



The American Journal for Nurse Practitioners



THE PEARSON REPORT

*The annual state-by-state
national overview of nurse
practitioner legislation*

and healthcare issues, by

Linda J. Pearson, MSN, DNSc,

APRN, BC, FAANP

Log on to www.webnp.net
in March for the
full version of
**THE PEARSON
REPORT.**



Please Write

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Dear Colleagues,

We are always excited about the February issue of ***The American Journal for Nurse Practitioners***. This is the issue in which we bring you *The Pearson Report*, our annual state-by-state look at statutes, rules and regulations, malpractice information, and policy issues. Linda J. Pearson is dedicated to bringing you the most up-to-date information about the status of nurse practitioners in each state.

Once again, we're offering an abridged version of the reports for the 50 states and the District of Columbia. The full reports will be available on the NP Communications website at www.webnp.net in March. We encourage you to go to our website to get the full picture about your own state and the states that are in close proximity to you.

The Pearson Report in 2008 differs slightly from last year's report in that the introduction has been revised to be more user-friendly. An expanded Summary Table covering 4 pages (two 2-page spreads), as well as the USA maps, appear after the introduction for easy reference. The Table and the Maps enable you to easily compare all 50 states and DC to each other. We hope you like these changes.

This is also the time of year when our attention is focused on legislative and policy issues. It is so important that policymakers at both state and federal levels have a clear picture of credentialing and regulation for advanced practice nurses (APNs). We hope that you will use both this printed issue of ***AJNP*** and our Web-based version on www.webnp.net to support your interactions with legislators. Now is the time to identify where the presidential candidates stand in reference to healthcare coverage, healthcare access, barriers to APN practice, and the means by which APNs can be an essential component of the solution to the healthcare crisis in the country. Get involved!



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The annual state-by-state national overview of nurse practitioner legislation and healthcare issues, with user-friendly tables and maps, by Linda J. Pearson

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Editors' Note: The Pearson Report includes all information available as of December 31, 2007. Please send updated information to Linda J. Pearson at lindapearson@comcast.net

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The PEARSON REPORT

By Linda J. Pearson, MSN, DNSc, APRN, BC, FAANP
Family Psychiatric Mental Health NP

A National Overview of Nurse Practitioner Legislation *and* Healthcare Issues[®]

For the past 20 years, I have summarized nurse practitioner (NP) legislation, recapping the latest information from each state's nurse practice act and rules and regulations, along with presenting pertinent government, policy, and reimbursement information. This year, as in the past few years, the full version of *The Pearson Report* is available *free of charge* at the NP Communications (NPC) website at www.webnp.net. This free online availability of the report enables NPs, policymakers, and other healthcare professionals to understand the impressive impact that NPs have had on our nation's health care and to compare and contrast state NP practice realities.

Data from *The Pearson Report* are reported in two formats: (1) a condensed version of each state report appears in this issue of *The American Journal for Nurse Practitioners* and (2) a complete version of each state report is available at www.webnp.net. So, readers are invited to log on to the NPC website to view the *full* report.

The *journal version* of each state report contains four sections: (1) a general overview regarding NP practice, (2) information on NP scope of practice (SoP) in terms of diagnosing and treating, (3) information on NP SoP in terms of prescribing, and (4) additional information on the number and location of NP schools; Consumer

Choice rankings; numbers of medical malpractice reports for NPs, DOs, and MDs; and numbers of fraud and abuse claims for NPs, DOs, and MDs. The online version contains much more data about each state in term of legislative and regulatory realities for NPs (see the Box 1 on page 13 for a list of the data included in the online version but not in the *AJNP* version).

Each year, many readers ask me to present a state-to-state comparison of the most pertinent aspects of NP legislation/regulation and data. To honor this request, the 2008 version of *The Pearson Report* presents an expanded Summary Table (see pages 16, 17, 22, and 23). In addition, the report provides two Maps

summarizing any requirement for physician involvement in diagnosing/treating (see page 18) and/or prescribing (see page 21).

