

JOINT REGULATION OF ADVANCED NURSING PRACTICE¹

STATE	REGULATORY AUTHORITY	NATURE OF AUTHORITY
ALABAMA	BON/BOM	<p>The <i>Board of Nursing</i>, using the general authority of the Nurse Practice Act (NPA) which defines the scope of nursing practice and the responsibilities of the board, promulgated regulations which define the scope of nursing practice and the responsibilities of the board, the scope of practice, educational and other requirements for the recognition of the nurse anesthetist and the nurse practitioner.</p> <p>However, separate legislation was enacted to provide for the licensure of nurse midwives, which reads:</p> <p>The state board of nursing and <u>the board of medical examiners may issue or refuse to issue, or having issued, may suspend or revoke licenses to practice nurse midwifery</u> under the provisions of this chapter in accordance with such rules and regulations promulgated under the provisions of this chapter. (Code sec. 34-19-5).</p>
FLORIDA	BON/BOM	<p>To allow the NP to perform acts of medical diagnosis and treatment and prescription, a joint committee composed of 3 members of the BON, two of whom shall be ARNPs; 3 members of the BOM, two of whom shall have work exp. with ARNPs; and the secretary of the Department or his/her designee.</p> <p>BON response for rule promulgation; and all other purposes, the regulation of the ARNP comes under BON. (Sec. 463.003(c)).</p>
IDAHO	BON/BOM	<p>The BON may adopt rules defining the appropriate scope of practice for nurses rendering medical diagnosis or prescription of therapeutic or corrective services when those services are delegated by a licensed physician.</p> <p>The rules shall define the appropriate relationship with the physician. In adopting the rules, the Board shall invite comment from the Board of Registration in Medicine. (Sec. 2102(2) of Nursing Practice Act).</p>
INDIANA	BON	<p>The BON is required to establish a program under which advanced practice nurses who meet certain requirements are authorized to prescribe legend drugs. The law limits the use of the titles “nurse practitioner” and “clinical nurse specialist” and places nurse midwives and nurse anesthetists under the authority of the State Board of Nursing. Joint committee developed protocols through rulemaking.</p>
IOWA	BON/BOME BOP	<p>Notwithstanding subsection 1, but subject to the limitations contained in subsections 2 and 3, a registered nurse who is licensed and registered as an advanced registered nurse practitioner and who qualifies for and is registered in a recognized nursing specialty may prescribe substances or devices, including controlled substances or devices, if the nurse is engaged in the practice of a nursing specialty regulated under rules adopted by the board of nursing in consultation with the board of medical examiners and the board of pharmacy examiners.</p> <p>(Sec. 147.107 Iowa Code)</p>
LOUISIANA	BOM/BON	<p>2 representatives from LSNA; 2, Louisiana Medical Society, 1 BON, 1 BOME, 1 Pharmacy Board, 1 representative from the House/Welfare Committee, 1 representative from the Senate/Welfare Committee. Responsible for approving demo projects and NP applications.</p>

¹Prepared for the American Nurses Association (ANA) by Winifred Carson, Nurse Practice Counsel (1992, revised 1997).

