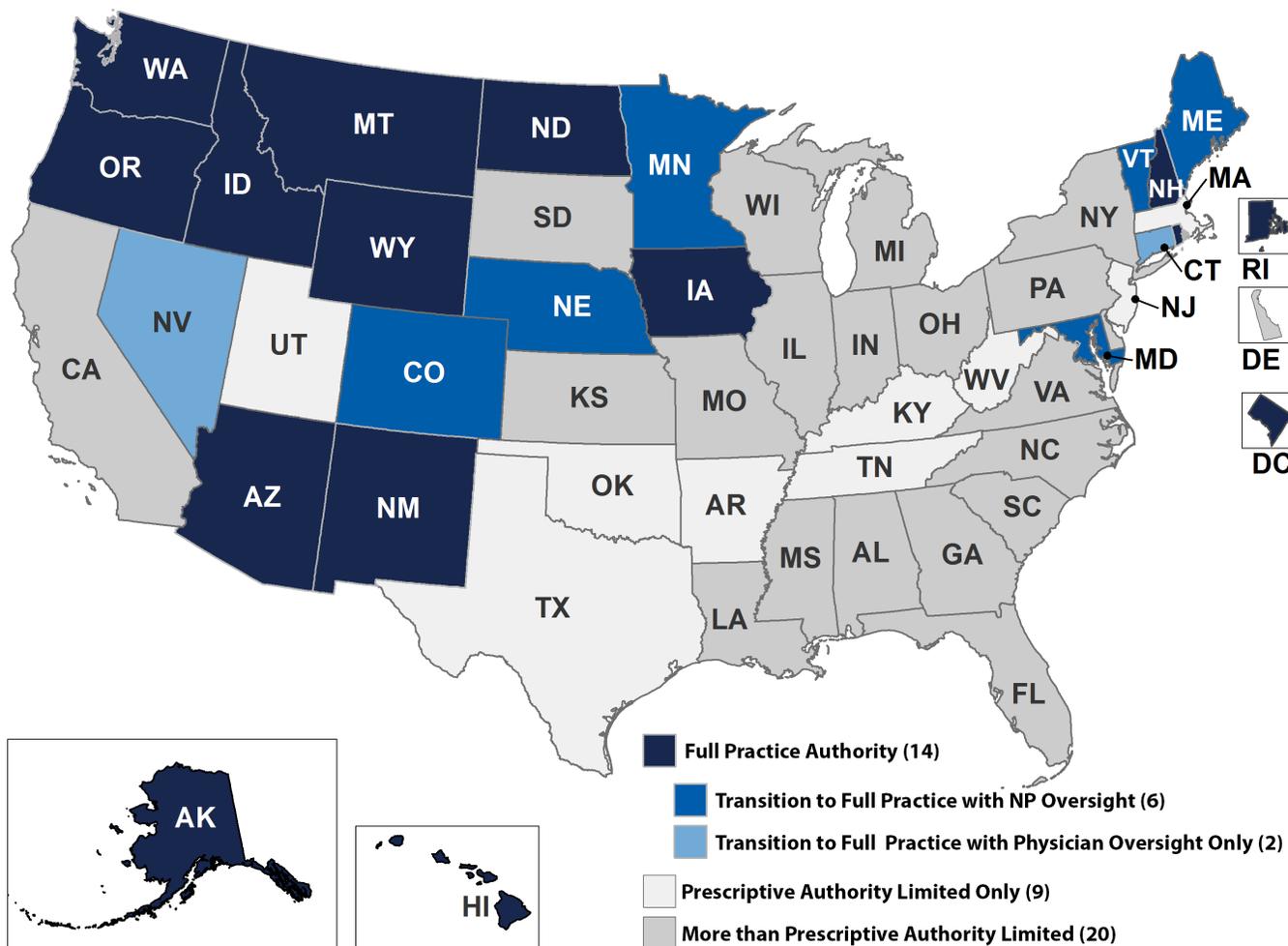


# STATE LAW FACT SHEET: A SUMMARY OF NURSE PRACTITIONER SCOPE OF PRACTICE LAWS, IN EFFECT APRIL 2016\*

## Nurse Practitioner Practice Authority by State & D.C.

In Effect April 2016



## Background

The demand for primary care services in the U.S has significantly increased with nationwide health care transformation, a growing senior population and a large number of individuals suffering from chronic conditions.<sup>1</sup> As physician shortages are projected to increase, locating providers to meet the demand for primary care is increasingly important.<sup>2</sup> Nurse practitioners (NPs) are commonly cited as one solution for addressing physician shortages.<sup>3,4</sup>

Nurse practitioners' authority to treat patients is regulated through state scope of practice (SOP) acts, state medical and nursing board regulations, professional licensing and other laws. State laws vary greatly and many states require NPs to practice in collaboration with or under the supervision of another health care professional.