My Impressions

Compiling data for each state (provided by NP leaders, state board of nursing officials, and online sources) takes hundreds of hours. Many people have asked me to convey my impressions after spending all this time updating the most recent data related to NP legislation, regulations, and trends in each state. I am pleased to share my impressions with you.

Impression #1: We need to legislatively remove NP-degrading discrimination. NPs *must* remove any and all statutory restrictions prohibiting those of us with university-earned doctorate degrees from being addressed as “doctor.” I have no argument with the six states (Arizona, Illinois, New York, Pennsylvania, Texas, and Virginia) that have legislatively allowed qualified NPs to be addressed as “doctor” as long as they clarify that they are NPs. After all, we don’t want anyone to confuse us with physicians and we are proud to be known as NPs. However, seven states (Georgia, Iowa, Maine, Mississippi, Ohio, Oklahoma, and Oregon) have statutory restrictions against doctorally educated NPs being addressed appropriately. All of this information is reflected in the Summary Table on pages 16, 17, 22, and 23.

All states must *maintain* their status—no statutory restrictions—if present, and remove statutory restrictions if in place. “A quietly emerging trend in health care is likely to have a major effect on who will diagnose and treat your illness in the coming years. Rather than a physician, that comprehensive-care provider may very well be a nurse—

who also happens to be a doctor.”¹

Impression #2: We NPs have “arrived.” Although NPs have been practicing for more than 40 years, in many ways we have been “jewels waiting to be discovered” for our excellent skills, caring, and knowledge and for our impressive cost effectiveness. For decades, most NPs’ employment has been under the financial domination of medicine, precluding our “discovery” by the general public. In the past 2 years, however, consumer desire has aligned with industry’s profit motive, producing walk-in retail clinics that *feature*, not apologize for, NPs. “The industry is expected to reach 5000 to 10,000 retail clinics in the next few years. Patient demand could warrant significantly more than 5000 to 10,000 clinics. What will limit [this number] is the availability of NPs....The explosion of walk-in clinics is one of several significant moves to reform US health care by business and other groups outside the traditional medical industry.”²

Impression #3: NPs can share the position of “primary care specialist.” Organized medicine has no basis in fact when it acts in ways implying that only physicians can fill the primary care niche. NPs have been providing excellent primary care for several decades. Overall, international medical graduates (IMGs) constitute 28% (and rising) of all US primary care physicians. Many IMGs come from highly impoverished countries with large physician shortages. In recent years, the number of IMGs has matched the number of US medical school graduates in filling family practice residency programs.³ With NPs’ well documented and established ability to provide safe, first-rate primary care, why do family practice residencies

feel compelled to fill their slots with IMGs (thus depriving poor countries of their physicians)?

Impression #4: NPs are treasures waiting to be released from unnecessary restrictions. Oftentimes, when NPs ask their legislators to grant them autonomous practice, organized medicine contends that “physicians must ensure NP quality of care.” But this argument on the part of organized medicine is spurious. Let’s take a look at the data. Based on Kaiser Family Foundation data (www.statehealthfacts.org), the number of non-federal physicians in this country in 2006 was 943,499, among whom 367,965 (39%) were primary care physicians. This year’s total number of NPs is 137,178 (this number is a little lower than that reported last year because a few states re-evaluated their past total and provided a more precise number this year).

So, there are approximately 3 times as many primary care physicians as NPs and there are 7 times more nonfederal physicians than NPs. If you take a look at the National Practitioner Data Bank (NPDB) and the Healthcare Integrity Protection Data Bank (HIPDB) information provided for each state (this information appears in both the journal and online versions of *The Pearson Report*), you will see that in all 50 states and the District of Columbia, the numbers of medical malpractice reports and adverse actions regarding physicians are far more than 3 or 7 times higher than those regarding NPs. The numbers speak for themselves. Organized medicine should examine physicians’ own quality-of-care issues before challenging NPs.

