

# **Chart Overview of Nurse Practitioner Scopes of Practice in the United States**

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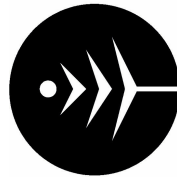
**Center for the Health Professions  
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*Notes:* The following Chart provides summary information regarding legal scopes of practice for nurse practitioners. For additional discussion about the Chart, please see *Overview of Nurse Practitioner Scopes of Practice in the United States – Discussion (2007)* available at <http://futurehealth.ucsf.edu>. The information contained in this chart is intended to be informative for professionals and policy makers. Efforts have been made to ensure accuracy at the time of publication. However, laws, regulations and interpretations of such often change and may no longer be current. In addition, nothing in this document should be interpreted as legal advice.

**Chart Overview of Nurse Practitioner Scopes of Practice in the United States (the “Chart”)<sup>1</sup>**  
**UCSF Center for the Health Professions, Fall 2007**

	Oversight Requirements				Practice Authorities <sup>2</sup>				Prescriptive Authorities				Nat'l Certif. Req'd	Joint BoN <sup>3</sup> / BoM <sup>4</sup> Authority
	No MD Involvement Req'd	MD Supervision Req'd	MD Collaboration Req'd	Written Practice Protocol Req'd	Explicit Authority to Diagnose	Explicit Authority to Order Tests	Explicit Authority to Refer	Authority to Prescribe w/o MD Involvement	Authority to Prescribe w/ MD Collaboration	Written Protocol Req'd to Prescribe <sup>5</sup>	Authority to Prescribe Controlled Substances			
Alabama <sup>6</sup>			X	X	X	X	X	X	X	X	X <sup>8</sup>	X	X	
Alaska <sup>7</sup>	X				X			X					X	
Arizona <sup>9</sup>	X				X			X					X	
Arkansas <sup>10</sup>			X <sup>11</sup>		X			X	X <sup>12</sup>	X	X	X	X	
California <sup>13</sup>			X <sup>14</sup>	X				X	X <sup>15</sup>	X	X			
Colorado <sup>16</sup>					X			X	X	X	X			
Connecticut <sup>17</sup>			X		X			X	X	X	X			
Delaware <sup>18</sup>			X		X <sup>19</sup>	X		X <sup>20</sup>	X	X	X	X	X	
District of Columbia <sup>21</sup>	X				X			X	X		X			
Florida <sup>22</sup>		X			X			X	X	X	X	X	X	
Georgia <sup>23</sup>			X <sup>24</sup>	X	X			X	X	X	X	X	X <sup>25</sup>	
Hawaii <sup>26</sup>					X			X	X	X	X <sup>27</sup>	X	X <sup>28</sup>	
Idaho <sup>29</sup>	X				X			X	X	X	X	X	X <sup>30</sup>	
Illinois <sup>31</sup>			X		X			X	X	X	X	X	X	
Indiana <sup>32</sup>			X		X			X	X	X	X	X	X <sup>33</sup>	
Iowa <sup>34</sup>	X				X			X <sup>35</sup>	X	X	X	X	X	
Kansas <sup>36</sup>					X <sup>37</sup>			X	X	X	X	X	X	
Kentucky <sup>38</sup>					X <sup>39</sup>			X	X	X	X <sup>40</sup>	X	X	
Louisiana <sup>41</sup>			X		X <sup>43</sup>			X	X	X	X <sup>44</sup>	X	X	
Maine <sup>45</sup>	X <sup>46</sup>				X <sup>47</sup>			X	X	X	X	X	X	
Maryland <sup>48</sup>			X		X			X	X	X	X	X	X	
Massachusetts <sup>49</sup>		X			X			X	X	X	X	X	X	
Michigan <sup>50</sup>									X <sup>51</sup>	X	X <sup>52</sup>	X	X	
Minnesota <sup>53</sup>			X		X			X	X	X	X	X	X <sup>54</sup>	
Mississippi <sup>55</sup>			X		X			X	X	X	X	X	X	
Missouri <sup>56</sup>			X		X <sup>57</sup>			X	X	X	X	X	X	
Montana <sup>58</sup>	X <sup>59</sup>				X			X	X	X	X	X	X	
Nebraska <sup>60</sup>		X <sup>61</sup>			X			X	X	X	X	X	X	
Nevada <sup>62</sup>			X		X			X	X	X	X	X	X	
New Hampshire <sup>63</sup>	X				X			X	X	X	X	X	X	
New Jersey <sup>64</sup>					X			X	X	X	X	X	X <sup>65</sup>	
New Mexico <sup>66</sup>	X							X	X	X	X	X	X	
New York <sup>67</sup>			X		X <sup>68</sup>			X	X	X	X	X	X	
North Carolina <sup>69</sup>		X			X			X	X	X	X	X	X	
North Dakota <sup>70</sup>					X <sup>71</sup>			X	X	X	X	X	X	
Ohio <sup>72</sup>			X					X	X	X	X	X	X	
Oklahoma <sup>73</sup>		X <sup>74</sup>			X			X	X	X	X	X	X <sup>75</sup>	
Oregon <sup>76</sup>	X				X			X	X	X	X	X	X	

