

# MEDSOURCE CONSULTANTS



## A State-by-State Scope of Practice Guide for Nurse Practitioners



*MedSource Consultants Whitepaper Series*

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**In 2017, over 20 states passed legislation that positively impacted access to and delivery of healthcare to patients nationwide.**

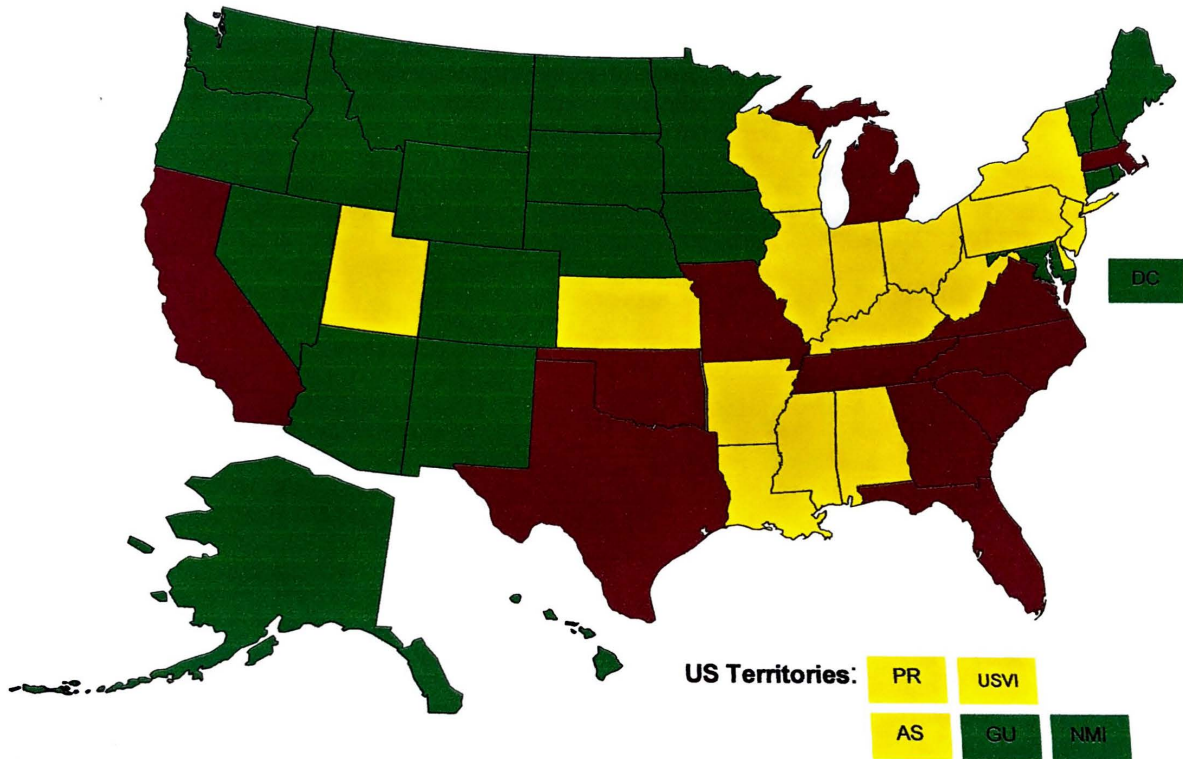
*Signature authority:* Six states enacted legislation pertaining to full or partial global and partial signature recognition and authority, including APRN authorization for certain aspects of care. Global signature authority is generally defined as authorization for recognized APRNs to sign, certify, or endorse all documents related to healthcare within their scope of practice (SOP) provided for their patients. Some states limit these documents (partial) to a statutorily authorized list, while others are broader in their approach.

*APRN authority to sign death certificates among other documents* is particularly important and was accomplished in Arkansas (Act 372; enacted March 2017), Minnesota (HF 2177; effective May 2017), Nevada (Chapter 318; effective January 2018), Texas (SB 919; effective June 2017), and Wyoming (Chapter 160; effective March 2017). North Carolina (Act 2017-111; effective July 2017) enacted legislation adding NPs to the list of providers authorized to sign handicap parking certificates.

*Recommendation for medical marijuana use:* The District of Columbia joins Connecticut, Hawaii, Maryland, Maine, and New York as states/districts that authorize APRNs as providers who may recommend the use of medical marijuana to a qualifying patient with a qualifying medical condition as described. Act 21-565, Medical Marijuana Omnibus Amendment Act of 2016, was issued December 16, 2016. This authority does not confer prescriptive authority as marijuana is listed as a Schedule I controlled substance by the Drug Enforcement Administration (DEA). Designated APRNs in these states have authority to recommend the use of this substance as described by each state's law.



# 2018 Nurse Practitioner State Practice Environment



## Full Practice

State practice and licensure laws provide for nurse practitioners to evaluate patients, diagnose, order and interpret diagnostic tests, initiate and manage treatments—including prescribe medications—under the exclusive licensure authority of the state board of nursing. This is the model recommended by the Institute of Medicine and National Council of State Boards of Nursing.



## Reduced Practice

State practice and licensure law reduce the ability of nurse practitioners to engage in at least one element of NP practice. State requires a regulated collaborative agreement with an outside health discipline in order for the NP to provide patient care.



## Restricted Practice

State practice and licensure law restricts the ability of a nurse practitioner to engage in at least one element of NP practice. State requires supervision, delegation or team-management by an outside health discipline in order for the NP to provide patient care.



# Alabama



Alabama is a reduced practice state that is regulated by the state Board of Nursing and Board of Medical Examiners.