In primary care settings, research has found equivalent NP healthcare outcomes when compared to physicians in the areas of patient satisfaction, glucose and blood pressure control, emergency department utilization, hospitalization,



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duration of mechanical ventilation, length of stay, and mortality.<sup>5</sup> Studies have also shown an association between the level of state practice limitations placed on NPs and patient access to primary care.<sup>1,6,7</sup> States with laws that limit practice authority to a greater degree have lower enrollment in advanced practice nurse (APRN) programs, a reduced number of practicing NPs and slower growth in new employment of NPs.<sup>1,5</sup> States that authorize NPs to practice independently have larger annual percentage increases in patient seen by NPs.<sup>7</sup> The increased use of NPs has also been positively correlated with healthcare cost savings.<sup>8,9,10</sup>

A 2010 Institute of Medicine (IOM) report recommended removing SOP limitations for NPs to meet the increasing demands for clinicians in primary care, acute, ambulatory, long-term, community and public health settings.<sup>11</sup> In order to achieve this goal, the IOM advised state legislatures to amend SOP laws to conform to the National Council of State Boards of Nursing (NCSBN) Model Nursing Practice Act.<sup>8</sup> Under this model act, NPs are recognized as licensed independent practitioners with the full authority to independently carry out all medical acts consistent with their education and training, including prescribing all forms of medication.<sup>12</sup> Over 48 advanced practice registered nursing organizations and the American Association of Retired Persons (AARP) have either endorsed or supported the Model Nursing Practice Act.<sup>13,14</sup>

When the IOM released its 2010 report, 14 states provided NPs full and independent practice authority.<sup>6</sup> As of 2016, 8 additional states have removed MD collaborative or supervision practice requirements and granted full practice authority.<sup>15</sup> This fact sheet summarizes the extent to which state NP SOP laws limited NP practice authority effective April 1, 2016 and describes some of the common elements of these state laws, and describes changes in state law since May 1, 2015.

## Data Collection and Methods

Using the policy surveillance research method developed by the Center for Public Health Law Research, Temple University,<sup>16</sup> we systematically collected, reviewed and redundantly coded NP SOP laws (statutes, legislation, and regulations) in the 50 states and District of Columbia (collectively referred to as “states”) impacting NP practice authority in effect from May 1, 2015 through April 1, 2016. The team used the Westlaw search engine (Thomson Reuters, Eagan, Minnesota) to identify all relevant SOP laws. Findings were cross-referenced with Internet legislative and administrative code sites for each state. Search terms included “advanced practice nurse!,” “nurse practitioner!,” “nurse practitioner! /p scope,” and “nurse! /p scope.” One hundred percent of state law records were redundantly coded and all divergences were resolved and recoded to the agreed upon response. A supervisor

**Table 1. State Law Practice Classification Frequencies, in effect April 2016\***

Practice Classification	# of States
Full Practice (ALL)	22
Full Practice, No transition period	14
Full Practice w/transition period; authorizes NP/APRN collaboration	6
Full Practice w/transition period; authorizes physician only collaboration	2
Limited Practice (ALL)	29
Only prescribing authority limited	9
More than prescriptive authority limited	20
* Includes Washington, D.C.	

also performed quality control by downloading all coding data into Microsoft Excel and examined the data for any missing answers, incorrect citations or other issues. Prior to conducting a final analysis of the data, any missing responses or incorrect citations were corrected by the researchers.

## State Laws



### Full Practice Authority

As of April 1, 2016, all 50 states and the District of Columbia have NP SOP laws (Table 1). Twenty-two (43%) states provide full practice authority to NPs. Of these, fourteen states (27.5%) provide full practice authority without a transition period, six (11.8%) provide full practice after a transition period with another NP or a physician (Colorado, Maryland, Maine, Minnesota, Nebraska and Vermont) and two (3.9%) provide full practice with a transition period which requires collaboration with or supervision by a practicing physician only (Connecticut and Nevada). The length of transition to practice period varied across states, with some codified in hours (range: 1,000 to 2,400 hours) and others in months (range: 18 to 36 months).



