

Legal Scope of Nurse Practitioner Practice

Having an adequate legal description of NPs' scope of practice in state law is important for the following reasons:

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

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

PROFESSIONAL ASSOCIATION DEFINITION OF SCOPE OF PRACTICE

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

Nurse practitioners are primary care providers who practice in ambulatory, acute, and long-term care settings. According to their practice specialty these primary care providers provide nursing and medical services to

individuals, families and groups. In addition to diagnosing and managing acute episodic and chronic illnesses, NPs emphasize health promotion and disease prevention. Services include but are not limited to ordering, conducting and interpreting diagnostic and laboratory tests, prescription of pharmacologic agents and treatments and nonpharmacologic therapies. Teaching and counseling individuals, families and groups are a major part of nurse practitioners' practice. Nurse practitioners practice autonomously and in collaboration with health care professionals and other individuals to diagnose, treat and manage the patient's health problems. They serve as health care resources, interdisciplinary consultants and patient advocates.¹

STATUTORY VERSUS REGULATORY SCOPE OF NP PRACTICE

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

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

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

The first category is most secure for the NP.

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

On the other hand, a vaguely worded nurse practice act that states, for example, that the scope of NP practice includes "acts of advanced nursing practice" will not provide sound legal basis for arguments that NPs should be admitted to managed care provider panels or get fees for providing physician services. It is difficult to argue to

managed-care executives, state administrators, and legislators that “acts of nursing practice” are the acts necessary to perform physician services.

PHYSICIAN CHALLENGES TO NPs’ SCOPE OF PRACTICE

An example of a physician challenge to NPs’ scope of practice is a 1984 Missouri court case, *Sermchief v. Gonzales* [660 S.W.2d 683 (Mo. 1984)]. It remains the only example of an NP being prosecuted for practicing medicine without a license. That case, which the NPs won only after it went to the state’s supreme court, could be repeated in other states today where state law is not specific enough about the authority of NPs to diagnose and treat.

In *Sermchief*, two obstetrical-gynecologic NPs were working in a family planning clinic under written protocols with the clinic’s physicians. The NPs were taking histories, performing physical examinations, treating minor illnesses, and prescribing contraceptives. There was no charge of malpractice. The Missouri Board of Medicine charged that the NPs were practicing medicine without a license.

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

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

NEED FOR CLARITY OF SCOPE OF PRACTICE

Some state laws describe scope of practice succinctly, and others go into great detail. Longer is not necessarily better, and vague language should be avoided. Consider Oklahoma’s statute on nurse practitioner scope of practice.¹

An advanced registered NP in accordance with the scope of practice of the advanced registered nurse practitioner shall be eligible to obtain recognition as authorized by the Board to prescribe, as defined by rules and subject to the medical direction of a supervising physician.

Citation: OKLA. STAT. ANN. tit. 59, § 567.3a.(6).

Under Oklahoma’s statutory definition of NP scope of practice, an NP can prescribe, but it is unclear what else an NP can do.*

*Oklahoma regulations give NPs “responsibility” for diagnosing and managing illness, referring, consulting, and counseling.

An example of a general and succinct description of scope of practice is Pennsylvania's law.

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

Citation: 49 PA CODE § 21.251.

In one short sentence, Pennsylvania lawmakers give NPs authority to diagnose and treat medical conditions, including the writing of prescriptions.

The succinct Pennsylvania law actually provides more professional safety than the longer Oklahoma law. In Pennsylvania, it is clear that NPs are authorized to diagnose and treat. In Oklahoma, NPs may have an "expanded role," but it is not clear what that role is, other than to prescribe, which is authorized in the adjacent paragraph.

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

NP SCOPE OF PRACTICE COMPARED WITH RN SCOPE OF PRACTICE

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

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

The registered nurse shall:

- Conduct and document nursing assessments of the health status of individuals and groups by collecting objective and subjective data from observations, examinations, interviews, and written records in an accurate and timely manner as appropriate to the client's health care needs.
- Establish and document nursing diagnoses which serve as a basis for the plan of care.
- Develop and modify the plan of care based on assessment and nursing diagnosis. This includes: identifying priorities in the plan of care; setting realistic and measurable goals to implement the plan of care; identifying nursing intervention(s) based on the nursing diagnosis; prescribing nursing orders based on the nursing diagnosis; identifying measures to maintain comfort, to support human functions and responses, to maintain an environment conducive to well being, and to provide health teaching and health counseling.

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

| Diagnose | Treat | Prescribe | Admit to | |
|-----------------|--------------|------------------|-------------------|--------------------|
| AL | AL | AL | Hospital | LA |
| AZ | AZ | AZ | AZ | ME |
| CO | CO | CO | OR | MT |
| CT | CT | CT | WA | NV |
| DE | DE | DE | | NC |
| DC | DC | DC | Refer | NH |
| GA | FL | FL | AL | OK |
| ID | GA | GA | AZ | OR |
| IL | ID | ID | DC | SD |
| IN | IL | IL | DE | Order Tests |
| LA | LA | KS | IN | AL |
| ME | ME | LA | LA | AZ |
| MD | MD | MD | ME | DE |
| MA | MA | MA | MD | FL |
| MN | MN | MN | MT | GA |
| NC | NE | NC | NC | HI |
| NE | NV | NE | NE | ID |
| NH | NH | NH | NH | IL |
| NY | NY | NJ | NV | KY |
| OK | NC | NM | OK | LA |
| OR | OK | NY | OR | MA |
| PA | OR | OH | SD | NE |
| SC | PA | OK | WA | NH |
| SD | SC | OR | | NJ |
| UT | SD | PA | Repair | NV |
| VT | UT | RI | Laceration | NC |
| WA | VT | SC | NV | WA |
| WV | WA | SD | | |
| | WV | TX | Teach | |
| | | UT | AL | |
| | | VT | DE | |
| | | WA | HI | |
| | | WI | IN | |
| | | WY | KS | |

- Implement the plan of care by initiating nursing interventions through giving direct care; assisting with care; following nursing orders; assigning, delegating, and supervising care; teaching clients, family members, or significant others; referring to appropriate resources. . . .
- Evaluate the responses of individuals or groups to nursing interventions. Evaluation should involve the client, family, significant others, and health team members.

Citation: OR. ADMIN. § R. 851-45-010.

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

The nurse practitioner is independently responsible and accountable for the continuous and comprehensive management of a broad range of health care, which may include:

- Promotion and maintenance of health
- Prevention of illness and disability
- Assessment of clients, synthesis and analysis of data, and application of nursing principles and therapeutic modalities
- Management of health care during acute and chronic phases of illness
- Admission of his/her clients to hospitals and long term care facilities and management of client care in these facilities
- Counseling
- Consultation and/or collaboration with other care providers and community resources
- Referral to other health care providers and community resources
- Management and coordination of care
- Use of research skills
- Diagnosis of health/illness status
- Prescription and/or administration of therapeutic devices and measures including legend drugs and controlled substances . . . consistent with the definition of the practitioner's specialty category and scope of practice.

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

Citation: OR. ADMIN. § R. 851-050-0005.

In some states, the scope of practice of an NP is defined only marginally differently from the scope of practice of an RN. For example, compare North Dakota's scope of practice for NPs with its scope of practice for RNs. North Dakota's regulations on NP scope of practice states:

The scope of practice for a registered nurse with advanced licensure is based upon understanding that a broad range of health care services can be appropriately and competently provided by a registered nurse with validated knowledge, skills, and abilities in specific practice areas. The health care needs of the citizens of North Dakota require that nurses in advanced practice roles provide care to the fullest extent of their scope of practice. The advanced practice registered nurse retains the responsibility for that scope of practice and is ultimately accountable to the patient within the Nurse Practice Act.

Citation: N.D. ADMIN. CODE § 54-05-03.1-01.

In North Dakota, an RN's practice includes:

- Maintenance of health and prevention of illness
- Diagnosing human responses to actual or potential health problems
- Providing supportive and restorative care and nursing treatment, medication administration, health counseling and teaching, case finding, and referral of persons who are ill, injured, or experiencing changes in the normal health processes
- Administration, teaching, supervision, delegation, and evaluation of health and nursing practices
- Collaboration with other health care professionals in the implementation of the total health care regimen and execution of the health care regimen prescribed by a health care practitioner under title 43.

Citation: N.D. CENT. CODE § 43-12.1-02.5.

A non-nurse might have trouble distinguishing between the legal scope of practice of an RN and NP based on these definitions, but the distinction is clear to nurses: RNs may not step over the line from nursing into medical diagnosis and treatment, while NPs may. Although the difference between NP and RN practice in Oregon is clear when laws regarding NP and RN scope of practice are compared, the distinction is not so clear in North Dakota. What is not clear from reading North Dakota's definition of scope of practice for NPs is that NPs have prescriptive authority in North Dakota. The legal authority for prescription writing is not found in the definition of scope of practice, but is found elsewhere in North Dakota law.

NP AND MD SCOPE OF PRACTICE COMPARED

When NP scope of practice is defined to include diagnosis, treatment, prescriptive authority, and admission of patients to hospitals, as in Oregon law, there is little legal difference between NP and physician scope of practice. However in other states, attempts by physician associations to differentiate medical scope of practice from that of any other type of clinician is more pronounced. Consider Mississippi's definition of the practice of medicine:

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

Citation: MISS. CODE ANN. § 73-25-33.

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

AN INDIVIDUAL NP'S PORTFOLIO

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

There are at least three good reasons for keeping a portfolio.

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

Second, some states' laws defer to scope of practice statements adopted by certifying bodies. For example, South Carolina law states:

The Nurse Practitioner, Clinical Nurse Specialist functioning in the extended role, or Certified Registered Nurse Anesthetist is subject, at all times, to the scope and standards of practice established by the nationally recognized credentialing organization representing the specialty of practice, and must function within the scope of practice of the South Carolina Nurse Practice Act and shall not be in violation of the South Carolina Medical Practice Act.

The scope and standards of practice for each specialty area of nursing practice shall be on file in the Board office and available upon request.

Citation: 26 S.C. CODE ANN. REGS 91-6f.

NPs living in states with law similar to South Carolina's should have the "scope and standards of practice established by the nationally recognized credentialing organization representing the NP's specialty" in their portfolios.

For example, if an NP in South Carolina is certified by the American Academy of Nurse Practitioners, the NP should keep in his/her portfolio a one-page document on the AAFP Web site titled "Scope of Practice for Nurse Practitioners." The document states, in part:

Nurse practitioners are primary care providers who practice in ambulatory, acute and long term care settings. According to their practice specialty,

these providers provide nursing and medical services to individual, families and groups. In addition to diagnosing and managing acute episodic and chronic illness, nurse practitioners emphasize health promotion and disease prevention. Services include, but are not limited to ordering, conducting, supervising and interpreting diagnostic and laboratory tests, and prescription of pharmacologic agents and non-pharmacologic therapies. Teaching and counseling individuals, families and groups are a major part of nurse practitioner practice.

Source: www.aafp.org. Accessed January 2007.

Third, some nurses are using their portfolios in place of resumes when interviewing for jobs. A portfolio could include the following:

- Statement of career goals
- Description of special interests or abilities
- Description of special projects conducted by the individual
- Articles or reports written by the individual
- Articles written about the individual
- Brochures from previous practices
- Testimonials or letters of appreciation from patients
- Letters of reference from former employers or co-workers
- Awards, honors, or distinction earned by the individual
- Transcripts
- Diplomas
- Certificates of certification as advanced practice nurse
- Nursing and APN license
- Photo of the individual
- Certificates of continuing education or training
- Letters of recommendation
- Letters, forms, or photographs documenting one-on-one training
- Listing of former jobs or projects
- National Provider Identifier and any other provider numbers needed for reimbursement
- DEA number and state controlled substances prescriber number
- Certificate of professional liability insurance
- Copy of state law addressing NP scope of practice, prescribing, qualifications, and physician collaboration requirements, if any
- Previous written agreements, if state law requires physician collaboration
- Outcomes data, if the NP or an employer has tracked the NP's outcomes
- Data on performance measures, if the NP has participated in Medicare's Voluntary Physician Reporting Program or other quality measurement programs
- Productivity data, if the NP or an employer has tracked visits, revenues, and collections
- Patient satisfaction data, if the NP or an employer has tracked patient satisfaction

Finally, it saves time if one keeps the documents related to one's professional practice in one place.

MANDATED PHYSICIAN INVOLVEMENT WITH NP PRACTICE

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

See Exhibit 2-2 for a chart listing requirements of physician involvement by state. For text of state laws regarding physician involvement, see Appendix 2-B.

Exhibit 2-2 Physician Involvement Required for NP Practice

| | | | |
|---|------------------|---------------------|--------------------------|
| Collaborate | VA | CT | Referral |
| AL | VT | DC | Process |
| AZ | WV | FL | MT |
| AR | WI | GA | |
| CA | WY | ID | Standard Care |
| CO | | KS | Arrangement |
| CT | Supervise | KY | OH |
| DE | CA | LA | |
| DC | FL | MA | None |
| IL | ID | MS | AK |
| IN | ME* | MO | ID |
| IA | NE | NC | ME** |
| KE | NC | NV | NH |
| LA | OK | NJ | NM |
| MA | TN | NY | OR |
| MD | TX | PA | UT*** |
| MS | VA | SC | WA |
| MO | | TX | |
| MN | Direct | VT | None, but No |
| NE | MA | VA | Scope of Practice |
| NJ | OK | WV | in State Law |
| NY | VA | | MI |
| ND | | Collegial | |
| PA | Protocols | Relationship | |
| RI | AL | HI | |
| SD | AR | | |
| TX | CA | | |
| *First 24 months of practice only. | | | |
| **After 24 months. | | | |
| ***Consultation/referral plan required to prescribe Schedules II-III controlled substances. | | | |

Some states require that NPs practice using written protocols. Some states require a written agreement between the NP and the physician that states how the physician will participate in NP practice, what medications the NP may prescribe, what procedures an NP may perform, how often a physician will review NP documentation, and under what circumstances an NP must contact a physician. A protocol is a written instrument that guides the NP in collecting data from the patient and recommends specific action based upon the collected data. It consists of mutually agreed-upon medical guidelines between the physician and the NP that define the individual and shared responsibilities of the physician and NP. The protocol is considered a standard because it provides a guideline for a minimum level of safe practice in specific situations.²

Here is an example of a protocol:

Exhibit 2-3 Urinary Tract Infection Protocol: Initial Visit

I. RATIONALE

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

II. SYMPTOMS

A. CYSTITIS

1. FEMALE PATIENTS

Order a STAT CVMS UA for *female* patients with *any* of the following symptoms;

- a. Dysuria
- b. Frequency
- c. Urgency
- d. Inability to empty bladder completely

2. Male patients

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

B. PYELONEPHRITIS

1. In addition to the above symptoms, patients with pyelonephritis may have:
 - a. Fever greater than 100.0 F. or
 - b. Flank pains, or
 - c. Chills, or
 - d. Nausea, vomiting, or abdominal pain.
2. Continue with protocol through the physical exam with these patients, but then consult supervising physician before deciding on treatment.

