

# Fifteenth Annual Legislative Update

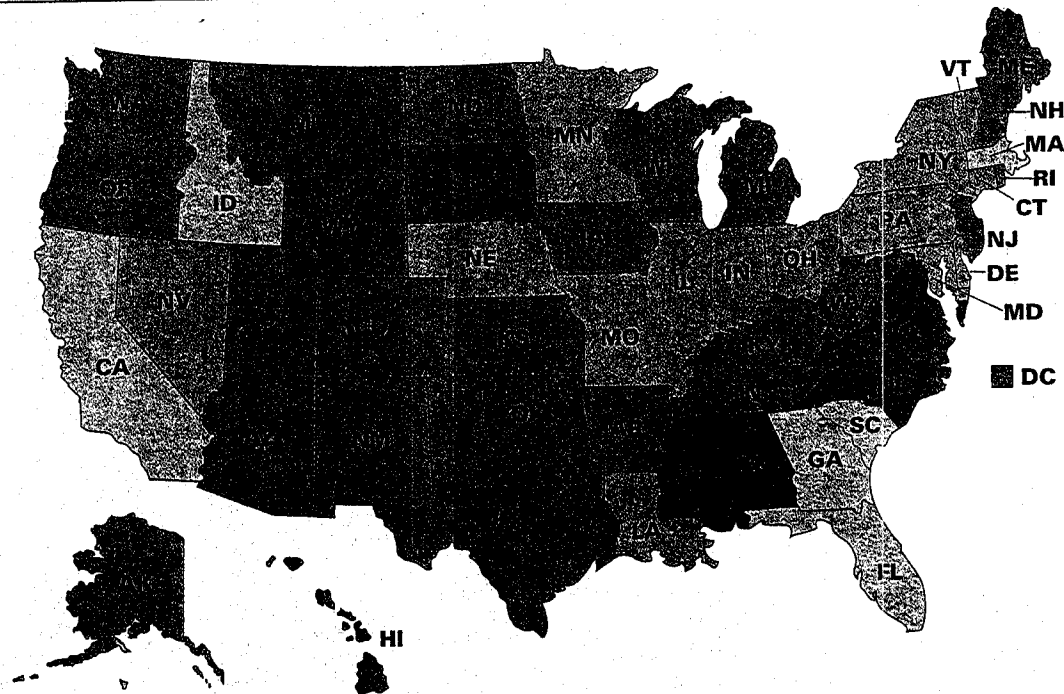
## How Each State Stands on Legislative Issues Affecting Advanced Nursing Practice

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**C**ontinuing the momentum of the last fourteen years, the fifteenth annual legislative update illustrates *The Nurse Practitioner* journal's commitment to provide the most recent state-by-state information regarding the legislative issues that affect advanced practice nurses (APNs)—nurse practitioners, clinical nurse specialists, nurse midwives, and nurse anesthetists. Compiled each year with assistance

from more than 100 state Boards of Nursing and nursing associations and NP organization executives, directors, and officials, this update continues to be a broadly cited and utilized reference for APNs throughout the nation. Nursing leaders, colleagues in the health care profession, state and national legislators, and the print and TV media continue to depend on the "annual update" for the legal trends in APN practice.

**Summary of Advanced Practice Nurse (APN) Legislation: Legal Authority for Scope of Practice\***



- States with nurse practitioner\*\* title protection; the board of nursing has sole authority in scope of practice, with no statutory or regulatory requirements for physician collaboration, direction, or supervision: AK, AR, AZ, CO, DC, HI, IA, KS, KY, ME, MI, MT, ND, NH, NJ, NM, OK, OR, RI, TN, TX, UT, WA, WI, WV, WY
- States with nurse practitioner\*\* title protection; the board of nursing has sole authority in scope of practice, but scope of practice has a requirement for physician collaboration: CT, DE, IL, IN, LA, MD, MN, MO, NE†, NV, NY, OH, PA, VT

- States with nurse practitioner\*\* title protection; the board of nursing has sole authority in scope of practice, but scope of practice has a requirement for physician supervision: CA, FL, GA, ID, MA, SC
- States with nurse practitioner\*\* title protection, but the scope of practice is authorized by the board of nursing and the board of medicine: AL, MS, NC, SD, VA

[Washington, D.C., is included as a state in this table.]

**KEY:** \* This table provides a state-by-state summary of the degree of independence for all aspects of NP scope of practice, including diagnosing and treating (except prescribing). See table: Summary of APN Legislation: Prescriptive Authority for a state-by-state analysis of NP prescriptive authority.  
 \*\* This information may apply to other APNs (clinical nurse specialists, nurse midwives, and nurse anesthetists). See State Summary for details.  
 † State with APRN Board.