	Oversight Requirements				Practice Authorities <sup>2</sup>				Prescriptive Authorities				Nat'l Certif. Req'd	Joint BoN <sup>3</sup> / BoM <sup>4</sup> Authority
	No MD Involvement Req'd	MD Supervision Req'd	MD Collaboration Req'd	Written Practice Protocol Req'd	Explicit Authority to Diagnose	Explicit Authority to Order Tests	Explicit Authority to Refer	Authority to Prescribe w/o MD Involvement	Authority to Prescribe w/ MD Collaboration	Written Protocol Req'd to Prescribe <sup>5</sup>	Authority to Prescribe Controlled Substances	Authority to Prescribe <sup>6</sup>		
Pennsylvania <sup>77</sup>		X			X				X		X <sup>78</sup>		X	
Rhode Island <sup>79</sup>													X	
South Carolina <sup>80</sup>		X		X	X					X			X	X
South Dakota <sup>81</sup>			X		X						X <sup>82</sup>		X	X
Tennessee <sup>83</sup>									X				X	X
Texas <sup>84</sup>		X		X	X					X			X	X
Utah <sup>85</sup>					X					X			X	
Vermont <sup>86</sup>				X	X				X				X	
Virginia <sup>87</sup>		X		X						X			X	X
Washington <sup>88</sup>	X				X	X		X					X	
West Virginia <sup>89</sup>			X		X				X				X	
Wisconsin <sup>90</sup>		X			X	X			X				X	X
Wyoming <sup>91</sup>					X				X				X	X
<b>TOTALS</b>	<b>11</b>	<b>10</b>	<b>27</b>	<b>21</b>	<b>44</b>	<b>20</b>	<b>33</b>	<b>11</b>	<b>40</b>	<b>34</b>	<b>48</b>	<b>42</b>	<b>17</b>	

<sup>1</sup> References: 1) Linda Pearson, "The Pearson Report," The American Journal for Nurse Practitioners (February 2007), [http://www.webnp.net/images/ajnp\\_feb07.pdf](http://www.webnp.net/images/ajnp_feb07.pdf); 2) Carolyn Buppert, Nurse Practitioner's Business Practice and Legal Guide (Third Edition); Jones and Bartlett 2008; "Joint Regulation of Advanced Nursing Practice," U.S. Federal Trade Commission (2007), <http://www.ftc.gov/os/comments/healthcarecomments2/carsondoc1.pdf>. Data updated by UCSF Center for the Health Professions in September 2007.

<sup>2</sup> **Important:** The Chart is designed to be referenced from left to right. Thus, if the Chart indicates that physician supervision or collaboration is required, then NPs may not diagnose, order tests or refer patients without physician supervision or collaboration.

<sup>3</sup> Board of Nursing.

<sup>4</sup> Board of Medicine.

<sup>5</sup> Absent explicit statutory or regulatory language requiring a separate written agreement, the Chart does not indicate that a written prescriptive protocol is required in states that already require NPs to establish written practice protocols with physicians. See, for example, Maryland, Massachusetts and Ohio.

<sup>6</sup> Ala. Code §§34-21-80, 34-21-81, 34-21-86, <http://www.abn.state.al.us/main/nurse-practice-act/ARTICLE-5.pdf>; Ala. Admin. Code r. 610-X-2-.05, <http://www.abn.state.al.us/main/downloads/admin-code/Chapter%20610-X-5.pdf>.

<sup>7</sup> Alaska Stat. §08.68.410(1), 12 Alaska Admin. Code tit. 12 §§44.430, 44.440, 44.445, <http://www.commerce.state.ak.us/occ/pub/NursingStatutes.pdf>.

<sup>8</sup> In Alaska, ANPs (advanced nurse practitioners) must have five years of experience in prescribing before they may apply for authority to prescribe controlled substances. 12 Alaska Admin. Code tit. 12 §44.445.

<sup>9</sup> Ariz. Rev. Stat. §32-1601.15, <http://www.azleg.state.az.us/FormatDocument.asp?inDoc=/ars/32/01601.htm&Title=32&DocType=ARS>;

<sup>10</sup> Ariz. Admin. Code §§R4-19-402, R4-19-508, R4-19-511, R4-19-512, [http://www.azbn.gov/documents/npa/LINKED-RULES\\_JUNE%202007\\_WEB.pdf](http://www.azbn.gov/documents/npa/LINKED-RULES_JUNE%202007_WEB.pdf).

