

State law chart: Nurse Practitioner Prescriptive Authority

State	Is physician involvement required for NP prescriptive authority?	Do NPs have authority to prescribe schedule III-V controlled substances?	Do NPs have authority to prescribe schedule II controlled substances?	What are the additional educational requirements for NP prescriptive authority?	Additional notes
Alabama	Yes, there must be a standard written protocol. (Ala. Admin. Code 540-X-8-.08 (8); Ala. Admin. Code 610-X-5-.09 (8)).	Yes. (AL ST § 20–2–253(a)).	Yes, with a special permit approved by the ALBME. (AL ST § 20–2–260, AAC Chapter 540-X-20).	Nursing education programs must include some pharmacology. (Ala. Admin. Code 610-X-3-.02 (11)(e)(iii)). Amended April 7, 2020: (8)(d): need detailed plan of action for completion of didactic and clinical hours in the event of cessation of activities due to an unforeseen event like a natural disaster or public health emergency Only NPs or CNMs who have completed approved courses including advanced pharmacology and prescribing trends related to controlled substances will receive a certificate to prescribe controlled substances. (AL ST § 20–2–252).	For controlled substances, NPs will be required to have demonstrated safe practice for 12 months prior to application for a controlled substance certificate. If authorized by the collaborative practice agreement, APRNs can prescribe those hydrocodone combinations reclassified from Schedule III to Schedule II.
Alaska	No. (12 Alaska Admin. Code 44.440).	Yes. (12 Alaska Admin. Code 44.445).	Yes. (12 Alaska Admin. Code 44.445).	15 hours of advanced pharmacology and clinical management of drug	Prescriptive authority is included in licensure.

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				therapy. 12 Alaska Admin. Code 44.440	
Arizona	No. (A.R.S. § 32-1601 (22)(d)(v); Ariz. Admin. Code R4-19-511).	Yes (maximum of 5 refills in 6 months for Schedule III or IV; may prescribe refills for a maximum of one year for Schedule V). (Ariz. Admin. Code R4-19-512).	Yes (but cannot prescribe refills). (Ariz. Admin. Code R4-19-512).	45 hours in pharmacology and/or clinical management of drug therapy. (http://apps.azsos.gov/public_services/Title_04/4-19.pdf)	The state tracks the number of applications for prescriptive authority received.
Arkansas	Yes, a collaborative agreement is required with a practicing physician or a licensed podiatrist if employed by the podiatrist. (Ark. Code Ann. § 17-87-310 (a)(2); Ark. Admin. Code 060.00.1-30-I).	Yes (can also prescribe hydrocodone combination products reclassified from Schedule III to Schedule II as of Oct. 6, 2014) (Ark. Code Ann. § 17-87-310 (b)(2)(A); Ark. Admin Code 067.00.3-I (C)(7)).	Generally no, but yes if the prescription is for an opioid and is for a five-day period or less, or the prescription is for a stimulant and meets specific criteria. (Ark. Code Ann. § 17-87-310 (b)(2)(B); Ark. Admin Code 067.00.3-I (C)(7)).	45 contact hours or 3 semester hours in pharmacology. (Board website (www.arsbn.arkansas.gov/Pages/default.aspx/) certificate of prescriptive authority application).	A NP must have 300 hours of precepted experience in the prescription of drugs before receiving an initial certificate of prescriptive authority.
California	Yes. Even the most recent law creating Section 103 and Section 104 NPs contemplates some level of physician oversight (Cal. Bus. & Prof. Code § 2836.1 (a)). (Cal. Bus. & Prof. Code §2837.103(a)(1)(D) & §2837.104(a)&(b))	Yes. (Cal. Bus. & Prof. Code 2836.1 (f)(1)).	Yes. (Cal. Bus. & Prof. Code 2836.1 (f)(1)).	6 months of physician supervised experience, a pharmacology course, and to prescribe schedule II controlled substances, a course on schedule II controlled substances. (Cal. Bus. & Prof. Code § 2836.1 (g)(1)&(3)).	The Board assigns each NP with prescriptive authority a “furnishing number,” the number of which have been granted are also tracked by the Board. (Cal. Bus. & Prof. Code § 2836.3(a)). Continuing education is required to prescribe IIs.
Colorado	Yes. Must submit signed attestation that the APRN has completed at least 3 years of combined clinical work experience as a professional nurse or as an APRN. (C.R.S. 12-255-112 (4)(a)(VI)). Must also complete 750 hours of	Yes. C.R.S. § 12-255-112	Yes. C.R.S. § 12-255-112	3 semester hours or 4 quarter hours in pathophysiology, pharmacology, and physical assessment. 3 C.C.R. 716-1-1.15 (D)	The Board tracks and assigns an identifier to all NPs with prescriptive authority. C.R.S. 12-255-112 (5) Remote communication with the physician or APRN mentor is permissible as long