Licensure Requirements: RN license, graduate degree and national certification.

Practice Authority: Must have collaborative agreement with Physician

Prescriptive Authority: CRNPs and CNMs may prescribe, administer, and provide therapeutic tests and drugs within a BON- and BOME-approved formulary. CRNPs and CNMs in collaborative practice with a physician may prescribe controlled substances in Schedules III, IV, and V pursuant to the rules of the Alabama BOME Chapter 540-X-18. CRNPs and CNMs are required to complete 12 continuing medical education contact hours in advanced pharmacology and prescribing trends and 4 additional contact hours every 2 years for renewal of the Qualified Alabama Controlled Substances Certificate under current regulation for Schedule III-V controlled substance authority.

**This state allows nurse practitioners prescriptive authority for drugs falling into schedule II, III, IV or V.**



# Alaska



Alaska is a full practice state that is regulated by the state Board of Nursing.

Licensure Requirements: RN license, graduate degree, national certification and a consultation and referral plan.

Practice Authority: Full Independent Practice.

Prescriptive Authority: Authorized APRNs have independent Rx authority—including Schedules II-V controlled substances—and may apply for DEA registration. APRNs are legally required to review the Prescription Drug Monitoring Program database prior to prescribing controlled substances. They are legally authorized to request, receive, and dispense pharmaceutical samples in Alaska. Prescriptions are labeled with the APRN's name only. To renew Rx authority, APRNs must complete 12 contact hours of continuing education (CE) in advanced pharmacotherapeutics, including 2 CE hours in opioid prescribing each 2-year renewal cycle.

**This state allows nurse practitioners prescriptive authority for drugs falling into schedule II, III, IV or V.**



# Arizona



Arizona is a full practice state that is regulated by the state Board of Nursing.

Licensure Requirements: RN license, graduate degree and national certification.

Practice Authority: No formal physician collaboration agreement required. However, Arizona Department of Health regulations require that patients admitted to an acute care facility must have an attending physician.

Prescriptive Authority: NPs have full Rx and dispensing authority, including controlled substances Schedules II-V, on application, and fulfillment of BON-established criteria. The Board of Nursing allows an NP to prescribe and dispense drugs and devices within the NP's population focus (e.g. family-individual across life span, adult-gerontology primary or acute care, neonatal). An NP may also prescribe Schedules II-V controlled substances. Ariz. Admin. Code §4-19-511, Ariz. Admin. Code §5-19-512.

**This state allows nurse practitioners prescriptive authority for drugs falling into schedule II, III, IV or V.**



# Arkansas



Arkansas is a reduced practice state that is regulated by the state Board of Nursing.

Licensure requirements : RN license, graduate degree and national certification.

Legal Authority: No collaborative practice agreement required for APRNs. RNPs must practice in accordance with protocols developed in collaboration with a practicing physician.

Prescriptive Authority: The NPA authorizes the BON to provide a certificate of Rx authority to qualified APRNs. A collaborative practice agreement with a practicing physician (who has training in scope, specialty, or expertise to that of the APRN and use of Rx protocols) is required. APRNs with Rx authority may apply for and hold a DEA number. The NPA limits the prescribing of controlled substances to Schedules III-V and hydrocodone-combination products from Schedule II of the Controlled Substance Act (with authorization from the physician on the collaborative practice agreement). Neither protocols nor collaborative practice agreements with a physician are required unless the APRN has Rx authority.

**This state allows nurse practitioners prescriptive authority for drugs falling into schedule III, IV or V.**



# California



California is a restricted practice state that is regulated by the state Board of Registered Nursing.

Licensure Requirements : RN license and a graduate degree.

Practice Authority: Nurse practitioners and physicians must enter a collaborative agreement for one or more elements of NP practice. Currently in 2018, California state has found themselves entrenched in unsuccessful lobbying efforts to enhance the role of NPs.

Prescriptive Authority: Drugs or devices prescribed by the NP must be ordered in accordance with the policies and protocols set forth in the agreement with the supervising physician. The NP may prescribe drugs and devices within the NP's area of practice. Physician involvement is required when the NP is prescribing Schedule II or III controlled substances, and a patient-specific protocol is required. Cal. Bus. & Prof. Code §2836.1

**This state allows nurse practitioners prescriptive authority for drugs falling into schedule II, III, IV or V.**





# Colorado



Colorado is a full practice state that is regulated by the state Board of Nursing.

Licensure requirements include: RN license, graduate degree and national certification.

**Practice Authority:** A nurse practitioner can evaluate and diagnose patients, order and interpret diagnostic tests and initiate and manage treatments, including the power to prescribe medication. APNs must complete a 1,000-hour documented prescribing mentorship period (provisional Rx authority) with a physician or an APRN and registration with the DEA.

**Prescriptive Authority:** An NP is authorized by the State Board of Nursing to prescribe drugs after certain requirements are met, including educational classes and a preceptorship. Upon conclusion of meeting the requirements, provisional authority may be granted and the NP may prescribe drugs and Schedule II-V controlled substances. A mentorship with a physician or NP with full prescriptive authority must be completed within three years after receiving provisional authority. An articulated plan for safe prescribing must also be developed in the mentorship. Colo. Rev. Stat. §12-38-111.6, Colo. Board of Nursing Rules Chapter 15.

**This state allows nurse practitioners prescriptive authority for drugs falling into schedule II, III, IV or V.**



# Connecticut



Connecticut is a full practice state that is regulated by the state Board of Nursing.

Licensure Requirements: RN license, graduate degree and national certification.