<sup>11</sup> Arkansas law distinguishes between RNPs and ANPs. The Chart delineates the ANP's scope of practice. Ark. Code Ann. §17-87-102, 17-87-302, 17-87-310, [http://www.arsbn.org/pdfs/practice\\_act/NURSEPRACTICEACT\\_2007\\_\\_5.pdf](http://www.arsbn.org/pdfs/practice_act/NURSEPRACTICEACT_2007__5.pdf); Position Statement: Scopes of Practice, [http://www.arsbn.org/position\\_st/95\\_1.pdf](http://www.arsbn.org/position_st/95_1.pdf); Difference between Advanced Nurse Practitioners and Registered Nurse Practitioners, <http://www.arsbn.org/pdfs/anp&mbroch.pdf>; Advanced Nurse Practitioner, <http://www.arsbn.org/pdfs/anbroch.pdf>; Four Categories of Advanced Practice Licensure, <http://www.arsbn.org/pdfs/4categories.pdf>.

<sup>12</sup> In Arkansas, RNPs must practice "in collaboration with and under the direction of a licensed physician or under the direction of protocols developed with a physician." ANPs with prescriptive authority must have a collaborative practice agreement with a physician. Ark. Code Ann. §17-87-310.

<sup>13</sup> In Arkansas, RNPs may not prescribe medications.