The next time you hear a representative from organized medicine imply that NPs as a group are not

(Text continued on page 15)

Box 1. ADDITIONAL INFORMATION CELLS AVAILABLE ONLINE

For **full and complete state listings**, log on to www.webnp.net (click "AJNP" tab). The following information cells are listed in the online version for each state, but not in this published version:

- NP specialties legislatively specified?
- How is NP specialty scope of practice (SoP) defined by national certification, R&R, state legislation, or other?
- NP title protection?
- BoN sole state authority over NPs?
- Requirement for APN member on BoN?
- Physician involvement required for any aspect of practice?
- *If so, which words are used to describe involvement (eg, collaboration, supervision, direction, authorization, delegation)?*
- How is NP license issued (eg, separate license from RN, NP # listed on RN license)?
- Supervised practice hours required before full NP practice autonomy?
- Supervised practice hours required before full NP prescribing autonomy?
- Additional pharmacology hours required for prescribing?
- CE requirements for NP practice?
- *If so, what are the specifics?*
- BoN mechanism for others to verify NP license?
- Current listing of all active NP licenses maintained by BoN?
- Current listing of authorized NP prescribers maintained by BoN?
- *If so, is this list separate from that of all active NP licenses?*
- Legislative/administrative plans for state?
- Internet address for NPA?
- Required physician record/chart review?
- Required NP/physician practice agreement?
- *If so, is agreement required to be filed with state (BoN, BoM, both, or other)?*
- *If so, is agreement required to be kept/stored/updated?*
- Required protocols (separate from any required practice and/or prescriptive agreement) for diagnosing or treating?
- *If so, are protocols required to be filed with the state (eg, BoN, BoM)?*
- *If so, are protocols required to be kept/stored/updated?*
- Any legislative prohibitions against NP hospital privileges?
- Additional limitations/prohibitions to NP practice?
- NP Rx authority granted separate from practice authority?
- NP/physician prescriptive agreement required?
- NP Rx from state authorized formulary required?
- *If so, what are the specifics of the formulary?*
- NP issued Rx # by state?
- NP authorized to apply for DEA #?
- *If so, what is the DEA area field office info?*
- DEA # required for non-scheduled as well as scheduled Rx?
- NP name required on Rx pad?
- Physician name required on Rx pad?
- NP name required on Rx bottle?
- Authority to receive/dispense drug samples spelled out (eg, in statute, rule, opinion)?
- Restrictions on out-of-state NP Rx being filled in this state?
- Legislative language permits NP reimbursement by 3rd party or HMO?
- NPs have legal right to be listed on provider panels as primary care providers (PCPs)?
- Statewide NP association(s)?
- Organized opposition to NP legislative or regulatory changes?
- 2007 United Health Foundation 'Relative Healthiness' ranking?
- Percentage the state is above or below the national norm?
- Relevant medical malpractice law applicable to NPs?
- Recent state malpractice liability tort reform?

Box 2. CLARIFICATION/CITATIONS OF DATA CATEGORIES FOR EACH STATE

The following data items are covered in this journal version and/or the online version:

- 1. Number and listing of NP schools in state:** This box lists NP schools in each state, as provided by NP state contacts and schools of nursing in each state. Please email me at lindapearson@comcast.net if the specifics of NP education in your state require updating.
- 2. Statewide NP association(s):** This box lists the most active NP groups in each state, as provided by NPs in each state. If an active NP organization in your state is not listed, please email me at lindapearson@comcast.net for inclusion in next year's *The Pearson Report*.
- 3. Organized opposition to NP legislative or regulatory changes:** Providing an accurate reflection of the political landscape and any restrictions limiting full patient access to NP care is important. In addition, NPs must understand not only their own state's opposition, but also the national opposition of the American Medical Association and other physician groups in terms of limiting the ability and/or license of other licensed healthcare professionals to practice. Please contact me at lindapearson@comcast.net to update the political climate in your state.
- 4. 2007 United Health Foundation's 'Relative Healthiness' ranking (#1 is best):** Because achieving and maintaining the good health of every state's residents is a high priority for NPs, illuminating how a particular state ranks compared with others, based on a comprehensive set of determining factors, is of high interest. The United Health Foundation, American Public Health Association, and Partnership for Prevention have (1) collected determinants for each state (personal behaviors, community environment, public & health policy, and clinical care, all leading to health outcomes), (2) weighted each determinant, and (3) ranked the states accordingly. NPs may find this information helpful in terms of their state legislative and policy advocacy activities. The full report is available at <http://www.unitedhealthfoundation.org/ahr2007/>
- 5. 2007 Consumer Choice ranking of state's NP regulation and the Descriptive ranking:** A groundbreaking study reported in *AJNP* ranked the regulatory environment for NP practice and consumer healthcare choice for each state by evaluating NPs' legal capacity, patient access to NP services, and patient access to NP prescriptions to arrive at a category ranking, wherein a score of 100 represents the ideal. *Each state then received a grade of A to F relative to consumer choice. Although some people may disagree with regard to some assigned scores within some categories, a state's overall ranking within this study has enormous political implications. Anecdotal reports suggest that many NPs use their state's ranking as an important tool to help legislators understand barriers to NP practice. You can view the entire research study online at www.webnp.net *Lugo NR, O'Grady ET, Hodnicki DR, Hanson CM. Ranking state NP regulation: practice environment and consumer healthcare choice. *Am J Nurse Pract.* April 2007;11(4):8-24.
- 6. Relevant medical malpractice law applicable to NPs:** This data box summarizes the highlights of medical malpractice law most related to NP practice in each state. Sources of information include input from NP colleagues as well as a "Summary of Medical Malpractice Law" from McCullough, Campbell & Lane, Attorneys at Law, 205 North Michigan Ave., Suite 4100, Chicago, Illinois (<http://www.mcandl.com/states.html>).
- 7. Recent state malpractice liability tort reform:** This data box summarizes civil justice reforms that are most applicable to NP practice in each state. For more information from the American Tort Reform Association website, log on to <http://www.atra.org>
- 8. Cumulative number of National Practitioner Data Bank (NPDB) filings (9/90-9/07):** This box compares the number of accumulated malpractice and adverse actions against NPs versus those against DOs/interns/residents and MDs/interns/residents. (Because "adverse licensure actions" against "non-physicians" are not reportable to the NPDB, these actions were not included in the totals reported for MDs in each state.) National legislation related to the Health Care Quality Improvement Act (1986) created the NPDB to help improve the quality of health care. The NPDB's goal is to encourage state licensing boards, hospitals, and other healthcare entities and professional societies to identify and discipline practitioners who engage in unprofessional behavior and to restrict the ability of practitioners to move from state to state without disclosure or discovery of previous medical malpractice payment and adverse action history. Source: <http://www.npdb-hipdb.com/annualrpt.html>
- 9. Cumulative number of Healthcare Integrity and Protection Data Bank (HIPDB) filings (1/99-9/07):** This box compares the number of accumulated adverse action reports (including licensure actions and any other negative actions, findings, or adjudicated actions) and civil judgments or criminal conviction reports submitted against NPs versus those against DOs/interns/residents and MDs/interns/residents. The Health Insurance Portability and Accountability Act of 1996 created the HIPDB to combat fraud and abuse in health insurance and healthcare delivery. Annual losses due to healthcare fraud are about 3% to 10% of all healthcare costs. HIPDB is primarily a flagging system whose goal is to alert users that a comprehensive review of a practitioner, provider, or supplier's past actions may be prudent. Worthy of note is the ratio disparity between the accumulated number of reported incidences for NPs versus those for DOs and MDs. Source: <http://www.npdb-hipdb.com/annualrpt.html>


(Text continued from page 10)

as “safe” as physicians, remind him or her that (1) nursing boards take timely and prompt action against unsafe nursing practitioners compared with most medical boards, which frequently fail to discipline bad physicians, (2) medical malpractice rates for physicians remain consistently higher than those for NPs because, reportedly, physicians make more medical errors and are sued more frequently than are NPs, and (3) nurses rank among the most highly trusted healthcare practitioners because they have earned patients’ trust.