Practice Authority: NPs practice under the licensure authority of the State Board of Nursing instead of a licensed physician. For the first three years after initial licensure, the NP must collaborate with a physician.

Prescriptive authority: Full prescriptive authority is given with licensure and after 3 years and no less than a 2,000-hours of collaborative practice under a physician. APRNs and CNMs are legally authorized to request, receive, and dispense pharmaceutical samples. The collaboration must include a method to review patient outcomes. After three years, the NP may prescribe independently. Conn. Gen. Stat. §20-87a(3).

**This state allows nurse practitioners prescriptive authority for drugs falling into schedule II, III, IV or V.**



# Delaware



Delaware is a full practice state that is regulated by the state Board of Nursing.

Licensure Requirements: RN license, graduate degree and national certification.

Practice Authority: Full independent practice authority granted after two years of practice under a collaborative agreement with a physician.

Prescriptive Authority: APRNs may apply for independent practice after successfully practicing under a collaborative agreement within a hospital or integrated clinical setting (between a physician, podiatrist, or licensed Delaware healthcare delivery system and an APRN) for at least 2 years and a minimum of 4,000 full-time hours. APRNs licensed by the BON may prescribe, order, procure, administer, store, dispense, and furnish OTC, legend, and controlled substances pursuant to applicable state and federal laws and within the APRN's role and population focus.

**This state allows nurse practitioners prescriptive authority for drugs falling into schedule II, III, IV or V.**



# *District of Columbia*



Washington, D.C. is a full practice district that is regulated by the state Board of Nursing.

Licensure requirements include: RN license, graduate degree and national certification.

Practice Authority: Full independent practice authority.

Prescriptive Authority: In the District of Columbia, a nurse practitioner can evaluate and diagnose patients, order and interpret diagnostic tests and initiate and manage treatments, including the power to prescribe medications. APRNs must hold DEA registration.

**This state allows nurse practitioners prescriptive authority for drugs falling into schedule II, III, IV or V.**



# Florida



Florida is a restricted practice state that is regulated by the state Board of Nursing and Board of Medicine.

Licensure requirements: RN license, graduate degree and national certification.

Practice Authority: A written protocol between an NP and the supervising physician is required.

Prescriptive Authority: In Florida nurse practitioners must be supervised by a physician to provide patient care and write prescriptions. Master's- or doctoral degree-prepared ARNPs are authorized by supervisory protocol to prescribe, dispense, administer, or order any drug, including Schedules II-V controlled substances as authorized in a BON-adopted controlled substances formulary with certain exceptions. Additionally, psychiatric mental health board-certified ARNPs may prescribe psychotropic controlled substances.

**This state allows nurse practitioners prescriptive authority for drugs falling into schedule II, III, IV or V.**



# Georgia



Georgia is a restricted practice state that is regulated by the state Board of Nursing and the Composite Medical Board.

Licensure Requirements include: RN license, graduate degree and national certification.

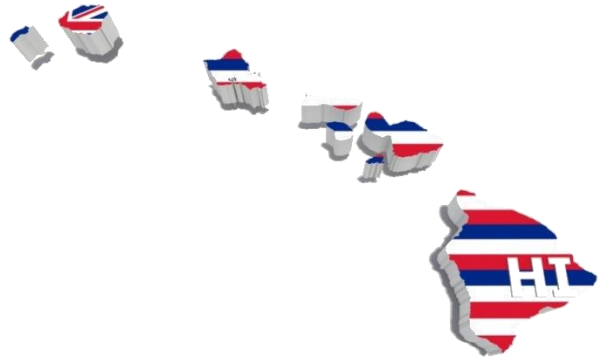
Practice Authority: A written protocol is required between the NP and the supervising physician.

Prescriptive Authority: NPs and their physician supervisors must work together under a written "nurse protocol". The nurse protocol is a written document in which the physician gives the NP authority to perform medical acts and also agrees to be available for immediate consultation with the nurse practitioner.

**This state allows nurse practitioners prescriptive authority for drugs falling into schedule III, IV and V.**



# Hawaii



Hawaii is a full practice state that is regulated by the state Board of Nursing.

Licensure Requirements: RN license, graduate degree and national certification.

Practice Authority: NPs may practice independently from physicians and practice under licensure authority of the State Board of Nursing.

Prescriptive Authority: NPs are recognized in state policy as primary care providers. In Hawaii, the BON regulates APRN Rx authority, and APRNs have legal authority to prescribe medications, including Schedules II-V controlled substances independently pursuant to an exclusionary formulary established by the BON. APRNs with Rx authority are legally authorized to request, receive, and dispense manufacturers' prepackaged pharmaceutical samples. APRNs may not request, receive, or sign for controlled substance samples; however, they may prescribe, order, and dispense medical devices and equipment.

**This state allows nurse practitioners prescriptive authority for drugs falling into schedule II, III, IV or V.**



# Idaho



Idaho is a full practice state that is regulated by the state Board of Nursing.

Licensure Requirements: RN license, graduate degree and national certification.

Practice Authority: An NP is a licensed independent practitioner who shall practice consistent with the definition of advanced practice registered nursing, recognized national standards, and the standards set forth by the Board of Nursing rules.

Prescriptive Authority: NPs are recognized in state policy as primary care providers. A population focus is the section of the population which the NP has targeted to practice within. The categories of population focuses are family/individual across the life span, adult-gerontology, women's health/gender-related, neonatal, pediatrics and psychiatric-mental health. Idaho Admin. Code §23.01.01.271.14.

**This state allows nurse practitioners prescriptive authority for drugs falling into schedule II, III, IV or V.**





# Illinois



Illinois is a reduced practice state that is regulated by the state Board of Examiners for Nursing.