### Limited Practice Authority

Twenty-nine (57%) states limit NP practice authority. Of these, 9 (17.6%) states limit prescriptive authority only, while 20 (39.2%) states limit NP’s authority to conduct more than just prescribing unless performed in collaboration with or under the supervision of a physician.

States that limit prescriptive authority only require NPs to collaborate with a physician when prescribing medications, including when prescribing all legend drugs or only for controlled substances. States that limit more than prescriptive authority require NPs to enter into a collaborative or supervisory agreement with a physician to perform other activities that are explicitly codified in state law, including: making diagnoses, performing exams, ordering tests, prescribing and administering medications, initiating/managing patient treatment, making referrals, counseling patients, and/or interpreting patient medical information.

## Recent State Law Changes

Between May 1, 2015 and April 1, 2016, three states made changes to their NP SOP laws. Colorado reduced the required transition to practice hours from 1,800 to 1,000 hours. Maryland and Nebraska moved from requiring collaboration with a physician for all activities to requiring a transition to full practice period in which an NP may collaborate with another NP. For more maps and tables on state NP SOP laws please see the Nurse Practitioner Scope of Practice Laws dataset page at [lawatlas.org](http://lawatlas.org).<sup>17</sup>

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## Implications

Demand for timely access to primary care is projected to continue to increase.<sup>18</sup> Removing NP SOP practice limitations has been shown to increase patient access to primary care.<sup>1,6,7</sup> Three states recently expanded NP SOP, while more than half the states continue to require NPs to practice in collaboration with or under the supervision of a physician in order to prescribe medication or conduct other clinical activities.

For those states that limit NP practice authority, full or incremental reductions in existing requirements could expand access to primary care services. Further research on NP SOP laws, health care access and patient care outcomes could provide necessary contextual information to inform future decision making. In an era of impending physician shortages and increasing patient need, more information is necessary to explore feasible, effective methods for ensuring accessible, affordable, high quality health care.

