed a national certification examination that measures role and population-focused competencies and is recognized by the board;                      (6) Maintained continued competencies through recertification in role and population-focused competencies through a national certification program recognized by the board;                      (7) Acquired advanced clinical knowledge and skills preparing the nurse to provide direct care to patients through a significant educational and practical concentration on the direct care of patients;                      (8) Demonstrated a greater breadth of knowledge, a greater synthesis of data, greater complexity of skills and interventions, and</p>

# AMA Advocacy Resource Center

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					<p>greater role autonomy than demonstrated by a registered nurse;</p> <p>(9) Been educationally prepared to assume responsibility and accountability for health promotion and maintenance and to assess, diagnose, and manage patient problems through the use and prescription of pharmacologic and non-pharmacologic interventions;</p> <p>(10) Acquired clinical experience of sufficient depth and breadth to reflect the intended license; and</p> <p>(11) Paid the appropriate fees." (H.B. 79, 27th Leg., Reg. Sess. (Haw. 2013)).</p>
Idaho	<p>"Advanced practice registered nurse " means a licensed professional nurse who has gained specialized knowledge, skills, and experience through a program of study recognized or defined by the board; authorized to prescribe, administer, and dispense therapeutic pharmacologic agents, as defined by board rules; APRNs include certified nurse-midwife, clinical nurse specialist, certified nurse practitioner, and certified</p>	<p>No.  (IDAPA 23.01.01.27 1 (2)).</p>	N/A	None	<p>NPs are allowed to sign death certifications, state disability parking, state workman’s compensation.</p>

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	registered nurse anesthetist; an APRN collaborates with other health professionals in providing health care. (Idaho Stat. § 54-1402 (1)).				
Illinois (2017)	"Advanced practice nurse" or "APN" means a person who: is licensed as a registered professional nurse under the Act; meets the requirements for licensure as an advanced practice nurse under Section 15-10 of the Act; except as provided in Section 15-25 of the Act, has a written collaborative agreement with a collaborating physician in the diagnosis of illness and management of wellness and other conditions as appropriate to the level and area of his or her practice in accordance with Section 15-15 of the Act; and cares for patients: by using advanced diagnostic skills, the results of diagnostic tests and procedures ordered by the advanced practice nurse, a physician assistant, a dentist, a podiatrist, or a	Yes – for the first 4,000 hours of practice. Practice within a hospital or ASC is exempt.  (225 ILCS 65/65-43).	A <b>collaborative practice agreement</b> is required for clinical practice, except for NPs who have obtained 250 hours of continuing medical education and at least 4,000 hours of clinical experience after first attaining national certification AND except for practice within a hospital or ambulatory surgical treatment center.	None	<p>NPs must file a notarized attestation of completion of the 250/4,000 hours with the Department of Nursing.</p> <p>If an APRN has a doctorate degree, when identifying himself or herself as “doctor” in a clinical setting, the APRN must clearly state that his or her educational preparation is not in medicine and that he or she is not a medical doctor or physician.</p> <p>Number of hours of CME increased to 80 from 50 in 2017. Must include 20 hours of pharmacotherapeutics, 10 hours of opioid prescribing or substance abuse education. A maximum of 30 hours can be through presentations.</p>

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	physician, and professional judgment to initiate and coordinate the care of patients; by ordering diagnostic tests, prescribing medications and drugs in accordance with Section 15-20 of the Act, and administering medications and drugs; and by using medical, therapeutic, and corrective measures to treat illness and improve health status. (68 Ill. Admin. Code 1305.10).				
Indiana	"Advanced practice nurse" means: a NP, CNM, or a CNS who is a RN qualified to practice nursing in a specialty role based upon the additional knowledge and skill gained through a formal organized program of study and clinical experience, or the equivalent as determined by the board, which does not limit but extends or expands the function of the nurse which may be initiated by the client or provider in settings that shall include hospital outpatient clinics and health	Yes.  ( Ind. Code Ann. § 25-23-1-19.4 (c)).	A <b>collaborative practice agreement</b> is required for prescriptive authority. The collaborative agreement must set forth the manner in which the NP and the licensed practitioner will cooperate, coordinate, and consult with each other in the provision of health care to patients.	N/A	NPs have the authority to order OT services, to sign handicapped driving stickers; an NP is a member of the birth registry problems committee. NPs are prohibited from entering into a collaborative practice agreement with a PA.