Licensure Requirements: RN license, graduate degree and national certification.

Practice Authority: In Illinois, a collaborative agreement is required for all clinical practice, except for practice within a hospital or ambulatory surgical treatment center.

Prescriptive Authority: An NP's prescriptive authority must be outlined in the collaborative agreement. NPs may prescribe prescription drugs and Schedules III-V controlled substances. Schedule II controlled substances may be prescribed if delegated by the supervising physician and if certain requirements outlined in the rules are met. 225 ILCS §65/65-40.

**This state allows nurse practitioners prescriptive authority for drugs falling into schedule II, III, IV or V.**



# Indiana



Indiana is a reduced practice state that is regulated by the state Board of Nursing.

**Licensure Requirements:** RN license and completion of graduate degree or RN license and completion of NP certificate program along with national certification.

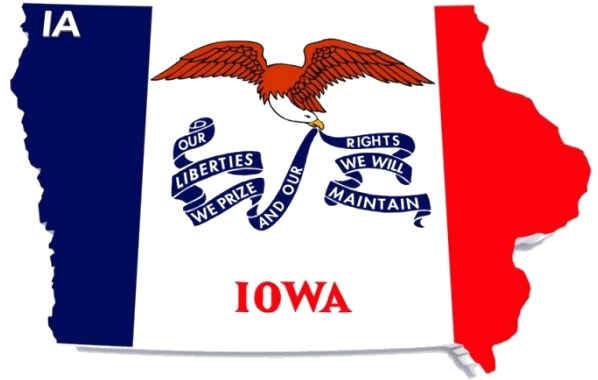
**Practice Authority:** In Indiana, nurse practitioners are required to establish a collaborative agreement with a physician in order to practice and prescribe medication.

**Prescriptive Authority:** An NP may prescribe prescription drugs and Schedules II-V controlled substances if outlined in the written collaboration agreement and after certain requirements are met. 848 IAC §5-1-1.

**This state allows nurse practitioners prescriptive authority for drugs falling into schedule II, III, IV or V.**



# Iowa



Iowa is a full practice state that is regulated by the state Board of Nursing.

Licensure Requirements: RN license, graduate degree and national certification.

Practice Authority: NPs have full independent practice authority.

Prescriptive Authority: Authorized ARNPs are granted full, independent Rx authority within their specific role and population focus, including Schedules II-V controlled substances. ARNPs may prescribe, deliver, distribute, or dispense noncontrolled and controlled drugs, devices, and medical gases, including pharmaceutical samples. ARNPs must register with the DEA, and prescriptions written by ARNPs must be labeled with their name.

**This state allows nurse practitioners prescriptive authority for drugs falling into schedule II, III, IV or V.**



# *Kansas*



Kansas is a reduced practice state that is regulated by the state Board of Nursing.

Licensure Requirements: RN license, graduate degree and national certification.

Practice Authority: In Kansas, nurse practitioners are required to establish a collaborative agreement/written protocol with a responsible physician.

Prescriptive Authority: APRNs, with the exception of CRNAs, are legally authorized to prescribe medications, including Schedules II-V controlled substances pursuant to a collaborative practice agreement and written protocol.

**This state allows nurse practitioners prescriptive authority for drugs falling into schedule II, III, IV or V.**



# *Kentucky*



Kentucky is a reduced practice state that is regulated by the state Board of Nursing.

Licensure Requirements include: RN license, graduate degree and national certification.

Practice Authority: The NP is required to have a collaborative agreement with a supervising physician for prescribing medications.

Prescriptive Authority: An NP may prescribe legend drugs under a collaborative agreement with a physician. If an NP has met certain requirements after four years, the NP may prescribe drugs independently. If the NP wishes to prescribe Schedule II-V controlled substances, the collaborative agreement must remain in place. Ky. Rev. Stat. §314.042.

**This state allows nurse practitioners prescriptive authority for drugs falling into schedule II, III, IV or V.**



# Louisiana



Louisiana is a reduced practice state that is regulated by the state Board of Nursing.

Licensure Requirements: RN license, graduate degree and national certification.

Practice Authority: A collaborative practice agreement is required and includes parameters agreed upon by the NP and the supervising physician.

Prescriptive Authority: APRNs have Rx authority in Louisiana, including Schedules II-V controlled substances. The BON has sole authority to develop, adapt, and revise R&R governing SOP, including Rx authority, the receipt and distribution of sample and prepackaged drugs, and prescribing legend and controlled drugs. An APRN who is granted limited Rx authority may request approval to prescribe and distribute controlled substances as authorized by the APRN's collaborating physician if the patient population is served by the collaborative practice.

**This state allows nurse practitioners prescriptive authority for drugs falling into schedule III, IV and V.**



# Maine



Maine is a full practice state that is regulated by the state Board of Nursing.

Licensure Requirements: RN license, graduation from NP Program and national certification.

Practice Authority: APRNs licensed by the BON are defined as CNPs, CNMs, CNSs, and CRNAs. CNSs practice in an independent role; however, a CNP who qualifies as an APRN must practice for at least 24 months under the supervision of a licensed physician, NP, or must be employed by a clinic or hospital that has a medical director who is a licensed physician.

Prescriptive Authority: NPs may prescribe prescription drugs and Schedules II-V controlled substances once registered with the U.S. Drug Enforcement Administration. Me. Code of Regs. §02.380.008 Section 7.

**This state allows nurse practitioners prescriptive authority for drugs falling into schedule II, III, IV or V.**



# Maryland



Maryland is a full practice state that is regulated by the state Board of Nursing.