**Table 2: Nurse Practitioner Full or Limited Practice Authority Laws, in effect May 1, 2015- April 1, 2016**

State	Practice classification	Statutory & Regulatory Citations
Alabama	More than prescriptive authority limited	ALA. CODE § 20-2-250 (2014); ALA. CODE § 34-21-81 (2001); ALA. CODE § 34-21-86 (1996); ALA. ADMIN. CODE r. 540-X-8-.08 (2015); ALA. ADMIN. CODE r. 540-X-8-.10 (2008); ALA. ADMIN. CODE r. 540-X-8-.11 (2003); ALA. ADMIN. CODE r. 610-X-5-.05 (2015); ALA. ADMIN. CODE r. 610-X-5-.08 (2015); ALA. ADMIN. CODE r. 610-X-5-.09 (2015); ALA. ADMIN. CODE r. 610-X-5-.11 (2015); ALA. ADMIN. CODE r. 610-X-5-.12 (2015); ALA. ADMIN. CODE r. 610-X-6-.01 (2009)
Alaska	Full Practice, No transition period	ALASKA STAT. § 08.68.850 (2002); ALASKA ADMIN. CODE tit. 12, § 44.380 (2014); ALASKA ADMIN. CODE tit. 12, § 44.430 (1980); ALASKA ADMIN. CODE tit. 12, § 44.440 (2014)
Arizona	Full Practice, No transition period	ARIZ. REV. STAT. § 32-1601 (2012); ARIZ. ADMIN. CODE § R4-19-508 (2013); ARIZ. ADMIN. CODE § R4-19-511 (2013); ARIZ. ADMIN. CODE § R4-19-512 (2013)
Arkansas	Only prescriptive authority limited	ARK. CODE ANN. § 17-87-102 (2015); ARK. CODE ANN. § 17-87-310 (2015); 067-00-1 ARK. CODE R. § 2 (2013); 067-00-3 ARK. CODE R. § 1 (2013); 067-00-4 ARK. CODE R. § 1 (2013); 067-00-4 ARK. CODE R. § 8 (2013)
California	More than prescriptive authority limited	CAL. BUS. & PROF. CODE § 2725 (West 2004); CAL. BUS. & PROF. CODE § 2725.5 (West 2004); CAL. BUS. & PROF. CODE § 2835.7 (West 2010); CAL. BUS. & PROF. CODE § 2836.1 (West 2013); CAL. BUS. & PROF. CODE § 2836.2 (West 2004)
*Colorado	Full Practice w/transition period; authorizes NP/APRN collaboration. Transition to Practice Period: 1,000 Hours (Effective 9/1/2016)	COLO. REV. STAT. § 12-38-103 (2015); COLO. REV. STAT. § 12-38-111.6 (2015); 716 COLO. CODE REGS. § 716-1:XVI-1 (2016); 716 COLO. CODE REGS. § 716-1:XVI-4 (2016); 2505 COLO. CODE REGS. § 2505-10:8.740 (2016)
Connecticut	Full Practice w/transition period; authorizes physician only collaboration. Transition to Practice Period: 2,000 Hours and 3 Years	CONN. GEN. STAT. ANN. § 20-87A (West 2015); CONN. GEN. STAT. ANN. § 20-94A (West 2012)
Delaware	More than prescriptive authority limited	DEL. CODE ANN. tit. 24, § 1902 (2016); 24 DEL. CODE REGS. § 1700-11.0 (2013); 24 DEL. CODE REGS. § 1900-8.4 (2015); 24 DEL. CODE REGS. § 1900-8.7 (2015); 24 DEL. CODE REGS. § 1900-8.14 (2015); 24 DEL. CODE REGS. § 1900-8.15 (2015); 24 DEL. CODE REGS. § 1900-8.18 (2015)
District of Columbia	Full Practice, No transition period	D.C. CODE § 3-1201.02 (2016); D.C. CODE § 3-1206.01 (1995); D.C. CODE § 3-1206.03 (1995); D.C. CODE § 3-1206.04 (1995); D.C. Mun. Regs. Tit. 17, § 5499 (2004); D.C. Mun. Regs. Tit. 17, § 5909 (2002)
Florida	More than prescriptive authority limited	FLA. STAT. § 464.003 (2014); FLA. ADMIN. CODE ANN. r. 59A-3.065 (2014); FLA. ADMIN. CODE ANN. r. 64B8-35.002 (2013); FLA. ADMIN. CODE ANN. r. 64B9-14.001 (1996)
Georgia	More than prescriptive authority limited	GA. CODE ANN. § 43-26-3 (2012); GA. CODE ANN. § 43-34-25 (2015); GA. COMP. R. & REGS. 410-11-.01 (2015); GA. COMP. R. & REGS. 410-11-.03 (2015); GA. COMP. R. & REGS. 410-12-.01 (1997); GA. COMP. R. & REGS. 410-12-.03 (2008); GA. COMP. R. & REGS. 410-13-.01 (2013) (repealed 2015)
Hawaii	Full Practice, No transition period	HAW. REV. STAT. § 457-2 (2015); HAW. REV. STAT. § 457-2.7 (2014); HAW. REV. STAT. § 457-8.6 (2011); HAW. CODE R. § 16-89-2 (2013); HAW. CODE R. § 16-89-81 (2013)
Idaho	Full Practice, No transition period	IDAHO CODE § 54-1402 (2013); IDAHO ADMIN. CODE r. 23.01.01.271 (2013); IDAHO ADMIN. CODE r. 23.01.01.280 (2013); IDAHO ADMIN. CODE r. 23.01.01.315 (2013)
Illinois	More than prescriptive authority limited	225 ILL. COMP. STAT. 65/50-10 (2015); 225 ILL. COMP. STAT. 65/65-30 (2007); 225 ILL. COMP. STAT. 65/65-35 (2015); 225 ILL. COMP. STAT. 65/65-40 (2013); 225 ILL. COMP. STAT. 65/65-45 (2015); ILL. ADMIN. CODE tit. 68, § 1300.410 (2010); ILL. ADMIN. CODE tit. 68, § 1300.420 (2010); ILL. ADMIN. CODE tit. 68, § 1300.430 (2015); ILL. ADMIN. CODE tit. 68, § 1300.440 (2010)
Indiana	More than prescriptive authority limited	IND. CODE ANN. § 25-23-1-1 (West 2014); IND. CODE ANN. § 25-23-1-19.4 (West 2014); IND. CODE ANN. § 25-23-1-19.5 (West 2014); 848 IND. ADMIN. CODE 2-1-2 (2013); 848 IND. ADMIN. CODE 4-1-3 (2013); 848 IND. ADMIN. CODE 4-1-4 (2013); 848 IND. ADMIN. CODE 5-1-1 (2010); 848 IND. ADMIN. CODE 5-2-1 (2013)
Iowa	Full Practice, No transition period	IOWA CODE § 152.1 (2015); IOWA ADMIN. CODE r. 655-6.1.152 (2003); IOWA ADMIN. CODE r. 655-6.7.152 (2011); IOWA ADMIN. CODE r. 655-7.1.152 (2009); IOWA ADMIN. CODE r. 655-7.2.152 (2009)
Kansas	More than prescriptive authority limited	KAN. STAT. ANN. § 65-1113 (2012); KAN. STAT. ANN. § 65-1130 (2012); KAN. ADMIN. REGS. § 60-11-101 (2012); KAN. ADMIN. REGS. § 60-11-102 (2012); KAN. ADMIN. REGS. § 60-11-104 (2012); KAN. ADMIN. REGS. § 60-11-104A (2012)
Kentucky	Only prescriptive authority limited	KY. REV. STAT. ANN. § 341.011 (West 2015); KY. REV. STAT. ANN. § 341.042 (West 2015); KY. REV. STAT. ANN. § 341.195 (West 2015); KY. REV. STAT. ANN. § 341.196 (West 2015); 201 KY. ADMIN. REGS. 20:057 (2015)
Louisiana	More than prescriptive authority limited	LA. REV. STAT. ANN. § 37:913 (2003); LA. ADMIN. CODE tit. 46, § 4503 (2014); LA. ADMIN. CODE tit. 46, § 4505 (2014); LA. ADMIN. CODE tit. 46, § 4513 (2014)
Maine	Full Practice w/transition period; authorizes NP/APRN collaboration. Transition to Practice Period: 24 months (2 years)	ME. REV. STAT. ANN. tit. 32, § 2102 (2015); 02-380-8 ME. CODE R. § 1 (Weil 2010); 02-380-8 ME. CODE R. § 2 (Weil 2010); 02-380-8 ME. CODE R. § 6 (Weil 2010)
*Maryland	Full Practice w/transition period; authorizes NP/APRN collaboration* (Effective 10/1/2015) Transition to Practice Period: 18 months (Effective 10/1/2015) *More than prescriptive authority limited (Repealed 9/31/2015)	MD. CODE ANN., HEALTH OCC. § 8-101 (West 2015); MD. CODE ANN., HEALTH OCC. § 8-302 (West 2015); MD. CODE ANN., HEALTH OCC. § 8-508 (West 2010); MD. CODE REGS. 10.27.07.01 (2015); MD. CODE REGS. 10.27.07.02 (2015)
Massachusetts	Only prescriptive authority limited	MASS. GEN. LAWS ANN. ch. 112, § 80B (West 2012); 243 MASS. CODE REGS. 2.10 (2012); 244 MASS. CODE REGS. 3.01 (1994); 244 MASS. CODE REGS. 4.02 (2014); 244 MASS. CODE REGS. 4.03 (2014); 244 MASS. CODE REGS. 4.07 (2014)
Michigan	More than prescriptive authority limited	MICH. COMP. LAWS § 333.17021 (1978); MICH. COMP. LAWS § 333.17212 (1996)
Minnesota	Full Practice w/transition period; authorizes NP/APRN collaboration. Transition to Practice Period: 2,080 hours	MINN. STAT. § 148.171 (2015); MINN. STAT. § 148.235 (2015)
Mississippi	More than prescriptive authority limited	MISS. CODE ANN. § 73-15-5 (2010); MISS. CODE ANN. § 73-15-20 (2010); 30-18-2840 MISS. CODE R. § 2.3 (2011); 30-18-2840 MISS. CODE R. § 2.4 (2011)
Missouri	More than prescriptive authority limited	MO. REV. STAT. § 335.016 (2009); MO. CODE REGS. ANN. tit. 20, § 2200-4.100 (2010); MO. CODE REGS. ANN. tit. 20, § 2200-4.100 (2010)