(continues)

Exhibit 2-3 Urinary Tract Infection Protocol: Initial Visit (continued)

III. HISTORY

- A. Consult supervising physician if patient has:
 - 1. A history of kidney problems, or
 - 2. Is currently pregnant. To ascertain this, always ask for LMP date and record for all female patients.
 - 3. Diabetes or insulin.
 - 4. Three or more UTIs in past 12 months.
- B. Continue with UTI protocol, but also refer patient to GYN if history of:
 - 1. Vaginal discharge, or
 - 2. Perineal inflammation.

IV. PHYSICAL EXAM

- A. Perform the following examinations:
 - 1. Abdominal
 - 2. CVA
 - 3. Temperature
- B. Consult supervising physician if findings of:
 - 1. Fever greater than 100.0 F. or
 - 2. CVA tenderness.

V. LAB TESTS

INITIAL URINALYSIS

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

Positive UA findings are defined as:

Casts: any except occasional hyaline or rare granular
RBCs > 3 (if *not* menstruating) *and* WBC < 5
Protein > trace *and* WBC < 5

VI. TREATMENT

ANTIBACTERIAL TREATMENT

To be given if initial UA reveals 10 or more WBC/hpf, or in any case where symptoms are severe, even if UA revealed, WBC/hpf.

(continues)

Exhibit 2-3 Urinary Tract Infection Protocol: Initial Visit (continued)

- A. Prescribe appropriate antibiotic drug (see below)
- B. Instruct patient to call in if symptoms do not subside within 72 hours. If patient does call back, information for treatment failure instructions.

SYMPTOMATIC TREATMENT

To be given only if initial UA reveals, 10 WBC/hpf, *and* patient has minimal or uncertain symptoms. Consider GYN referral for pelvic.

- A. Prescribe either Propantheline 15 mg #20 sig: 1-2 QID prn or Belladonna with Pb tabs #15, sig: 1 tab QID prn.
- B. Instruct patient to call in if symptoms persist beyond 72 hours or if symptoms worsen at any time.

VII. REPEAT URINALYSIS (CVMS)

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

Positive UA findings are defined as:

Casts: any, except occasional hyaline or rare granular

RBCs > 3 (if *not* menstruating) *and* WBC < 5

Protein > trace and WBC < 5

UTC PROTOCOL: ANTIBIOTIC TREATMENT

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

(continues)

Exhibit 2-3 Urinary Tract Infection Protocol: Initial Visit (continued)**UTI PROTOCOL: TREATMENT FAILURE**

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

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

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

Adapted from protocol developed by: _____, NP
 _____, MD

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

ANTIBIOTIC PRESCRIPTION TABLE

| <i>Organism</i> | <i>Drug</i> |
|-------------------|--|
| E. Coli | Septra DS, Amoxicillin |
| Proteus mirabilis | Macrochantin, Keflex |
| Aerobacter | Septra DS, Macrochantin |
| Klebsiella | Keflex, Ciprofloxacin |
| Enterococcus | Ampicillin *Consult MD if allergic |
| Pseudomonas | Ciprofloxacin (Usually not seen in out-patient setting) |
| <i>Dosages</i> | |
| SEPTRA DS | #3 PO at once or 1 bid x 5 days |
| AMOXICILLIN | 500 mg 3 gms PO at once or 250 mg 1 tid x 5 days |
| MACRODANTIN | 100 mg qid x 5 days |
| KEFLEX | 250 mg qid x 5 days |
| CIPROFLOXACIN | 250 mg qid x 5 days |

Source: California Board of Registered Nursing. Available at www.rn.ca.gov. Accessed July 2006.

NOTES

1. Web site of the American Academy of Nurse Practitioners. Available at <http://www.aanp.org>. Accessed July 2006.
2. R.S. Phillips. Nurse Practitioners: Their Scope of Practice and Theories of Liability. *Journal of Legal Medicine*. 1985; 6:391-414.

State-by-State Law Nurse Practitioner Scope of Practice

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

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

ALABAMA

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

Citation: ALA. CODE § 34-21-81.

Functions and activities. CRNP is responsible for continuous and comprehensive management of a broad range of health services for which the CRNP is educationally prepared and for which competency is maintained. These services could include:

- a. Evaluate current health status and risk factors based on comprehensive health history and physical examination and assessment,
- b. Formulate a working diagnosis, develop and implement a treatment plan, and evaluate/modify therapeutic regimens to promote positive patient outcomes,

- c. Prescribe, administer and provide therapeutic measures, tests, procedures, and drugs,
- d. Counsel, teach, and assist individuals/families to assume responsibility for self-care in prevention of illness, health maintenance, and health restoration,
- e. Consult with and refer to other health care providers as appropriate. A CRNP can request that additional functions be added to the protocol.

Citation: ALA. ADMIN. CODE r. 610-X-5-.10.

ALASKA

The board recognizes advanced and specialized acts of nursing practice as those described in the scope of practice statements for nurse practitioners certified by national certifying bodies recognized by the board.

Citation: ALAS. ADMIN. CODE tit. 12, § 44.430.

ARIZONA

Nurse practitioners

- Examine patients and establish medical diagnoses by client history, physical exam and other criteria
- Admit patients to health care facilities
- Order, perform, and interpret laboratory, radiographic, and other diagnostic tests
- Identify, develop, implement, and evaluate a plan of care for a patient to promote, maintain, and restore health
- Perform therapeutic procedures that the RNP is qualified to perform
- Prescribe treatments
- Prescribe and dispense medications when granted authority under section R4-19-511
- Perform additional acts that the RNP is qualified to perform

Citation: ARIZ. ADMIN. CODE R4-19-508.

ARKANSAS

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

Citation: ARK. CODE ANN. § 17-87-102.(4)(B)(i).

“Practice of registered nurse practitioner nursing” means the delivery of health care services for compensation in collaboration with and under

the direction of a licensed physician or under the direction of protocols developed with a licensed physician.

Citation: ARK. CODE ANN. § 17-87-102. (8)(A).

Registered nurse practitioners shall be authorized to engage in activities recognized by the nursing profession and as authorized by the board.

Citation: ARK. CODE ANN. § 17-87-102. (8)(B).

CALIFORNIA

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

Citation: CAL. CODE REG. tit.16 § 1485.

COLORADO

“Practice of professional nursing” means the performance of both independent nursing functions and delegated medical functions in accordance with accepted practice standards. Such functions include initiation and performance of nursing care through health promotion, supportive and restorative care, disease prevention, diagnosis and treatment of human disease, ailment, pain, injury, deformity, and physical or mental conditions using specialized knowledge, judgment, and skill.

Citation: COLO. REV. STAT. ANN. § 12-38-103(10).

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

Citation: COLO. REV. STAT. ANN. § 12-38-111.5.

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

Citation: COLO. REV. STAT. ANN. § 12-38-111.6(8)(a).

CONNECTICUT

Advanced nursing practice is defined as the performance of advanced level nursing practice activities, which by virtue of post-basic specialized education and experience are appropriate to and may be performed by an Advanced Practice Registered Nurse. The advanced practice registered nurse performs acts of diagnosis and treatment of alteration in health status as described in subsection (a) of this section.

In all settings, the advanced practice registered nurse may, in collaboration with a physician licensed to practice medicine in this state, prescribe, dispense and administer medical therapeutics and corrective measures and may request, sign for, receive and dispense drugs in the form of professional samples. . . .

Citation: CONN. GEN. STAT. ANN § 20-87a.

DELAWARE

Advanced practice nursing is the application of nursing principles, including those in subsection (n) of this section, at an advanced level and includes:

- a. For those advanced practice nurses who do not perform independent acts of diagnosis or prescription, the authority is granted within the scope of practice rules and regulations promulgated by the Board of Nursing; and
- b. For those advanced practice nurses performing independent acts of diagnosis and prescriptions with the collaboration of a licensed physician, dentist, podiatrist, or licensed Delaware health care delivery system without written guidelines or protocols and within the scope of practice as defined in rules and regulations promulgated by the Joint Practice Committee and approved by the Board of Medical Practice.

Note: Subsection (n) describes the scope of practice of a registered nurse.

Citation: DEL. CODE ANN. tit. 24, § 1902(b)(1).

Generic functions of the advanced registered nurse practitioner within the specialized scope of practice, include but are not limited to:

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

- Delegating tasks appropriately
- Removing epidural catheters
- Prescribing medications and treatments independently pursuant to Rules and Regulations. . . .

Citation: DEL. NURSING REGS. Tit. 24, chapter 1900, § 8.7.

DISTRICT OF COLUMBIA

An advanced practice registered nurse may:

1. Initiate, monitor, and alter drug therapies
2. Initiate appropriate therapies or treatments
3. Make referrals for appropriate therapies or treatments
4. Perform additional functions within his or her specialty determined in accordance with rules and regulations promulgated by the Board.

Citation: D.C. STAT. DIV. 1, Title 3, Subtit. I, Ch. 12, Subchapter VI, § 3-1206.04.

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

Citation: D.C. STAT. DIV. 1, Title 3, Subtit. I, Ch. 12, Subchapter VI, § 3-1206.01.

FLORIDA

An ARNP shall perform those functions authorized in this section within the framework of an established protocol that is filed with the board upon biennial license renewal and within 30 days after entering into a supervisory relationship with a physician or changes to the protocol. Within the established framework, an ARNP may:

- a. Monitor and alter drug therapies
- b. Initiate appropriate therapies for certain conditions
- c. Perform additional functions as may be determined by rule . . .
- d. Order diagnostic tests and physical and occupational therapy.

Citation: FLA. STAT. CH. 464.012.

The nurse practitioner may perform any or all of the following acts within the framework of an established protocol:

1. Manage selected medical problems
2. Order physical and occupational therapy
3. Initiate, monitor, or alter therapies for certain uncomplicated acute illnesses

4. Monitor and manage patients with stable chronic diseases
5. Establish behavioral problems and diagnose and make treatment recommendations.

Citation: FLA. STAT. CH. 064.012.

GEORGIA

The nurse practitioner provides primary nursing and medical services to individuals, families and groups, emphasizing health promotion and disease prevention as well as the diagnosis and management of acute and chronic disease. The nurse practitioner must practice in a manner that is not inconsistent with the standards of practice of the Board-approved organization by which he/she is certified.

Citation: GA. COMP. R. & REGS. § r. 410-12-.03(2).

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

Citation: GA. COMP. R. & REGS. § r. 410-12-.01.

A physician may delegate to a nurse or physician's assistant the authority to order dangerous drugs, medical treatments, or diagnostic studies and a nurse or physician's assistant is authorized to dispense dangerous drugs, in accordance with dispensing procedure and under the authority of an order issued in conformity with a nurse protocol or job description, if that nurse or physician's assistant orders or dispenses those dangerous drugs, medical treatments, or diagnostic studies. [The law lists possible job settings where the delegation may occur; i.e. employee of public health department, any 501(c)(3) organization, the public health service, outpatient department of a hospital.]

Citation: GA. CODE ANN. § 43-34-26.1.

HAWAII

In addition to those functions specified for the registered nurse, the advanced practice registered nurse may perform the following generic acts which include, but are not limited to:

1. Provide direct nursing care by utilizing advanced practice scientific knowledge, nursing theory and skills to assess, plan, and implement appropriate health and nursing care to patients;
2. Provide indirect nursing care. Plan, guide, evaluate, and direct the nursing care given by other personnel associated with the health care team;

3. Teach and counsel individuals or groups. Utilize theories and skills to increase communication and knowledge among all members of the health care team;
4. Serve as a consultant and resource of advanced nursing knowledge and skills to those involved directly or indirectly in patient care; and
5. Participate in joint and periodic evaluation of services rendered.

Citation: HAW. ADMIN. R. 16-89-81(b).

Nurse practitioner scope of practice:

- A. Evaluate the physical and psychosocial health status of the patient through a comprehensive health history and physical examination, using skills of observation, inspection, palpation, percussion, and auscultation, and using or ordering diagnostic instruments or procedures that are basic to the nursing evaluation of physical signs and symptoms;
- B. Assess the normal and abnormal findings from the history, physical examination, and diagnostic reports;
- C. Plan, implement, and evaluate care;
- D. Consult with the patient, support systems, and members of the health care team to provide for acute and ongoing health care or referral of the patient;
- E. Manage the plan of care prescribed for the patient;
- F. Initiate and maintain accurate records, appropriate legal documents, and other health and nursing care reports;
- G. Develop individualized teaching plans with the patient based on overt and covert health needs;
- H. Counsel individuals, families, and groups about health and illness and promotion of health maintenance;
- I. Recognize, develop, and implement professional and community educational programs related to health care;
- J. Participate in periodic and joint evaluation of services rendered;
- K. Conduct research and analyze the health needs of individuals and populations and design programs which target at-risk groups and cultural and environmental factors which foster health and prevent illness;
- L. Participate in policy analysis and development of new policy initiatives in the area of practice specialty; and
- M. Contribute to the development, maintenance, and change of health care delivery systems to improve quality of health care services and consumer access to services.

Citation: HAW. ADMIN. R. 16-89-81(c)(1).

IDAHO

Nurse practitioners . . . may perform comprehensive health assessments, diagnosis, health promotion, and the direct management of acute and chronic illness and disease, which may include the prescribing of pharmacologic and non-pharmacologic treatments as defined by rules of the board.

Citation: IDAHO CODE § 54-1402(1)(c).

ILLINOIS

“Advanced practice nurse” or “APN” means a person who 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; and cares for patients (A) 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 physician, and professional judgment to initiate and coordinate the care of patients; (B) by ordering diagnostic tests, prescribing medications and drugs in accordance with Section 15-20, and administering medications and drugs; and (C) by using medical, therapeutic, and corrective measures to treat illness and improve health status.

Citation: 225 ILL. COMP. STAT. 65/15-5.

INDIANA

Nurse practitioner means an advance practice nurse who provides advanced levels of nursing client care in a specialty role, who meets the requirements of the advanced practice nurse as outlined in section 3 of these rules.

Citation: IND. ADMIN. CODE tit. 848, r. 4-1-4.

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

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

3. Use appropriate critical thinking skills to make independent decisions, commensurate with the autonomy, authority, and responsibility of a nurse practitioner.
4. Function within the legal boundaries of their advanced practice area and shall have and utilize knowledge of the statutes and rules governing their advanced practice area; including the following:
 - A. State and federal drug laws and regulations.
 - B. State and federal confidentiality laws and regulations.
 - C. State and federal medical records access laws.
5. Consult and collaborate with other members of the health team as appropriate to provide reasonable client care, both acute and ongoing.
6. Recognize the limits of individual knowledge and experience, and consult with or refer clients to other health care providers as appropriate.
7. Retain professional accountability for any delegated intervention, and delegate interventions only as authorized by IC 25-23-1 and this title.
8. Maintain current knowledge and skills in the nurse practitioner area.
9. Conduct an assessment of clients and families which may include health history, family history, physical examination, and evaluation of health risk factors.
10. Assess normal and abnormal findings obtained from the history, physical examination, and laboratory results.
11. Evaluate clients and families regarding development, coping ability, and emotional and social well-being.
12. Plan, implement, and evaluate care.
13. Develop individualized teaching plans with each client based on health records.
14. Counsel individuals, families, and groups about health and illness and promote attention to wellness.
15. Participate in periodic or joint evaluations of service rendered, including, but not limited to, the following:
 - A. Chart reviews.
 - B. Client evaluations.
 - C. Outcome statistics.
16. Conduct and apply research findings appropriate to the area of practice.
17. Participate, when appropriate, in the joint review of the plan of care.

Citation: IND. ADMIN. CODE tit. 848, r. 4-2-1.

IOWA

In the advanced role, the nurse practices nursing assessment, intervention, and management within the boundaries of the nurse-client

relationship. Advanced nursing practice occurs in a variety of settings within an interdisciplinary health care team, which provides for consultation, collaborative management, and referral. The ARNP may perform selected medically designated functions when a collaborative practice agreement exists.

Citation: IOWA ADMIN. CODE r. 655-6.1.

KANSAS

An advanced registered nurse practitioner functions in an expanded role to provide primary health care to individuals, families or groups, or some combination of these groups of clients, in a variety of settings, including homes, institutions, offices, industries, schools, community agencies, and private practice. ARNPs function in a collegial relationship with physicians and other health care professionals in the delivery of primary health care services. ARNPs make independent decisions about nursing needs of families and clients, and interdependent decisions with physicians in carrying out health regimes for families and clients. ARNPs are directly accountable and responsible to the consumer.

Citation: KANS. ADMIN. REGS. 60-11-101(a).

A nurse practitioner is authorized to:

- Evaluate the physical and psychosocial health status of the client through a comprehensive health history and physical examination using skills of observation, inspection, palpation, percussion, and consultation and using diagnostic instruments or laboratory procedures that are basic to the screening of physical signs and symptoms.
- Assess normal and abnormal findings from the history, physical examination, and laboratory reports.
- Plan, implement, and evaluate care.
- Consult with the client and members of the health care team to provide for acute and ongoing health care or referral of the client.
- Manage the medical plan of care prescribed for the client, based on protocols or guidelines adopted jointly by the nurse practitioner and the attending physician.
- Institute and maintain accurate records, appropriate legal documents, and other health and nursing care reports.
- Develop individualized teaching plans with the client based on overt and covert health needs.
- Counsel individuals, families, and groups about health and illness and promote health maintenance.
- Recognize, develop, and implement professional and combined education programs related to health care.

- Participate in periodic and joint evaluation of services rendered, including but not limited to chart review, patient evaluations, and outcome of case statements.
- Participate, when appropriate, in the joint review and revision of adopted protocols or guidelines when the ARNP is involved in the medical plan of care.

Citation: KANS. ADMIN. REGS. 60-11-104.

A nurse practitioner may prescribe drugs pursuant to a written protocol as authorized by a responsible physician.

Citation: KANS. STAT. ANN. § 65-1130(d).

KENTUCKY

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

- (a) Prescriptions issued by advanced registered nurse practitioners for Schedule II controlled substances classified under KRS 218A.060 shall be limited to a seventy-two (72) hour supply without any refill. Prescriptions issued under this subsection for psychostimulants may be written for a thirty (30) day supply only by an advanced registered nurse practitioner certified in psychiatric-mental health nursing who providing services in a health facility as defined in KRS Chapter 216B or in a regional mental health-mental retardation services program as defined in KRS Chapter 210.
- (b) Prescriptions issued by advanced registered nurse practitioners for Schedule III controlled substances classified under KRS 218A.080 shall be limited to a thirty (30) day supply without any refill. Prescriptions issued by advanced registered nurse practitioners for Schedules IV and V controlled substances classified under KRS

218A.100 and 218A.120 shall be limited to the original prescription and refills not to exceed a six (6) month supply. . . .

Citation: KY. REV. STAT. ANN § 314.011

The practice of an advanced registered nurse practitioner shall be in accordance with standards and functions defined in the following scope and standards of practice statements for each specialty area [various statements listed]. [Kentucky adopts scope and standards of various nursing and specialty organizations.]

Citation: 201 KY. ADMIN. REGS. 20:057.2.

Advanced registered nursing practice shall include prescribing medications and ordering treatments, devices, and diagnostic tests which are consistent with the scope and standard of practice of the ARNP.

Citation: 201 KY. ADMIN. REGS. 20:057.

LOUISIANA

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

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

1. An APRN shall meet the standards of practice for registered nurses as defined in LAC 46:XLVII3901-3915;
2. An APRN shall assess patients at an advanced level, identify abnormal conditions, analyze and synthesize data to establish a diagnosis, develop and implement treatment plans, and evaluate patient outcomes;
3. The APRN shall use advanced knowledge and skills in providing patients and health team members with guidance and teaching;
4. An APRN shall use critical thinking and independent decision-making at an advanced level commensurate with the autonomy, authority, and responsibility of the practice role and/or specialty while working with patients and their families in meeting health care needs;
5. An APRN shall demonstrate knowledge of the statutes and rules governing advanced registered nursing practice and function within the legal boundaries of the appropriate advanced registered nursing practice role;
6. An APRN shall demonstrate knowledge of and apply current nursing research findings relevant to the advanced nursing practice role and specialty;

7. An APRN shall make decisions to solve patient care problems and select medical treatment regimens in collaboration with a licensed physician or dentist;
8. An APRN shall retain professional accountability for his/her actions and/or interventions.

Citation: LA. ADMIN. CODE tit. 46 § XLVII-4513.

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

Advanced practice registered nursing includes:

- i. Assessing patients, analyzing and synthesizing data, and knowledge of and applying nursing principles at an advanced level.
 - ii. Providing guidance and teaching.
 - iii. Working with patients and families in meeting health care needs.
 - iv. Collaborating with other health care providers.
 - v. Managing patients’ physical and psychosocial health-illness status with regard to nursing care.
 - vi. Utilizing research skills.
 - vii. Analyzing multiple sources of data and identifying alternative possibilities as to the nature of a health care problem.
 - viii. Making decisions in solving patient care problems and selecting treatment regimens in collaboration with a licensed physician, or dentist.
 - ix. Consulting with or referring patients to licensed physicians, dentists, and other health care providers in accordance with a collaborative practice agreement.
- (b) (i) Subject to the provision of subparagraph ii of this subparagraph, advanced practice registered nursing may include certain acts of medical diagnosis, in accordance with R.S. 37:913(8) and (9), or medical prescriptions of therapeutic or corrective nature, prescribing assessment studies, drugs, therapeutic regimens and distributing drugs for administration to and use by other individuals within the scope of practice and in accordance with R.S. 37:1031-1034.
 - (ii) Until such time as rules and regulations are promulgated under the provision of subparagraph (i) of this paragraph,

the rules and regulations promulgated under the provisions of R.S. 37:1032 shall apply to advanced practice registered nursing. Other than limited prescriptive authority, nothing contained herein shall be construed to limit an advanced practice registered nurse's scope of practice as defined by the Nurse Practice Act.

Citation: LA. REV. STAT. 37:913(3)(a).

MAINE

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

1. Obtaining a complete health data base that includes a health history, physical examination, and screening and diagnostic evaluation
2. Interpreting health data by identifying wellness and risk factors and variations from norms
3. Diagnosing and treating common diseases and human responses to actual and potential health problems
4. Counseling individuals and families
5. Consulting and/or collaborating with other health care providers and community resources
6. Referring client to other health care providers and community resources.

Citation: CODE ME. R. § 02 380 008.

A certified nurse practitioner who is approved by the board as an advanced practice nurse may choose to perform medical diagnosis or practice therapeutic or corrective measures when the services are delegated by a licensed physician.

Citation: ME. REV. STAT. ANN. tit. 32, § 2205-B.

MARYLAND

A nurse practitioner may perform independently the following functions under the terms and conditions set forth in the written agreement:

1. Comprehensive physical assessment of patients,
2. Establishing medical diagnosis for common short-term or chronic stable health problems,
3. Ordering, performing, and interpreting laboratory tests,

4. Prescribing drugs,
5. Performing therapeutic or corrective measures,
6. Referring patients to appropriate licensed physicians or other health care providers,
7. Providing emergency care.

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

MASSACHUSETTS

Nursing practice involves clinical decision making leading to the development and implementation of a strategy of care to accomplish defined goals, the administration of medication, therapeutics, and treatment prescribed by duly authorized nurses in advanced roles, including . . . nurse practitioners . . . and the evaluation of responses to care and treatment.

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

Citation: MASS. ANN. LAWS CH. 112, § 80B.

The area of NP practice includes assessing the health status of individuals and families by obtaining health and medical history, performing physical examinations, diagnosing health and developmental problems, and caring for patients suffering from acute and chronic disease by managing therapeutic regimes according to guidelines appropriate and developed in compliance with 244 Code of Massachusetts Regulations 4.22, and such other additional professional activities as authorized by the guidelines under which a particular NP practices.

Citation: MASS. REGS. CODE tit. 224, § 4.26(2).

MICHIGAN

[There is no requirement for physician supervision or collaboration. However, there is no legal scope of practice for NPs. Physicians may delegate at their discretion (MICH. COMP. LAWS § 333.16215(1)).]

MINNESOTA

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

1. Diagnosing, directly managing, and preventing acute and chronic illness and disease; and
2. Promoting wellness, including providing non-pharmacologic treatment.

Citation: MINN. STAT. ANN. § 148.171.

MISSISSIPPI

The nurse practitioner shall practice according to standards and guidelines of the national certification organization, and in a collaborative/consultative relationship with a licensed physician . . . according to a Nursing Board-approved protocol or practice guidelines. . . .

Citation: MISS. RULES, CH. IV. § 2.3.

MISSOURI

Advanced practice nurses shall function clinically within the professional scope and standards of their advanced practice nursing clinical specialty area and consistent with their formal advanced nursing education and national certification, if applicable, or within their education, training, knowledge, judgment, skill, and competence as registered professional nurses.

Citation: MO. CODE REGS. ANN. tit. 4 § 200-4.100.

MONTANA

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

- Assessing the health status of individuals and families using methods appropriate to the client population and area of practice such as health history taking, physical examination, and assessing developmental health problems;
- Instituting and facilitating continuity of health care to clients, including:
 - (i) ordering durable medical equipment, treatments and modalities;
 - (ii) receiving and interpreting results of diagnostic procedures;
 - (iii) making medical and nursing diagnoses; and
 - (iv) working with clients to promote their understanding of and compliance with therapeutic regimes;
- Promoting wellness and disease prevention programs;
- Recognizing when to refer clients to a physician or other health care provider;
- Providing instruction and counseling to individuals, families, and groups in the areas of health promotion and maintenance, including involving such persons in planning for their health care; and
- Working in collaboration with other health care providers and agencies to provide and, where appropriate, coordinate services to individuals and families.

Citation: MONT. ADMIN. R. 8.32.301.

NEBRASKA

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

An advanced practice registered nurse shall function by establishing collaborative, consultative, and referral networks as appropriate with other health care professionals.

Patients who require care beyond the scope of practice of an advanced practice registered nurse shall be referred to an appropriate health care provider.

Advanced practice registered nurse practice shall mean health promotion, health supervision, illness prevention and diagnosis, and treatment and management of common health problems and chronic conditions, including:

1. Assessing patients, ordering diagnostic tests and therapeutic treatments, synthesizing and analyzing data, and applying advanced nursing principles;
2. Dispensing, incident to practice only, sample medication which are provided by the manufacturer and are provided at no charge to the patient; and
3. Prescribing therapeutic measures and medications, relating to health conditions within the scope of practice. Any literature on the prescribing authority of the advanced practice registered nurse for controlled substances listed in Schedule II of Section 28 shall be recorded in the integrated practice agreement. . . .

Citation: NEB. REV. STAT. § 71-1721.

NEVADA

An advanced practitioner of nursing may perform the following acts in addition to the ordinary functions of a registered nurse if he is properly prepared and the acts are currently within the standard of medical practice for his specialty and appear in his protocols:

1. Systematically assess the health status of persons and families by
 - a. Taking, recording, and interpreting medical history and performing physical examinations and
 - b. Performing or initiating selected diagnostic procedures.
2. Based on information obtained in the assessment of a person's health, manage the care of selected persons and families with common, acute, recurrent, or long-term health problems. Management may include:
 - a. Initiation of a program of treatment.
 - b. Evaluation of response to health problems and programs of treatment.

- c. Informing a person or family of the status of the patient's health and alternatives for care.
 - d. Evaluation of compliance with a program of treatment agreed upon by the person or family and the advanced practice nurse.
 - e. Modification of programs to treat, based on the response of the person or family to treatment.
 - f. Referral to appropriate provider of health care.
 - g. Commencement of care required to stabilize a patient's condition in an emergency until a physician can be consulted.
3. Any other act if the advanced practitioner of nursing is certified to perform that act by an organization recognized by the board, the performance of the act was taught in a comprehensive program of instruction successfully completed by the advanced practitioner of nursing, which included clinical experience, is within the scope of practice of an advanced practitioner of nursing as determined by the board or the advanced practitioner of nursing is trained to perform that act by a physician or another advanced practitioner of nursing. . . .

Citation: NEV. ADMIN. CODE § 632.255.

NEW HAMPSHIRE

- I. Advanced registered nursing practice by nurse practitioners shall consist of a combination of knowledge and skills acquired in basic nursing education. The ARNP scope of practice, with or without compensation or personal profit, shall be limited to:
 - (a) Performing acts of advanced assessment, diagnosing, prescribing, selecting, administering, and providing therapeutic measures and treatment regimes;
 - (b) Obtaining consultation, planning, and implementing collaborative management, referral, or transferring the care of the client as appropriate; and
 - (c) Providing such functions common to a nurse practitioner for which the ARNP is educationally and experientially prepared and which are consistent with standards established by a national credentialing or certification body recognized by the National Council of State Boards of Nursing and approved by the board in the appropriate ARNP role and specialty.
- II. An ARNP shall practice within standards consistent with standards established by a national credentialing or certification body recognized by the National Council of State Boards of Nursing and approved by the board in the appropriate ARNP role and specialty. The board shall not approve a new advanced practice specialty category that has not been developed by a national credentialing or cer-

- tifying body recognized by the National Council of State Board of Nursing without approval of the legislature under RSA 332-G:6. Each ARNP shall be accountable to clients and the board:
- (a) For complying with this chapter and the quality of advanced nursing care rendered;
 - (b) For recognizing limits of knowledge and experience and planning for the management of situations beyond the ARNP's expertise; and
 - (c) For consulting with or referring clients to other health care providers as appropriate.
- III. An ARNP shall have plenary authority to possess, compound, prescribe, administer, and dispense and distribute to clients controlled and non-controlled drugs in accordance with the formulary established by the joint health council and within the scope of the ARNP's practice as defined by this chapter. Such authority may be denied, suspended, or revoked by the board after notice and the opportunity for hearing, upon proof that the authority has been abused.
- IV. Any expansion of the scope of practice shall be adopted by legislation in accordance with RSA 332-G:6.

Citation: N.H. REV. STAT. ANN. § 326-B:11

The ARNP shall have the ability to:

- Elicit and record physical and mental health status, psychosocial history, including review of bodily systems
- Perform physical examination
- Initiate appropriate diagnostic tests to screen or evaluate the care-recipient's current health status
- Assess findings of history, review of systems, physical examination and diagnostic tests, and formulate a diagnosis prior to implementing a treatment regimen
- Identify health problems and learning needs of the care recipient
- Plan, teach, promote, and manage physical and mental health-care in a continuous program
- Implement and manage treatment regimens and administer, prescribe, dispense, and procure pharmacological agents
- Arrange appropriate referrals
- Initiate appropriate emergency treatment in life-threatening or unusual situations in order to stabilize the care-recipient; and
- Provide other functions common to the nurse practitioner for which the ARNP is educationally and experientially prepared.

Citation: N.H. CODE ADMIN. R. ANN. [NUR] 304.05.

NEW JERSEY

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

Citation: N.J. STAT. ANN. § 45:11-49.a.

NEW MEXICO

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

Citation: N.M. STAT. ANN. § 61-3-23.2.C.

Certified nurse practitioners may:

1. Perform an expanded practice that is beyond the scope of practice of professional registered nursing; and
2. Practice independently and make independent decisions regarding health care needs of the individual, family, or community and carry out health regimens, including the prescription and dispensing of dangerous drugs, including controlled dangerous substances included in Schedule II-V of the Controlled Dangerous Substances Act.
3. Serve as a primary acute, chronic long-term, and end of life health care provider and as necessary collaborate with licensed medical doctors, osteopathic physicians, or podiatrists.

Citation: N.M. STAT. ANN. § 61-3-23.2.B.

NEW YORK

Nurse practitioner practice may include diagnosis of illness and physical conditions and the performance of therapeutic and corrective measures within a specialty area of practice, in collaboration with a licensed physician qualified to collaborate in the specialty involved, provided such services are performed in accordance with a written practice agreement and written practice protocols. The written practice agreement shall include

explicit provisions for the resolution of any disagreement between the collaborating physician and the nurse practitioner regarding a matter of diagnosis or treatment that is within the scope of practice of both. To the extent the practice agreement does not so provide, then the collaborating physician's diagnosis or treatment shall prevail.

Citation: N.Y. EDUC. LAW, Art. 139 § 6902.3(a).

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

Citation: N.Y. EDUC. LAW Art. 139 § 6902.3(b).

NORTH CAROLINA

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

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

Citation: N.C. ADMIN CODE tit. 21 § r. 36.0802.

NORTH DAKOTA

Practice as an advanced practice registered nurse may include:

- a. Perform a comprehensive assessment of clients and synthesize and analyze data within a nursing framework;
- b. Identify, develop, plan, and maintain evidence-based, client-centered nursing care;
- c. Prescribe a therapeutic regimen of health care, including diagnosing, prescribing, administering, dispensing legend drugs and controlled substances;
- d. Evaluate prescribed health care regimen;
- e. Participate in nursing care management according to chapter 54-05-04 relating to standards for assignment and delegation;
- f. Promote a safe and therapeutic environment;

- g. Provide health teaching and counseling to promote, attain, and maintain the optimum health level of clients;
- h. Communicate and collaborate with the interdisciplinary team in the management of health care and the implementation of the total health care regimen;
- i. Manage and evaluate the clients' physical and psychosocial health-illness status;
- j. Manage, supervise, and evaluate the practice of nursing;
- k. Utilize evolving client information management systems;
- l. Integrate quality improvement principles in the delivery and evaluation of client care;
- m. Teach the theory and practice of nursing;
- n. Analyze, synthesize, and apply research outcomes in practice; and
- o. Integrate the principles of research in practice.

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

Citation: N.D. ADMIN. CODE § 54-05-03.1-03.2.

OHIO

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

Citation: OHIO REV. CODE ANN. § 4723.43(C).

OKLAHOMA

An advanced registered NP in accordance with the scope of practice of the advanced registered nurse practitioner shall be eligible to obtain recognition as authorized by the Board to prescribe, as defined by rules and subject to the medical direction of a supervising physician. This authorization shall not include dispensing drugs, but shall not preclude,

subject to federal regulations, the receipt of, the signing for, or the dispensing of professional samples to patients.

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

Citation: OKLA. STAT. ANN. tit. 59, § 567.3a (6).

The Advanced Registered Nurse Practitioner's scope of practice includes the full scope of nursing practice and practice in an expanded role as follows:

- (1) The Advanced Registered Nurse Practitioner (ARNP) provides comprehensive health care to clients across the life span.
- (2) The ARNP is responsible and accountable for the continuous and comprehensive management of a broad range of health services, which include, but are not limited to:
 - (A) promotion and maintenance of health;
 - (B) prevention of illness and disability;
 - (C) diagnosis and prescription of medications, treatments, and devices for acute and chronic conditions and diseases;
 - (D) management of health care during acute and chronic phases of illness;
 - (E) guidance and counseling services;
 - (F) consultation and/or collaboration with other health care providers and community resources;
 - (G) referral to other health care providers and community resources.
- (3) The ARNP will provide services based upon education, experience, and national certification. It is the responsibility of the licensee to document competency of any act, based upon education, experience, and certification.
- (4) The scope of practice as previously defined is incorporated into the following specialty categories and further delineates the population served:
 - (A) Adult ARNP provides health care to adolescents and adults.
 - (B) School Nurse ARNP provides health care to preschool, school age, and adolescent clients.
 - (C) Family ARNP provides health care to persons across the life span.
 - (D) Geriatric ARNP provides health care to older adults.
 - (E) Neonatal ARNP provides health care to neonates and infants.
 - (F) Pediatric ARNP provides health care to persons from newborn to young adulthood.
 - (G) Women's Health Care ARNP provides health care to adolescent and adult females. Care may also be provided to males with reproductive health needs or problems.

- (H) Acute Care ARNP provides health care to adults who are acutely or critically ill.
- (I) The Adult Psychiatric and Mental Health ARNP provides acute and chronic psychiatric and mental health care to persons age 13 or older.
- (J) The Family Psychiatric and Mental Health ARNP provides acute and chronic psychiatric and mental health care to persons across the life span.
- (K) The Acute Care Pediatric ARNP provides health care to persons from newborn to young adulthood with complex acute, critical, and chronic health conditions.

Citation: OKLA. ADMIN. CODE § 485:10-15-6(c).

OREGON

- (3) The nurse practitioner provides holistic health care to individuals, families, and groups across the life span in a variety of settings, including hospitals, long term care facilities and community-based settings.
- (4) Within his or her specialty, the nurse practitioner is responsible for managing health problems encountered by the client and is accountable for health outcomes. This process includes:
 - (a) Assessment;
 - (b) Diagnosis;
 - (c) Development of a plan;
 - (d) Intervention;
 - (e) Evaluation.
- (5) The nurse practitioner is independently responsible and accountable for the continuous and comprehensive management of a broad range of health care, which may include:
 - (a) Promotion and maintenance of health;
 - (b) Prevention of illness and disability;
 - (c) Assessment of clients, synthesis and analysis of data, and application of nursing principles and therapeutic modalities;
 - (d) Management of health care during acute and chronic phases of illness;
 - (e) Admission of his/her clients to hospitals and/or health services including but not limited to home health, hospice, long-term care and drug and alcohol treatment;
 - (f) Counseling;
 - (g) Consultation and/or collaboration with other care providers and community resources;
 - (h) Referral to other health care providers and community resources;
 - (i) Management and coordination of care;

- (j) Use of research skills;
 - (k) Diagnosis of health/illness status;
 - (l) Prescribing, dispensing and administration of therapeutic devices and measures including legend drugs and controlled substances as provided in Division 56 of the Oregon Nurse Practice Act, consistent with the definition of the practitioner's specialty category and scope of practice.
- (6) The nurse practitioner scope of practice includes teaching the theory and practice of advanced practice nursing.
- (7) The nurse practitioner is responsible for recognizing limits of knowledge and experience, and for resolving situations beyond his/her nurse practitioner expertise by consulting with or referring clients to other health care providers.
- (8) The nurse practitioner will only provide health care services within the nurse practitioner's scope of practice for which he/she is educationally prepared and for which competency has been established and maintained. Educational preparation includes academic course work, workshops or seminars, provided both theory and clinical experience are included.
- (9) The scope of practice as previously defined is incorporated into the following specialty categories and further delineates the population served:
- (a) Acute Care Nurse Practitioner (ACNP)—The Acute Care Nurse Practitioner independently provides health care to persons who are acutely or critically ill;
 - (b) Adult Nurse Practitioner (ANP)—The Adult Nurse Practitioner independently provides health care to adolescents and adults;
 - (c) Nurse Midwife Nurse Practitioner (NMNP)—The Nurse Midwife Nurse Practitioner independently provides health care to women, focusing on pregnancy, childbirth, the postpartum period, care of the newborn, and the family planning and gynecological needs of women. The scope of practice includes treating the male partners of their female clients for sexually transmitted diseases, and reproductive health. Counseling related to sexuality, relationship, and reproductive issues is included in this scope.
 - (d) College Health Nurse Practitioner (CHNP)—The College Health Nurse Practitioner independently provides health care to essentially normal clients in the college setting. As of March 12, 1987, no additional College Health Nurse Practitioners shall be initially certified.
 - (e) Family Nurse Practitioner (FNP)—The Family Nurse Practitioner independently provides health care to families and to persons across the life span;

- (f) Geriatric Nurse Practitioner (GNP)—The Geriatric Nurse Practitioner independently provides health care to older adults;
- (g) Neonatal Nurse Practitioner (NNP)—The Neonatal Nurse Practitioner independently provides health care to neonates and infants.
- (h) Pediatric Nurse Practitioner (PNP)—The Pediatric Nurse Practitioner independently provides health care to persons newborn to young adulthood;
- (i) Psychiatric/Mental Health Nurse Practitioner (PMHNP)—The Psychiatric/Mental Health Nurse Practitioner independently provides health care to clients with mental and emotional needs and/or disorders;
- (j) Women's Health Care Nurse Practitioner (WHCNP)—The Women's Health Care Nurse Practitioner independently provides health care to adolescent and adult females. The scope of practice includes treating the male partners of their female clients for sexually transmitted diseases and reproductive health. Counseling related to sexuality, relationship, and reproductive health is included in this scope.

Citation: OR. ADMIN. R. 851-050-0005.

PENNSYLVANIA

A CRNP, while functioning in the expanded role as a registered nurse, performs acts of medical diagnosis or prescription of medical therapeutics or corrective measures in collaboration with and under the direction of a physician.

Citation: 49 PA. CODE § 21.251.

A certified registered nurse practitioner . . . shall practice within the scope of practice of the particular clinical specialty area in which the nurse is certified by the Board.

Citation: ACT 206 OF 2002, § 8.2.

RHODE ISLAND

“Certified registered nurse practitioner” (CRNP) means an advanced practice nurse utilizing independent knowledge of physical assessment and management of health care and illnesses. The practice includes prescriptive privileges, and collaboration with other licensed health care professionals, including, but not limited to, physicians, pharmacists, podiatrists, dentists, and nurses.

Citation: R.I. R. R5-34-NUR/ED 1.9.

SOUTH CAROLINA

The Nurse Practitioner, Clinical Nurse Specialist functioning in the extended role, or Certified Registered Nurse Anesthetist is subject, at all times, to the scope and standards of practice established by the nationally recognized credentialing organization representing the specialty area of practice, and must function within the scope of practice of the South Carolina Nurse Practice Act and shall not be in violation of the South Carolina Medical Practice Act.

The scope and standards of practice for each specialty area of nursing practice shall be on file in the Board office and available upon request.

Citation: 26 S.C. CODE ANN. REGS. 91-6f.

“Extended Role” means a collaborative process whereby a nurse with advanced education and training is recognized by the Board to assume additional acts. The extended role of the Registered Nurse includes performing delegated medical acts under the general supervision of a licensed physician who is readily available for consultation. This does not authorize violation of the Medical Practice Laws of South Carolina (Section 40-47-10 1976 Code of Laws, as amended), or the Pharmacy Practice Laws of South Carolina (Section 40-43-140, 1976 Code of Laws, as amended).

Citation: 29 S.C. CODE ANN. REGS. 91-2a.

“Delegated Medical Acts” means additional acts delegated by a physician or dentist to the NP, CNM or CNS and may include formulating a medical diagnosis and initiating, continuing, and modifying therapies, including prescribing drug therapy, under approved written protocols. . . .

Citation: S.C. CODE ANN. 40-33-20.

SOUTH DAKOTA

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

1. The initial medical diagnosis and the institution of a plan of therapy or referral;
2. The prescription of medications and provision of drug samples or a limited supply of labeled medications, including controlled drugs or substances listed in Schedule II in Chapter 34-20B for one period of not more than 30 days for treatment of causative factors and symptoms. Medications or sample drugs provided to patients shall be accompanied with written administration instructions and appropriate documentation shall be entered in the patient’s medical record;

3. The writing of a chemical or physical restraint order when the patient may do personal harm or harm others;
4. The completion and signing of official documents such as death certificates, birth certificates, and similar documents required by law;
5. The performance of a physical examination for participation in athletics and the certification that the patient is healthy and able to participate in athletics.

Citation: S.D. CODIFIED LAWS § 36-9A-12.

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

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

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

Citation: S.D. CODIFIED LAWS § 36-9A-13.1.

TENNESSEE

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

Citation: [for prescriptive authority]
TENN. CODE ANN. § 63-7-123(a) and (b)(2).

TEXAS

The advanced practice nurse provides a broad range of personal health services, the scope of which shall be based on educational preparation, continued experience, and the accepted scope of professional practice of the particular specialty area. Advanced practice nurses practice in a variety of settings and, according to their practice specialty and role, they provide a broad range of health care services to a variety of patient populations. The scope of practice of particular specialty areas shall be defined by national professional society organizations or advanced practice nursing organiza-

tions recognized by the Board. The advanced practice nurse may perform only those functions which are within that scope of practice and which are consistent with the Nursing Practice Act, Board rules, and other laws and regulations of the State of Texas. The advanced practice nurse's scope of practice shall be in addition to the scope of practice permitted a registered nurse and does not prohibit the advanced practice nurse from practicing in those areas deemed to be within the scope of practice of a registered nurse.

Citation: 22 TEXAS ADMIN. CODE 221.12.

UTAH

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

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

Citation: UTAH CODE ANN. § 58-31b-102(15).

An APRN who chooses to change or expand from a primary focus of practice must be able to document competency within that expanded practice based on education, experience, and certification. The burden to demonstrate competency rests upon the licensee.

Citation: UTAH ADMIN. CODE R156-31b-702.

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 by the board.

Citation: VT. STAT. ANN. tit. 26, § 1572.

The advanced practice registered nurse accepts the responsibility, accountability, and obligation to practice in accordance with current standards and functions as defined by the scope of practice statements for

each specialty area and as developed by national professional nursing organizations.

Citation: VT. CODE R. CH. 4, SUBCHAPTER 8, III.A.

The APRN performs medical acts independently within a collaborative practice with a licensed physician under practice guidelines which are mutually agreed upon between the APRN and collaborating physician and which are jointly acceptable to the medical and nursing professions.

Citation: VT. CODE R. CH. 4, SUBCHAPTER 8, III.C.

VIRGINIA

A licensed nurse practitioner shall be authorized to engage in practices constituting the practice of medicine in collaboration with and under the medical direction and supervision of a licensed physician.

Citation: 18 VA. ADMIN. CODE 90-30-120A.

The practice of licensed nurse practitioners shall be based on specialty education preparation as a nurse practitioner and in accordance with standards of the applicable certifying organization and written protocols as defined in 18 VAC 90-30-10.

Citation: 18 VA. ADMIN. CODE 90-30-120A.

WASHINGTON

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

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

Citation: WASH. REV. CODE 18.79.250.

Advanced registered nurse practitioners function within the specialty scopes of practice and/or description of practice and/or standards of care developed by national professional organization and reviewed and approved by the commission.

Advanced registered nurse practitioners are prepared and qualified to assume primary responsibility and accountability for the care of their patients. This practice is grounded in nursing and incorporates the use of independent judgment as well as collaborative interaction with other health care professionals when indicated in the assessment and management of wellness and conditions as appropriate to the ARNP's area of specialization.

Within the scope of the advanced registered nurse practitioner's knowledge, experience, and specialty scope of practice statement(s), licensed advanced registered nurse practitioners may perform the following functions:

- Examine patients and establish medical diagnoses by client history, physical examination, and other assessment criteria;
- Admit patients to health care facilities;
- Order, collect, perform, and interpret laboratory tests;
- Initiate requests for radiographic and other testing measures;
- Identify, develop, implement, and evaluate a plan of care and treatment for patients to promote, maintain, and restore health;
- Prescribe medications when granted authority under this chapter;
- Refer clients to other health care professionals or facilities.

Citation: WASH. ADMIN. CODE § 246-840-300.

WEST VIRGINIA

Advanced nursing practice is the practice of nursing at a level that required substantial theoretical knowledge in a specialized area of nursing practice and proficient clinical utilization of the knowledge in implementing the nursing process. The competencies of specialists include but are not limited to the ability to assess, conceptualize, diagnose, analyze, plan, implement, and evaluate complex problems related to health.

Citation: W.V. CODE ST. R. tit. 19 § 19-7-2.1.

WISCONSIN

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

issue prescription orders, including requirements for continuing education; and to establish the minimum amount of malpractice insurance required of an advanced practice nurse prescriber.

Citation: WIS. ADMIN. CODE § N 8.01.

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

Citation: WISC. ADMIN. CODE § N8.10(6).

WYOMING

“Advanced practice registered nurse (APRN)” means a nurse who:

- (A) May prescribe, administer, dispense or provide nonprescriptive and prescriptive medications including prepackaged medications, except schedule I drugs as defined in W.S. 35-7-1013 and 35-7-1014;
- (B) Has responsibility for the direct care and management of patients and clients in relation to their human needs, disease states and therapeutic and technological interventions;
- (C) Has a master's degree in nursing, or an advanced practice registered nurse specialty or has completed an accredited advanced practice registered nurse educational program prior to January 1, 1999; and
- (D) Has completed an advanced program of study in a specialty area in an accredited nursing program, has taken and passed a national certification examination in the same area and has been granted recognition by the board to practice as an APRN.

WYO. STAT. ANN. §33-21-120(a)(i)

The advanced practitioner of nursing is subject at all times to the established Standards of Nursing Practice as stated in Chapter III of these rules and regulations, the standards and scope of practice established by national professional organizations and/or accrediting agencies representing the various specialty areas of advanced nursing practice, and the Act.

The board recognizes advanced and specialized acts of nursing practice described in the scope of practice statements for advanced practitioners of nursing issued by national professional organizations and/or accrediting agencies.

Citation: WYO. BOARD OF NURSING RULES CH. IV § 7.

State-by-State Requirement, If Any, of Physician Collaboration

ALABAMA

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

Citation: ALA. CODE § 34-21-81.

Requirements for collaborative practice:

- (1) The collaborating physician shall:
 - (a) Provide professional medical oversight and direction to the certified registered nurse practitioner.
 - (b) Be readily available for direct communication or by radio, telephone or telecommunications.
 - (c) Be readily available for consultation or referrals of patients from the certified registered nurse practitioner.
- (2) In the event the collaborating physician is not readily available, provisions shall be made for medical coverage by a physician who is pre-approved by the State Board of Medical Examiners and is familiar with these rules.

- (3) If the certified registered nurse practitioner is to perform duties at a site away from the collaborating physician, the written protocol shall clearly specify the circumstances and provide written verification of physician availability for consultation, referral, or direct medical intervention in emergencies and after hours, if indicated.
- (4) The collaborating physician shall be present with the certified registered nurse practitioner in an approved collaborative practice site for not less than ten percent (10%) of the certified registered nurse practitioner's scheduled hours in the collaborative practice as specified in the protocol application. In addition, the collaborating physician shall visit each approved collaborative practice site not less than quarterly. The collaborating physicians with the Alabama Department of Public Health and county health departments are exempt from this requirement.
- (5) The certified registered nurse practitioner's scheduled hours in licensed acute care hospitals, licensed skilled nursing facilities, licensed special-care assisted living facilities, and licensed assisted living facilities are not subject to the required minimum hours for physician presence.
- (6) If the certified registered nurse practitioner's scheduled weekly collaborative practice hours are:
 - (a) Thirty or more hours per week, the certified registered nurse practitioner shall be present in an approved practice site with the collaborating or covering physician for time equal to ten percent (10%) of the certified registered nurse practitioner's scheduled weekly hours. Cumulative hours may accrue on a monthly basis.
 - (b) Less than 30 hours per week, the certified registered nurse practitioner shall be present in an approved practice site with the collaborating or covering physician for time equal to ten percent (10%) of the certified registered nurse practitioner's scheduled weekly hours. Cumulative hours may accrue on a quarterly basis.
- (7) The collaborating physician shall provide notice in writing to the State Board of Medical Examiners of the commencement or termination of a collaborative practice agreement as required by Rule 540-X-8-.04(4).
- (8) The Joint Committee may, at its discretion, waive the requirements of written verification of physician availability upon documentation of exceptional circumstances. Employees of the Alabama Department of Public Health and county health departments are exempt from the requirements of written verification of physician availability.
- (9) A written standard protocol specific to the specialty practice area of the certified registered nurse practitioner and the specialty practice area of

the collaborating physician, approved and signed by both the collaborating physician and the certified registered nurse practitioner, shall:

- (a) Identify all sites where the certified registered nurse practitioner will practice within the collaboration protocol.
- (b) Identify the physician's principal practice site.
- (c) Be maintained at each practice site.
- (d) Include a formulary of drugs, devices, medical treatments, tests, and procedures that may be prescribed, ordered, and implemented by the certified registered nurse practitioner consistent with these rules and which are appropriate for the collaborative practice setting.
- (e) Include a pre-determined plan for emergency services.
- (f) Specify the process by which the certified registered nurse practitioner shall refer a patient to a physician other than the collaborating physician.
- (g) Specify a plan for quality assurance management with established patient outcome indicators for evaluation of the clinical practice of the certified registered nurse practitioner and include review of no less than ten percent (10%) of medical records plus all adverse outcomes. Documentation of quality assurance review shall be readily retrievable, identify records that were selected for review, include a summary of findings, conclusions, and, if indicated, recommendations for change. Quality assurance monitoring may be performed by designated personnel, with final results presented to the physician and certified registered nurse practitioner for review.

Citation: ALA. ADMIN. CODE r. 610-X-5-.08.

ALASKA

There is no requirement for a written agreement with a physician.

There is a requirement for a written plan which outlines procedures for consultation with other health care providers and referral of clients to other health care providers as indicated by clients' needs.

Citation: ALAS. ADMIN. CODE tit. 12, § 44.400.

ARIZONA

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

Citation: ARIZ. ADMIN. CODE R4-19-101.

ARKANSAS

NPs must practice under a collaborative practice agreement, which must address physician availability for consultation or referral, protocols for prescriptive authority, coverage in the emergency absence of NP or physician, and quality assurance.

Citation: ARK. CODE ANN. § 17-87-310(C).

CALIFORNIA

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

- (a) The drugs or devices are furnished or ordered by a nurse practitioner in accordance with standardized procedures or protocols developed by the nurse practitioner and his or her supervising physician and surgeon when the drugs or devices furnished or ordered are consistent with the nurse practitioner's educational preparation or for which clinical competency has been established and maintained.
- (b) The nurse practitioner is functioning pursuant to standardized procedure, as defined by Section 2725, or protocol. The standardized procedure or protocol shall be developed and approved by the supervising physician and surgeon, the nurse practitioner, and the facility administrator or his or her designee.
- (c)
 - (1) The standardized procedure or protocol covering the furnishing of drugs or devices shall specify which nurse practitioners may furnish or order drugs or devices, which drugs or devices may be furnished or ordered, under what circumstances, the extent of physician and surgeon supervision, the method of periodic review of the nurse practitioner's competence, including peer review, and review of the provision of the standardized procedure.
 - (2) In addition to the requirements in paragraph (1), for Schedule II controlled substance protocols, the provision for furnishing Schedule II controlled substances shall address the diagnosis of the illness, injury or condition for which the Schedule II controlled substance is to be furnished.
- (d) The furnishing or ordering of drugs or devices by a nurse practitioner occurs under physician and surgeon supervision. Physician and surgeon supervision shall not be construed to require the physical presence of the physician, but does include: (1) collaboration on the development of the standardized procedure, (2) approval of the standardized procedure, and (3) availability by telephonic contact at the time of patient examination by the nurse practitioner.

- (e) For purposes of this section, no physician and surgeon shall supervise more than four nurse practitioners at one time.
- (f) (1) Drugs or devices furnished or ordered by a nurse practitioner may include Schedule II through Schedule V controlled substances under the California Uniform Controlled Substances Act . . . and shall be further limited to those drugs agreed upon by the nurse practitioner and physician and surgeon and specified in the standardized procedure.
(2) When Schedule III controlled substances . . . are furnished or ordered by a nurse practitioner, the controlled substances shall be furnished or ordered in accordance with a patient-specific protocol approved by the treating or supervising physician. A copy of the section of the nurse practitioner's standardized procedure relating to controlled substances shall be provided upon request, to any licensed pharmacist who dispenses drugs or devices, when there is uncertainty about the nurse practitioner furnishing the order.
- (g) (1) The board has certified in accordance with Section 2836.3 that the nurse practitioner has satisfactorily completed (1) at least six month's physician and surgeon-supervised experience in the furnishing or ordering of drugs or devices, and (2) a course in pharmacology covering the drugs or devices to be furnished or ordered under this section.
(2) Nurse practitioners who are certified by the board and hold an active furnishing number, who are authorized through standardized procedures or protocols to furnish Schedule II controlled substances, and who are registered with the U.S. Drug Enforcement Administration, shall complete, as part of their continuing education requirements, a course including Schedule II controlled substances based on the standards developed by the board. The board shall establish the requirements for satisfactory completion of this subdivision.
- (h) Use of the term "furnishing" in this section, in health facilities defined in Section 1250 of the Health and Safety Code, shall include (1) the ordering of a drug or device in accordance with the standardized procedure and (2) transmitting an order of a supervising physician and surgeon.
- (i) "Drug order" or "order" for purposes of this section means an order for medication which is dispensed to or for an ultimate user, issued by a nurse practitioner as an individual practitioner, within the meaning of Section 1306.02 of Title 21 of the Code of Federal Regulations. Notwithstanding any other provision of law, (1) a drug order issued

pursuant to this section shall be treated in the same manner as a prescription of the supervising physician; (2) all references to "prescription" in this code and the Health and Safety Code shall include drug orders issued by nurse practitioners; and (3) the signature of a nurse practitioner on a drug order issued in accordance with this section shall be deemed to be the signature of a prescriber for purposes of this code and the Health and Safety Code.

Citation: ANN. CAL. BUS. & PROF. CODE § 2836.1.

Furnishing or ordering of drugs or devices by nurse practitioners is defined to mean the act of making a pharmaceutical agent or agents available to the patient in strict accordance with a standardized procedure. All nurse practitioners who are authorized pursuant to Section 2831.1 to furnish or issue drug orders for controlled substances shall register with the United States Drug Enforcement Administration.

Citation: ANN. CAL. BUS. & PROF. CODE § 2836.1.

COLORADO

For prescriptive authority, NP must show evidence of execution of a written collaborative agreement with a physician licensed in Colorado whose medical education, training, experience, and active practice correspond with that of the APN.

Written agreement shall include the duties and responsibilities of each party, provisions regarding consultation and referral, a mechanism designed by the APN to assure appropriate prescriptive practice, and other provisions as established by the board. Nothing in this paragraph shall be construed to permit the independent practice of medicine, as defined in section 12-36-106(1) and (2), by an APN, limit the ability of an advanced practice nurse to make an independent judgment, require supervision by a physician or require the use of methods for prescribing medication that are codified and that do not allow the use of professional judgment or variation according to the needs of the patient.

Citation: COLO. REV. STAT. ANN. § 12-38-111.6(4)(d)(I)-(IV).

CONNECTICUT

. . . "[C]ollaboration" means a mutually agreed upon relationship between an advanced practice registered nurse and a physician who is educated, trained, or has relevant experience that is related to the work of such advanced practice registered nurse. The collaboration shall address a reasonable and appropriate level of consultation and referral, coverage for the patient in the absence of the advanced practice regis-

tered nurse, a method to review patient outcomes, and a method of disclosure of the relationship to the patient. Relative to the exercise of prescriptive authority, the collaboration between an advanced practice registered nurse and a physician shall be in writing and shall address the level of schedule II and III controlled substances that the advanced practice registered nurse may prescribe and provide a method to review patient outcomes, including, but not limited to, the review of medical therapeutics, corrective measures, laboratory tests, and other diagnostic procedures that the advanced practice registered nurse may prescribe, dispense, and administer.

Citation: CONN. GEN. STAT. ANN. § 20-87a.

DELAWARE

Advanced practice nurses shall operate in collaboration with a licensed physician, dentist, podiatrist, or licensed health care delivery system to cooperate, coordinate, and consult with each other as appropriate pursuant to a collaborative agreement defined in the Rules and Regulations promulgated by the Board of Nursing, in the provision of health care to their patients.

Advanced practice nurses desiring to practice independently or to prescribe independently must do so pursuant to Title 24, § 1906(20) of Title 24.

Citation: DEL. CODE ANN. tit. 24 § 1902(b)(1).

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

Citation: DEL. CODE ANN. tit. 24, § 1906(20).

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

Citation: DEL. CODE ANN. tit. 24, § 1902(b)(2).

DISTRICT OF COLUMBIA

Generally, advanced practice registered nurses shall carry out acts of advanced registered nursing in collaboration with a licensed physician or osteopath.

Notwithstanding the provisions of this section, hospitals, facilities, and agencies, in requiring specific levels of collaboration, shall apply reasonable, nondiscriminatory standards, free of anticompetitive intent or purpose. . . .

Citation: D.C. STAT. Div. 1, Title 3, Subt. I, Ch. 12, Subch. VI § 3-1206.03.

FLORIDA

A nurse practitioner shall only perform medical acts of diagnosis, treatment, and operation pursuant to a protocol between advanced registered nurse practitioner and a licensed medical doctor, osteopathic physician, or dentist. The degree and method of supervision, determined by the nurse practitioner and physician shall be specifically identified in the protocol and shall be appropriate for prudent health care providers under similar circumstances. General supervision is required, unless otherwise specified.

[There are new restrictions on the number of nurse practitioners a physician may supervise, pursuant to HB 699, signed by the governor in 2006, not codified at the date of publication of this edition.]

Citation: FLA. ADMIN. CODE CH. 64B9-4.010.

GEORGIA

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

- (1) Be between an advanced practice registered nurse who is in a comparable specialty area or field as that of the delegating physician;
- (2) Contain a provision for immediate consultation between the advanced practice registered nurse and the delegating physician; if the delegating physician is not available, the delegating physician for purposes of consultation may designate another physician who concurs with the terms of the nurse protocol agreement;
- (3) Identify the parameters under which delegated acts may be performed by the advanced practice registered nurse, including without limitation the number of refills which may be ordered, the kinds of diagnostic studies which may be ordered, the extent to which radiographic image tests may be ordered, and the circumstances under which a prescription drug order may be executed. In the event the delegating physician authorizes the advanced practice registered

nurse to order and X-ray, ultrasound, or radiographic imaging test, the nurse protocol agreement shall contain provisions whereby such X-ray, ultrasound, or radiographic imaging test shall be read and interpretation of such tests; a report of such X-ray, ultrasound, or radiographic imaging test may be reviewed by the advanced practice registered nurse; and a copy of such report shall be forwarded to the delegating physician, except that such provision for an ultrasound shall not be required for an advanced practice registered nurse acting within his or her scope of practice as authorized by Code Sections 43-26-3 and 43-26-5.

- (4) Require documentation either in writing or by electronic means or other medium by the advanced practice registered nurse or those acts performed by the advanced practice registered nurse which are specific to the medical act authorized by the delegating physician;
- (5) Include a schedule for periodic review by the delegating physician of patient records. Such patient records review may be achieved with a sampling of such records as determined by the delegating physician;
- (6) Provide for patient evaluation or follow-up examination by the delegating physician or other physician designated by the delegating physician pursuant to paragraph (2) of this subsection, with the frequency of such evaluation or follow-up examination based on the nature, extent, and scope of the delegated act or acts as determined by the delegating physician in accordance with paragraph (3) of this subsection and accepted standards of medical practice as determined by the board;
- (7) Be reviewed, revised, or updated annually by the delegating physician and the advanced practice registered nurse;
- (8) Be available for review upon written request to the advanced practice registered nurse by the Georgia Board of Nursing or to the physician by the board; and
- (9) Provide that a patient who received a prescription drug order for any controlled substance pursuant to a nurse protocol agreement shall be evaluated or examined by the delegating physician or other physician designated by the delegating physician pursuant to paragraph (2) of this subsection on at least a quarterly basis or at a more frequent interval as determined by the board.

A written prescription drug order issued pursuant to this Code section shall be signed by the advanced practice registered nurse and shall be on a form which shall include, without limitation, the names of the advanced practice registered nurse and delegating physician who are parties to the nurse protocol agreement, the patients name and address, the drug or device ordered, directions with regard to the taking and dosage of

the drug or use of the device, and the number of refills. A prescription drug order which is transmitted either electronically or via facsimile shall conform to the requirements set out in paragraphs (1) and (2) of subsection (c) of Code Section 26-4-80, respectively.

Citation: GA CODE ANN. § 43-24-26.3(c).

A delegating physician may not enter into a nurse protocol agreement pursuant to this Code section with more than four advanced practice registered nurses at any one time, except this limitation shall not apply to an advanced practice registered nurse that is practicing:

- (1) In a hospital licensed under Title 31;
- (2) In any college or university as defined in Code Section 20-8-1;
- (3) In the Department of Human Resources;
- (4) In any county board of health;
- (5) In any free health clinic;
- (6) In a birthing center;
- (7) In any entity:
 - (A) Which is exempt from federal taxes pursuant to Section 501(c)(3) of the Internal Revenue Code, as defined in Code Section 48-1-2, and primarily serve uninsured or indigent Medicaid and medicare patients; or
 - (B) Which has been established under the authority of or is receiving funds, pursuant to 42 U.S.C. Section 254b or 254c of the United States Public Health Service Act;
- (8) In any local board of education which has a school nurse program; or
- (9) In a health maintenance organization that has an exclusive contract with a medical group practice and arranges for the provision of substantially all physician services to enrollees in health benefits of the health maintenance organization.

Citation: GA CODE ANN. § 43-24-26.3(g).

HAWAII

- (a) Each relationship between a recognized APRN with prescriptive authority and a licensed physician shall be documented in an agreement, the form of which is provided by the department, which attests that:
 1. The physician shall be actively engaged in the same or related specialty practice and affiliated with the same institution in which the recognized APRN is to practice;
 2. The physician and the recognized APRN jointly acknowledge and accept the responsibility that the collegial working relationship is based upon written policies for the delivery of health care

- services that will have the interest and welfare of the patient foremost in mind;
3. The recognized APRN and the physician acknowledge and accept the responsibility that the recognized APRN's prescriptive authority is governed by the exclusionary formulary and that there shall be strict adherence to the exclusionary formulary; and
 4. Details of the collegial working relationship between the recognized APRN with prescriptive authority and the physician shall, at minimum, include:
 - (A) Name and area of practice specialty of the recognized APRN;
 - (B) Name and area of practice of the physician or physicians;
 - (C) Any limitation, agreed to by the parties, such as drugs not to be prescribed (although permitted by the exclusionary formulary) or the party to prevail when there is disagreement on the prescription for a patient;
 - (D) Method of communication between the recognized APRN and the physician or physicians;
 - (E) Name of the institution or institutions which employ or is affiliated with the recognized APRN and the physician; and
 - (F) Name of interim physician or physicians who will act in place of the primary physician in the event unforeseen circumstances preclude the relationship with the primary physician. The interim physician shall comply with all conditions of the agreement.
- (b) The collegial working relationship agreement shall be signed by the recognized APRN with prescriptive authority, the physician, and the interim physician, dated, notarized, and filed with the department for approval at least five weeks prior to the intended implementation of the relationship. Approval by the director of the department or designee is required, and in the case of disapproval of any relationship, the recognized APRN shall be provided the reason for disapproval and the right to a hearing pursuant to chapter 91, HRS.
- (c) Any modifications, including, but not limited to, a change in the interim physician, institution, or changes in the specific conditions set forth in the collegial working relationship agreement previously filed, shall be submitted to the department in a written document by the recognized APRN at least ten working days prior to the intended implementation of the change. The modified relationship shall at minimum meet the requirements of subsections (a) and (b). Until the department has approved the modified relationship, modifications shall not be implemented.

- (d) Either the recognized APRN or the physician may unilaterally terminate the physician and recognized APRN collegial working relationship at any time by notifying the other party. Either the recognized APRN or the physician shall notify the department of the termination in writing within three calendar days of the termination. At the time the collegial working relationship ceases, the recognized APRN shall not have prescriptive authority until such time as another collegial working relationship agreement has been reestablished and approved by the department.
- (e) The director may assess a processing fee for the approval of, modifications to, termination, or re-establishment of, a collegial working relationship agreement.
- (f) The director shall have the authority to summarily suspend a collegial working relationship agreement, and the prescriptive authority of a recognized APRN in accordance with section 436B-23, HRS.
- (g) The collegial working relationship agreement shall be made available to licensed pharmacies.

Citation: HAW. ADMIN. R § 16-89C-10.

IDAHO

The nurse practitioner collaborates with other health professionals in providing health care.

Citation: IDAHO CODE § 54-1402(1)(c).

ILLINOIS

(Section scheduled to be repealed on January 1, 2008)

- (a) Except as provided in Section 15-25, no person shall engage in the practice of advanced practice nursing except when licensed under this Title and pursuant to a written collaborative agreement with a collaborating physician.
- (b) A written collaborative agreement shall describe the working relationship of the advanced practice nurse with the collaborating physician and shall authorize the categories of care, treatment, or procedures to be performed by the advanced practice nurse. Collaboration does not require an employment relationship between the collaborating physician and advanced practice nurse. Collaboration means the relationship under which an advanced practice nurse works with a collaborating physician in an active clinical practice to deliver health care services in accordance with (i) the advanced practice nurse's training, education, and experience and (ii) medical direction

as documented in a jointly developed written collaborative agreement. The agreement shall be defined to promote the exercise of professional judgment by the advanced practice nurse commensurate with his or her education and experience. The services to be provided by the advanced practice nurse shall be services that the collaborating physician generally provides to his or her patients in the normal course of his or her clinical medical practice. The agreement need not describe the exact steps that an advanced practice nurse must take with respect to each specific condition, disease, or symptom but must specify which authorized procedures require a physician's presence as the procedures are being performed. The collaborative relationship under an agreement shall not be construed to require the personal presence of a physician at all times at the place where services are rendered. Methods of communication shall be available for consultation with the collaborating physician in person or by telecommunications in accordance with established written guidelines as set forth in the written agreement.

- (c) Physician medical direction under an agreement shall be adequate if a collaborating physician:
1. Participates in the joint formulation and joint approval of orders or guidelines with the APN and he or she periodically reviews such orders and the services provided patients under such orders in accordance with accepted standards of medical practice and advanced practice nursing practice;
 2. Is on site at least once a month to provide medical direction and consultation; and
 3. Is available through telecommunications for consultation on medical problems, complications, or emergencies or patient referral.
- (d) A copy of the signed, written collaborative agreement must be available to the Department upon request from both the advanced practice nurse and the collaborating physician and shall be annually updated. An advanced practice nurse shall inform each collaborating physician of all collaborative agreements he or she has signed and provide a copy of these to any collaborating physician, upon request.

Citation: 225 ILL. COMP. STAT. § 65/15-15.

INDIANA

An advanced practice nurse shall operate in collaboration with a licensed practitioner as evidenced by a practice agreement, or by privileges granted by the governing board of a hospital . . . with the advice of

the medical staff of the hospital that sets forth the manner in which the advanced practice nurse and a licensed practitioner will cooperate, coordinate, and consult with each other in the provision of health care to their patients.

Citation: IND. CODE ANN. § 25-23-1-19.4(b).

“Practitioner” means [for the purpose of the nurse practice act]:

- A licensed physician.
- A dentist.
- A podiatrist.
- An optometrist.

Citation: IND. CODE ANN. § 16-42-19-5 and
IND. CODE ANN. § 25-23-1-19.4.

An advanced practice nurse may be authorized to prescribe legend drugs, including controlled substances, if the advanced practice nurse . . . submits proof of collaboration with a licensed practitioner in the form of a written practice agreement that sets forth the manner in which the APN and licensed practitioner will cooperate, coordinate, and consult with each other in the provision of health care to patients. [Written agreement has specific requirements for information included.]

Citation: IND. ADMIN. CODE tit. 848, r. 5-1-1(6).

IOWA

“Collaboration” is the process whereby an ARNP and physician jointly manage the care of a client.

“Collaborative practice agreement” means an ARNP and physician practicing together within the framework of their respective professional scopes of practice. This collaborative agreement reflects both independent and cooperative decision making and is based on the preparation and ability of each practitioner.

“Consultation” is the process whereby an ARNP seeks the advice or opinion of a physician, pharmacist, or another member of the health care team. ARNPs practicing in a noninstitutional setting as sole practitioners, or in small clinical practice groups, shall regularly consult with a licensed physician or pharmacist regarding the distribution, storage, and appropriate use of controlled substances.

Citation: IOWA ADMIN. CODE r. 655-7.1(152).

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

Citation: IOWA ADMIN. CODE r. 655-6.1.

KANSAS

An advanced registered nurse practitioner may prescribe drugs pursuant to a written protocol as authorized by a responsible physician. Each written protocol shall contain a precise and detailed medical plan of care for each classification of disease or injury for which the advanced registered nurse practitioner is authorized to prescribe and shall specify all drugs which may be prescribed by the advanced registered nurse practitioner. Any written prescription order shall include the name, address, and telephone number of the responsible physician.

Citation: KAN. STAT. ANN. § 65-1130(d).

Advanced registered nurse practitioners shall function in a collegial relationship with physician and other health professional in the delivery of primary health care services. Advanced registered nurse practitioners shall be authorized to make independent decisions about nursing needs of families and clients, and interdependent decisions with physician in carrying out health regimens for families and clients.

Citation: KAN. STAT. ANN. § 60-11-101(a).

KENTUCKY

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

Citation: KY. REV. STAT. ANN. § 314.042.

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

Citation: KY. REV. STAT. ANN. § 314.042.

LOUISIANA

“Collaboration” means a cooperative working relationship with another licensed physician, dentist, or other health care provider to jointly con-

tribute to providing patient care, and may include, but not be limited to, discussion of a patient's diagnosis and cooperation in the management and delivery of health care with each provider performing those activities that he is legally authorized to perform.

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

"Collaborative practice agreement" means a formal written statement addressing the parameters of the collaborative practice which are mutually agreed upon by the advanced practice registered nurse and one or more licensed physicians or dentists which shall include, but not be limited to the following provisions:

- (a) Availability of the collaborating physician or dentist for consultation or referral, or both.
- (b) Methods of management of the collaborative practice which shall include clinical practice guidelines.
- (c) Coverage of the health care needs of a patient during any absence of the advanced practice registered nurse, physician, or dentist.

Citation: LA. REV. STAT. ANN. § 37:913.

The applicant shall . . . provide evidence of . . . [a] collaborative practice agreement . . . which shall include, but not be limited to:

- (a) A plan of accountability among the parties that: (i) defines the limited prescriptive authority of the APRN and the responsibilities of the collaborating physician or physicians; (ii) delineates a plan for possible hospital admissions and privileges; (iii) delineates mechanisms and arrangements for diagnostic and laboratory requests for testing; (iv) delineates a plan for documentation of medical records and the frequency of collaborating physician review of patient charts; (v) delineates a plan to accommodate immediate consultation with the collaborating physician regarding complications or problems not addressed by clinical practice guidelines; (vi) contains a disclosure statement regarding the status of professional liability insurance.
- (b) Clinical practice guidelines . . . shall contain documentation of the types of categories or schedules of drugs available and generic substitution for prescription that complements the APRN's licensed category and area of specialization as delineated in the collaborative practice physician and be: (i) mutually agreed upon by the APRN and

collaborating physician; (ii) specific to the practice setting; (iii) maintained on site; (iv) reviewed and signed at least annually by the APRN and physician to reflect current practice.

- (c) Documentation of the availability of the collaborating physician when the physician is not physically present in the practice setting. . . .
- (d) Documentation shall be shown that patients are informed about how to access care when both the APRN and collaborating physician are absent from the practice setting or otherwise unavailable.
- (e) An acknowledgment of the mutual obligation and responsibility of the APRN and collaborating physician to insure that all acts of limited prescriptive authority of the APRN are properly documented.

A physician may enter into collaborative practice agreements for the exercise of limited prescriptive authority with not more than two APRNs, except as may otherwise expressly approve by the Joint Administration Committee. . . .

Citation: LA. ADMIN. CODE tit. 46 § XLVII.4513.

MAINE

For temporary approval [to practice] for graduates of nurse practitioner programs, a nurse practitioner must practice for a minimum of 24 months under the supervision of a licensed physician, or be employed by a clinic or hospital that has a medical director who is a licensed physician.

Requirements for initial approval to practice . . . [I]f more than 5 years have elapsed since completion of an advanced practice registered nurse program and the applicant does not meet the practice requirement of 1500 hours, the applicant shall complete 500 hours of clinical practice supervised by a physician or nurse practitioner in the same speciality area of practice.

Citation: CODE ME. R. § 02 380 008.

MARYLAND

Before a nurse practitioner may practice he shall . . .

- (1) Obtain certification under these regulations;
- (2) Enter into a written agreement with a physician whereby the physician on a regularly-scheduled basis shall:
 - (a) Accept referrals;
 - (b) Establish and review drug and other medical guidelines with the nurse practitioner;
 - (c) Participate with the nurse practitioner in periodically reviewing and discussing medical diagnosis and the therapeutic or corrective measures employed in the practice setting;

- (d) Jointly sign records if needed to document accountability of both the physician and nurse practitioner;
- (e) Be available for consultation in person, by telephone, or by some other form of telecommunication; and
- (f) Designate an alternate physician if the physician identified in the written agreement temporarily becomes unavailable.

Citation: MD. CODE REGS. tit. 20, § 27.07.02.B.

MASSACHUSETTS

1. All nurses practicing in an expanded role . . . shall practice in accordance with the written guidelines developed in collaboration with and mutually acceptable to the nurse and to:
 - a. A physician expert by virtue of training or experience in the nurse's area of practice
2. In all cases the written guidelines shall designate a physician who shall provide medical direction as is customarily accepted in the specialty area. Guidelines shall:
 - a. Specifically describe the nature and scope of the nursing practice;
 - b. Describe the circumstances in which physician consultation or referral is required;
 - c. Describe the use of established procedures for the treatment of common medical conditions which the nurse may encounter; and
 - d. Include provisions for managing emergencies.
3. The guidelines pertaining to prescriptive practice shall:
 - a. Include a defined mechanism to monitor prescribing practices, including documentation of review with a supervising physician at least every three months;
 - b. Include protocols for initiation of intravenous therapies and Schedule II drugs;
 - c. Specify the frequency of review of initial prescription of controlled substances; the initial prescription of Schedule II drugs must be reviewed by the physician within 96 hours; and
 - d. Conform to M.G.L. c.94C, the regulations of the Department of Public Health at 105 CMR 700.000 et seq., and M.G.L. c.112, § 80E or § 80G, as applicable.

Citation: CODE MASS. REGS. tit. 244 § 4.22.

MICHIGAN

[There is no requirement for physician supervision or collaboration. However, there is no legal scope of practice for NPs. Physicians may delegate at their discretion [MICH. COMP. LAWS § 333.16215(1)].

MINNESOTA

“Collaborative management” is a mutually agreed upon plan between an advanced practice registered nurse and one or more physicians or surgeons licensed under chapter 147 that designates the scope of collaboration necessary to manage the care of patients.

Citation: MINN. STAT. ANN. § 148.171.

MISSISSIPPI

The nurse practitioner shall practice in a collaborative/consultative relationship with a licensed physician whose practice is compatible with that of the nurse practitioner. . . . The nurse practitioner must practice according to a Board-approved protocol which has been mutually agreed upon by the nurse practitioner and a Mississippi licensed physician whose practice or prescriptive authority is not limited as a result of a voluntary order or legal/regulatory order. The protocol must outline diagnostic and therapeutic procedures and categories or pharmacologic agents which may be ordered, administered, dispensed, and/or prescribed for patients with diagnoses identified by the nurse practitioner.

Citation: CODE OF MISSISSIPPI RULES, Ch. IV, § 2.3.b. & c.

MISSOURI

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

Citation: MO. CODE REGS. ANN. tit. 4, § 200-4.200 (1)(B).

The collaborating physician in a collaborative practice shall not be so geographically distanced from the collaborating registered professional nurse or advanced practice nurse as to create an impediment to effective collaboration in the delivery of health care services or the adequate review of those services.

Citation: MO. CODE REGS. ANN. tit. 4, § 200-4.200(2)(A).

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

physician and collaborating advanced practice nurse shall practice within thirty (30) miles by road of one another. The provision of the above specified health care services pursuant to a collaborative practice arrangement shall be limited to only an advanced practice nurse.

Citation: MO. CODE REGS. ANN. tit. 4, § 200-4.200(2)(B).

An advanced practice nurse who desires to enter into a collaborative practice arrangement to provide health care services that include the diagnosis and treatment of acutely or chronically ill or injured persons at a location where the collaborating physician is not continuously present shall practice at the same location with the collaborating physician for a period of at least one (1) calendar month before the collaborating physician is not present. The provision of the above specified health care services pursuant to a collaborative practice arrangement shall be limited to only an advanced practice nurse.

Citation: MO. CODE REGS. ANN. tit. 4, § 200-4.200(2)(C).

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

Citation: MO. CODE REGS. ANN. tit. 4, § 200-4.200(3)(D).

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

Citation: MO. CODE REGS. ANN. tit. 4, § 200-4.200(3)(G).

The collaborative practice arrangement between a collaborating physician and a collaborating registered professional nurse or advanced practice nurse shall be signed and dated by the collaborating physician and collaborating registered professional nurse or advanced practice nurse before it is implemented, signifying that both are aware of its content and agree to follow the terms of the collaborative practice arrangement. The collaborative practice arrangement and any subsequent notice of termination of the collaborative practice arrangement shall be in writing and shall be maintained by the collaborating professionals for a minimum of eight years after termination of the collaborative practice arrangement. The collaborative prac-

tice arrangement shall be reviewed and revised as needed by the collaborating physician and collaborating registered professional nurse or advanced practice nurse.

Citation: MO. CODE REGS. ANN. tit. 4, § 200-4.200(3)(H).

When a collaborative practice arrangement is utilized to provide health care services for conditions other than acute self-limited or well defined problems, the collaborating physician, or other physician designated in the collaborative practice arrangement, shall see the patient for evaluation and approve or formulate the plan of treatment for new or significantly changed conditions as soon as is practical, but in no case more than two (2) weeks after the patient has been seen by the collaborating advanced practice nurse. The provision of the above specified health care services pursuant to a collaborative practice arrangement shall be limited to only an advanced practice nurse.

Citation: MO. CODE REGS. ANN. tit. 4, § 200-4.200(3)(J).

In order to assure true collaborative practice and to foster effective communication and review of services, the collaborating physician, or other physician designated in the collaborative practice arrangement, shall be immediately available for consultation to the collaborating registered professional nurse or advanced practice nurse at all times, either personally or via telecommunications.

Citation: MO. CODE REGS. ANN. tit. 4, § 200-4.200(4)(A).

The collaborating physician shall review the work, records, and practice of the health care delivered pursuant to a collaborative practice arrangement at least once every two (2) weeks. This review shall be documented by the collaborating physician. This subsection shall not apply to the situation described in subsection (4)(E) below or during the time the collaborating physician and collaborating advanced practice nurse are practicing together as required in subsection (2)(C) above.

Citation: MO. CODE REGS. ANN. tit. 4, § 200-4.200(4)(B).

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

advanced practice nurse and the physician shall not enter into a collaborative practice arrangement with more than three (3) full-time equivalent advanced practice nurses.

Citation: MO. CODE REGS. ANN. tit. 4, § 200-4.200(4)(C).

The collaborating physician and collaborating registered professional nurse or advanced practice nurse shall determine an appropriate process of review and management of abnormal test results which shall be documented in the collaborative practice arrangement.

Citation: MO. CODE REGS. ANN. tit. 4, § 200-4.200(4)(D).

In the case of collaborating physicians and collaborating registered professional nurses or advanced practice nurses practicing in settings which provide care to well patients or to those with narrowly circumscribed conditions in public health clinics or community health settings that provide population-based health services limited to immunizations, well child care, human immunodeficiency virus (HIV) and sexually transmitted disease care, family planning, tuberculosis control, cancer and other chronic disease and wellness screenings, services related to epidemiologic investigations and prenatal care, review of services shall occur as needed and set forth in the collaborative practice arrangement. If the services provided in such settings include diagnosis and the initiation of treatment of any other disease or injury, then the provisions of subsection (4)(C) shall apply.

Citation: MO. CODE REGS. ANN. tit. 4, § 200-4.200(4)(E).

In the case of collaborating physicians and collaborating registered professional nurses or advanced practice nurses practicing in association with public health clinics that provide population-based health services limited to immunizations, well child care, HIV and sexually transmitted disease care, family planning, tuberculosis control, cancer and other chronic disease and wellness screenings, services related to epidemiologic investigations and related treatment, and prenatal care, the geographic areas, methods of treatment and review of services shall occur as set forth in the collaborative practice arrangement. If the services provided in such settings include diagnosis and initiation of treatment of disease or injury not related to population-based health services, then the provisions of sections (2), (3), and (4) above shall apply.

Citation: MO. CODE REGS. ANN. tit. 4, § 200-4.200(5)(A).

MONTANA

- (1) An advanced practice registered nurse performing direct patient care shall submit a method of quality assurance for evaluation of the

- advanced practice registered nurse's practice. The quality assurance method must be approved by the Board of Nursing prior to licensure.
- (2) The quality assurance method must include the following elements:
 - (a) 15 charts or 5 percent of all charts handled by the advanced practice nurse, whichever is less, must be reviewed quarterly. The charts being reviewed must be evaluated by a peer review, by a physician of the same practice specialty, or by others as approved by the board. Each evaluator shall hold an unencumbered license;
 - (b) use of standards which apply to the advanced practice registered nurse's area of practice;
 - (c) concurrent or retrospective review of the practice.
 - (d) use of preestablished patient outcome criteria specific to the APRN's specific patient population; and
 - (e) written evaluation of review with steps for corrective action if indicated and follow-up.
 - (3) An advanced practice registered nurse shall immediately file with the Board of Nursing any proposed change in the quality assurance method. Any change is subject to prior approval by the Board of Nursing.
 - (4) Proof of quality assurance reviews must be maintained by the licensee for five years.

Citation: MONT. ADMIN. R.8.32.1508

NEBRASKA

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

Citation: REV. STAT. NEB. § 71-1716.

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

The advanced practice registered nurse and the collaborating physician shall have joint responsibility for patient care, based upon the scope of practice of each practitioner. The collaborating physician

shall be responsible for supervision of the advanced practice registered nurse to ensure the quality of health care provided to patients.

For the purposes of this Section:

- (1) Collaborating physician means a physician or osteopathic physician licensed in Nebraska and practicing in the same geographic area and practice specialty, related specialty, or field of practice as the nurse practitioner, and
- (2) Supervision means the ready availability of the collaborating physician for consultation and direction of the activities of the advanced practice registered nurse within the advanced practice registered nurse's defined scope of practice.

Citation: REV. STAT. NEB. § 71-1716.03.

NEVADA

A protocol must reflect the ongoing collaborative relationship between the advanced practitioner of nursing and the physician, reflect the current practice of the advanced practitioner of nursing, reflect established national or customary standards for his medical specialty, be maintained at the place of his practice, and be available for review by the board.

Citation: NEV. ADMIN. CODE CH. 632, § 632.2555.

NEW HAMPSHIRE

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

NEW JERSEY

10. a. In addition to all other tasks which a registered professional nurse may, by law, perform, an advanced practice nurse may manage preventive care services, and diagnose and manage deviations from wellness and long-term illnesses, consistent with the needs of the patient and within the scope of practice of the advanced practice nurse, by:

- (1) initiating laboratory and other diagnostic tests;
- (2) prescribing or ordering medications and devices, as authorized by subsections b. and c. of this section; and
- (3) prescribing or ordering treatments, including referrals to other licensed health care professionals, and performing specific procedures in accordance with the provisions of this subsection.

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

- (1) the collaborating physician and advanced practice nurse shall address in the joint protocols whether prior consultation with the collaborating physician is required to initiate an order for a controlled dangerous substance;

- (2) the order is written in accordance with standing orders or joint protocols developed in agreement between a collaborating physician and the advanced practice nurse, or pursuant to the specific direction of a physician;
 - (3) the advanced practice nurse authorizes the order by signing his own name, printing the name and certification number, and printing the collaborating physician's name;
 - (4) the physician is present or readily available through electronic communications;
 - (5) the charts and records of the patients treated by the advanced practice nurse are reviewed by the collaborating physician and the advanced practice nurse within the period of time specified by rule adopted by the Commissioner of Health and Senior Services pursuant to section 13 of P.L.1991, c.377 (C.45:11-52);
 - (6) the joint protocols developed by the collaborating physician and the advanced practice nurse are reviewed, updated, and signed at least annually by both parties; and
 - (7) the advanced practice nurse has completed six contact hours of continuing professional education in pharmacology related to controlled substances, including pharmacologic therapy and addiction prevention and management, in accordance with regulations adopted by the New Jersey Board of Nursing. The six contact hours shall be in addition to New Jersey Board of Nursing pharmacology education requirements for advanced practice nurses related to initial certification and recertification of an advanced practice nurse as set forth in N.J.A.C.13:37-7.2 and 13:37-7.5.
- c. An advanced practice nurse may prescribe medications and devices in all other medically appropriate settings, subject to the following conditions:
- (1) the collaborating physician and advanced practice nurse shall address in the joint protocols whether prior consultation with the collaborating physician is required to initiate a prescription for a controlled dangerous substance;
 - (2) the prescription is written in accordance with standing orders or joint protocols developed in agreement between a collaborating physician and the advanced practice nurse, or pursuant to the specific direction of a physician;
 - (3) the advanced practice nurse writes the prescription on a New Jersey Prescription Blank pursuant to P.L.2003, c.280 (C.45:14-40 et seq.), signs his name to the prescription and prints his name and certification number;

- (4) the prescription is dated and includes the name of the patient and the name, address and telephone number of the collaborating physician;
 - (5) the physician is present or readily available through electronic communications;
 - (6) the charts and records of the patients treated by the advanced practice nurse are periodically reviewed by the collaborating physician and the advanced practice nurse;
 - (7) the joint protocols developed by the collaborating physician and the advanced practice nurse are reviewed, updated and signed at least annually by both parties; and
 - (8) the advanced practice nurse has completed six contact hours of continuing professional education in pharmacology related to controlled substances, including pharmacologic therapy and addiction prevention and management, in accordance with regulations to New Jersey Board of Nursing. The six contact hours shall be in addition to New Jersey Board of Nursing pharmacology education requirements for advanced practice nurses related to initial certification and recertification of an advanced practice nurse as set forth N.J.A.C.13:37-7.2 and 13:37-7.5.
- d. The joint protocols employed pursuant to subsections b. and c. of this section shall conform with standards adopted by the Director of the Division of Consumer Affairs pursuant to section 12 of P.L.1991, c.377 (C.45:11-51) or section 10 or P.L.1999, c.85 (C.45-49.2), as applicable.

Citation: N.J. STAT. ANN. § 45:11-49.

NEW MEXICO

[There is no legal requirement for physician collaboration for NP practice in New Mexico.]

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

Citation: N.M. ADMIN. CODE 16.12.2.13.O(1).

NEW YORK

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

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

orating physician shall be clearly posted in the practice setting of the nurse practitioner.

Citation: N.Y. EDUC. LAW § 6902.3(c).

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

Citation: N.Y. EDUC. LAW § 6902.3(e).

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

Citation: N.Y. EDUC. LAW § 6902.3(d).

NORTH CAROLINA

- (a) Availability: The primary or back-up supervising physician(s) and the nurse practitioner shall be continuously available to each other for consultation by direct communication or telecommunication.
- (b) Collaborative Practice Agreement:
 - (1) shall be agreed upon and signed by both the primary supervising physician and the nurse practitioner, and maintained in each practice site;
 - (2) shall be reviewed at least yearly. This review shall be acknowledged by a dated signature sheet, signed by both the primary supervising physician and the nurse practitioner, appended to the collaborative practice agreement and available for inspection by members or agents of either Board;
 - (3) shall include the drugs, devices, medical treatments, tests and procedures that may be prescribed, ordered and performed by the nurse practitioner consistent with Rule .0809 of this Section; and
 - (4) shall include a pre-determined plan for emergency services.
- (c) The nurse practitioner shall demonstrate the ability to perform medical acts as outlined in the collaborative practice agreement upon request by members or agents of either Board.
- (d) Quality Improvement Process.
 - (1) The primary supervising physician and the nurse practitioner shall develop a process for the ongoing review of the care provided in each practice site including a written plan for evaluating the quality of care provided for one or more frequently encountered clinical problems.
 - (2) This plan shall include a description of the clinical problem(s), an evaluation of the current treatment interventions, and if

- needed, a plan for improving outcomes within an identified time-frame.
- (3) The quality improvement process shall include scheduled meetings between the primary supervising physician and the nurse practitioner at least every six months. Documentation for each meeting shall:
 - (A) identify clinical problems discussed, including progress toward improving outcomes as stated in Subparagraph (d)(2) of this Rule, and recommendations, if any, for changes in treatment plan(s);
 - (B) be signed and dated by those who attended; and
 - (C) be available for review by members or agents of either Board for the previous five calendar years and be retained by both the nurse practitioner and primary supervising physician.
 - (e) Nurse Practitioner-Physician Consultation. The following requirements establish the minimum standards for consultation between the nurse practitioner/primary or back-up supervising physician(s):
 - (1) During the first six months of the initial collaborative practice agreement, there shall be:
 - (A) review and countersigning of notations of medical acts by a primary or back-up supervising physician within seven days of nurse practitioner-patient contact.
 - (B) meetings with the primary supervising physician on a weekly basis for one month after approval to practice is received and at least monthly for a total of six months.
 - (2) During the first six months of a subsequent collaborative practice agreement between a nurse practitioner previously approved to practice and a different primary supervising physician, there shall be meetings with the new primary supervising physician monthly for the first six months.
 - (3) Documentation of the meetings shall:
 - (A) identify clinical issues discussed and actions taken;
 - (B) be signed and dated by those who attended; and
 - (C) be available for review by members or agents of either Board for the previous five calendar years and be retained by both the nurse practitioner and primary supervising physician.

Citation: N.C. ADMIN. CODE tit. 21, r. 36.0810.

NORTH DAKOTA

Applicants for prescriptive authority shall . . . submit an affidavit from the licensed physician who will be participating in the collaborative prescrip-

tive agreement acknowledging the manner of review and approval of the planned prescriptive practices. Information in the affidavit must also indicate that the advanced practice registered nurse's scope of prescriptive practice is appropriately related to the collaborating physician's medical specialty or practice. The affidavit must address all of the following areas:

- a. Broad classifications of drugs or devices to be commonly prescribed by the advanced practice registered nurse;
- b. Methods and frequency of the collaboration for prescriptive practices, which must occur as client needs dictate, but no less than once every two months;
- c. Methods of documentation of the collaboration process regarding prescriptive practices; and
- d. Alternative arrangements for collaboration regarding prescriptive practices in the temporary or extended absence of the physician.

Citation: N.D. ADMIN. CODE § 54-05-03.1-09.

OHIO

. . . [A] certified nurse practitioner may practice only in accordance with a standard care arrangement entered into with each physician or podiatrist with whom the nurse collaborates . . . [additional conditions omitted].

Citation: OHIO REV. CODE ANN. § 4723.431.

OKLAHOMA

An advanced registered nurse practitioner in accordance with the scope of practice of the advanced registered nurse practitioner shall be eligible to obtain recognition as authorized by the Board to prescribe . . . subject to the medical direction of a supervising physician.

Citation: OKLA. STAT. ANN. tit. 59, § 567.3a(6).

OREGON

There is no requirement of physician collaboration.

PENNSYLVANIA

“Collaboration” means a process in which a certified registered nurse practitioner works with one or more physicians to deliver health care services within the scope of the certified registered nurse practitioner's expertise. The process includes all of the following:

- (i) Immediate availability of a licensed physician to a certified registered nurse practitioner through direct communications or by radio, telephone, or telecommunications.

- (ii) A predetermined plan for emergency services.
- (iii) A physician available to a certified registered nurse practitioner on a regularly scheduled basis for referrals, review of the standards of medical practice incorporating consultation and chart review, drug and other medical protocols within the practice setting, periodic updating in medical diagnosis and therapeutics and cosigning records when necessary to document accountability by both parties.

Citation: PA PROFESSIONAL NURSING LAW Section 2(13).

“Direction”: The incorporation of physician supervision to the certified registered nurse practitioner’s performance of medical acts in the following ways:

1. Immediate availability of a licensed physician through direct communication or by radio, telephone, or telecommunications.
2. A predetermined plan for emergency services which has been jointly developed by the supervising physician and the CRNP.
3. A physician available on a regularly scheduled basis for referrals, review of the standard of medical practice incorporating consultation and chart review, establishing and updating standing orders, drug and other medication protocols within the practice setting, periodic updating in medical diagnosis and therapeutics, and cosigning records when necessary to document accountability by both parties.

Citation: 49 PA. CODE § 21.251.

In those health care facilities providing health services in which the practice of a certified registered nurse practitioner involves the acts of medical diagnosis, or prescription of medical therapeutics or corrective measures, there shall be a committee in each area of practice whose function is to establish standard policies and procedures, in writing, pertaining to the scope and circumstances of the practice of the nurse in the medical management of the patient. . . . The committee shall include equal representation from the medical staff, including a nurse practitioner and nursing administration.

Citation: 49 PA. CODE § 21.291.

If a certified registered nurse practitioner is associated with a physician or group of physicians, the committee may consist of, but need not be limited to, the nurse practitioners and the physicians.

Citation: 49 PA. CODE § 21.292.

The committee shall review annually the effectiveness of the medical functions of the CRNP, through an evaluation of the care rendered to

patients using the data sources of patient records, statistics, and patient follow-up.

Citation: 49 PA. CODE § 21.294.

The CRNP is responsible for his own professional judgements and is accountable to the individual consumer. He is also accountable to the physician and employing agency in the area of medical diagnosis and therapeutics.

Citation: 49 PA. CODE § 21.311.

A CRNP may perform acts of medical diagnosis in collaboration with a physician and in accordance with regulations promulgated by the Board.

Citation: ACT 206 OF 2002, SECTION 8.2.

At any time, a physician may not supervise more than four CRNPs who prescribe or dispense drugs. . . .

Citation: 49 PA. CODE § 21.287.

RHODE ISLAND

Prescriptive privileges for the certified registered nurse practitioner . . . shall include prescription of legend medications, and shall not include controlled substances from Schedule I . . . , and shall include controlled substances from schedules V, IV, III and II . . . provided that the applicant has obtained a controlled substance registration from the department.

Citation: R.I.R. § R5-34-NUR/ED 9.1.

A certified registered nurse practitioner (RNP) . . . shall be permitted to prescribe in accordance with annually updated guidelines, written in collaboration with the medical director or physician consultant of his/her individual establishment.

Citation: R.I.R. § R5-34-NUR/ED 9.2.

SOUTH CAROLINA

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

Citation: S.C. CODE ANN. § 40-33-20.

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

Citation: S.C. CODE ANN. § 40-33-20.

Delegated medical acts performed by a NP, CNM or CNS must be performed pursuant to an approved written protocol between the nurse and physician and must include . . . this general information:

1. Name, address, and South Carolina license number of the registered nurse.
2. Name, address, and South Carolina license number of the physician.
3. Nature of practice and practice location(s) of the nurse and physician.
4. Date developed and dates reviewed and amended.
5. Description of how consultation with the physician is provided and provision for backup consultation in the physician's absence.

For delegated medical acts:

1. The medical conditions for which therapies may be initiated, continued, or modified.
2. The treatments that may be initiated, continued, or modified.
3. The drug therapies that may be prescribed.
4. Situations that require direct evaluation by or referral to the physician.

The original protocol and any amendments to the protocol, dated and signed by the nurse and physician, shall be available to the Board for review within 72 hours of request. Failure to produce protocols upon request of the Board shall be considered misconduct and subject the licensee to disciplinary action. A random audit of approved written protocols must be conducted by the Board at least biennially. Licensees who change practice settings or physicians, shall notify the Board of such change within 15 days and provide verification of approved written protocols. NP's, CNM's and CNS's who discontinue their practice shall notify the Board within 15 days.

Citation: S.C. CODE ANN. § 43-33-34.

SOUTH DAKOTA

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

Citation: S.D. CODIFIED LAWS § 36-9A-15.

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

Citation: S.D. CODIFIED LAWS § 36-9A-17.

Collaboration with a licensed physician or physicians. A nurse practitioner or nurse midwife may perform the overlapping scope of advanced practice nursing and medical functions defined in SDCL 36-9A-12 and 36-9A-13, in collaboration with a physician or physicians licensed under SDCL chapter 36-4. Collaboration by direct personal contact with each collaborating physician must occur no less than one-half day a week or a minimum of one hour per ten hours of practice. Collaboration with each collaborating physician shall occur at least once per month by direct personal contact.

Citation: S.D. ADMIN. R. 20:62:03:03.

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

Citation: S.D. ADMIN. R. 20:62:03:04.

TENNESSEE

A nurse who has been issued a certificate of fitness as a NP . . . shall file a notice with the board, containing the name of the NP, the name of the licensed physician having supervision, control and responsibility for prescriptive services rendered by the NP, and a copy of the formulary describing the categories of legend drugs to be prescribed and/or issued by the NP . . .

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

Citation: TENN. CODE ANN. § 63-7-123(b)(1)(2).

TEXAS

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

Citation: 21 TEX. ADMIN. CODE § 221.13(c).

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

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

Protocols or other written authorization:

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

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

Citation: 21 TEX. ADMIN. CODE § 221.13(d).

- (a) The advanced practice nurse with a valid prescription authorization number:
- (1) shall carry out or sign prescription drug orders for only those drugs that are:
 - (A) authorized by protocols or other written authorization for medical aspects of patient care; and
 - (B) prescribed for patient populations within the accepted scope of professional practice for the advanced practice nurse's specialty area, and shall comply with the requirements for adequate physician supervision published in the rules of the Board of Medical Examiners relating to Delegation of the Carrying Out or signing of Prescription Drug Orders to Physician Assistants and Advanced Practice Nurses as well as other applicable laws,
 - (b) Protocols or other written authorization shall be defined in a manner that promotes the exercise of professional judgement by the advanced practice nurse commensurate with the education and experience of that person.
 - (1) A protocol or other written authorization:
 - (A) is not required to describe the exact steps that the advanced practice nurse must take with respect to each specific condition, disease, or symptom; and
 - (B) may state types or categories of medications that may be prescribed or contain the types or categories of medications that may not be prescribed.

Protocols or other written authorization:

 - (A) shall be written, agreed upon and signed by the advanced practice nurse and the physician;
 - (B) reviewed and signed at least annually; and
 - (C) maintained in the practice setting of the advanced practice nurse.

Citation: 22 TEX. ADMIN. CODE § 222.4.

UTAH

“Practice of advanced practice registered nursing” means . . . prescription or administration of prescription drugs or devices, including:

- (i) Local anesthesia;
- (ii) Schedule IV-V controlled substances; and
- (iii) Schedule II-III controlled substances in accordance with a consultation and referral plan.

Citation: UTAH CODE ANN. § 58-31b-102(15).

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

Citation: UTAH CODE ANN. § 58-31b-102(5).

VERMONT

The APRN performs medical acts independently within a collaborative practice with a licensed physician under practice guidelines which are mutually agreed upon between the APRN and collaborating physician and which are jointly acceptable to the medical and nursing professions. Practice guidelines will be reviewed and approved by the Board of Nursing and kept on file in the workplace and made available to the Board of Nursing at any time upon request.

Practice guidelines shall include:

- A description of clinical practice, including practice site(s), focus of care, and general category of clients;
- An indexed copy of standards for clinical practice including method of data collection, assessment, plan of care and criteria for collaboration, consultation and referral, including emergency referral or delineation of clinical privileges;
- The name of at least one physician licensed in Vermont who practices in the same specialty area who will be routinely utilized for collaboration, consultation, and referral; and
- Method of quality assurance.

Citation: VT. CODE R. CH. 4, SUBCHAPTER 8, III.C.

VIRGINIA

A licensed nurse practitioner shall be authorized to engage in practices constituting the practice of medicine in collaboration with and under the medical direction and supervision of a licensed physician.

Citation: 18 VA. ADMIN. CODE 90-30-120.A.

A nurse practitioner with prescriptive authority may prescribe only within the scope of a written practice agreement with a supervising physician.

Citation: 18 VA. ADMIN. CODE 90-40-90.

“Practice agreement” means a written agreement jointly developed by the supervising physician and the nurse practitioner that describes and directs the prescriptive authority of the nurse practitioner.

Citation: 18 VA. ADMIN. CODE 90-40-10.

“Supervision” means that the physician documents being readily available for medical consultation by the licensed nurse practitioner or the patient, with the physician maintaining ultimate responsibility for the agreed-upon course of treatment and medications prescribed.

Citation: 18 VA. ADMIN. CODE 90-40-10.

Physicians who enter into a practice agreement with a nurse practitioner for prescriptive authority shall:

1. Supervise and direct, at any one time, no more than four nurse practitioners with prescriptive authority.
2. Regularly practice in any location in which the licensed nurse practitioner exercises prescriptive authority. A separate practice setting may not be established for the nurse practitioner. Exceptions to this requirement are as follows:
 - a. A separate office practice may be established for a certified nurse midwife or for a nurse practitioner employed by or under contract with local health department, federally funded comprehensive primary care clinics, or nonprofit health care clinics or programs.
 - b. Physicians who do not regularly practice at the same location with the nurse practitioner and who provide supervisory services to such separate practices shall make regular site visits for consultation and direction for appropriate patient management. The site visits shall occur in accordance with the practice agreement, but no less frequently than once a quarter.
3. Conduct a monthly, random review of patient charts on which the nurse practitioner has entered a prescription for an approved drug or device.

Citation: VA. ADMIN. CODE 90-40-100.

WASHINGTON

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

WEST VIRGINIA

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

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

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

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

Citation: W.V. CODE ANN. 30-7-15(b).

WISCONSIN

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

Citation: WIS. ADMIN. CODE § N8.10(2).

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

Citation: WIS. ADMIN. CODE § N8.10(7).

WYOMING

A registered professional nurse who is applying for initial recognition as an advanced practitioner of nursing shall meet the following requirements: Submit a written plan of practice and collaboration. Such written plan shall conform to the following criteria:

- (A) Specialty areas of advanced nursing practice;
 - (1) Identify and describe the recognized specialty area(s) of advanced nursing practice.
- (B) Scope of practice;

- (1) Describe the scope of practice for each recognized specialty area of advanced nursing practice, including recipients of care, in terms of:
 - (1.) Education and experiential preparation; and
 - (2.) Scope of practice statements from national professional nursing organizations and/or accrediting agencies representing that specialty area of advanced nursing practice.
- (C) Standards of practice;
 - (1) Describe the plan for practicing advanced nursing according to the standards of practice for recognized specialty areas, including but not limited to the following:
 - (1.) Methods of quality assurance;
 - (2.) Strategies for collaboration with licensed or otherwise legally authorized physician(s) or dentist(s); and
 - (3.) Consultation and referral patterns.
- (D) Advanced practitioner of nursing's signature; and
- (E) Date.

Citation: WYO. BOARD OF NURSING RULES CH. IV.3.(a).