- <sup>13</sup> Cal. Code of Regs. tit. 16 §§1480(a), 1485, <http://www.rm.ca.gov/regulations/title16.shtml>; Cal. Bus. & Prof. Code §§2725, 2725.1, 2836.1, <http://www.rm.ca.gov/regulations/bpc.shtml>.
- <sup>14</sup> In California, the standardized procedure (SP) is the legal mechanism for APRNs and NPs to perform functions that would otherwise be considered the practice of medicine. SPs must be developed collaboratively by the nursing, medicine and administrative departments of the healthcare system where they will be used. Once an SP has been signed by the nurse, physician and facility, the practice is considered independent. SPs basically cover diagnoses, referrals, prescriptions and procedures that involve penetration of tissue functions. Pearson, *supra*, note 1.
- <sup>15</sup> In California, NPs may “furnish” or “order” drugs. However, they may not “prescribe” drugs. Cal. Bus. & Prof. Code §2836.1.
- <sup>16</sup> Col. Rev. Stat. §§12-38-103, 12-38-111.5, 12-38-111.6, <http://www.dora.state.co.us/NURSING/statutes/NursePracticeAct.pdf>.
- <sup>17</sup> Conn. Gen. Stat. §§20-87a, 20-94a, <http://www.cga.ct.gov/2007/pub/Chap378.htm>;
- <sup>18</sup> Advanced Practice Registered Nurse Licensure, <http://www.ct.gov/dph/cwp/view.asp?a=3121&q=389400>.
- <sup>19</sup> Del. Code Ann. tit. 24 §1902, <http://delcode.delaware.gov/title24/c019/index.shtml>;
- <sup>20</sup> Del. Register of Regs. tit. 24 §§8.0-8.18, <http://regulations.delaware.gov/AdminCode/title24/1900%20Board%20of%20Nursing.shtml#TopOfPage>.
- <sup>21</sup> Delaware law distinguishes between “medical diagnoses” and “nursing diagnoses.” Del. Code Ann. tit. 24 §1902.
- <sup>22</sup> In Delaware, an NP may only refer patients to other providers if authorized under a written collaborative agreement with a physician. Del. Register of Regs. tit. 24 §§8.6.2.14.
- <sup>23</sup> D.C. Mun. Regs. tit. 17, Ch. 59, [http://hpla.doh.dc.gov/hpla/frames.asp?doc=/hpla/lib/hpla/prof\\_license/services/pdf/np\\_license/nursing/nurse\\_practitioner\\_chap\\_59\\_regs\\_8-10-05.pdf](http://hpla.doh.dc.gov/hpla/frames.asp?doc=/hpla/lib/hpla/prof_license/services/pdf/np_license/nursing/nurse_practitioner_chap_59_regs_8-10-05.pdf);
- <sup>24</sup> D.C. Code Ann. §§3-1201.02, 3-1206.01, 3-1206.03, 3-1206.04, 3-1206.08.
- <sup>25</sup> Fla. Stat. §§464.003, 464.012, Fla. Admin. Code Ann. 64B9, [http://www.doh.state.fl.us/mqa/nursing/info\\_PracticeAct.pdf](http://www.doh.state.fl.us/mqa/nursing/info_PracticeAct.pdf); Frequently Asked Questions, [http://www.doh.state.fl.us/mqa/nursing/nur\\_faq.html#ARNP](http://www.doh.state.fl.us/mqa/nursing/nur_faq.html#ARNP); 2006 Legislative Changes for Nursing, [http://www.doh.state.fl.us/mqa/nursing/info\\_legisummaries.pdf](http://www.doh.state.fl.us/mqa/nursing/info_legisummaries.pdf).
- <sup>26</sup> Ga. Comp. R. & Regs. §410-12-.03, <http://sos.georgia.gov/acrobat/PLB/Rules/chapt410.pdf>; Ga. Code Ann. §§43-26-3, 43-34-26.1, 43-34-26.3, <http://www.lexis-nexis.com/hottopics/gacode/default.asp>.
- <sup>27</sup> In Georgia, a physician may delegate the authority to perform certain medical acts under a nurse protocol agreement. Ga. Code Ann. §43-34-26.3.
- <sup>28</sup> In Georgia, the Board of Medical Examiners promulgates the rules and regulations for the nurse protocol agreement. Ga. Code Ann. §43-34-26.1(c).
- <sup>29</sup> Haw. Rev. Stat. §§457-8.5, 457-8.6, <http://www.hawaii.gov/dcca/areas/pvl/main/hrs/>; Haw. Admin. R. §§16-89, 16-89C, [http://www.hawaii.gov/dcca/areas/pvl/main/press\\_releases/nursing\\_announcements/pvl\\_ia\\_exc\\_aprm.pdf](http://www.hawaii.gov/dcca/areas/pvl/main/press_releases/nursing_announcements/pvl_ia_exc_aprm.pdf); [www.hawaii.gov/dcca/areas/pvl/main/reports/pvl\\_legislature\\_reports/JFAC\\_2004\\_Legislature\\_Report.pdf](http://www.hawaii.gov/dcca/areas/pvl/main/reports/pvl_legislature_reports/JFAC_2004_Legislature_Report.pdf).
- <sup>30</sup> In Hawaii, the Board of Medical Examiners has joint rule-making authority with the Board of Nursing over prescriptive matters only. Haw. Rev. Stat. §§457-8.6.
- <sup>31</sup> Idaho Code §54-1402(1)(c), <http://www3.state.id.us/cgi-bin/newidst?scid=540140002.K>;
- <sup>32</sup> Idaho Admin. Proc. Act §§23.01.01.271, 23.01.01.280, 23.01.01.315, <http://www.adm.idaho.gov/adminrules/rules/idapa23/0101.pdf>.
- <sup>33</sup> In Idaho, an Advisory Committee to the Board of Nursing addresses issues related to the practice of NPs and other APPNs. The Committee consists of two APPNs appointed by the Board of Nursing, two physicians nominated by the Board of Medicine and appointed by the Board of Nursing and one pharmacist nominated by the Board of Pharmacy. The Board of Nursing cannot expand the scope of practice or prescriptive authority of an APPN beyond that recommended by the Committee. Idaho Code §§54-1417, <http://www3.state.id.us/cgi-bin/newidst?scid=540140017.K>.
- <sup>34</sup> 22.5 Ill. Comp. Stat. 65/15-5, 65/15-10, 65/15-15, 65/15-20, [http://ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1312&ChapAct=225%26nbsp%3BILCS%26nbsp%3B65%2F&ChapterID=24&ChapterName=PROFESSIONS+AND+OCCUPATIONS&ActName=Nursing+and+Advanced+Practice+Nursing+Act%2E](http://ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1312&ChapAct=225%26nbsp%3BILCS%26nbsp%3B65%2F&ChapterID=24&ChapterName=PROFESSIONS+AND+OCCUPATIONS&ActName=Nursing+and+Advanced+Practice+Nursing+Act%2E;);
- <sup>35</sup> Ill. Admin. Code tit. 68 §§1305.30, 1305.35, 1305.40, <http://www.ilga.gov/commission/jcar/admincode/068/06801305sections.html>.
- <sup>36</sup> Ind. Code §§25-23-1-19.4 to 25-23-1-19.6; 848 Ind. Admin. Code §§4-1-3, 4-1-4, 4-2-1, 5-1-1, [http://www.in.gov/pla/bandc/isbn/nursing\\_compilation.pdf](http://www.in.gov/pla/bandc/isbn/nursing_compilation.pdf).
- <sup>37</sup> In Indiana, Board of Nursing decisions regarding requirements for initial and renewed prescriptive authority must be approved by the Board of Medicine. Pearson, *supra*, note 1 (citing Ind. Code §§25-23-1-7(B), 25-23-1-7(C)).
- <sup>38</sup> Iowa Admin. Code §655-7.1(152), <http://www.legis.state.ia.us/Rules/Current/iac/655/6557/6557.pdf>;
- <sup>39</sup> Iowa Code §147.107, <http://nxtsearch.legis.state.ia.us/nxt/gateway.dll?f=templates&fn=default.htm>; Iowa Board of Nursing, [http://www.state.ia.us/nursing/nursing\\_practice/arnp.html](http://www.state.ia.us/nursing/nursing_practice/arnp.html).
- <sup>40</sup> In Iowa, ARNPs may prescribe independently. Pearson, *supra*, note 1 (citing Iowa Admin. Code §655-7.1(152)).
- <sup>41</sup> Kan. Stat. Ann. §§65-1113 to 65-1134, Kan. Admin. Regs. §§60-3-101; 60-11-101 to 60-11-119, <http://www.ksbn.org/npa/npa.pdf>.