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	prescribing mentorship with physician or APRN who has full prescriptive authority required. C.R.S. § 12-255-112				as the communication is synchronous (e.g. not email). Prescriptive authority limited to the role and population foci of the APRN. (C.R.S. 12-255-112(3)).
Connecticut	Yes. The NP must collaborate with a physician for 3 years and no less than 2,000 hours . (Conn. Gen. Stat. § 20-87a(b)(3))	Yes. (Conn. Gen. Stat. § 20-94b).	Yes. (Conn. Gen. Stat. § 20-94b).	30 hours of education in pharmacology for advanced nursing practice required for NP licensure. (Conn. Gen. Stat. § 20-94a (b)(6)).	Legend drug authority is included in licensure, but to prescribe controlled substances, the NP must apply for a Controlled Substance Registration. The state does not track how many NPs have CSRs.
Delaware	Yes, a collaborative agreement is required to apply for prescriptive authority – for the first 2 years and 4,000 hours of practice.	Yes. (CDR 24-1900 (8.18); CDR 24-1700 (27.4)).	Yes. (CDR 24-1900 (8.18); CDR 24-1700 (27.4)).	<p>Coursework in advanced health assessment; advanced pathophysiology; diagnosis and management of conditions within the particular APN authority; and advanced pharmacology/ pharmacotherapeutics.</p> <p>APRN Rx authority is subject to biennial renewal, with varying requirements based on time of practice:</p> <p>APRNs not in clinical practice for more than 2 years but less than 5 years must complete 24 contact hours of CE (12 in pharmacotherapeutics and</p>	<p>Legend drug prescriptive authority is included in licensure, unless an applicant declines. The Board does not track the number of who decline legend drug prescriptive authority, but does track the number with Delaware controlled substance registrations.</p> <p>In the event no advanced practice refresher program is available, the applicant must complete 600 hours of supervised clinical experience in the appropriate advanced practice role and population focus, with a qualified preceptor within 1 year prior to licensure by reinstatement.</p>

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				<p>12 in the clinical management of patients) within 1 year prior to applying for renewal.</p> <p>APRNs not in clinical practice for more than the past 5 years must complete 45 hours of pharmacotherapeutics CE within 1 year prior to application in addition to the advanced practice nursing refresher program.</p> <p>CDR 24-1918 (a)</p>	CDR 24-1918 (a)
D.C.	No. (D.C. Code §§ 3-1201.02 (2)(C); 3-1206.04 (1)).	Yes. (CDCR 17-5909, 5910).	Yes. (CDCR 17-5909, 5910).	None.	Legend drug authority is included in licensure, but NPs must obtain a D.C. Controlled Substances Registration to prescribe controlled substances.
Florida	Yes. An APRN may prescribe only within the framework of an established protocol, however, NPs with at least 3,000 clinical practice hours and certain graduate level coursework and working in primary care practice may prescribe without collaborative agreement. (Fla. Admin. Code 464.012; 464.0123)	Yes. (Fla. Stat. § 464.012).	Limited. Only if the APRN has graduated from a program leading to a masters or doctoral degree in a clinical nursing specialty area with training in specialized practitioner skills. (Fla. Stat. § 464.012). A psychiatric nurse, who meets the requirements in s. 394.455(35), within the framework of an established protocol with a psychiatrist,	None unless NP wants to practice without collaborative agreement, then must meet clinical practice hours and graduate coursework requirements.	Those NPs whose protocols permit them to dispense medications must register with the Board of Nursing (Fla. Stat. § 465.0267 (2)(a)). A psychiatric nurse, who meets the requirements in s. 394.455(35), within the framework of an established protocol with a psychiatrist, may prescribe psychotropic controlled substances for the