Conclusion

NPs are competent healthcare practitioners helping our nation improve healthcare outcomes and lower healthcare costs. NPs must continue to pursue their goal to increase their legislatively sanctioned autonomy. With the economy sinking and the number of uninsured persons rising, legislators must release themselves from medical society influences and listen to consumer and patient needs. This year, 19 states reported an expanded legislative or regulatory NP SoP (see the Summary Table, pages 16, 17, 22, and 23). This achievement is good, but we need to do better. NPs must remove all barriers that restrict NP access to patients and patient access to NPs.

I hope that NPs will use *The Pearson Report* to help expand their state’s legislative specified autonomy for NPs. We *must* continue to break down barriers that restrict patient choice.⁴ If your state has earned less than an “A” on the Consumer Choice ranking (this information is available in both the journal and online versions; see Box 2 on page 14 for background information on this data box), then work with other NPs in



Linda J. Pearson is a columnist/consultant for **The American Journal for Nurse Practitioners** and **NP World News**. One of her main contributions, *The Pearson Report*, a comprehensive nationwide legislative and healthcare issue summary for NPs, is published in **AJNP** on an annual basis.

She received BSN and MSN degrees at the University of Washington, and began her professional career as a family nurse practitioner (FNP). While participating in the master’s degree FNP program at the U of W, she became involved with the inaugural issue of *The Nurse Practitioner* journal, and went on to serve as editor-in-chief of that publication for more than 20 years. As her children entered college, she returned to school to earn her doctorate degree in nursing as a family psychiatric mental health nurse practitioner (PMHNP). In addition to writing *The Pearson Report*, she also works as a PMHNP, gives speeches around the country, and has written a book with L.A. Stamford entitled *The Discipline Miracle: The Clinically Proven System for Raising Happy, Healthy, and Well-Behaved Kids*. She is a treasured member of the NPC team.

your state to improve your score. Strive to develop a good working relationship with your state legislators and become their customary source of advice for all healthcare issues. If NPs can convey compelling stories about the high value of NP-delivered care, legislators will learn why blocking NP autonomy hurts everyone and granting NP autonomy will increase access to top-notch care for everyone.

Acknowledgments

On behalf of NPs nationwide, I heartily thank George and Louise Young—without you, *The Pearson Report* would not exist. I am forever grateful to my friend and mentor, Dr Loretta C. Ford, RN, PNP, EdD, FAAN, FAANP, who graciously added valuable perspectives. I also want to thank the hundreds of colleagues who answered my

survey questions to help clarify their state’s statutes, rules, regulations, and/or practice reality. I am deeply grateful for your time and hope that the online availability of this report will partially repay you. I welcome corrections/additions/updates for next year’s report—please contact me at lindapearson@comcast.net