- <sup>37</sup> Kansas law distinguishes between “medical diagnoses” and “nursing diagnoses.” Kan. Stat. Ann. §65-1113(b).
- <sup>38</sup> Ky. Rev. Stat. Ann. §314.011, <http://162.114.4.13/KRS/314-00/011.PDF>; Ky. Rev. Stat. Ann. §314.042, <http://www.lrc.ky.gov/KRS/314-00/042.PDF>;
- 201 Ky. Admin. Regs. §20:056, <http://www.lrc.state.ky.us/kar/201/020/056.htm>; 201 Ky. Admin. Regs. §20:057, <http://www.lrc.state.ky.us/kar/201/020/057.htm>; 201 Ky. Admin. Regs. §20:059, <http://www.lrc.state.ky.us/kar/201/020/059.htm>; Scope of Practice Determination Guidelines, <http://kbn.ky.gov/NR/rdonlyres/74A5FF75-543D-4E12-8839-720B7623DA870/pracdrmm.pdf>.
- <sup>39</sup> Kentucky law distinguishes between “medical diagnoses” and “nursing diagnoses.” Ky. Rev. Stat. Ann. §314.011(4)(a).
- <sup>40</sup> In Kentucky, ARNPs must be registered to practice for at least one year before entering into a written collaborative practice agreement with a physician to prescribe controlled substances. Ky. Rev. Stat. Ann. §314.042.
- <sup>41</sup> La. Admin. Code §46:XLVII, Ch. 45, <http://www.lsbn.state.la.us/documents/rules/fullrules.pdf>;
- La. Stat. Ann. §37:913(3), La. Admin. Code §46:XLVII, Ch. 45 §4513, <http://www.lsbn.state.la.us/Documents/scope/apscope.pdf>.
- <sup>42</sup> In Louisiana, APRNs who “engage in medical diagnosis and management shall have a collaborative practice agreement.” APRNs practicing solely in their nursing scope of practice, on the other hand, are not required to have a collaborative practice agreement. Pearson, *supra*, note 1 (citing La. Admin. Code §46:XLVII, Ch. 45 §4513).
- <sup>43</sup> In Louisiana, APRNs may diagnose only if they are authorized under a collaborative practice agreement. La. Admin. Code §46:XLVII, Ch. 45 §4513.
- <sup>44</sup> In Louisiana, APRNs must have experience prescribing medications in collaboration with a physician for 500 hours before applying for authority to prescribe controlled substances. La. Admin. Code §46:XLVII Ch. 45, §4513.
- <sup>45</sup> Code Me. R. tit. 32 §2102, <http://janus.state.me.us/legis/statutes/32/title32sec2102.pdf>; Code Me. R. tit. 32 §2201-A, <http://janus.state.me.us/legis/statutes/32/title32sec2201-A.pdf>; Code Me. R. tit. 32 §2205-B, <http://janus.state.me.us/legis/statutes/32/title32sec2205-B.pdf>; Code Me. R. tit. 32 §2102, <http://janus.state.me.us/legis/statutes/32/title32sec2102.pdf>; 02-373 Me. ADC, Ch. 3, <http://www.maine.gov/sos/cec/rules/02/373/373c003.doc>; 02-380 Me. ADC, Ch. 8, <ftp://ftp.state.me.us/pub/sos/cec/rcn/apa/02/380/380c008.doc>.
- <sup>46</sup> In Maine, physician supervision is required for at least the first two years of NP practice, after which independent practice is authorized. Code Me. R. tit. 32 §2102, 2-A.
- <sup>47</sup> Maine law distinguishes between “medical diagnoses” and “nursing diagnoses.” Code Me. R. tit. 32 §2102(2)(A)(1).
- <sup>48</sup> Md. Code Ann. §§10-27-07.00 to 10-27-07.08, <http://www.dsd.state.md.us/comar/10/10.27.07.01.htm>; <http://www.dsd.state.md.us/comar/10/10.27.07.02.htm>;
- <http://www.dsd.state.md.us/comar/10/10.27.07.03.htm>; <http://www.dsd.state.md.us/comar/10/10.27.07.05.htm>; <http://www.dsd.state.md.us/comar/10/10.27.07.08.htm>.
- <sup>49</sup> 244 Code Mass. Regs. §§4.05, 4.22, 4.26(2), <http://www.mass.gov/Eoehhs2/docs/dph/regs/244cmr004.pdf>;