Licensure Requirements: RN license, graduation from NP program and national certification.

Practice Authority: A nurse practitioner must consult and collaborate with a physician or nurse practitioner for the first 18 months of practice.

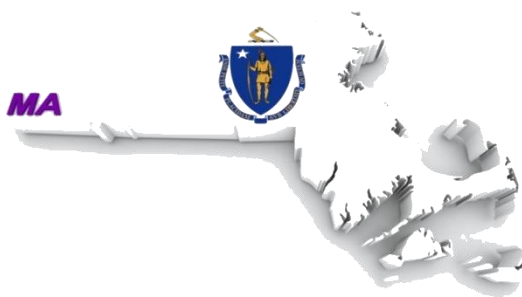
Prescriptive Authority: NPs are recognized in state policy as a primary care provider. A primary care provider is a nurse practitioner certified in any of the following areas of specialization: adult, pediatric, geriatric, OB/GYN, school nurse or family.

**This state allows nurse practitioners prescriptive authority for drugs falling into schedule II, III, IV or V.**





# Massachusetts



Massachusetts is a restricted practice state that is regulated by the state Board of Registration in Nursing and Board of Registration in Medicine.

Licensure requirements include: RN license, graduate degree and national certification.

**Practice Authority:** A written collaboration agreement required between the NP and the supervising physician. This agreement must be mutually developed and agreed to by the physician and the NP.

**Prescriptive Authority:** A written collaboration agreement must include prescriptive guidelines developed by the physician. Eleven items must be outlined in the agreement including the scope of the NP's prescribing practice and the types of medication that may be prescribed. Mass. Reg. Code §243-2.10 (5)

**This state allows nurse practitioners prescriptive authority for drugs falling into schedule II, III, IV or V.**



# Michigan



Michigan is a restricted practice state that is regulated by the state Board of Nursing.

Licensure Requirements: RN license and national certification.

Practice Authority: Supervision by a licensed physician is required. Delegation of tasks and functions to the NP must fall within the NP's scope of practice.

Prescriptive Authority: APRNs are authorized to prescribe nonscheduled prescription drugs; prescribing of Schedules II-V controlled substances is authorized as a delegated act of a physician and must include the APRN and physician names and DEA numbers.

**This state allows nurse practitioners prescriptive authority for drugs falling into schedule II, III, IV or V.**



# *Minnesota*



Minnesota is now a full practice state that is regulated by the state Board of Nursing.

Licensure Requirements: RN license and national certification.

Practice Authority: The Minnesota BON grants APRNs the authority to practice and regulates their practice. APRNs include CNP, CNS, CNM, and CRNA roles. APRNs have independent practice in Minnesota.

Prescriptive Authority: APRNs may prescribe, receive, dispense, and administer drugs, including Schedules II-V controlled substances independently. CRNAs must hold a written prescribing agreement with a physician when providing nonsurgical pain therapies for chronic pain symptoms. APRNs must register with the DEA, and they have statutory authority to request, receive, and dispense sample medications.

**This state allows nurse practitioners prescriptive authority for drugs falling into schedule II, III, IV or V.**



# *Mississippi*



Mississippi is a reduced practice state that is regulated by the state Board of Nursing.

Licensure Requirements: RN license, graduate degree and national certification.

Practice Authority: Nurse practitioners in Mississippi are required to establish a collaborative agreement with a physician in order to treat patients and prescribe drugs.

Prescriptive Authority: An NP may prescribe prescription drugs and Schedules II-V controlled substances after completing a Mississippi State Board of Nursing approved educational program.

**This state allows nurse practitioners prescriptive authority for drugs falling into schedule II, III, IV or V.**



# Missouri



Missouri is a restricted practice state that is regulated by the state Board of Nursing.

Licensure requirements include: RN license, graduation from NP program and national certification.

**Practice Authority:** In Missouri, nurse practitioners are required to establish a collaborative agreement with a physician in order to practice and prescribe medication.

**Prescriptive Authority:** Prescriptive authority and privileges must be outlined in the written practice agreement. Drugs dispensed must be within the NP's scope of practice. If outlined in the agreement, the NP may prescribe Schedules II-V controlled substances. Mo. Code of State Reg. §20-2200-4.200(3).

**This state allows nurse practitioners prescriptive authority for drugs falling into schedule III, IV and V.**



# Montana



Montana is a full practice state that is regulated by the state Board of Nursing.

Licensure requirements include: RN license, graduation from NP Program and national certification.

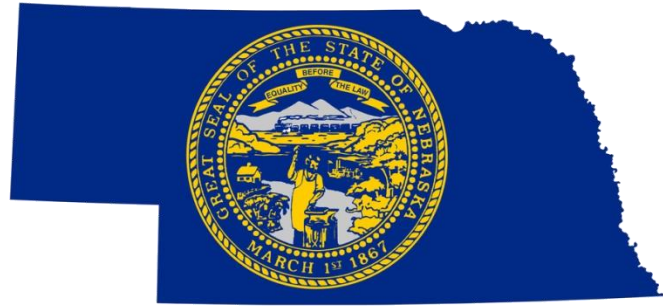
Practice Authority: The Montana BON grants APRNs authority to practice and regulates their practice. APRNs include CNP, CNS, CNM, and CRNA roles.

Prescriptive Authority: NPs are recognized in state policy as primary care providers. NP practice means the independent and/or collaborative management of primary and/or acute health care of individuals, families and communities across settings. The NP is certified in acute or primary care and in the population focus of adult/geriatric, pediatric, neonatal, family/individual health across the life span, women's/gender-related, and/or psychiatric/mental health.