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	maintenance organizations. (Ind. Code § 25-23-1-1).				
Iowa	“Certified nurse practitioner” is an advanced practice registered nurse educated in the disciplines of nursing who has advanced knowledge of nursing, physical and psychosocial assessment, appropriate interventions, and management of health care, and who possesses evidence of current certification by a national professional nursing certifying body approved by the board. (655 Iowa Admin. Code 7.1).	No.  (655 IAC 7.1 (152).	N/A	None	
Kansas	“Advanced registered nurse practitioner” or “ARNP” means a professional nurse who holds a certificate of qualification from the board to function as a professional nurse in an advanced role, and this advanced role shall be defined by rules and regulations adopted by the board in accordance with	Yes.  (K.A.R. 60-11-101(a)).	<b>Collaborative practice</b> is required.  Each NP shall function in an expanded role to provide primary, secondary, and tertiary health care in the NP's category of advanced practice. Each NP is authorized to make independent decisions about advanced practice nursing needs nursing needs of families, patients, and clients, and medical decisions based on the authorization for collaborative practice with one or more physicians. Any NP who interdependently develops and manages the medical plan of care for patients or clients is required to have a signed authorization for collaborative practice with a physician(s) who is licensed in Kansas. This regulation shall not be deemed to require the immediate and physical	N/A	

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	K.S.A. 65-1130. (Kan. Ann. Stat. 65-1113 (g)).		presence of the physician. Each NP shall be directly accountable and responsible to the consumer.  The authorization for collaborative practice must be jointly developed and signed by both the NP and the physician(s) and be reviewed annually.		
Kentucky	"Advanced practice registered nurse" means a CNP, CRNA, CNM, or CNS, who is licensed to engage in advance practice registered nursing pursuant to KRS 314.042 and certified in at least one population focus. (Ky. Rev. Stat. Ann. 314.011 (7)).	No.  (201 KAR 20:057).	N/A	None	Consultation and collaboration are required for situations outside the APRNs SOP. APRNs can certify cause of death, CDLs.
Louisiana	Nurse practitioner who is an APRN educated in a specified area of care and certified according to the requirements of a nationally recognized accrediting agency such as the ANA's American Nurses Credentialing Center, National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties, or the National Certification Board of Pediatric NPs and Nurses, or as approved by the board and who is authorized to provide	Yes  (46 LAC XLVII § 4513 (B)).	A <b>collaborative practice agreement</b> is required to perform medical functions. The collaborative agreement must include: the availability of the collaborating physician or dentist for consultation or referral, or both; methods of management of the collaborative practice, which shall include clinical practice guidelines; and coverage of the health care needs of the patient during any absence of the NP, physician, or dentist. (La. Rev. Stat. 37:913 (9)).	N/A	The LBME has defined standards for collaborating physicians. <i>See</i> Professional and Occupational Standards, 46 LAC, XLV, Subpart 3, Chapter 79(A).



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	primary, acute, or chronic care as an APRN acting within his scope of practice to individuals, families, and other groups in a variety of settings including, but not limited to, homes, institutions, offices, industry, schools, and other community agencies. (La. Rev. Stat. 37:913 (1)(d)).				
Maine	"Certified nurse practitioner" means a registered professional nurse who has received post-graduate education designed to prepare the nurse for advanced practice registered nursing in a specialty area in nursing that has a defined scope of practice and has been certified in the clinical specialty by a national certifying organization acceptable to the Board. (Code Maine R. 02 380 008 § 1 (F)).	Yes – for first 24 months of practice  (Code Me. R. 02-380, Ch. 8 § 2(2)(A))	Supervision required for the first 24 months of practice. Supervision can be under: <ul style="list-style-type: none"> <li>• a licensed physician;</li> <li>• a NP practicing in the same practice category who will provide oversight for the NP; or</li> <li>• as an employee of a clinic or hospital that has a medical director who is a licensed physician.</li> </ul> <p>“Supervising nurse practitioner” means a certified nurse practitioner who qualifies as an advanced practice registered nurse who has: (A) Completed 24 months of supervised practice in accordance with subsection 2-A; (B) Practiced as an APRN in the same specialty; (C); and (D) Been approved by the advanced board.</p>	24 months	
Maryland	“Advanced practice registered nurse” means an individual who (1) Is licensed by the Board to practice registered nursing; and	Yes, for the first 18 months of practice	A nurse practitioner must <b>consult and collaborate</b> with a physician or nurse practitioner <b>for the first 18 months of practice</b> . <a href="https://mbon.maryland.gov/Documents/np_application.pdf">https://mbon.maryland.gov/Documents/np_application.pdf</a>	None	NPs may sign death certificates and handicapped parking certification; issue emergency DNR orders; verify that an under-aged female may get married if she is pregnant or has just delivered a child; and sign birth certificate for hospital births. The NP