- Mass. Gen. Laws, Ch. 112 §80B, <http://www.mass.gov/legis/laws/mgl/112-80b.htm>; Mass. Gen. Laws, Ch. 112 §80E, <http://www.mass.gov/legis/laws/mgl/112-80e.htm>.
- <sup>50</sup> Mich. Comp. Laws §333.16215, [http://www.legislature.mi.gov/\(S\(zizokq5mxusoo55jghfeyvb\)\)/mileg.aspx?page=getobject&objectname=mcl-333-16215](http://www.legislature.mi.gov/(S(zizokq5mxusoo55jghfeyvb))/mileg.aspx?page=getobject&objectname=mcl-333-16215);
- Mich. Comp. Laws §333.17212, [http://www.legislature.mi.gov/\(S\(kzhfca2uuiyvfdewnerousi1\)\)/documents/mcl/pdf/mcl-333-17212.pdf](http://www.legislature.mi.gov/(S(kzhfca2uuiyvfdewnerousi1))/documents/mcl/pdf/mcl-333-17212.pdf);
- Mich. Admin. Code R 338.10404, [http://www.state.mi.us/orr/emi/admincode.asp?AdminCode=Single&Admin\\_Num=33810101&Dpt=CH&RngHigh=;](http://www.state.mi.us/orr/emi/admincode.asp?AdminCode=Single&Admin_Num=33810101&Dpt=CH&RngHigh=;)
- Board of Nursing, <http://www.michigancenterfornursing.org/mimages/bofnursing.pdf>; [http://www.michigan.gov/mdch/0,1607,7-132-27417\\_27529\\_27542-59003--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-27417_27529_27542-59003--,00.html).
- <sup>51</sup> In Michigan, physicians may delegate the authority to prescribe medications under protocols. Mich. Comp. Laws §333.17212.
- <sup>52</sup> In Michigan, NPs must prescribe controlled substances under a “Delegation of Prescriptive Authority Agreement” signed by their supervising physician. Pearson, *supra*, note 1.
- <sup>53</sup> Minnesota Nurse Practice Act, [http://www.state.mn.us/portal/mm/jsp/content.do?rc\\_layout=bottom&subchannel=null&programid=536898782&sc3=null&sc2=null&id=536882405&agency=NursingBoard](http://www.state.mn.us/portal/mm/jsp/content.do?rc_layout=bottom&subchannel=null&programid=536898782&sc3=null&sc2=null&id=536882405&agency=NursingBoard); Minn. Stat. §148.171, <http://www.revisor.leg.state.mn.us/bin/getpub.php?type=s&year=2006&section=148.235>;
- Minn. Stat. §148.235, <http://www.revisor.leg.state.mn.us/bin/getpub.php?type=s&year=2006&section=148.235>;
- Minn. Stat. §148.284, <http://www.revisor.leg.state.mn.us/bin/getpub.php?type=s&year=2006&section=148.284>;
- Advanced Practice Registered Nursing Information, [http://www.state.mn.us/portal/mm/jsp/content.do?rc\\_layout=bottom&subchannel=536882458&programid=536898474&sc3=null&sc2=null&id=536882404&agency=NursingBoard](http://www.state.mn.us/portal/mm/jsp/content.do?rc_layout=bottom&subchannel=536882458&programid=536898474&sc3=null&sc2=null&id=536882404&agency=NursingBoard).
- <sup>54</sup> In Minnesota, NPs may only prescribe medications under a written agreement with a physician based on standards jointly established by the Minnesota Nurses Association and the Minnesota Medical Association. Minn. Stat. §148.235.
- <sup>55</sup> Miss. Code Ann., Ch. IV, VII, <http://www.msbn.state.ms.us/pdf/rulesandregulations2007.pdf>;
- Miss. Board of Nursing Rules & Regs. §73-15, <http://www.msbn.state.ms.us/pdf/rulesandregulations2007.pdf>.
- <sup>56</sup> Mo. Rev. Stat. §335.016, <http://www.moga.mo.gov/statutes/C300-399/335000016.HTM>; Mo. Rev. Stat. §334.104.2, <http://www.moga.mo.gov/statutes/c300-399/334000104.htm>; Mo. Code Reg. Ann. §2200-4, <http://www.sos.mo.gov/adrules/csr/current/20csr/20c2200-4.pdf>; Nursing & Collaborative Practice, <http://pr.mo.gov/nursing-advanced-practice-nursing-collaborative.asp>.