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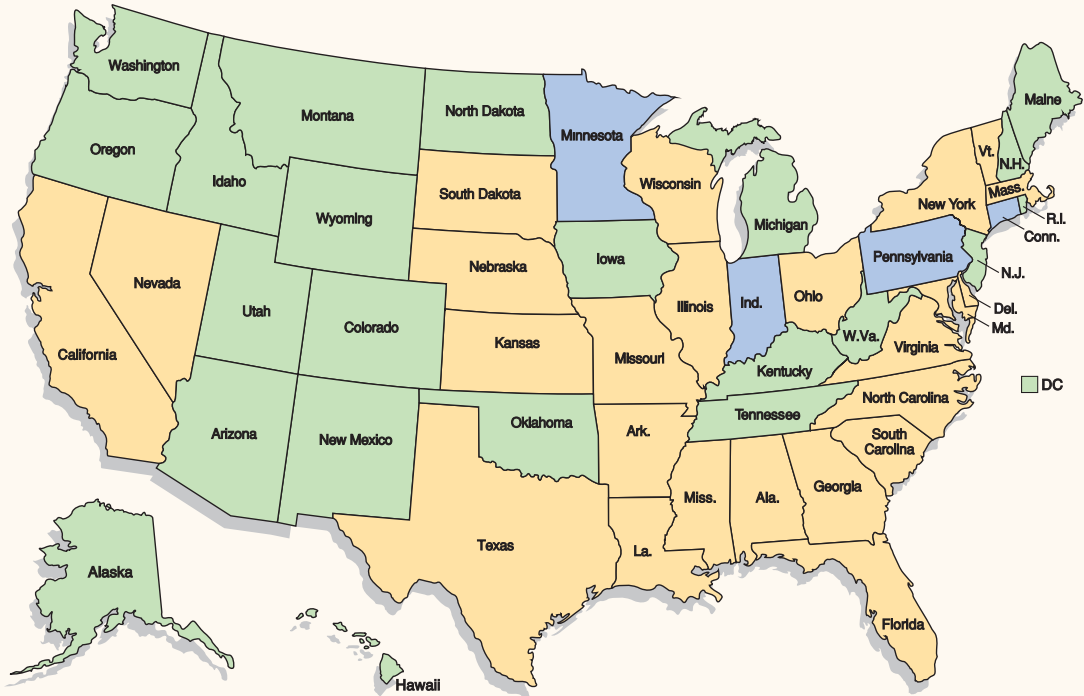
2008 PEARSON REPORT SUMMARY

State	NP title(s) used	# NPs	NP certification required?	MSN required for practice?	BoM involved in NP practice?	Doctorate NP addressed "Dr"?
ALABAMA	CRNP	1,600	Yes	Yes	Yes, Joint Committee of BoN & BoME	No statutory restriction
ALASKA	ANP	603	Yes	Yes	No	No statutory restriction
ARIZONA	RNP	2,856	Yes	Graduate degree in nursing	No	No restriction if specify NP
ARKANSAS	ARNP, ANP, RNP, NP	1,651	Yes, ANP; No, RNP	Yes, ANP; No, RNP	No, but BoN Advisory Comm. has 1 MD	No statutory restriction
CALIFORNIA	APRN, NP	14,309	Yes	Yes, master's degree	No	No statutory restriction
COLORADO	APN, NP	1,964	No	Yes, after 7/2008	No	No statutory restriction
CONNECTICUT	APRN, NP	2,800	Yes	Yes	No	No statutory restriction
DC	APRN, NP, CNP, CRNP	891	Yes	No	No	No statutory restriction
DELAWARE	APN, NP	482	Yes	No	Yes	No statutory restriction
FLORIDA	ARNP, NP	9,236	Yes	Yes, except if grandfathered	Yes	No restriction, but under dispute
GEORGIA	APRN, NP	3,723	Yes	Yes	Yes, BoM regulates MD/NP protocols	STATUTORY RESTRICTION
HAWAII	APRN	457	Yes, if want Rx authority	Yes, if want Rx authority	Yes, for prescriptive practice	No statutory restriction
IDAHO	APPN, NP	510	Yes	No	No	No statutory restriction
ILLINOIS	APN, CNP	3,220	Yes	Yes	No	No restriction if specify NP
INDIANA	APN, NP	2,141	No	No	No	No statutory restriction
IOWA	ARNP, CNP, NP	1,253	Yes, ARNP; No, NP	Yes, for ARNPs	No	STATUTORY RESTRICTION
KANSAS	ARNP	1,552	No	Yes	No	No statutory restriction
KENTUCKY	ARNP, NP	1,930	Yes	Yes	No	No statutory restriction
LOUISIANA	APRN, NP	1,538	Yes	Yes	No	No statutory restriction
MAINE	APRN, CNP	865	Yes	Yes	No	STATUTORY RESTRICTION
MARYLAND	CRNP, NP	2,845	Yes	No	Yes, Joint Committee of BoN & BoM	No statutory restriction
MASSACHUSETTS	NP	5,600	Yes	No, but MS is required	Yes	No statutory restriction
MICHIGAN	NP	3,280	Yes, for initial application	Yes	No	No statutory restriction
MINNESOTA	APRN, CNP	2,197	Yes	No	No	No statutory restriction
MISSISSIPPI	APRN, CNP, NP	1,864	Yes	Yes	No	STATUTORY RESTRICTION
MISSOURI	APRN, APN, NP	3,009	Yes, BoN may waive	Yes, for new applicants	No	No statutory restriction
MONTANA	APRN, NP	505	Yes	Yes	No	No statutory restriction