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			may prescribe psychotropic controlled substances for the treatment of mental disorders (Fla. Stat. § 464.012.(6)(a))		treatment of mental disorders. (Fla. Stat. § 464.012 (4) (e)) A joint committee of NPs, physicians and pharmacists under the nursing board will recommend the formulary for controlled substances. NPs must complete 3 AMA PRA Category 1 credit hours in prescription of controlled substances.
Georgia	Yes. Physicians may delegate the authority to prescribe medications to NPs pursuant to a written protocol agreement. (O.C.G.A. 43-34-25 (b)).	Yes. (O.C.G.A. 43-34-25 (d))	No. (O.C.G.A. 43-34-25 (d)).	To be licensed, NPs must complete a post-basic educational program for NPs that includes advanced pharmacology in its curriculum or as a separate course. (Ga. Admin. Code 410-12-.03 (3)(b)).	
Hawaii	No. Hawaii Admin. Rules 16-89-2: APRN means a registered nurse licensed to practice and who is authorized to assess, screen, diagnose, order, utilize, or perform medical, therapeutic, preventive, or corrective measures	Yes. Hawaii. Admin. Rules 16-89-122	Yes. Hawaii Admin. Rules 16-89-122	Must complete an accredited graduate degree program and pursue examination-based national certification; the master's program must prepare the nurse to provide direct care in one of the four recognized roles (NP, CNS, CNM, CRNA)	
Idaho	No. (IDAPA 24.34.01.315	Yes. (IDAPA 23.01.01.271 (15)).	Yes. (IDAPA 23.01.01.271 (15)).	30 hours of post-basic education in pharmacotherapeutics as part of study within a	The Board tracks the number of NPs with legend drug prescriptive authority, but the state does not track the

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				formal education program or continuing education program. (IDAPA 23.01.01.315 (1)(a)(i)).	number of state-controlled substance registrations that are issued to NPs.
Illinois	Yes, for the first 4,000 hours of clinical practice, and collaborative agreement for practice outside of a hospital or ASC. (225 ILCS 65/65-43 and -60).	Yes. (225 ILCS 65/65-40 (a)).	Yes (30-day supply). (Ill. Admin. Code § 1300.430 (a-b)).	At least 45 hours of graduate level pharmacology and annual completion of 5 hours of continuing education in pharmacology required for Schedule II authority. At least 80 hours of CME are generally required for practice, including 20 hours of pharmacotherapeutics and 10 hours of opioid prescribing or substance abuse education.	The state tracks the number of NPs with legend drug prescriptive authority and state mid-level controlled substance licensure. Physicians can delegate the authority to prescribe a 30-day dose of no more than 5 Schedule II or II-N controlled substances that the physician prescribes.
Indiana	Yes, a collaborative agreement is required. (848 IAC 5-1-1 (a)(7)).	Yes. (Burns Ind. Code Ann. § 25-23-1-19.5; 848 IAC 5-1-1).	Yes. (Burns Ind. Code Ann. § 25-23-1-19.5; 848 IAC 5-1-1).	A graduate level pharmacology course consisting of at least 2 semester hours of academic credit. (848 IAC 5-1-1 (a)(6)).	The Board tracks the number of NPs with state controlled substance registrations, which is required to prescribe all drugs, legend and controlled.
Iowa	No. (Iowa Code § 147.107 (8); IAC 655-7.1 (152)).	Yes. (Iowa Code § 147.107 (8); IAC 655-7.1 (152)).	Yes. (Iowa Code § 147.107 (8); IAC 655-7.1 (152)).	None.	Legend drug prescriptive authority is included in licensure, unless an applicant declines. The Board does not track the number who decline. To prescribe controlled substances, NPs must register with the Board of Pharmacy, and the Pharmacy Board tracks the

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					number of NPs with controlled substance authority.
Kansas	Yes. There must be a written protocol authorized by a physician. (K.S.A. § 65-1130 (d)). Protocol requirements are listed in the Kansas Nursing Practice Act 60-11-104a.	Yes. (K.S.A. § 65-1130 (d)&(e)).	Yes. (K.S.A. § 65-1130 (d)&(e)).	All ARNP graduates must complete 3 college hours of pharmacology. (K.S.A. § 60-11-103 (f)). (8/31/2010).	In order to prescribe controlled substances, the NP must register with the DEA and notify the board of the name of the collaborating physician with whom the NP has a protocol agreement. (K.S.A. § 65-1130 (d)).
Kentucky	Yes. There must be separate written “Collaborative Agreements for the Advanced Registered Nurse Practitioner’s Prescriptive Authority” with a physician for purposes of prescribing controlled substances. The CPA is not required for purposes of prescribing legend drugs after 4 years of prescribing pursuant to a CPA. (K.R.S. § 314.042 (8)&(9)).	Yes. (K.R.S. § 314.011 (8)).	Yes. (K.R.S. § 314.011 (8)).	None.	The Board tracks the number of NPs authorized to prescribe legend drugs and also separately tracks the number with controlled substance authority.
Louisiana	Yes. There must be a written collaborative practice agreement between the NP and a physician. (46 LAC XLVII § 4513 (D)(1)(e)(vi)).	Yes. (La. Rev. Stat. § 37: 913 (3)(b)).	Yes. NPs may prescribe controlled substances only with authority granted by the Board of Nursing. (46 LAC XLVII § 4513 (D)(2)(b)).	500 hours of clinical practice as a NP or in a preceptorship; 45 contact hours of education in advanced pharmacotherapeutics; and 45 contact hours of physiology/ pathophysiology. (46 LAC XLVII § 4513 (D)(1)(e)).	Louisiana requires a separate application for prescriptive authority, and requires a state controlled and dangerous substances number for prescriptive authority for controlled substances. (Board website

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				Further, for controlled substance authority, the NP must document 500 hours of practice with a collaborating physician (46 LAC XLVII § 4513 (D)(2)(b)(iv)).	The Board tracks the number of NPs with prescriptive authority. Louisiana State Board of Nursing, 2009 Annual Report, http://www.lsbns.state.la.us/documents/AnnualReport/AnnualReport2009.pdf .
Maine	Yes, but only for the first 24 months of a NP’s practice. The NP must be supervised by a physician or NP, or must be employed by a clinic/hospital that has a physician medical director. After the 24-month period, the NP has complete autonomy in the diagnosing and treatment aspects of practice. (32 M.R.S.A. § 2102 (2-A); CMR 02-380-008 § 2 (A)). Requirements for the supervising NP are contained in Sec. 6. 32 MRSA §2102, sub-§10.	Yes. (32 M.R.S.A. § 2102 (2-A); CMR 02-380-008 § 6 (4)).	Yes. (32 M.R.S.A. § 2102 (2-A); CMR 02-380-008 § 6 (4)).	As part of the general requirements for NP licensure, the NP must complete 45 contact hours of pharmacology (CMR 02-380-008 § 2 (D)); an additional 15 contact hours is required if the NP has not prescribed in 2 years, and an additional 45 hours if the NP has not prescribed in 5 years. (CMR 02-380-008 § 6 (1)(B)).	Prescriptive authority for both legend drugs and controlled substances is included in licensure.
Maryland	Yes – for the first 18 months of practice. (COMAR 10.27.07.02 (B)(7)).	Yes. (COMAR 10.27.07.03 (11));	Yes. (COMAR 10.27.07.03 (11));	NP licensure requires coursework in advanced pharmacology, advanced pathophysiology, and advanced physical assessment (Board website (http://www.mbon.org/main.php)/APN application).	To prescribe controlled substances, the NP must have a Maryland Drug Control Number (Board website (http://www.mbon.org/main.php)/ APN written agreement).
Massachusetts	No, NPs, psychiatric nurse mental health clinical	Yes	Yes	None	NPs and PNMHCS can become a supervising NP or

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	specialist, and CRNAs must have guidelines mutually developed and agreed upon by the nurse and a supervising nurse practitioner or supervising psychiatric nurse mental health clinical specialist who has independent practice authority, or a supervising physician, in accordance with regulations promulgated by the board. A NP or PNMHCS shall have independent prescriptive authority after completing not less than 2 years of supervised practice (by health care professional who meets qualification criteria promulgated by board) following certification from a board-recognized certifying body,				supervising PNMHCS by meeting criteria promulgated by the board, which shall include a minimum number of years of independent practice authority.
Michigan	Yes. There must be written guidelines between the NP and the physician.	Yes.	Yes, but only in a 7-day supply upon the release of a patient.	None.	Prescriptive authority for legend drugs and controlled substances is delegated under written agreements. NPs are not eligible for their own DEA numbers. The Board does not track who is prescribing under such agreements.
Minnesota	No (Minn. Stat. § 148.235 (2)).	Yes. (Minn. Stat. § 148.235 (2); Minn. Stat. § 151.37 (2);	Yes. (Minn. Stat. § 148.235 (2); Minn. Stat. § 151.37 (2);	None.	Prescriptive authority is part of certification. The Board

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					does not track the number of NPs prescribing under collaborative agreements, nor does it track the number of NPs with DEA numbers.
Mississippi	Yes. NP prescribing protocols must be approved by the Board of Nursing. (Yes. (Miss. Admin. Code 73-15-17 Rule 1.5 (B))	Yes. Upon application and after completion of board approved educational program. (Miss. State. Sec. 73-15-20 (8))	Completion of a Board approved educational program is required prior to making application for controlled substance authority. NPs must submit to the BON documentation of at least 40 contact hours related to the advanced clinical practice of the NP within the last 2 years. Two of these hours must be directly related to the Rx of controlled substances.	
Missouri	Yes. NP prescriptive authority is permitted under a collaborative agreement. (20 CSR 2200-4.200).	Yes. (Section 334.104.2, RSMo) See also RsMo 334.104.2: Schedule III narcotic controlled substance shall be limited to a one hundred twenty-hour supply without refill	No. (20 CSR 2200-4.100). Pursuant to collaborative practice agreement, and subject to Board requirements, a APRN can prescribe Schedule II hydrocone but NOT for the purpose of inducing sedation or general anesthesia for therapeutic, diagnostic, or surgical procedures; Schedule II hydrocone prescriptions shall be limited to a one hundred twenty-hour supply without refill. (RSMo 334.104.2)	NPs practicing in a specialty area for which there is no clinical specialty certification available must complete 3 graduate credit hours of pharmacology. (20 CSR 2200-4.100 (2)(B)(5)(A)). Specific requirements for controlled substance authority are specified in 20 CSR 2200-4.100(2)(B)(7); such as evidence of completion of an advanced pharmacology course that includes	Prescriptive authority is included in licensure.

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				preceptorial experience in the prescription of drugs, medicines, and therapeutic devices with a qualified preceptor; evidence of 45 continuing education units in pharmacology in last 5 years; completion of at least 300 clock hours of preceptorial experience in the prescription of drugs, medicines, and therapeutic devices; has had prescriptive authority delegated in a collaborative practice agreement with a physician who is actively engaged in a practice comparable in scope, specialty or expertise to that of the APRN; 1,000 hours of practice prior to application for prescriptive authority.	
Montana	No, but NP must receive prescriptive authority by the board. (A.R.M. R24.159.1461(1))	Yes. (A.R.M. R24.159.1461; A.R.M. R124.159.1464).	Yes. (A.R.M. R124.159.1461; A.R.M. R24.159.1464(6)).	45 contact hours in pharmacology, pharmacotherapeutics, and clinical management of drug therapy in the NP's area of specialty.	Authority to prescribe legend drugs and controlled substances is obtained through a separate application, which the Board tracks.
Nebraska	Yes, for the first 2,000 hours of practice. (Neb. Rev.	Yes. (Neb. Rev. Code § 38-2315 (2)(c)).	Yes. (Neb. Rev. Code § 38-2315 (2)(c)).	To be licensed as a NP generally, the NP must	Authority to prescribe both legend drugs and controlled

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	Code § 38-2315, 38-2322(2)).			complete at least 30 hours of education in pharmacotherapeutics (172 NAC 100 § 100-003.01(3))).	substances is included in licensure. The Board does not track the number of NPs with DEA numbers.
Nevada	Yes, for Schedule II controlled substances only. APRNs can only prescribe Schedule II if they have (a) at least 2 years or 2,000 hours of clinical experience; or (b) the controlled substance is prescribed pursuant to a protocol approved by a collaborating physician.	Yes. (N.R.S. 639.2351(1); N.R.S. 632.237(2)(c)).	Yes. (N.R.S. 639.2351(1); N.R.S. 632.237(2)(c)).	2 semester credits in advanced pharmacotherapeutics as part of an advanced nursing program and is completed within the 2 years prior to application. (N.A.C. 632.257(c)).	The Board has access to the number of NPs with prescriptive authority, but does not readily track the number. The Board does not track the number of NPs with DEA numbers.
New Hampshire	No. (R.S.A. 326-B:11 (III)).	Yes. (R.S.A. 326-B:11 (III)).	Yes. (R.S.A. 326-B:11 (III)).	NPs generally must complete at least 480 hours of clinical nursing practice, including pharmacological interventions. (Nur. 301.03 (b)(1)).	Authority to prescribe legend drugs and controlled substances is included in licensure. The Board does not track the number of NPs with DEA numbers.
New Jersey	Yes. NPs can only prescribe if they have a written collaborative agreement with a physician. (N.J. Stat. Ann. 45:11-49 (b)&(c); N.J.A.C. § 13:37-6.3 (b); N.J.A.C. § 13:37-7.9).	Yes. (N.J. Stat. Ann. 45:11-49 (b)&(c); N.J.A.C. § 13:37-7.9).	Yes. (N.J. Stat. Ann. 45:11-49 (b)&(c); N.J.A.C. § 13:37-7.9).	NPs generally must complete 39 hours in pharmacology and 6 contact hours in pharmacology related to controlled substances to become licensed. (N.J.A.C. § 13:37-7.2 (b)&(c)). To prescribe, NPs must additionally complete 6 contact hours in pharmacology related to controlled substances. (N.J.	

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				Stat. Ann. 45:11-49 (b)(7); 45:11-49 (c)(8)).	
New Mexico	No. (N.M.S.A. 61-3-23.2 (B)(2)).	Yes. (N.M.S.A. 61-3-23.2 (B)(2)).	Yes. (N.M.S.A. 61-3-23.2 (B)(2)).	10-15 contact hours of pharmacology for NP licensure (N.M.A.C. 16.12.2.13 (L)(2)(a)&(iii), and to obtain prescriptive authority, 400 hours of work experience in which prescribing dangerous drugs, or 400 hours of experience prescribing dangerous drugs in a preceptorship. (N.M.A.C. 16.12.2.13 (N)(5)(a)(i)).	The NP must apply for a state controlled substance license with the state Board of Pharmacy. (N.M.A.C. 16.12.2.13 (N)(5)(a)(ii)).
New York	Yes. NPs' prescriptive authority is indicated in the written practice agreement with the collaborating physician. (139 N.Y.C.L.S. § 6902 (3)(b)).	Yes.	Yes.	3 semester hours or the equivalent, or an examination, in pharmacotherapeutics for NP licensure (N.Y.C.R.R. § 64.4 (b)(2), & (c)).	Authority to prescribe legend drugs and controlled substances is included in licensure. The Board does not track the number of NPs with DEA numbers.
North Carolina	Yes. NPs' prescriptive authority is indicated in the written practice agreement with the collaborating physician (21 N.C.A.C. 36.0802 (5)).	Yes. (21 N.C.A.C. 36.0809 (b)(2); 21 N.C.A.C. 32M.0109(b)(2)(B)). Limited to 30-day supply.	Yes. (21 N.C.A.C. 36.0809 (b)(2); 21 N.C.A.C.32M.0109(b)(2)(B)). Limited to 30-day supply.	Generally to be licensed, NPs must complete a nurse practitioner education program that includes instruction in pharmacology as part of its core curriculum. (21 N.C.A.C. 36.0805 (b)(2)).	Authority to prescribe legend drugs and controlled substances is included in approval to practice. The Board does not track the number of NPs with DEA numbers.
North Dakota	No. (N.D.C.C. 43-12.1).	Yes. (N.D.A.C. 54-05-03.1-10).	Yes. (N.D.A.C. 54-05-03.1-10).	30 contact hours of education, or the equivalent, in pharmacotherapy related to the NP's scope of advanced	The Board separately tracks the number of NPs with legend drug prescriptive authority and controlled substance authority.

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				practice. (N.D.A.C. 54-05-03.1-09 (4)).	
Ohio	Yes. NPs' prescriptive authority is indicated in the written practice agreement with the collaborating physician. (O.R.C. 4723.43 (C); O.R.C. 4723.48 (A)).	No. (O.R.C. 4723.48(A)): "...may delegate to a person...the authority to administer...a drug, unless the drug is a controlled substance"	No. (O.R.C. 4723.48(C) But see O.R.C. 3719.06 (A)(2)(a): A Schedule II controlled substance may be prescribed only if it doesn't exceed the necessary amount in a single, 72-hour period	45 contact hours of education in advanced pharmacology (O.R.C. 4723.482 (B)(2),. (O.R.C. 4723.48 (A)); O.A.C. 4723-7-02).	The Board tracks the number of NPs with certificates to prescribe, but does not keep track of how many of those have DEA numbers.
Oklahoma	Yes. NPs may prescribe only under a written agreement of collaboration with a physician. (Ok. Stat. Ann. § 567.3a (6)).	Yes. (Ok.Admin. Code 485:10-16-5©)). Limited to 30-day supply	No. (Ok. Admin. Code 485:10-16-5 (c)).	45 contact hours of continuing education or 3 academic credit hours of education in pharmacotherapeutics, clinical application, and use of pharmacological agents in the prevention of illness and the restoration and maintenance of health. (Ok. Stat. Ann. § 567.4a (2)).	The Board tracks both the number of NPs with prescriptive authority, and the number of NPs registered with the state Bureau of Narcotics and Dangerous Drugs authorized to prescribe controlled substances.
Oregon	No. (O.A.R. 851-050-0005 (5)).	Yes. (O.R.S. 678.390; O.A.R. 851-056-0004).	Yes. (O.R.S. 678.390; O.A.R. 851-056-0004).	45 hour pharmacology course and a pharmacotherapeutic clinical practicum under a medical doctor, nurse practitioner, or clinical nurse specialist with prescriptive authority. (O.A.R. 851-056-0006(4)).	Prescriptive authority comes with NP licensure. The Board tracks the number of NPs with DEA numbers.
Pennsylvania	Yes. NPs must maintain a written collaborative agreement with a physician. (49 P.A.C. § 21.285(a)).	Yes, limited to 90-day supply (P.A.C. § 21.284(d)(2)	Yes, limited to 90-day supply (P.A.C. § 21.284(d)(2)	45 hours of coursework in advanced pharmacology, beyond that required for an RN program. (P.A.C. § 21.283(b)).	The state tracks the number of NPs with prescriptive authority as part of its online license verification service.

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Rhode Island	No. (R.I.C.R. 5-34-49).	Yes. (R.I.C.R. § 5-34-49 (c)(2) & (d)(1)); NPs may prescribe schedule II-V controlled substances that are prescribed in regulations.	Yes. (R.I.C.R. 5-34-49 (c)(2) & (d)(1). NPs with a population focus in psychiatric/mental health may prescribe schedule II controlled substances classified as stimulants.	None.	
South Carolina	Yes. NPs must maintain a written collaborative agreement with a physician. (S.C. Code Ann. § 40-33-20 (48)).	Yes. (S.C. Code Ann. § 40-33-34 (F)(1)(c)).	Yes. (S.C. Code Ann. § 40-33-34 (e)-(f) Practice agreement may include Schedule II narcotic substances as long as the prescription doesn't exceed a five-day supply (30-day supply for patients in hospice/palliative care or long-term care facilities)	45 contact hours of pharmacotherapeutics (S.C. Code Ann. § 40-33-34 (E)(1)(d)), and to prescribe controlled substances, 15 hours of education in controlled substances. (S.C. Code Ann. § 40-33-34 (E)(1)(f)).	The Board issues an identification number to NPs authorized to prescribe medications. (S.C. Code Ann. § 40-33-34 (E)(2)), which includes authority to prescribe legend drugs and controlled substances. An APRN can provide noncontrolled prescription drugs at an entity that provides free medical care for indigent patients.
South Dakota	Yes, only for NPs who have practiced under 1,040 hours. (S.D. Stat. Ann. § 36-9A-4)	Yes. S.D. Stat. Ann. § 36-9A-12 (4)(b)).	Yes. (S.D. Stat. Ann. § 36-9A-12 (4)(b)).	None.	Legend drug prescriptive authority is included in licensure, but the Board is able to track who is engaging in prescriptive practice because it approves the protocols. The state does not track how many NPs have state controlled substance registrations.
Tennessee	Yes, a collaborative agreement with a physician who has responsibility for and control of the	Yes. (Tenn. Code Ann. § 63-7-123(b)(2)(A) & (C)). For Sch. III opioids, there is a limit of a non-refillable, 30-	Yes. (Tenn. Code Ann. § 63-7-123 (b)(2)(A) & (C)). For Sch. II opioids, there is a limit of a non-refillable, 30-	3 quarter hours or its equivalent in pharmacology. (Tenn. R.R. 1000-04-.04 (2)(b)).	The Board tracks the number of NPs with prescriptive authority, which includes legend drug and controlled

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	prescription services rendered by the nurse. (Tenn. Code Ann. § 63-7-123 (b)(1)).	day course of treatment unless otherwise approved by the collaborating physician.	day course of treatment unless otherwise approved by the collaborating physician.		substance authority, but does not track the number of NPs with DEA numbers. TCA 63-7-123 requires that a NP have a collaborating physician for prescriptive services rendered. TCA 63-7-207 sets out the powers of the nursing board to establish the qualifications for a NP to write prescriptions.
Texas	Yes. NPs must maintain a prescriptive authority agreement or protocol with a physician. (T.A.C. § 222.4 (a)(1)(A)).	Yes. (T.A.C. §§ 222.5, 222.6).	Yes. (T.A.C. §§ 222.5, 222.6).	Courses in pharmacotherapeutics, pathophysiology, advanced assessment, and diagnosis and management of problems within the clinical specialty. (T.A.C. § 222.2 (a)(2)).	To prescribe controlled substances, NPs must file a separate application with the state Department of Public Safety for controlled substances registration. (Board website (http://www.bne.state.tx.us/)/ APN application).
Utah	Yes, only for nurses who wish to prescribe Schedule II controlled substances and are (1) engaged in independent solo practice, and have (a) been licensed as an APRN for less than one year or (b) have less 2,000 hours of experience or (2) APRNs who own or operate a pain clinic. (Utah	Yes. (Utah Code Ann. 58-31b-102 (14)(c); Utah Admin. Code R156-37-301 (1)).	Yes. (Utah Code Ann. 5831b-102 (14)(c); Utah Admin. Code R156-37-301 (1)). An APRN (except CRNAs) who is engaged in independent solo practice, and has been licensed for less than one year, or has less than 2,000 hours of experience, or owns/operates a pain clinic may not	Advanced coursework in patient assessment, diagnosis and treatment, and pharmacotherapeutics. (Utah Code Ann. 58-31b-301 (3)).	Legend drug authority is included in licensure, and to obtain controlled substance authority, NPs must complete a separate application. The Board tracks the NPs with controlled substance authority.