- <sup>57</sup> Missouri law distinguishes between “medical diagnoses” and “nursing diagnoses.” Mo. Rev. Stat. §335.016(10)(b).
- <sup>58</sup> Admin. R. Mont. §24.159.1401, <http://arm.sos.mt.gov/24/24-16651.htm>; Admin. R. Mont. §24.159.1470, <http://arm.sos.mt.gov/24/24-16692.htm>; Admin. R. Mont. §24.159.1461, <http://arm.sos.mt.gov/24/24-16685.htm>; Admin. R. Mont. §§24.159.1465, 24.159.1466, <http://arm.sos.mt.gov/24/24-16689.htm>; Mont. Code Ann. §37-8-102, <http://data.opi.state.mt.us/bills/mca/37/8/37-8-102.htm>; Mont. Code Ann. §37-8-409, <http://data.opi.state.mt.us/bills/mca/37/8/37-8-409.htm>; Admin. R. Mont. §24.159.1463, <http://arm.sos.mt.gov/24/24-16687.htm>; Admin. R. Mont. §24.159.1464, <http://arm.sos.mt.gov/24/24-16688.htm>.
- <sup>59</sup> In Montana, physicians must review a percentage of each NP’s chart as part of a quality assurance plan. Admin. R. Mont. §24.159.1466.
- <sup>60</sup> Neb. Rev. Stat. §§71-1704 to 71-1726.02, <http://www.hhs.ne.gov/crl/statutes/nurspractitioneractstat.pdf>; 172 Neb. Admin. Code, Ch. 100 §001 (not publicly available online).
- <sup>61</sup> In Nebraska, NPs must first complete 2000 hours of practice under physician supervision. Neb. Rev. Stat. §71-1723.02.
- <sup>62</sup> Nev. Rev. Stat. §632, <http://www.leg.state.nv.us/nac/NAC-632.html>.
- <sup>63</sup> N.H. Rev. Stat. Ann. §§326-B:9, 326-B:11, 326-B:18, <http://www.gencourt.state.nh.us/frsa/html/NHHTOC/NHTOC-XXX-326-B.htm>.
- <sup>64</sup> N.J. Stat. Ann. §§45:11-47, 45:11-49, <http://www.state.nj.us/lps/ca/laws/nursinglaws.pdf>; N.J. Admin. Code §§13:37-6:3, 13:37-7.1, 13:37-7.7, <http://www.njconsumeraffairs.gov/laws/nursingregs.pdf>.
- <sup>65</sup> In New Jersey, joint protocols on prescriptive authority must conform to standards developed by the Board of Nursing and the Board of Medicine. N.J. Stat. Ann. §45:11-47.
- <sup>66</sup> N.M. Stat. Ann. §61-3-23.2, N.M. Admin. Code §16.12.2, <http://www.conwaygreene.com/nmsu/lpext.dll?f=templates&fn=main-h.htm&2.0>.
- <sup>67</sup> N.Y. Edu. Law tit. VIII, Art. 139, §8900-6910, <http://www.op.nysed.gov/article139.htm>; N.Y. Comp. Codes R. & Regs. tit. 8 §§64.4-64.6, <http://www.op.nysed.gov/part64.htm>.
- <sup>68</sup> New York law distinguishes between “medical diagnoses” and “nursing diagnoses.” N.Y. Edu. Law tit. VIII, Art. 139, §6901(1).
- <sup>69</sup> N.C. Gen. Stat. §§90-18.2, 90-18.3, <http://www.ncmedboard.org/Clients/NCBOM/Public/PhysicianExtenders/nmpmpa.pdf>; 21 N.C. Admin. Code §36, <http://www.ncbon.com/content.aspx?id=654&linkidentifier=id&itemid=654>.
- <sup>70</sup> N.D. Admin. Code §54-05-03.1, <http://www.legis.nd.gov/information/acdata/pdf/54-05-03.1.pdf>; N.D. Cent. Code §43-12.1, <http://www.legis.nd.gov/cencode/t43c121.pdf>.
- <sup>71</sup> North Dakota law distinguishes between “medical diagnoses” and “nursing diagnoses.” N.D. Cent. Code §43-12.10-02(5)(b).
- <sup>72</sup> Ohio Rev. Code Ann. §§4723.43(C), 4723.431, 4723.50, 4723.10, 4723.481, <http://www.nursing.ohio.gov/PDFS/NewLawRules/CH4723Andersons0207.pdf>; Ohio Admin. Code §4723-8, <http://codes.ohio.gov/oac/4723-8>.