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	<p>(2) Is certified by the Board to practice as a NP. (Ann. Code Maryland Section 8-101(b))).</p> <p>“Practice as a nurse practitioner” means to independently: (1) Perform an act under subsection (N) of this section; (2) Conduct a comprehensive physical assessment of an individual; (3) Establish a medical diagnosis for common chronic stable or short-term health problems; (4) Order, perform, and interpret laboratory tests; (5) Prescribe drugs as provided under § 8-508 of this title; (6) Perform diagnostic, therapeutic, or corrective measures; (7) Consult and collaborate with, or refer an individual to, an appropriate licensed physician or any other health care provider as needed; and (8) Provide emergency care. (Ann. Code Maryland Section 8-101(L)).</p>	<p>(Ann. Code Maryland Section 8-302(b)(5)).</p>			<p>must specify the exact laboratory or diagnostic procedures to be performed along with the documentation of proof of education, training and competency for performing each specific procedure if these specific skills are acquired after the formal NP program.</p>
<p>Massachusetts</p>	<p>Advanced Practice Registered Nurse (APRN) means a</p>	<p>No</p>	<p>N/A</p>	<p>N/A</p>	<p>When a law or rule requires a signature, certification, stamp, verification, affidavit or</p>

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	<p>currently licensed Massachusetts Registered Nurse (RN) who has current authorization by the Board to engage in advanced practice nursing activities. APRN practice activities include, but are not limited to: advanced assessment, diagnosis, treatment, referrals, consultations, and other modalities for individuals, groups or communities across the life span for health promotion or health maintenance and for those who are experiencing acute or chronic disease, illness, trauma or other life-altering event in which rehabilitative, and/or palliative interventions are necessary. APRN practice is defined to include only those activities within the APRN's authorized clinical category, scope of practice competencies, and accepted standards of Advanced Nursing practice. (244 Code Mass. Regs. 4.05).</p>				<p>endorsement by a physician, when relating to physical or mental health, that requirement may be fulfilled by a CNP, provided that the signature, certification, stamp, verification, affidavit, or endorsement is consistent with established scope of practice standards and does not expand the scope of practice of the CNP. (244 CMR 4.06)                      CNPs are authorized to issue written certifications of marijuana for medical use. An APRN with direct patient care responsibilities must obtain and maintain professional malpractice liability insurance with coverage of at least \$100,000.00 per claim, with a minimum annual aggregate of not less than \$300,000.00. (244 CMR 4.09)</p>

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Michigan	None given.	No	N/A	None	NPs may perform state mandated physical examinations.
Minnesota	"Advanced practice registered nurse," means an individual licensed as a RN by the board and certified by a national nurse certification organization acceptable to the board to practice as a CNS, CRNA, CNM, or NP. (Minn. Stat. § 148.171 (3)).		<p>A <b>collaborative practice agreement</b> with a physician or APRN is required <b>only</b> for the first 2,080 hours of clinical practice.</p> <p>A NP must practice for at least 2,080 hours, within the context of a collaborative agreement, within a hospital or integrated clinical setting where APRNs and physicians work together to provide patient care. The NP shall submit written evidence to the board with the application, or upon completion of the required collaborative practice experience. A collaborative agreement is a mutually agreed upon plan for the overall working relationship between a NP and one or more physicians or APRNs that designates the scope of collaboration necessary to manage the care of patients. The NP and collaborating physician(s)/APRN(s) must have experience in providing care to patients with the same or similar medical problems.</p> <p><a href="https://mn.gov/boards/nursing/advanced-practice/advanced-practice-registered-nurse-(aprn)-licensure-general-information/">https://mn.gov/boards/nursing/advanced-practice/advanced-practice-registered-nurse-(aprn)-licensure-general-information/</a></p>	2,080 hours	<p>An APRN certified in mental health may act as an examiner to place a patient on emergency hold for care and treatment and to petition the court for retention for treatment; they may also act as a ‘Health Officer’ for purposes of taking an individual into custody for transport to a treatment facility. APRNs are now listed as one of the providers able to diagnose AD/HD.</p> <p><a href="https://mn.gov/boards/nursing/advanced-practice/advanced-practice-topics/minnesota-commitment-act.jsp">https://mn.gov/boards/nursing/advanced-practice/advanced-practice-topics/minnesota-commitment-act.jsp</a></p> <p>For APRN programs completed on or after January 1, 2016, the program must include at least one graduate-level course in each of the following areas: advanced physiology and pathophysiology; advanced health assessment; and pharmacokinetics and pharmacotherapeutics of all broad categories of agents; or (ii) must demonstrate compliance with the APRN educational requirements that were in effect in Minnesota at the time the applicant completed the program.</p> <p><a href="https://mn.gov/boards/nursing/advanced-practice/advanced-practice-registered-nurse-(aprn)-licensure-general-information/">https://mn.gov/boards/nursing/advanced-practice/advanced-practice-registered-nurse-(aprn)-licensure-general-information/</a></p>