**This state allows nurse practitioners prescriptive authority for drugs falling into schedule II, III, IV or V.**



# Nebraska



Nebraska is now a full practice state that is regulated by the state Board of Advanced Practice Registered Nurses.

Licensure requirements include: RN license, graduation from NP program and national certification.

Practice Authority: A collaborative practice agreement is required only for the first 2,000 hours of practice under the supervision of a physician or nurse practitioner.

Prescriptive Authority: An NP may prescribe medications that fall within the NP's scope of practice.

**This state allows nurse practitioners prescriptive authority for drugs falling into schedule II, III, IV or V.**



# Nevada



Nevada is a full practice state that is regulated by the state Board of Nursing.

Licensure Requirements: RN license, graduate degree and national certification.

Practice Authority: Before full independent practice authority, an NP must have a regulated relationship with a physician for prescribing Schedule II controlled substances for 2,000 hours or two years.

Prescriptive Authority: NPs are recognized in state policy as primary care providers. An NP who wishes to obtain a license to practice as an advanced practice registered nurse must request that the State Board of Nursing issue the license to specify the role of the applicant and the population of focus of the applicant within that specific role. The State Board of Nursing recognizes the following populations of focus: 1) women's health or gender-specific health; 2) family health and caring for a patient across the life span of the patient; 3) mental health; 4) adult health; 5) gerontology; 6) pediatrics; 7) neonatal; and 8) any other population of focus approved by the board. Nev. Admin. Code §632.2597(5).

**This state allows nurse practitioners prescriptive authority for drugs falling into schedule II, III, IV or V.**





# *New Hampshire*



New Hampshire is a full practice state that is regulated by the state Board of Nursing.

Licensure requirements: RN license, graduate degree and national certification.

Practice Authority: An NP has full independent practice authority and is licensed by the New Hampshire State Board of Nursing.

Prescriptive Authority: NPs are recognized in state policy as primary care providers. Health care professionals qualified to be considered primary care providers include advanced registered nurse practitioners licensed by the New Hampshire board of nursing in the advance practice categories of family practice, internal medicine or pediatrics.

**This state allows nurse practitioners prescriptive authority for drugs falling into schedule II, III, IV or V.**



# *New Jersey*



New Jersey is a reduced practice state that is regulated by the state Board of Nursing.

Licensure requirements include: RN license, graduation from NP program and national certification.

**Practice Authority:** Nurse practitioners in New Jersey can independently diagnose and treat patients without physician involvement. However, a nurse practitioner must have a collaborative agreement with a physician or a physician's supervision or delegation in order to prescribe drugs.

**Prescriptive Authority:** APNs credentialed by the BON have full Rx authority, including Schedules II-V controlled substances in accordance with a joint protocol, which has been established by the APN and the collaborating physician. The joint protocol is required for prescribing drugs and devices only and is not a collaborative agreement for general practice.

**This state allows nurse practitioners prescriptive authority for drugs falling into schedule II, III, IV or V.**



# *New Mexico*



New Mexico is a full practice state that is regulated by the state Board of Nursing.

Licensure Requirements: RN license, graduate degree and national certification.

Practice Authority: Full independent practice authority.

Prescriptive Authority: NPs may independently prescribe prescription drugs and Schedules II-V controlled substances.

**This state allows nurse practitioners prescriptive authority for drugs falling into schedule II, III, IV or V.**



# *New York*



New York is a reduced practice state that is regulated by the state Board of Nursing.

Licensure Requirements: RN license, graduation from NP program and national certification.

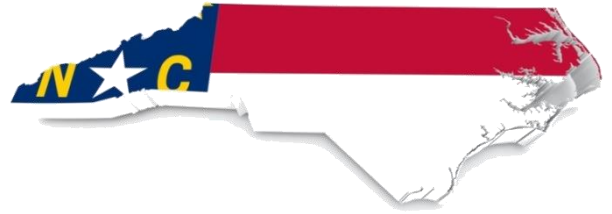
Practice Authority: Collaboration with a licensed physician is required. Written protocols must be developed and the protocol must include explicit provisions for the resolution of any disagreement between the physician and the NP regarding diagnosis and treatment of patients.

Prescriptive Authority: NPs are eligible for full Rx authority, including Schedules II-V controlled substances, following completion of required coursework in pharmacotherapeutics, prescription writing, and record keeping. NPs may order drugs, devices, immunizing agents, tests, and procedures either independently if they have completed a minimum of 3,600 hours of practice or in accordance with the written practice agreement and practice protocols during the transition to practice period without physician co signature. Legislation passed in 2016 requires providers with DEA registration to complete a Department of Health-approved, 3-hour CE course in pain management, palliative care, and addiction to be completed within 1 year of DEA registration and once every 3 years thereafter.

**This state allows nurse practitioners prescriptive authority for drugs falling into schedule II, III, IV or V.**



# North Carolina



North Carolina is a restricted practice state that is regulated by the state Board of Nursing and Medical Board.

Licensure Requirements: National certification.

Practice Authority: NPs legally practice under a supervisory relationship with a physician, which is operationalized through a written CPA with a physician for continuous availability (not necessarily on-site) along with ongoing supervision, consultation, collaboration, referral, and evaluation.

Prescriptive Authority: The drugs and devices an NP may prescribe must be outlined in the collaborative practice agreement. Schedules II-V controlled substances may be prescribed if outlined in the agreement.

**This state allows nurse practitioners prescriptive authority for drugs falling into schedule II, III, IV or V.**



# *North Dakota*



North Dakota is a full practice state that is regulated by the state Board of Nursing.