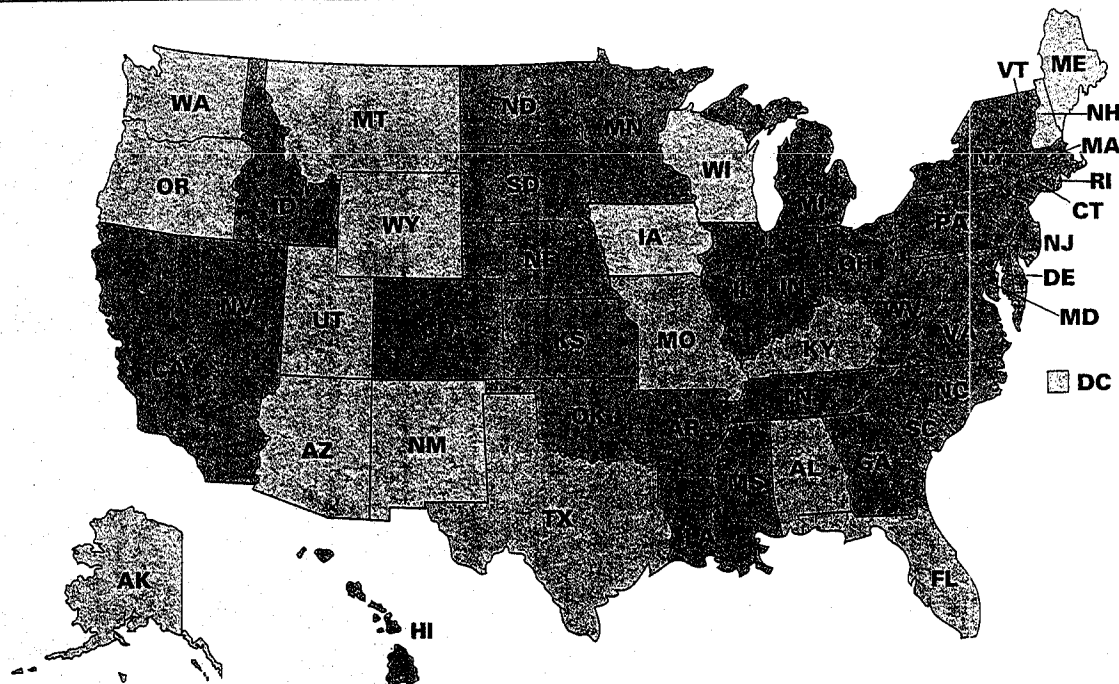
The following report reflects the latest state-by-state regulatory and statute updates for APN practice. "Summary of APN Legislation: Legal Authority for Scope of Practice" presents a summary of APN legislation related to legal authority for scope of practice (with the exception of prescriptive authority). "Summary of APN Legislation: Prescriptive Authority" overviews APN prescriptive and dispensing authority. And "Summary of APN Population" presents the number of recognized APNs in each state, compiled from information given by each state's Board of Nursing. The numbers illustrate how the APN profession is growing, including an increase of 11,534 (12%) nurse practitioners in 2002. This growth remains consistent with the prediction that by 2005

there will be approximately as many NPs as family physicians in the United States.<sup>1</sup>

**■ This Year's Findings**

Throughout the past fifteen years, *The Nurse Practitioner* journal has documented the legislative success of APNs. During the past year, APNs have continued their march toward a complete and fully autonomous practice. Nine states expanded their legal authority in some way (for example, APNs are now allowed to sign for athletic forms, disability stickers, and home health aide and physical therapy referrals within the state). One of the nine proved to be a major victory for NPs when PA passed a bill removing NPs from the jurisdiction of the

**Summary of Advanced Practice Nurse (APN) Legislation: Prescriptive Authority\***



▣ States where nurse practitioners\*\* can prescribe (including controlled substances) independent of any required physician involvement in prescriptive authority: AK, AZ, DC, IA, ME, MT, NH, NM, OR, UT, WA, WI, WY

■ States where nurse practitioners\*\* can prescribe (including controlled substances) with some degree of physician involvement or delegation of prescription writing: AR, CA, CO, CT, DE, GA<sup>‡</sup>, HI, ID, IL, IN, KS, LA, MA, MD, MI, MN, MS, NC, ND, NE, NJ, NV, NY, OH, OK, PA, RI, SC<sup>†</sup>, SD, TN, VA, VT, WV

▣ States where nurse practitioners\*\* can prescribe (excluding controlled substances) with some degree of physician involvement or delegation of prescription writing: AL, FL, KY, MO, TX

**All states:** Nurse practitioners\*\* may receive and/or dispense drug samples based on authorized scope of practice, rules and regulations, or statutes.

[Washington, D.C., is included as a state in this table.]

**KEY:** \* This table provides a state-by-state analysis of NP prescriptive authority. For analysis of other aspects of the NP scope of practice (including diagnosing and treating), see table: Summary of APN Legislation: Legal Authority for Scope of Practice

\*\* The information may apply to other APNs (clinical nurse specialists, nurse midwives, and nurse anesthetists). See State Survey for details.