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Mississippi	An "advanced practice registered nurse" is a person who is licensed or holds the privilege to practice under this article and who is certified in advanced practice registered nurse or specialized nursing practice and includes CRNM, CRNA, and CNP . (Miss. Code § 73-15-5 (11)).	Yes.  Miss. Code § 73-15-5 (3)	A <b><u>collaborative practice agreement</u></b> is required.  Collaborative relationships must include a formal quality assurance/ quality improvement program consisting of: review by the collaborative physician of a sample of charts that represent 10% or 20 charts, whichever is less, of patients seen by the NP every month; NP maintenance of a log of charts reviewed; and a face-to-face meeting once per quarter. Physicians are prohibited from entering into collaborative agreements with APRNs whose practice location is over 75 miles from the physician’s primary office. (Board Rule 1.3)	N/A	
Missouri	"Certified nurse practitioner", a registered nurse who is currently certified as a NP by a nationally recognized certifying body approved by the board of nursing. (Mo. Rev. Stat. § 335.016 (7)).	Yes  (20 CSR 2200-4.200).	A <b><u>collaborative practice agreement</u></b> is required. The collaborative practice arrangements must address: <ul style="list-style-type: none"> <li>• the geographic distance between the NP and the physician;</li> <li>• methods of treatment and authority to administer, dispense, or prescribe drugs; and</li> <li>• include guidelines for consultation and referral.</li> </ul> <p>The physician must be immediately available for consultation at all times, either personally or via telecommunications. The collaborating physician must review the work and records of the NP at least once every 2 weeks. (CPA checklist at <a href="http://pr.mo.gov/nursing.asp">http://pr.mo.gov/nursing.asp</a>).</p> <p>The use of a CPA 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 CPA, is no further than 50 miles by road, using the most direct route available, from the collaborating APRN if the APRN is practicing in federally designated health professional</p>		Limit of 3 FTEs per collaborating physician.  NPs must work with the collaborating physician for 1 calendar month before the NP can work at a site without the presence of the physician.

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			<p>shortage areas (HPSAs). Otherwise, in non-HPSAs, the collaborating physician and collaborating APRN shall practice within 75 miles by road of one another. The provision of the above specified health care services pursuant to a CPA shall be limited to only an APRN. (20 CSR 2200-4.200 (2)(B)).</p> <p>An advanced practice registered nurse (APRN) providing nursing services under a collaborative practice arrangement under section 334.104 may provide such services outside the geographic proximity requirements of section 334.104 if the collaborating physician and advanced practice registered nurse utilize telehealth in the care of the patient and if the services are provided in a rural area of need. Telehealth providers shall be required to obtain patient consent before telehealth services are initiated and ensure confidentiality of medical information. (H.B. 315, 97th Gen. Assem., Reg. Sess., 2013 (Mo. 2013)).</p>		
Montana	"Advanced practice registered nurse" means a registered professional nurse who has completed educational requirements related to the nurse's specific practice role, in addition to basic nursing education, as specified by the board pursuant to 37-8-202. (Mont. Code Anno. § 37-8-102 (1)).	No. (Mont. Code Ann. 37-8-409 (1)).	N/A	None	Physician signature, verification, etc may be fulfilled by an APRN (but "this section may not be construed to expand the scope of practice of an APRN") Mont. Code Ann. 37-8-410
Nebraska	Nurse practitioner means a RN certified as described in section 38-2317 and licensed under the APRN Practice Act	Yes – for first 2,000 hours of practice.	A <b>collaborative practice agreement</b> is required <b>only</b> for the first 2,000 hours of practice under the supervision of a physician or nurse practitioner.	2,000 hours	

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	to practice as a NP. (N.R.S.A. 38-2312).	(Neb. Rev. Code §§ 38-2314.01- 38-2322 (1)).			
Nevada	“Nurse practitioner” means a registered nurse who has completed an organized formal program of training for qualification to practice in a specialized area of nursing. (N.A.C. 632.061).	No.  (N.A.C. 632.255)	N/A	None (except for prescribing controlled substances – see prescriptive authority chart)	An APRN can order home health care for a patient (NRS 630.271(1))
New Hampshire	"Advanced practice registered nurse" means a RN currently licensed by the board under RSA 326-B:18. (N.H.R.S. 326-B:2 (I)).	No.  (R.S.A. 326-B:11).	N/A	None	
New Jersey	"Advanced practice nurse" means a person who holds a certification in accordance with section 8 or 9 of P.L.1991, c.377 (C.45:11-47 or 45:11-48). (N.J. Ann. Stat. § 45:11-23 (d)).	No.  (N.J. Stat. Ann. 45:11-49 (a)).	N/A	None	NPs are authorized to determine cause of death and execute death certification if NP is patient’s primary caregiver.
New Mexico	"Certified nurse practitioner" means a RN who is licensed by the board for advanced practice as a NP and whose name and pertinent	No  (N.M.S.A. 61-3-23.2 (B)(2)).	N/A	None	NPs are authorized to declare death and sign death certificates, and to certify disability for purposes of handicapped parking passes.