\*Denotes state that has changed practice classification during study period

**Table 2: Nurse Practitioner Full or Limited Practice Authority Laws, in effect May 1, 2015- April 1, 2016**

State	Practice classification	Statutory & Regulatory Citations
Montana	Full Practice, No transition period	MONT. CODE ANN. § 37-8-102 (2011); MONT. ADMIN. R. 24.156.1601 (2006); MONT. ADMIN. R. 24.159.301 (2013); MONT. ADMIN. R. 24.159.1406 (2013); MONT. ADMIN. R. 24.159.1463 (2013)
*Nebraska	Full Practice w/transition period; authorizes NP/APRN collaboration* (Effective 8/30/2015) Transition to Practice Period: 2,000 hours (Effective 8/30/2015) *More than prescriptive authority limited (Repealed 8/29/2015)	NEB. REV. STAT. § 38-2310 (2015); NEB. REV. STAT. § 38-2312 (2008); NEB. REV. STAT. § 38-2314.01 (2015); NEB. REV. STAT. § 38-2315 (2015); NEB. REV. STAT. § 38-2322 (2015)
Nevada	Full Practice w/transition period; authorizes physician only collaboration. Transition to Practice Period: 2,000 hours OR 2 years	NEV. REV. STAT. § 632.012 (2013); NEV. REV. STAT. § 632.018 (2013); NEV. REV. STAT. § 632.237 (2015); NEV. ADMIN. CODE § 630.490 (2003); NEV. ADMIN. CODE § 632.061 (1998)
New Hampshire	Full Practice, No transition period	N.H. REV. STAT. ANN. § 326-B:2 (2015); N.H. REV. STAT. ANN. § 326-B:11 (2009)
New Jersey	Only prescriptive authority limited	N.J. REV. STAT. § 45:11-23 (2004); N.J. REV. STAT. § 45:11-49 (2015); N.J. ADMIN. CODE § 13:37-7.9 (2008); N.J. ADMIN. CODE § 13:37-8.1 (2011)
New Mexico	Full Practice, No transition period	N.M. STAT. § 61-3-3 (2005); N.M. STAT. § 61-3-23.2 (2014)
New York	More than prescriptive authority limited	N.Y. EDUCATION LAW § 6901 (McKinney 1972); N.Y. EDUCATION LAW § 6902 (McKinney 2015); N.Y. COMP. CODES R & REGS. tit. 18, § 505.32 (1995); N.Y. COMP. CODES R & REGS. tit. 18, § 505.8 (2008)
North Carolina	More than prescriptive authority limited	21 N.C. ADMIN. CODE 36.0801 (2012); 21 N.C. ADMIN. CODE 36.0802 (2012); 21 N.C. ADMIN. CODE 36.0809 (2012); 21 N.C. ADMIN. CODE 36.0810 (2010)
North Dakota	Full Practice, No transition period	N.D. CENT. CODE § 43-12.1-02 (2013); N.D. ADMIN. CODE 54-05-03.1-03.1 (2014); N.D. ADMIN. CODE 54-05-03.1-03.2 (2014); N.D. ADMIN. CODE 54-05-03.1-09 (2014); N.D. ADMIN. CODE 54-05-03.1-10 (2014)
Ohio	More than prescriptive authority limited	OHIO REV. CODE ANN. § 4723.1 (West 2015); OHIO REV. CODE ANN. § 4723.43 (West 2013); OHIO REV. CODE ANN. § 4723.481 (West 2015); OHIO ADMIN. CODE 4723-8-01 (2016); OHIO ADMIN. CODE 4723-8-04 (2016); OHIO ADMIN. CODE 4723-9-09 (2016)
Oklahoma	Only prescriptive authority limited	OKLA. STAT. tit. 59, § 567.3A (2011); OKLA. ADMIN. CODE § 485:10-1-2 (2014); OKLA. ADMIN. CODE § 485:10-15-6 (2015)
Oregon	Full Practice, No transition period	OR. REV. STAT. § 678.010 (2001); OR. REV. STAT. § 678.375 (2013); OR. REV. STAT. § 678.390 (2013); OR. ADMIN. R. 851-050-0000 (2015); OR. ADMIN. R. 851-050-0005 (2014); OR. ADMIN. R. 851-056-0000 (2015); OR. ADMIN. R. 851-056-0004 (2015)