- <sup>73</sup> Okla. Stat. tit. 59 §567.3a, 567.4a, <http://www.lsb.state.ok.us/OKStatutes/CompleteTitles/os59.rtf>; Okla. Admin. Code §§485:10-15-6(c), 485:10-16-3, [http://www.oar.state.ok.us/oar/codedoc02.nsf/frmMain?OpenFrameSet&Frame=Main&Src=\\_75tm2shfednm8pb4dthj0chedppmcqb8dttmak31ctijjrgcln50ob7ekj42tbkdt374obdcli00\\_](http://www.oar.state.ok.us/oar/codedoc02.nsf/frmMain?OpenFrameSet&Frame=Main&Src=_75tm2shfednm8pb4dthj0chedppmcqb8dttmak31ctijjrgcln50ob7ekj42tbkdt374obdcli00_).
- <sup>74</sup> In Oklahoma, physician supervision is required only for prescribing ARNPs.
- <sup>75</sup> In Oklahoma, the Formulary Advisory Council, partially composed of physicians appointed by the Oklahoma State Medical Association, has power to select drugs for the formulary. The Board of Nursing may accept or reject the Council’s recommendations. However, the Board of Nursing may not amend the formulary without the approval of the Council. Pearson, *supra*, note 1 (citing Okla. Stat. tit. 59 §567.4a).
- <sup>76</sup> Or. Rev. Stat. §851-050, <http://www.oregon.gov/OSBN/pdfs/npa/Div50.pdf>; Or. Rev. Stat. §851-056, <http://www.oregon.gov/OSBN/pdfs/npa/Div56.pdf>.
- <sup>77</sup> 49 Pa. Code §§21.251; 21.283 to 21.287; 21.291 to 21.294; 21.311, [http://www.pacode.com/secure/data/049/chapter21/049\\_0021.pdf](http://www.pacode.com/secure/data/049/chapter21/049_0021.pdf); Pa. Prof. Nursing Law §2(13), [http://www.dos.state.pa.us/bpoa/lib/bpoa/20/nurs\\_board/nurseact.pdf](http://www.dos.state.pa.us/bpoa/lib/bpoa/20/nurs_board/nurseact.pdf).
- <sup>78</sup> In Pennsylvania, Schedule II prescriptions by CRNPs are limited to 72-hour supplies. Schedules III-IV prescriptions are limited 30-day supplies. Pearson, *supra*, note 1 (citing 49 Pa. Code §21.284).
- <sup>79</sup> R.I. Gen. Laws §5-34-3, <http://www.rilin.state.ri.us/Statutes/TITLE5/5-34/5-34-3.HTM>; R.I. Gen. Laws §5-34-39, <http://www.rilin.state.ri.us/Statutes/TITLE5/5-34/5-34-39.HTM>; R.I. Gen. Laws §5-34-35, <http://www.rilin.state.ri.us/Statutes/TITLE5/5-34/5-34-35.HTM>; Rules & Regs. for the Licensing of Nurses and Standards for the Approval of Basic Nursing Edu. Programs R5-34-NUR/ED 1.9; 9.0 – 9.3.1, <http://www2.sec.state.ri.us/dar/regdocs/released/pdf/DOH/4666.pdf>.
- <sup>80</sup> S.C. Code Ann. §40-33, <http://www.scstatehouse.net/code/40c033.htm>.
- <sup>81</sup> S.D. Codified Laws §§36-9A-4, 36-9A-5, 36-9A-12, 36-9A-13.1, 36-9A-15, 36-9A-17, 36-9A-17.1, <http://legis.state.sd.us/statutes/DisplayStatute.aspx?Statute=36-9A&Type=Statute>; S.D. Admin. R. §20:62:02:04, <http://legis.state.sd.us/rules/DisplayRule.aspx?Rule=20:62:03:03>, 20:62:03:04, <http://legis.state.sd.us/rules/DisplayRule.aspx?Rule=20:62:03:04>.
- <sup>82</sup> In South Dakota, NPs may prescribe Schedule II controlled substances for a period of not more than 30 days. S.D. Codified Laws §36-9A-12.
- <sup>83</sup> Tenn. Code Ann. §§63-7-103, 63-7-126, 63-7-123, [http://michie.lexisnexis.com/tennessee/lpext.dll?f=templates&fn=main-h.htm&cp=](http://michie.lexisnexis.com/tennessee/lpext.dll?f=templates&fn=main-h.htm&cp=;); Rules of Tenn. Board of Nursing 1000-4, <http://www.state.tn.us/sos/rules/1000/1000-04.pdf>.