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	information are entered on the list of NPs maintained by the board. (N.M.A.S. § 61-3-3 (E)).				
New York	None given.	Yes  (139 N.Y.C.L.S. § 6902).	<p>A <b>collaborative practice agreement</b> is required. The practice protocol must reflect current accepted medical and nursing practice and must be filed with the department within 90 days of the commencement of practice. (139 N.Y.C.L.S. § 6902 (3)(d)). Protocols must identify the area of practice to be performed by the NP in collaboration with the physician; reflect accepted standards of nursing and medical practice; include provisions for case management, including diagnosis, treatment, and appropriate record keeping by the NP; and may include such other provisions as are deemed to be appropriate. (8 N.Y.C.R.R. § 64.5 (c)).</p> <p>The collaborative agreement must include provisions for: referral and consultation; coverage for absences of either the NP or the collaborating physician; resolution of disagreements between the NP and the collaborating physician regarding matters of diagnosis and treatment; the review of a representative sample of patient records every 3 months by the collaborating physician; record keeping provisions and any other provisions jointly determined by the NP and the physician to be appropriate. (N.Y.C.R.R. § 64.5 (b); Board website (<a href="http://www.op.nysed.gov/prof/nurse/">http://www.op.nysed.gov/prof/nurse/</a>)/ APN application; 139 N.Y.C.L.S. § 6902 (3)(c)).</p> <p>Nurse practitioners practicing for more than 3,600 hours can opt to have a collaborative relationship with one or more licensed physicians qualified to collaborate in the specialty involved or a hospital that provides services through physicians qualified to collaborate in the specialty involved and who have professional privileges at the health care facility. The NP must complete and maintain a “collaborative relationships attestation form”.</p>	N/A	<p>NPs may write home health personal aid services, may act as medical inspector in school districts, may order respiratory therapy, may obtain limited test site permits under CLIA, may declare an emergency in relation to ordering utilities turned back on after “shutoff” action, and may prescribe non patient specific orders (i.e. certain immunizations; anti-anaphylactic agents; PPD tests; and rapid HIV tests). NPs are granted authority to sign death certificates.</p> <p>No physician shall enter into practice agreements with more than 4 nurse practitioners who are not located on the same physical premises as the collaborating physician.</p>

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North Carolina	"Nurse Practitioner" or "NP" means a currently licensed RN approved to perform medical acts consistent with the nurse's area of nurse practitioner academic educational preparation and national certification under an agreement with a licensed physician for ongoing supervision, consultation, collaboration and evaluation of medical acts performed. Such medical acts are in addition to those nursing acts performed by virtue of RN licensure. (21 N.C.A.C. 32M.0101 (9)).	Yes. (21 N.C.A.C. 36.0804(a)(4)).	A <b>collaborative practice agreement</b> is required.  Requirements for collaborative practice agreements: <ul style="list-style-type: none"> <li>the NP and primary or back-up supervising physician must be continuously available to each other for consultation by direct communication or telecommunication;</li> <li>the agreement must be signed by both parties and maintained at each practice site;</li> <li>the agreement must be reviewed at least yearly;</li> <li>must include the drugs, devices, medical treatments, tests, and procedures that may be prescribed, ordered, and performed by the NP;</li> <li>must include a pre-determined plan for emergency services; and</li> <li>the NP and the physician must develop an ongoing quality improvement process that includes a written plan for evaluating the quality of care provided, a plan for improving outcomes, and scheduled meeting between the NP and the physician at least every 6 months</li> </ul> 21 NC ADC 32M.0110		During the first 6 months of collaborative practice, the NP and primary supervising physician must hold monthly quality improvement process meetings. Subsequently, meetings must be held at least every 6 months.
North Dakota	"Advanced practice registered nurse" means an individual who holds a current license to practice in this state as an APRN. (N.D.C.C. 43-12.1-02 (1)).	No  (N.D.A.C. 54-05-03.1-03.2).	N/A	None	
Ohio	"Certified nurse practitioner" means a RN who holds a valid certificate of authority issued under this chapter that authorizes the practice of	Yes  (O.R.C. 4723.43 (C)).	NPs may, <b>in collaboration with</b> one or more physicians or podiatrists, provide preventive and primary care services, provide services for acute illnesses, and evaluate and promote patient wellness within the nurse's nursing specialty, consistent with the NP's education and certification, and in accordance with rules adopted by the board.	N/A	NPs have hospital admitting privileges.