Pennsylvania	More than prescriptive authority limited	63 PA. CONS. STAT. ANN. § 212 (2007); 63 PA. CONS. STAT. ANN. § 218.2 (2007); 63 PA. CONS. STAT. ANN. § 218.3 (2003); 49 PA. CODE § 21.251 (2009); 49 PA. CODE § 21-283 (2009); 49 PA. CODE § 21-284 (2009); 49 PA. CODE § 21.284B (2009); 49 PA. CODE § 21-285 (2009)
Rhode Island	Full Practice, No transition period	R.I. GEN. LAWS § 5-34-3 (2014); R.I. GEN. LAWS § 5-34-44 (2014); R.I. GEN. LAWS § 5-34-49 (2013); 31-5-28 R.I. CODE R. § 1.0 (2014)
South Carolina	More than prescriptive authority limited	S.C. CODE ANN. § 40-33-20 (2005); S.C. CODE ANN. § 40-33-34 (2008); S.C. CODE ANN. REGS. 81-110 (2012)
South Dakota	More than prescriptive authority limited	S.D. CODIFIED LAWS § 36-9A-1 (2014); S.D. CODIFIED LAWS § 36-9A-12 (2006); S.D. CODIFIED LAWS § 36-9A-13.1 (1999); S.D. CODIFIED LAWS § 36-9A-15 (1999); S.D. CODIFIED LAWS § 36-9A-17 (1999); S.D. ADMIN. R. 20:62:03:03 (2008); S.D. ADMIN. R. 20:62:03:08 (1999)
Tennessee	Only prescriptive authority limited	TENN. CODE ANN. § 63-7-123 (2013); TENN. CODE ANN. § 63-7-126 (2013); TENN. COMP. R. & REGS. 1000-04-.02 (2004); TENN. COMP. R. & REGS. 1000-04-.09 (2005)
Texas	Only prescriptive authority limited	22 TEX. ADMIN. CODE § 217.1 (2014); 22 TEX. ADMIN. CODE § 217.11 (2007); 22 TEX. ADMIN. CODE § 221.1 (2010); 22 TEX. ADMIN. CODE § 221.12 (2001); 22 TEX. ADMIN. CODE § 221.13 (2001); 22 TEX. ADMIN. CODE § 222.1 (2013); 22 TEX. ADMIN. CODE § 222.4 (2013); 22 TEX. ADMIN. CODE § 224.4 (2003)
Utah	Only prescriptive authority limited	UTAH CODE ANN. § 58-31b-102 (2016); UTAH ADMIN. CODE r. R156-31b-102 (2014); UTAH ADMIN. CODE r. R156-31b-703b (2014)
Vermont	Full Practice w/transition period; authorizes NP/APRN collaboration. Transition to Practice Period: 2,400 hours and 24 months (2 years)	VT. STAT. ANN. tit. 26, § 1572 (2015); VT. STAT. ANN. tit. 26, § 1612 (2015); VT. STAT. ANN. tit. 26, § 1613 (2011); 20-4-1400 VT. CODE R. § 1400:9.17 (2015); 20-4-1100 VT. CODE R. § 1100:15 (2011) (Repealed 2015)
Virginia	More than prescriptive authority limited	VA. CODE ANN. § 54.1-2957 (2016); VA. CODE ANN. § 54.1-3000 (2016); 18 VA. ADMIN. CODE § 90-30-120 (2014); 18 VA. ADMIN. CODE § 90-40-40 (2008); 18 VA. ADMIN. CODE § 90-40-90 (2008); 18 VA. ADMIN. CODE § 90-40-100 (2015)
Washington	Full Practice, No transition period	WASH. ADMIN. CODE § 246-840-010 (2013); WASH. ADMIN. CODE § 246-840-300 (2009); WASH. ADMIN. CODE § 246-840-400 (2009)
West Virginia	Only prescriptive authority limited	W. VA. CODE § 30-7-1 (2016); W. VA. CODE § 30-7-15a (2016); W. VA. CODE R. § 19-7-2 (2013); W. VA. CODE R. § 19-7-3 (2013)
Wisconsin	More than prescriptive authority limited	WIS. STAT. § 441.16 (2014); WIS. ADMIN CODE § 8.02 (2001); WIS. ADMIN CODE § 8.03 (2001); WIS. ADMIN CODE § 8.10 (2000)
Wyoming	Full Practice, No transition period	WYO. STAT. ANN. § 33-21-120 (2005); HLTH MDCD WYO. CODE R. § 7 (2006)

\*Denotes state that has changed practice classification during study period