2008 PEARSON REPORT SUMMARY

State	NP title(s) used	# NPs	NP certification required?	MSN required for practice?	BoM involved in NP practice?	Doctorate NP addressed "Dr"?
NEBRASKA	APRN-NP	724	Yes	Yes	No, APRN board regulates practice	No statutory restriction
NEVADA	APN	530	No, except specified APNs	Yes	No	No statutory restriction
NEW HAMPSHIRE	ARNP	1,376	Yes	Yes	No	No statutory restriction
NEW JERSEY	APN	3,790	Yes	Yes	No, for practice; Yes, for prescribing	No statutory restriction
NEW MEXICO	CNP, NP	704	Yes	Yes	No	No statutory restriction
NEW YORK	NP	13,606	No	No	No	No restriction if specify NP
NORTH CAROLINA	NP	2,907	Yes	Yes	Yes, BoM/BoN oversees NP practice	No statutory restriction
NORTH DAKOTA	APRN, NP	334	No	Yes	No	No statutory restriction
OHIO	CNP, CRNP	3,650	Yes	Yes	No	STATUTORY RESTRICTION
OKLAHOMA	ARNP, APN	731	Yes	Yes, for initial Rx authority	Yes, on BoN Formulary Advisory Comm.	STATUTORY RESTRICTION
OREGON	NP	2,202	No	Yes	No	STATUTORY RESTRICTION
PENNSYLVANIA	CRNP	6,407	Yes	Yes	No	No restriction if specify NP
RHODE ISLAND	RNP	675	Yes	Yes	No	No statutory restriction
SOUTH CAROLINA	APRN, NP	3,000	Yes	Yes	Yes, delegated acts agreed by BoN/BoM	No statutory restriction
SOUTH DAKOTA	CNP	346	Yes	Yes	Yes, BoM/BoN oversees NP practice	No statutory restriction
TENNESSEE	APN, NP	4,033	Yes	Yes	Yes, BME/BoN oversees NP prescribing	No statutory restriction
TEXAS	NP (+ specialty), APN	6,969	Yes	Yes	No	No restriction if specify NP
UTAH	APRN, RNP, NP	1,169	Yes	Yes	No	No statutory restriction
VERMONT	APRN	521	Yes	Yes	No	No statutory restriction
VIRGINIA	LNP, APN, NP	5,302	Yes, after 2002	Yes	Yes, Committee of Joint Boards (BoN & BoM)	No restriction if specify NP
WASHINGTON	ARNP	3,056	Yes	Graduate degree in APN	No	No statutory restriction
WEST VIRGINIA	ANP	1,337	Yes	Yes	No	No statutory restriction
WISCONSIN	APN, APNP, NP	2,505	Yes	MSN or other master's	No	No statutory restriction
WYOMING	APRN	385	Yes	Yes	No	No statutory restriction
TOTAL NPs		137,178				

Map 1. OVERVIEW OF DIAGNOSING AND TREATING ASPECTS OF NP PRACTICE



NO REQUIREMENT FOR ANY PHYSICIAN INVOLVEMENT (N = 23)

- Alaska
- Arizona
- Colorado
- District of Columbia
- Hawaii
- Idaho
- Iowa
- Kentucky
- Maine[†]
- