Scope of Practice 2025 State Legislative Activity (updated 11/03/2025)

Introduction

Each year, the AMA Advocacy Resource Center tracks, and works with state medical associations to oppose, proposed state legislation that aims to inappropriately expand the scope of practice of non-physicians including nurse practitioners, nurse anesthetists, physician assistants, optometrists, pharmacists, psychologists, naturopaths, and podiatrists. **This year, more than 150 scope expansion bills that threatened patient safety were defeated in state legislatures across the country**. A detailed summary of state scope of practice legislation is to follow.

Nurse practitioners

At least fifty bills impacting the scope of practice of nurse practitioners were introduced across at least nineteen states this year. Generally, legislation considered in the states this year proposed to remove or weaken physician involvement in practice by nurse practitioners, or to expand what fits within a nurse practitioner's scope of practice, for example ordering home health services or signing death certificates. **Thirty-three of these bills across fifteen states were defeated outright, and two bills passed with favorable amendments. Scope expansion bills were defeated in Arkansas, Connecticut, Florida, Georgia, Indiana, Maine, Mississippi, Missouri, New York, South Carolina, Texas, and West Virginia. Five states also considered and soundly defeated legislation proposing to adopt the APRN Compact: Arizona, Arkansas, Kansas, Montana, and New York.**

Legislation in Arkansas passed with favorable amendments. This bill would have allowed nurse practitioners to sign death certificates, however, as amended the bill allows such authority to be granted by the hospital medical staff, only if a physician is not immediately available.

Unfortunately, three bills have been enacted related to advanced practice registered nurses (APRNs). In Oklahoma, Governor Stitt vetoed APRN legislation for the second year in row, however, the legislature ultimately overturned this veto. This bill grants nurse practitioners, nurse midwives, and clinical nurse specialists the ability to prescribe medications without physician supervision after 6,240 hours of supervision with a physician of the same specialty in which they are practicing. Notably, the bill does not grant this authority to nurse anesthetists and does not include independent prescribing of schedule II-controlled substances. In Wisconsin, legislation is headed to the Governor's desk that would allow nurse practitioners, nurse midwives, nurse anesthetists, and clinical nurse specialists the ability to prescribe medications without physician supervision or collaboration if they have completed (1) 3,840 hours of professional nursing in a clinical setting over 24 months, and (2) 3,840 clinical hours as an APRN in their role and with a physician or dentist over 24 months.

In Arkansas, a bill passed granting nurse practitioners and physician assistants signatory authority for orthotics, prosthetics, and diabetic shoe inserts to prevent diabetic foot ulcers. However, Arkansas defeated the APRN Compact bill along with a bill that would have removed the current transition to practice requirements for nurse practitioners.

As of November 2025, at least a dozen nurse practitioner scope of practice bills remain active in Michigan, New Jersey, Ohio, and Pennsylvania.

Nurse Anesthetists

Certified registered nurse anesthetists (CRNAs) continue to seek removal of physician direction, oversight, or supervision when providing anesthesia services or pain care. In 2025, we saw thirty-two pieces of legislation introduced in at least nineteen states. **At least twenty bills were soundly defeated across at least twelve states: Florida, Georgia, Illinois, Indiana, Mississippi, Missouri, Nevada, New York, North Carolina, Oklahoma, South Carolina, and Virginia. Further, at least four pieces of legislation involving CRNAs passed with favorable amendments in an additional four states.**

When it comes to favorable amendments, Kansas and Tennessee removed in proposed legislation provisions that would have allowed for CRNA independent practice, and California favorably amended a bill that would have created an overbroad definition of anesthesia services provided in acute care facilities.

Unfortunately, legislation passed in New Mexico and West Virginia. The New Mexico bill allows nurse anesthetists to practice independently or in collaboration with other health care providers in accordance with the policies of a health care facility. In West Virginia, the enacted legislation allows CRNAs to practice “in cooperation” with a physician. The legislation was favorably amended to strengthen this language. For example, the bill as enacted specifically states that “a certified registered nurse anesthetist does not have independent practice authority.” The definition of “cooperation” was also amended to ensure cooperation is between the CRNA and physician, dentist, or podiatrist and specifies that the medical or dental care of the patient is directed by the physician, dentist, or podiatrist. Finally, the enacted version removed a provision that would have allowed CRNAs to use the title “nurse anesthesiologists.”

As of November 2025, four additional bills impacting the scope of practice of CRNAs remain stagnant but active in Massachusetts and Ohio, where legislatures are still in session.

Physician Assistants

At least thirty bills that would weaken or remove physician supervision or collaboration requirements for physician assistants were introduced in twenty states: Alaska, Arizona, Arkansas Florida, Illinois, Kentucky, Massachusetts, Minnesota, Missouri, Nevada, New Hampshire, New Mexico, New York, North Carolina, Oklahoma, South Carolina, South Dakota, Texas, West Virginia, and Wisconsin. Six states—Maine, Minnesota, New Hampshire, New Jersey, Ohio, and Wisconsin—have legislation that would allow physician assistants to change their title to “physician associate.” **Ultimately, twenty-two bills were defeated across thirteen states—Alaska, Arizona, Florida, Illinois, Kentucky, Minnesota, Missouri, Nevada, New Mexico, New York, South Carolina, Texas, and West Virginia—and a bill in Virginia was favorably amended from a scope expansion to a study bill.**

Maine and New Hampshire enacted title change legislation, bringing the total number of states that allow a physician assistant to assume the title “physician associate” to three (joining Oregon, which enacted title change legislation in 2024).

A bill passed in South Dakota this year after the state defeated physician assistant scope bills for three years running. Ultimately that legislation was amended to increase the required hours of physician collaboration from 2,080 practice hours to 6,000, and required these practice hours to be with a physician where the language initially proposed would have allowed collaboration with other physician assistants. Similarly, North Carolina’s Governor signed House Bill 67 into law which creates a new category of team-based physician assistants. Physician assistants who practice in a “team-based care setting” and have more than 4,000 hours of clinical practice experience and more than 1,000 hours of clinical experience in the specific medical specialty of practice with a physician in that specialty are considered “team-based physician assistants.” These physician assistants are no longer required to practice with physician supervision, rather they shall collaborate and consult with or refer to appropriate members of the health care team. Notably the amount of collaboration shall be determined by the practice and per regulations adopted by the board. Team-based practice settings are defined by the bill to include medical practices of which a majority of the practice is owned by physicians, as well as hospitals, clinics, nursing

homes and other facilities in which physicians have consistent and meaningful participation in the health services provided to patients. Finally, like the APRN bill discussed above, the Oklahoma legislature overrode Governor Stitt's veto of HB 2584, granting physician assistants the ability to prescribe medications, including Schedule III-V controlled substances, without a delegating physician practice agreement after completing 6,240 hours of postgraduate clinical practice experience. Also, as noted above, Arkansas passed legislation granting nurse practitioners and physician assistants signatory authority for orthotics, prosthetics, and diabetic shoe inserts to prevent diabetic foot ulcers.

As of November 2025, legislation allowing for independent practice by physician assistants is still active in Massachusetts and Wisconsin, and title change legislation is active in Ohio, New Jersey, and Wisconsin.

Optometrists

Optometrists continue to seek legislation that would allow them to perform surgery or administer injections in the human eye. At least twenty-one such bills were introduced across fifteen states in 2025, and as of late July, **eleven pieces of legislation have been defeated in eight states: Florida, Kansas, Maine, Minnesota, Missouri, New Hampshire, New Mexico, and South Carolina.**

Notably, the legislation defeated in New Mexico was passed by the legislature but vetoed by Governor Lujan Grishman; it would have allowed optometrist to perform a wide range of complex surgeries.

Unfortunately, optometrist scope expansions passed in Montana, North Dakota, and West Virginia; Montana and West Virginia now permit optometrists to perform laser surgery, while North Dakota's bill eliminates the certification requirement for optometrists to prescribe but does not allow optometrists to perform surgery.

An additional five bills are stagnant in Committee in Massachusetts, New Jersey, and Ohio, where state legislatures are still in session as of November 2025. Four of these bills involve laser surgery, but one, introduced in Massachusetts, would allow optometrists to use the term "optometric physician."