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	nursing as a NP in accordance with section 4723.42 of the Revised Code and rules adopted by the board of nursing. (O.R.C.A. 4723.01 (J)).		<p>When a NP is collaborating with a podiatrist, the NP’s scope of practice is limited to the procedures that the podiatrist has the authority to perform.</p> <p>The NP must enter into a <b>“standard care arrangement”</b> with one or more physicians or podiatrists who practice in a specialty that is the same as, or similar to, the nurse’s nursing specialty. (O.R.C. 4723.01). The requirements for a standard care arrangement are outlined in O.R.C. 4723.431.</p> <p>The physician or podiatrist must be continuously available to communicate with the clinical nurse specialist or certified nurse practitioner either in person or by radio, telephone, or other form of telecommunication. (O.R.C. 4723.01 (L)(1)).</p>		
Oklahoma	"Advanced practice nurse" means a licensed RN who: has successfully completed an advanced practice registered nursing education program in preparation for one of four recognized APRN roles, , passed a national certification examination recognized by the Board, acquired advanced clinical knowledge and skills in preparation for providing both direct and indirect care to patients, whose practice builds on the competencies of Registered Nurses, and who has obtained a license as an	No  (Ok. Stat. Ann. § 567.3a (6)).	N/A	None	

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	APRN in one of the following: CRNA, CNM, CNS, or CNP (Okla. Stat. Ann. 567.3a (5)).				
Oregon	“Nurse practitioner” means a RN who has been certified by the board as qualified to practice in an expanded specialty role within the practice of nursing. (O.R.S. 678.010 (6)).	No  (O.A.R. 851-050-0005 (5)).	N/A	None	Supervised practice is required for reentry.
Pennsylvania	Certified Registered Nurse Practitioner is a professional nurse licensed in this Commonwealth who is certified by the Board in a specialty and who, while functioning in the expanded role as a professional nurse, performs acts of medical diagnosis or prescription of medical therapeutic or corrective measures in collaboration with a physician licensed to practice in this Commonwealth and in accordance with the act and this subchapter. Nothing in this subchapter is to be deemed to limit or prohibit a professional nurse from	Yes  (P.A.C. § 21.251).	A <b><u>collaborative practice agreement</u></b> is required.  “Collaboration” is defined as a process in which a NP works with one or more physicians to deliver health care within the scope of the NP’s expertise. The collaborative agreement must include provisions regarding: the immediate availability of the physician through direct communication, radio, telephone, or telecommunications; a predetermined plan for emergency services; and the physician’s availability to the NP 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 co-signing records when necessary to document accountability by both parties. 63 P. S. § 212(13)	N/A	

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	engaging in those activities which constitute the practice of professional nursing as defined in section 2 of the act (63 P. S. § 212). (P.A.C. § 21.251).				
Rhode Island	"Certified nurse practitioner" is an advanced practice nurse utilizing independent knowledge of physical assessment, diagnosis, and management of health care and illnesses. The practice includes prescriptive privileges. Certified nurse practitioners are members of the health care delivery system practicing in areas including, but not limited to: family practice, pediatrics, adult health care, geriatrics, and women's health care in primary, acute, long-term, and critical care settings in health care facilities and the community. Certified nurse practitioners may be recognized as the primary care provider or acute care provider	No  (Gen. L. R.I. § 5-34-44).	N/A	None	

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	<p>of record.(R.I. Gen. Laws 5-34-3 (4)).</p> <p>“Advanced practice registered nurse” (APRN) is the title given to an individual licensed to practice advanced practice registered nursing within one of the following roles: certified nurse practitioner (CNP), certified registered nurse anesthetist (CRNA) as defined in chapter 5–34.2, or certified clinical nurse specialist (CNS), and who functions in a population focus. An APRN may serve as a primary or acute care provider of record. R.I. Gen. Laws 5-34-3(1)</p>				
South Carolina	"Nurse Practitioner" means a RN who has completed an advanced formal education program at the master's level or doctoral level acceptable to the board, and who demonstrates advanced knowledge and skill in assessment and management of physical and psychosocial	Yes  (S.C. Code Ann. §§ 40-33-20 (40), 40-33-34 (C)).	<p><b>General supervision and delegation</b> is required pursuant to protocol. The requirements for written protocols can be found in S.C. Code Ann. § 40-33-34(D)(1).</p> <p>“Readily available” means the physician or medical staff who enters into a practice agreement must be able to be contacted either in person or by telecommunications or other electronic means to provide consultation and advice to the nurse practitioner, certified nurse-midwife, or clinical nurse specialist performing medical acts.. (S.C. Code Ann. § 40-33-20 (52)).</p>	N/A	H3821: An APRN may perform the following medical acts unless otherwise provided in the practice agreement:(a) provide noncontrolled prescription drugs at an entity that provides free medical care for indigent patients; (b) certify that a student is unable to attend school but may benefit from receiving instruction given in his home or hospital; (c) refer a patient to physical therapy for treatment; (d) pronounce death, certify the manner and cause