Licensure Requirements include: RN license, graduate degree and national certification.

Practice Authority: Full independent practice authority.

Prescriptive Authority: Full independent prescriptive authority. The NP may prescribe drugs, devices and controlled substances.

**This state allows nurse practitioners prescriptive authority for drugs falling into schedule II, III, IV or V.**



# Ohio



Ohio is a reduced practice state that is regulated by the state Board of Nursing.

Licensure Requirements: RN license, graduate degree and national certification.

Practice Authority: In Ohio, nurse practitioners are required to establish a collaborative agreement with a physician in order to provide preventive and primary care services, provide services for acute illnesses, and evaluate and promote patient wellness within the nurse's specialty.

Prescriptive Authority: An NP may prescribe drugs and Schedule III-V controlled substances in collaboration with a physician. An NP may prescribe Schedule II controlled substances if the patient has a terminal condition, the supervising physician initially prescribed the substance and if the prescription is for an amount that does not exceed the amount necessary for the patient's use in a single 24 hour period. Ohio Rev. Code Ann. §4723.481.

**This state allows nurse practitioners prescriptive authority for drugs falling into schedule II, III, IV or V.**



# Oklahoma



Oklahoma is a restricted practice state that is regulated by the state Board of Nursing.

Licensure Requirements: RN license, graduate degree and national certification.

Practice Authority: A collaborative agreement is required between an NP and a supervising physician in order for the NP to prescribe drugs and other medical supplies.

Prescriptive Authority: An advanced practice nurse who is recognized to prescribe by the Oklahoma Board of Nursing as an advanced registered nurse practitioner and is subject to medical direction by a supervising physician may prescribe and administer Schedule III-V controlled substances.

**This state allows nurse practitioners prescriptive authority for drugs falling into schedule III, IV and V.**





# Oregon



Oregon is a full practice state that is regulated by the state Board of Nursing.

Licensure Requirements: RN license, graduate degree and national certification.

Practice Authority: Full independent practice authority.

Prescriptive Authority: Full independent prescriptive authority. An NP may prescribe drugs, devices and Schedules II-V controlled substances.

**This state allows nurse practitioners prescriptive authority for drugs falling into schedule II, III, IV or V.**



# *Pennsylvania*



Pennsylvania is a reduced practice state that is regulated by the state Board of Nursing.

Licensure Requirements : RN license, graduate degree and national certification.

Practice Authority: Written collaboration agreement required, and the agreement must be signed by both the NP and the physician and agree to the details of their collaboration.

Prescriptive Authority: Drugs and therapeutic measures available for prescribing must be outlined in the written collaboration agreement and relevant to the NP's specialty.

**This state allows nurse practitioners prescriptive authority for drugs falling into schedule II, III, IV or V.**



# *Rhode Island*



Rhode Island is a full practice state that is regulated by the state Board of Nursing.

Licensure Requirements: RN license, graduate degree and national certification.

Practice Authority: Full independent practice authority.

Prescriptive Authority: Full independent prescriptive authority. May prescribe legend drugs and Schedules II-V controlled substances if within the NP's role and population focus.

**This state allows nurse practitioners prescriptive authority for drugs falling into schedule II, III, IV or V.**



# *South Carolina*



South Carolina is a restricted practice state that is regulated by the state Board of Nursing.

Licensure Requirements: RN license, graduate degree and national certification.

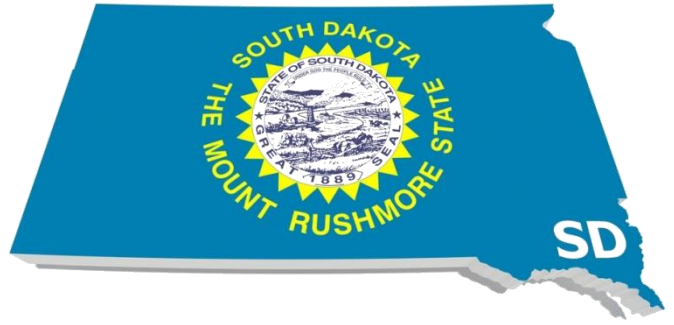
Practice Authority: A South Carolina nurse practitioner must have a collaborative relationship with a physician.

Prescriptive Authority: NPs, CNSs, and CNMs have Rx authority, including Schedules III-V controlled substances, and prescribe according to practice agreement/protocol within the specialty area of the APRN. CRNAs are not required to obtain Rx authority to deliver anesthesia care; however, CRNAs practice pursuant to approved written guidelines with a supervising physician, dentist, or medical staff.

**This state allows nurse practitioners prescriptive authority for drugs falling into schedule III, IV and V.**



# *South Dakota*



South Dakota is a reduced practice state that is regulate by the state Board of Nursing and Board of Medical and Osteopathic Examiners.

Licensure Requirements: RN license and national certification.

Practice Authority: Before allowed full independent practice authority, NPs must complete 1,040 practice hours under physician supervision.

Prescriptive Authority: Nurse practitioners in South Dakota are required to establish a collaborative agreement with a physician in order to practice and prescribe medication. Must have DEA registration for controlled substances.

**This state allows nurse practitioners prescriptive authority for drugs falling into schedule II, III, IV or V.**



# Tennessee



Tennessee is a restricted practice state that is regulated by the state Board of Nursing.

Licensure Requirements: RN license, graduate degree and national certification.