Pharmacists

More than 20 "test and treat" or prescribing bills were introduced in more than a dozen states this year: Arizona, Indiana, Massachusetts, Michigan, Mississippi, Nevada, North Carolina, Oklahoma, Ohio, Oregon, South Carolina, Texas, Washington, and West Virginia. These bills would allow pharmacists to diagnose and prescribe medications for patients, typically based on the results of a CLIA-waived test or for specific conditions, such as flu, strep throat, and RSV, though in some cases for "minor conditions." **More than a dozen prescribing bills in eight states—Arizona, Indiana, Mississippi, Nevada, Oklahoma, South Carolina, Texas, and Washington—were defeated. Notably, Oregon amended legislation from a wide-reaching pharmacist prescribing bill to a bill that simply makes permanent an existing provision allowing pharmacists to test and treat for COVID-19, as they may do in all states. At least two states, including New York and Oregon, considered and defeated legislation that would allow pharmacists to prescribe medications for the treatment of opioid use disorder. Legislation allowing pharmacists to treat opioid use disorder has also been proposed in Massachusetts.**

Unfortunately, two test and treat bills passed. Legislation in West Virginia granted pharmacists broad prescribing authority. The bill allows pharmacists to prescribe non-controlled substances for conditions that "do not require a new diagnosis, are minor and generally self-limiting; have a test that is used to guide diagnosis or clinical decision-making and are waived under the federal clinical laboratory improvements amendments of 1986; or in the professional judgment of the pharmacist, are patient emergencies." North Carolina also enacted a bill allowing pharmacists to test and treat for influenza only.

Finally, California and Washington considered a "standard of care" model for the regulation of pharmacy practice. These proposals would allow a state's pharmacist regulatory body to broadly define pharmacists' scope of practice based on "the accepted standard of care that would be provided in a similar setting" by a prudent pharmacist. The standard of care model would likely be used to justify broad scope expansions for pharmacists. California successfully neutralized standard of care language in a bill that was enacted this year.

Psychologists

In 2025, psychologist prescribing legislation was introduced in a dozen states: Arizona, Florida, Hawaii, Idaho, Illinois, New Mexico, New York, Oklahoma, Tennessee, Texas, Vermont, and Washington. A psychologist prescribing study bill was introduced in Virginia. **Legislation was defeated everywhere but New Mexico and Virginia—Virginia enacted a bill requiring a committee to study potential psychologist prescribing legislation, and New Mexico's bill expanded existing law.**

Existing law in New Mexico grants certain psychologists' prescriptive authority. The bill that passed this year allows psychologists with four years of independent experience in prescribing psychotropic medications to prescribe without any physician involvement.

Naturopaths

At least seventeen bills were introduced across fifteen states that would have either granted naturopaths prescribing privileges or created a mechanism for state licensure. **Legislation was defeated or favorably amended in all fifteen states.**

Specifically, bills failed in fourteen states: Alaska, Arkansas, Colorado, Connecticut, Florida, Illinois, Indiana, Kansas, Maryland, Nevada, North Dakota, Texas, Washington, and Wyoming. In the fifteenth state, Maine, formulary expansion legislation was amended to simply include technical amendments to requirements around membership on the naturopath formulary board.

Podiatrists

Podiatrists seek legislation allowing them to perform complex ankle surgeries, leg surgeries, and to adopt the title "physician." At least six bills were introduced across at least four states: New York, Massachusetts, California, and Mississippi. **California enacted legislation that allows podiatrists to use the title "podiatric surgeon," while Mississippi defeated legislation that would have allowed podiatrists to perform complex ankle procedures and operations on the lower leg.**

Two companion bills in New York that would allow podiatrists to perform ankle replacements and leg surgeries, and that would lower credentialing standards for podiatrists, await Governor Hochul's signature. The AMA and other physician organizations have called upon Governor Hochul to veto this legislation.

As of November 2025, a bill allowing podiatrists to operate on the lower leg and adopt the title "physician" is active but stagnant in Massachusetts.

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