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	health, illness status of persons, families, and groups. NPs who perform medical acts must have a supervising physician or dentist who is readily available for consultation and shall operate within the approved written protocols. (S.C. Code Ann. § 40-33-20 (4)).				of death, and sign death certificates; (e) issue an order for a patient to receive appropriate services from a licensed hospice; certify that an individual is handicapped and declare that the handicap is temporary or permanent for purposes of the individual's application for a placard; and (f) execute a do not resuscitate order pursuant to the provisions of Chapter 78, Title 44. (S.C. Code Ann. § 40-33-34 (D)(2)
South Dakota (2017)	"Nurse practitioner," a provider duly authorized under this chapter to practice the specialty of nurse practitioner as defined in § 36-9A-12. (S.D.S.A. § 36-9A-1 (5)).	Yes – for the first 1,040 hours of practice	A <b>collaborative practice agreement</b> with a physician, nurse practitioner, or nurse midwife is required for the first 1,040 hours of clinical practice.	1,040 hours of collaboration with a physician, NP, or NM.	
Tennessee	Nurse Practitioner means a Tennessee licensed RN who holds current national specialty certification in the advanced practice specialty; exempt from requirement of master's degree or higher in nursing specialty if licensed in TN and holding national specialty certification prior to July 1, 2005 . (TCA § 63-7-126 (d)	Yes, a <u>collaborative agreement</u> .  (TCA § 63-7-123(b)(1); Tenn. Rules and Regs 0880-06-.02)	TCA 63-7-123(bX1) and (2) requires that a nurse who has been issued a license to practice as a nurse practitioner (NP) must file a notice with the board, containing the name of the NP, the name of the licensed physician collaborating with the nurse practitioner who has 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 collaboration regulations for physicians, Tenn. Rules and Regs 0880-06-.02, Clinical Supervision Requirements, require the NP's supervisor to be available for consultation at all times, have protocols in place with the nurse practitioner, develop clinical guidelines in collaboration with the NP to	N/A	



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			include a method for documenting consultation and referral, review 20% of charts every 30 days, and make an on-site visit every 30 days.		
Texas	“Advanced practice registered nurse” means a RN approved by the Board to practice as an APRN on the basis of completion of an advanced educational program. The term includes a NP, CNM, CRNA, and CNS. (T.A.C. § 301.152 (a)).	No.  (T.A.C. § 221.13 (c)).	N/A.  However, a physician who delegates to a nurse practitioner must follow certain statutory protocols for quality review and assurance. Texas Occupations Code 157.051.	N/A	Within the context of workers compensation, a treating doctor may delegate to a physician assistant or an advanced practice registered nurse, the authority to complete and sign a work status report regarding an injured employee's ability to return to work. The delegating treating doctor is responsible for the acts of the physician assistant or advanced practice registered nurse. Texas Labor Code Sec. 408.025(a-1)
Utah	None given.	No  (Utah Code Ann. 58-31b-102 (13)).	N/A		
Vermont	"Advanced practice registered nurse" 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	Yes – for the first 24 months and 2,400 hours of practice  (26 V.S.A . § 1613	Graduates with fewer than 24 months and 2,400 hours of licensed active advanced nursing practice in an initial role and population focus shall have a formal agreement with a collaborating physician or APRN)  APRNs who obtain a subsequent certification in an additional role and population focus shall have a formal agreement with a collaborating physician or APRN for no fewer than 12 months and 1,600 hours.  26 V.S.A. § 1613	2,400 hours and 2 years of collaboration with a physician or APRN	

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	by the board. (Vt. Stat. Ann. § 1572 (4)).				
Virginia	"Advanced practice registered nurse" means a registered nurse who has completed an advanced graduate-level education program in a specialty category of nursing and has passed a national certifying examination for that specialty. "Nurse practitioner" means an APRN who is jointly licensed by the Boards of Medicine and Nursing pursuant to § 54.1-2957. (Virginia Code § 54.1-3000)	Yes – for the first 5 years of practice.  (§ 54.1-2957(I); 18 V.A.C. 90-30-120 (A)).	<p>A NP (other than a nurse anesthetist or nurse midwife) who has completed the equivalent of at least <b>five years of full-time clinical experience</b> as a NP may practice in the practice category in which he is certified and licensed without a written or electronic practice agreement upon receipt by the NP of an attestation from the patient care team physician stating (i) that the patient care team physician has served as a patient care team physician on a patient care team with the NP pursuant to a practice agreement meeting the requirements of this section and § 54.1-2957.01; (ii) that while a party to such practice agreement, the patient care team physician routinely practiced with a patient population and in a practice area included within the category for which the NP was certified and licensed; and (iii) the period of time for which the patient care team physician practiced with the NP under such a practice agreement. Upon receipt of such attestation and verification that a nurse practitioner satisfies the requirements of this subsection, the Boards shall issue to the NP a <u>new license</u> that includes a designation indicating that the NP is authorized to practice without a practice agreement.</p> <p>A NP authorized to practice without a practice agreement pursuant to this subsection shall (a) only practice within the scope of his clinical and professional training and limits of his knowledge and experience and consistent with the applicable standards of care, (b) consult and collaborate with other health care providers based on the clinical conditions of the patient to whom health care is provided, and (c) establish a plan for referral of complex medical cases and emergencies to physicians or other appropriate health care providers. [§ 54.1-2957(I)]</p> <p>All other NPs are required to practice as part of <b>patient care teams</b>, which are defined as a multidisciplinary team of health care providers actively</p>	N/A	In the event a physician who is serving as a patient care team physician dies, becomes disabled, retires from active practice, surrenders his license or has it suspended by the Board, or relocates his practice such that he is no longer able to serve, and a NP is unable to enter into a new practice agreement with another patient care team physician, the NP may continue to treat patients without a patient care team physician for 60 days, provided the NP continues to prescribe only those drugs previously authorized by the practice agreement with such physician and to have access to appropriate physician input in complex clinical cases and patient emergencies and for referrals. The Boards shall grant permission for the NP to continue practice under this subsection for another 60 days, provided the NP provides evidence of efforts made to secure another patient care team physician and of access to physician input.