MAINE	BON/BOM	<p>The BON may adopt rules defining the appropriate scope of practice for nurses rendering medical diagnosis or prescription of therapeutic or corrective services when those services are delegated by a licensed physician.</p> <p>The rules shall define the appropriate relationship with the physician. In adopting the rules, the Board shall invite comment from the Board of Registration in Medicine. (Sec. 2102(2)of Nursing Practice Act).</p>
MARYLAND	BON/BOM NP COMMITTEE	<p>The Joint Committee shall:</p> <p>(1) Develop a written framework to be used in writing written agreements; and make recommendations to the BON regarding approval of written agreements submitted for review, except that no written agreement may be approved by the Nursing Board unless the Medical Board reviews and approves the physician's role as described in the written agreement.</p> <p>(2) Be composed of an equal number of members appointed by the Physician Quality Assurance (BOM) and Nursing Boards. (Sec. 10.27.07.06).</p>
MASSACHUSETTS	BON/BOM	Professional nursing shall also mean the performance of such additional acts by a nurse with appropriate education as approved by the Board and the Board of Registration and Discipline in Medicine in rules and regulations which shall be promulgated and implemented by the BON, or which are generally recognized by the nursing and medical professions as proper to be performed by a Professional Nurse with appropriate education. (Sec. 80B, Nursing Practice Act).
MINNESOTA	BON	Nurse practitioners who have a written agreement with a physician based on standards established by the Minnesota Nurses Association and Minnesota Medical Association that defines the delegated responsibilities related to the prescription of drugs and therapeutic devices to exercise prescriptive authority may prescribe and administer drugs and therapeutic devices. Nurse midwives (all of whom must have advance training) may prescribe within their specialty. The Board of Nursing promulgates rules to monitor and regulate the prescribing authority of nurse practitioners.
MISSISSIPPI	BON/BOM	Acts of medical diagnosis or prescriptions of medical, therapeutic or corrective measures, except as may be set forth by rules and regulations promulgated jointly by the State Board of Medical Licensure and the Mississippi Board of Nursing and implemented by the Mississippi Board of Nursing. (Sec. 73-15-5 of S.B. No. 2205, Nursing Practice Act).
MISSOURI	BON/BOM	Committee to develop criteria for protocols, BON to approve.
STATE	REGULATORY AUTHORITY	NATURE OF AUTHORITY
MONTANA	BON/BOME	The Board of Nursing and the Board of Medical Examiners, acting jointly, shall adopt rules regarding authorization for prescriptive authority of nurse specialists. If considered appropriate for a nurse specialist who applies to the board for authorization, prescriptive authority must be granted. (Sec. 37-8-202 of the Nursing Practice Act.) A joint committee, made up of 3 BON representatives, 1 representative from BOME and one from the Board of Pharmacy make determinations for granting prescriptive authority. (No rules have been promulgated as yet for CNSs).

NEBRASKA	BON/BOM	Second license with joint regulation of advanced practice. The Board of ARNP consists of five ARNPs, five MDs, one consumer and one pharmacist. ARNPs must submit one Integrated Practice Agreement with a physician and proof of liability insurance prior to commencing practice; ARNPs without a master/doctorate degree and at least 2,000 hours of physician supervised practice must also have protocols. ARNPs licensed after July 19, 1996 must have a master/s/ doctorate degree to practice except of women’s health and neonatal, CRNAs must practice with consultation, collaboration and with the consent of a physician. CNMs must have a practice agreement jointly approved by the BOM and BON that delineates delegated medical duties. CNMs function under protocols.
NEVADA	BON/BOP	The BON, under the Nurse Practice Act (NRS 632) and regulations (NAC 632) defines the scope of practice, education and other requirements for the recognition of the advanced practitioner of nursing (APN), certified registered nurse anesthetist, and clinical nurse specialist. Only APNs may prescribe controlled substances; prescription authority for APNs must be obtained jointly from the Board of Nursing and the Board of Pharmacy. APNs must obtain a certificate from the BON and BOP to prescribe. The board of Pharmacy shall adopt regulations setting forth the maximum amounts of any controlled substance, poison, dangerous drug and devices which an advanced practitioner of nursing who holds a certificate from the board may dispense, the conditions under which they must be stored, transported and safeguarded, and the records which the nurse shall keep.
NEW HAMPSHIRE	BON/BOM/BOP	All ARNPs are regulated under the Nurse Practice Act, RSA 326-B, Chapter 600, “Advanced Nursing Practice.” Prescriptive privilege is granted in the Nurse Practice Act. An advanced registered nurse practitioners shall have plenary authority to prescribe medications from the officials formulary established by the joint health council within the scope of the ARNP’s practice. The Joint Health Council decides on or makes additions to the ARNP formulary and determines protocol guidelines. The Council shall consist of seven members: one who is the chair of the BON, another member of the BON, the chair of the board of registration in medicine, two physicians currently licensed to practice medicine, the chair of the board of pharmacy and another member of the board of pharmacy.
NEW JERSEY	BON/BOME	Rules and regulations on the Nurse Practitioner/Clinical Nurse Specialist Certification Act (45:11-45-52). Only nurses who meet Board criteria will be allowed to use the titles. New regulations permit prescriptive authority utilizing joint protocols (effective 5/2/96). CRNAs acknowledge under 13:1, 13:2, and 13:37. Nurse midwives are under the jurisdiction of the Board of Medical Examiners.
NEW YORK	BON/Board of Midwifery	Nurse Practitioners are licensed as RNs and certified by the State Education Department as NPs (Article 139, Section 6902.3). A collaborative practice agreement with a physician is required for NP practice. NPs have plenary authority to prescribe all drugs, including controlled substances (Schedules II-V). Midwives are separately licensed. CNMs may continue to use the title “nurse midwife,” but individuals do not have to be registered as RNs to be midwives (Article 140). A collaborative practice agreement with a physician is required for practice. Midwives have prescriptive authority for drugs related to the practice of midwifery. Physicians as well as midwives and consumers are members of the Board for Midwifery.
NORTH CAROLINA	BON/BOME/ BOP	Only individuals approved by the MB and the BON may legally identify themselves as NPS. The NP is required to have the site-specific protocols developed by the NPS and his/her supervising physician. CNMs must obtain approval to practice from an autonomous Joint Midwifery Committee (8 members each from BON and MB, 2 CNMs and 2 physicians actively engaged in obstetrical practice).

NORTH DAKOTA	BON	The 1995 amendments to the practice act includes a provision for prescriptive authority joint rule making with the BOM and BON. Any APRN with prescriptive authority is required to have a collaborative agreement with a physician.
OHIO	BON/BOM	Recognition of advanced practice nurses is regulated solely by the BON. BON gives certificate of authority to CRNAs, CNMs, CNSs, and CNPs. Joint advisory committee develops formulary for prescriptive authority in pilot projects.
PENNSYLVANIA	BON/BOM	Nurse practitioners are authorized to practice as Certified Registered Nurse Practitioners (CRNPs) by the Board of Nursing. CRNP education programs are approved by both the BON and the BOM, and the two Boards jointly regulate CRNP practice.
RHODE ISLAND	Professional Regulation	Advisory Council on Midwifery consists of 7 members: 2 physicians, 3 midwives and 2 consumers. To function in an advisory capacity to the director in matters pertaining to the licensing of the practice of midwifery. (Sec. 3 of Rules and Regs on Licensing of Midwives).
	BON	Advisory Committee on Nurse Anesthetists in Rhode Island: consists of 7 members: 3 CRNAs, 1 surgeon, 1 anesthesiologist, president of the R.I. Medical Society, 1 consumer member. (1991 R.I. Pub. Laws 265)
	BON	Nurse Practitioner Joint Practice Advisory Committee consists of 3 MDs, 3 NPS, 1 consumer.
SOUTH CAROLINA	BON/MD exceptions	Board of Nursing and Board of Medical Examiners to agree on delegated medical acts which nurses perform in an extended role. (Sec. 40-33-10; 40-33-220; 40-33-270 Nursing Practice Act.)
SOUTH DAKOTA	BOM/BON	Joint control by nursing board and medical and osteopathic examiners board. The practice in this state as a nurse practitioner or nurse midwife shall be subject to the joint control and regulation of the South Dakota board of nursing and South Dakota board of medical and osteopathic examiners. The joint boards may certify, supervise the practice, and revoke or suspend certificates or otherwise discipline any person applying for or practicing as a nurse practitioner or nurse midwife. (South Dak. Sec. 36-9A-5).
UTAH	BON	The prescriptive practice committee of the Board of Nursing includes nine (9) people: 4 APRNs, 4 MDs and 1 pharmacist.
VIRGINIA	BOM/BON	The Board of Medicine and the Board of Nursing shall jointly prescribe the regulations governing the licensure of nurse practitioners. It shall be unlawful for a person to practice as a nurse practitioner in this Commonwealth unless he holds such a joint license. (Va. Sec. 54.1-2957).

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