† Schedule IV and/or V controlled substances only.

‡ Nurse practitioners do not have written prescribing or dispensing authority; the process falls under delegated medical authority.

Board of Medicine. It would not have passed without the grassroots efforts of CRNPs and nurses all across the state. Additionally, three states have expanded some aspect of APN reimbursement status (for example, recognition as primary care providers on insurance panels). Compared with last year, three states expanded some aspect of APN prescriptive authority (for example, ability to prescribe controlled substances).

Countless studies have demonstrated that APNs provide safe, cost-effective, patient-popular health care. Nonetheless, barriers still remain—preventing APNs from providing the full scope of care that they are qualified to deliver and that our nation desperately needs. The remaining roadblocks to full practice autonomy continue, primarily because of the re-

sistance of organized physician groups to relinquish control over the health care dollar. This sad reality reinforces the need for all APNs to continue the struggle. Look for a report on our efforts in 2003 in the sixteenth annual update. <sup>NP</sup>

**REFERENCE**

1. Cooper, RA. Health care workforce for the twenty-first century: The impact of nonphysician clinicians. *Ann Rev Med* 2001;52:51-61.

**ACKNOWLEDGMENT**

I would like to specifically thank the countless experts (from every state) for their time, invaluable information, and perspective, including the executive directors and legislative consultants from the state Boards of Nursing and state nursing associations and chairpersons from nurse practitioner special interest groups and associations. Every attempt has been made to present the most current information possible; however, feedback is welcome and any validated corrections or updates will be printed in a future issue.

**Summary of Advanced Practice Nurse Population\***

	Total Number of Advanced Practice Nurses	Nurse Practitioners	Clinical Nurse Specialists	Certified Nurse Midwives	Certified Registered Nurse Anesthetists
Alabama	2,484	1,027	128	29	1,300
Alaska	587	455	**	45	87
Arizona	2,657	2,148	103	192	214
Arkansas	2,321	1,582	85	28	626
California	15,620	11,320	1,617	1,097	1,586
Colorado	3,858	2,323	909	242	384
Connecticut	2,422	2,257	†	165	†
Delaware	697	388	88	25	196
District of Columbia	904	644	16	75	169
Florida	12,230	9,190	**	564	2,476
Georgia	4,351	2,437	310	327	1,277
Hawaii	568	337	108	49	74
Idaho	691	358	18	24	291
Illinois	4,424	2,191	780	298	1,155
Indiana	1,588§	1,396	125	67	**
Iowa	1,352	813	114	60	365
Kansas	2,465	1,258	594	35	578
Kentucky	2,384	1,250	141	112	881
Louisiana	2,541	958	498	38	1,047
Maine	1,416	784	176	74	382
Maryland	3,489	2,404	409	206	470
Massachusetts	8,576	5,501	1,120§	580	1,375
Michigan	4,136	2,297	**	261	1,858
Minnesota	3,519	1,490	370	167	1,492
Mississippi	1,450	960	**	33	457
Missouri	4,200	2,415	436	93	1,256
Montana	556	344	28	38	146
Nebraska	820	442	**	21	403
Nevada	435	343	**	17	92
New Hampshire	1,261	936	**	97	228
New Jersey	3,936	3,238	†	242	456
New Mexico	905	567	122	**	216
New York	11,878	10,196	**	932	750
North Carolina	5,248	1,979	1,188	185	1,896
North Dakota	485	232	29	7	217
Ohio	5,893	2,399	1,669	266	1,799
Oklahoma	1,089	510	140	30	409
Oregon	4,013	1,787	116	**	323
Pennsylvania	5,889	5,513	**	376	**
Rhode Island	754	461	40†	66	187
South Carolina	3,029	1,288	92	128	1,521
South Dakota	666	251	89	12	314
Tennessee	4,047	1,992	507	127	1,421
Texas	9,093	4,875	1,423	358	2,437
Utah	1,178	903	†	103	172
Vermont	556	364	14	68	110
Virginia	5,034	2,983	452	205	1,394
Washington	4,158	3,335	**	279	544
West Virginia	1,285	577	87	55	566
Wisconsin	2,086§	1,973†	†	128	†
Wyoming	288	146	17	12	113
<b>Total</b>	<b>165,692</b>	<b>105,817</b>	<b>14,158</b>	<b>8,638</b>	<b>35,710</b>

\* Numbers are provided by state BON authorities. The numbers may include duplicate licenses within one state or multistate licensure. The numbers reflect state APN recognition only and may not reflect active employment status.

\*\* Not specialty-identified, certified, or licensed as an APN; not officially tracked by the state BON.

† Psychiatric specialty only

‡ Specialty is included in total of APRNs, but not counted separately.

§ Numbers reflect only APNs with prescriptive authority.