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			<p>functioning as a unit with the management and leadership of one or more patient care team physicians for the purpose of providing and delivering health care to a patient or group of patients.</p> <p>Physicians shall not serve as a patient care team physician on a patient care team at any one time to more than six nurse practitioners.</p> <p>Each member of a patient care team shall have specific responsibilities related to the care of the patient or patients and shall provide health care services within the scope of his usual professional activities. Nurse practitioners practicing as part of a patient care team shall maintain appropriate collaboration and consultation, as evidenced in a written or electronic practice agreement, with at least one patient care team physician. NPs who are CRNAs shall practice under the supervision of a licensed doctor of medicine, osteopathy, podiatry, or dentistry. Collaboration and consultation among NPs and patient care team physicians may be provided through telemedicine as described in § 38.2-3418.16. Practice of patient care teams in all settings shall include the periodic review of patient charts or electronic health records and may include visits to the site where health care is delivered in the manner and at the frequency determined by the patient care team.</p> <p>“Collaboration” means the communication and decision-making process among members of a patient care team related to the treatment and care of a patient and includes (i) communication of data and information about the treatment and care of a patient, including exchange of clinical observations and assessments, and (ii) development of an appropriate plan of care, including decisions regarding the health care provided, accessing and assessment of appropriate additional resources or expertise, and arrangement of appropriate referrals, testing, or studies.</p>		

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			<p>“Consultation” means the communicating of data and information, exchanging of clinical observations and assessments, accessing and assessing of additional resources and expertise, problem-solving, and arranging for referrals, testing, or studies.</p> <p>18 V.A.C. 90-30-10</p>		
Washington	An "advanced registered nurse practitioner" is a RN who has had formal graduate education and has achieved national specialty certification for the NP, CRNA, CNM, or CNS role. A nurse with this preparation may qualify as an ARNP as described in WAC 246-840-300. (WAC § 246-840-010 (3)).	No  (WAC 246-840-300).	N/A	None	NPs may sign accident reports and certify time loss for Labor and Industry claims. Psychiatric NPs are authorized to admit, and manage the care of patients who are involuntarily detained in hospitals and mental health treatment centers; they may also provide legally mandated evaluations for hearings related to issues such as whether there is reason not to allow a patient’s right to refuse medications. The Department of Labor and Industries added psychiatric ARNPs to its list of approved providers. ARNPs were included as primary care providers in legislation that requires Medicaid, Basic Health and the Public Employees Benefits Board programs to include provisions in contracts that encourage broad implementation of primary care health homes
West Virginia	An “advanced practice registered nurse” is a RN who has acquired advanced clinical knowledge and skills preparing him or her to	No  (W.Va. Code § 30-7-1).	N/A	None	APRNs can sign death certificates.

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	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. An APRN shall meet all the requirements set forth by the board by rule for an advance practice registered nurse which shall include, at a minimum, a valid license to practice as a CRNA, CNM, CNS, or CNP. W.Va. Code § 30-7-1				
Wisconsin	“Advanced practice nurse” means a registered nurse who a) has a current license to practice, b) certified by a national certifying body as a NP, CNM, CRNA, or CNS, and c) for those who receive certification after July 1, 1998, holds a master’s or doctoral degree in nursing or related health field (Wis. Adm. Code N 8.02 (1)).	Yes.	Advanced practice nurse prescribers shall work in a <b>collaborative relationship</b> with a physician. The collaborative relationship is a process in which an APRN 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 APRN and the physician must document this relationship  Wis. Admin. Code N 8.10(7)	N/A	
Wyoming	"Advanced practice registered nurse" means a nurse who:	No	N/A	None	

State (incl. year independence granted, if applicable)	Definition of Nurse Practitioner	Physician involvement required for diagnosis & treatment?	Details	Supervised practice hours required before autonomy	Additional notes
	<p>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; 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; Has a doctorate or master's degree in nursing, or an APRN specialty or has completed an accredited APRN educational program prior to January 1, 1999; and 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. (Wyo. Stat. § 33-21-120 (a)(i)).</p>	<p>(Wy. Stat. Ann 33-21-120 (a)(i)).</p>			