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	Code Ann. 58-31b-102 (14) and 58-31b-803).		prescribe or administer a Schedule II controlled substance unless it's in accordance with a consultation and referral plan		
Vermont	Yes. NPs must maintain a written collaborative agreement with a physician or APRN for the first 24 months or 2,400 hours of practice. (V.S.O. 26-28-1613).	Yes.	Yes.	Coursework including advanced pathophysiology, advanced assessment, and pharmacotherapeutics for NP licensure. (Board website (/) APRN application). https://ncsbn.org/Vermont.htm	Prescriptive authority for legend drugs and controlled substances is included in licensure. The Board does not track the number of NPs with DEA numbers.
Virginia	Yes, only for nurses who have practiced for less than the equivalent of 5 years of full-time clinical practice as part of a patient care team. (18 V.A.C. 90-40-40 (2); 18 V.A.C. 90-40-90).	Yes. (Code Va. § 54.1-2957.01).	Yes. (Code Va. § 54.1-2957.01).	30 contact hours of education in pharmacology or pharmacotherapeutics. (18 V.A.C. 90-40-40 (2)).	There is a separate licensure for prescriptive authority for schedules II-VI (all drugs are scheduled in Virginia). The Board tracks the number of NPs with prescriptive authority, but does not track NPs with federal DEA numbers.
Washington	No. (WAC 246-840-400).	Yes. (Rev. Code Wash. § 18.79.050).	Yes. (Rev. Code Wash. § 18.79.050).	30 hours of pharmacotherapeutics education, that includes pharmacokinetic principles and their clinical application and the use of pharmacological agents in prevention of illness and	The board tracks the number of NPs with prescriptive authority, but does not keep track of how many have DEA numbers.

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				restoration and maintenance of health. (WAC 246-840-410 (1)(b)).	
West Virginia	Yes, only for NPs who have practiced less than 3 years. (W. Va. Code § 30-7-15b (e). After 3 years in a collaborative relationship with a physician, a NP can apply to the nursing board for authorization to prescribe independently.	Yes. (W. Va. Code § 30-7-15a(b)). Prescriptions for Schedule III controlled substances are limited to a 30-day supply without refill.	No. (W. Va. Code § 30-7-15a (b)).	Pharmacology course during undergraduate education, 45 contact hours of instruction in advanced pharmacology at the graduate level, must have used pharmacology in clinical practice as part of the education program, and must complete 15 hours of advanced pharmacology within the 2 years prior to application. (W. Va. Code § 30-7-15b (a)(3))	Each NP with prescriptive authority is assigned an identification number by the Board of Nursing. (W. Va. Code § 30-7-15a (d)), and the Nursing Board must maintain a list of all NPs with West Virginia DEA registrations and numbers. (W. Va. CSR § 19-8-3.9). A Joint Advisory Council on Limited Prescriptive Authority will advise the nursing board on collaborative agreements and prescriptive authority for APRNs, and review applications for independent prescriptive authority.
Wisconsin	Yes. Prescriptive authority dependent upon a collaborative agreement and supervision by a physician. (Wis. Admin. Code N 8.10 (2)).	Yes. (Wis. Stats. 441.16 (2); Wis. Admin. Code N 8.06).	Yes, but only in very limited circumstances. (Wis. Stats. 441.16 (2); Wis. Admin. Code N 8.06).	45 contact hours in clinical pharmacology/therapeutics and must pass a “jurisprudence examination.” (Wis. Admin. Code N 8.03 (4)&(5)).	
Wyoming	No. (Wy. Stat. Ann 33-21-120 (a)(i); Wy. Admin. Code Ch. 2 § 5.	Yes. (Wy. Stat. Ann 33-21-120 (a)(i)(A)).	Yes. (Wy. Stat. Ann 33-21-120 (a)(i)(A)).	Submit evidence of completion of advanced pharmacology. (Wy. Admin. Code Ch. 2 § 5 (b)	