Practice Authority: Supervision of Physicians is required. Physicians who collaborate with APRN prescribers are not required to be on-site but must personally review and sign 20% of the charts within 30 days; physicians are authorized to review charts electronically when the APRN is working in a free or reduced-fee clinic

Prescriptive Authority: APRNs who have a BON-issued certificate to prescribe may prescribe legend and Schedules II-V controlled substances pursuant to protocols.

**This state allows nurse practitioners prescriptive authority for drugs falling into schedule II, III, IV or V.**



# Texas



Texas is a restricted practice state that is regulated by the state Board of Nursing.

Licensure Requirements: RN license, graduate degree and national certification.

Practice Authority: Written agreement is required between the NP and the supervising physician. The protocols should be jointly developed and reviewed annually.

Prescriptive Authority: Written agreement required between the physician and the NP. The agreement must outline which drugs and devices may be prescribed among other items.

**This state allows nurse practitioners prescriptive authority for drugs falling into schedule III, IV and V.**



# Utah



Utah is a reduced practice state that is regulated by the state Board of Nursing.

Licensure Requirements: RN license, graduate degree and national certification.

Practice Authority: Consultation and referral plan required with a supervising physician to permit the NP to prescribe Schedule II controlled substances in consultation with a physician.

Prescriptive Authority: NPs can also prescribe medication without physician or board of medicine involvement, after completing specific state requirements that include but not limited to 2,000 hours of post-licensure experience.

**This state allows nurse practitioners prescriptive authority for drugs falling into schedule II, III, IV or V.**





# Vermont



Vermont is a full practice state that is regulated by the state Board of Nursing.

Licensure Requirements: Graduate degree and national certification.

Practice Authority: APRNs include CNP (NP in regulation), CNS in psychiatric and mental health nursing, CNM, and CRNA roles. APRNs are independent providers after a transition to practice requirement is met (2,400 hours and 2 years) with an SOP defined in statute and regulations.

Prescriptive Authority: APRNs have full Rx authority, including Schedules II-V controlled substances within their practice guidelines. APRNs have the same privileges dispensing and administering drugs as physicians. Legislation passed in 2016 requires prescribers to query the Vermont Prescription Monitoring System when prescribing a new or renewal prescription for an opioid within Schedules II-IV controlled substances and when starting a patient on non opioid Schedules II-IV controlled substances for non-palliative long-term pain therapy for more than 90 days.

**This state allows nurse practitioners prescriptive authority for drugs falling into schedule II, III, IV or V.**



# Virginia



Virginia is a restricted practice state that is regulated by the state Board of Nursing and Board of Medicine.

Licensure Requirements include: RN license, graduate degree and national certification.

Practice Authority: In Virginia, nurse practitioners are required to practice as part of patient care teams, which are defined as a multidisciplinary team of health care providers actively functioning as a unit with the management and leadership of one or more patient care team physicians for the purpose of providing and delivering health care to a patient or group of patients

Prescriptive Authority: Authorized LNPs may prescribe all legend drugs, including Schedules II-V controlled substances, as defined in the LNP's Practice Agreement. A Practice Agreement, developed between the NP and the patient-care team physician and maintained by the NP (which is to be provided to the Joint Boards of Nursing and Medicine upon request), lists the drug categories the NP will prescribe. NPs may only prescribe legend drugs if "such prescription is authorized by the practice agreement between the NP and physician." The prescription must include the NP's name and Rx authority number.

**This state allows nurse practitioners prescriptive authority for drugs falling into schedule II, III, IV or V.**



# Washington



Washington is a full practice state that is regulated by the state nursing commission.

Licensure Requirements include: RN license, graduate degree and national certification.

Practice Authority: Full independent practice authority and the NP must practice with their scope of practice

Prescriptive Authority: Full independent prescriptive authority. An NP may prescribe prescription drugs and Schedules II-V controlled substances.

**This state allows nurse practitioners prescriptive authority for drugs falling into schedule II, III, IV or V.**



# West Virginia



West Virginia is a reduced practice state that is regulated by the state Board of Examiners for Registered Professional Nurses.

Licensure requirements include: RN license, graduate degree and national certification.

**Practice Authority:** West Virginia nurse practitioners can independently diagnose and treat patients without physician involvement. However, nurse practitioners must have a collaborative agreement or physician's supervision/delegation in order to prescribe drugs.

**Prescriptive Authority:** An NP is required to have a three year transition to practice period before they are authorized to independently prescribe legend and Schedule III-V controlled substances. West Virginia does not allow NPs to prescribe Schedule II controlled substances. W. Va. Code §30-7-15b.

**This state allows nurse practitioners prescriptive authority for drugs falling into schedule III, IV and V.**



# Wisconsin



Wisconsin is a reduced practice state that is regulated by the state Board of Nursing and Board of Medicine.

Licensure Requirements: RN license, graduate degree and national certification.

Practice Authority: In Wisconsin, nurse practitioners are required to establish a collaborative agreement with a physician in order to practice and prescribe drugs.

Prescriptive Authority: NPs may prescribe Schedule II-V controlled substances if delegated under a collaboration agreement.

**This state allows nurse practitioners prescriptive authority for drugs falling into schedule II, III, IV or V.**



# Wyoming



Wyoming is a full practice state that is regulated by the state Board of Nursing.

Licensure Requirements: RN license, graduate degree and national certification.

Practice Authority: Full independent practice authority.

Prescriptive Authority: NPs are authorized to prescribe prescription drugs and Schedules II-V controlled substances.

**This state allows nurse practitioners prescriptive authority for drugs falling into schedule II, III, IV or V.**





As the laws in each state continue to evolve and the scope of practice for nurse practitioners increase and change, this resource will be updated to reflect those changes.



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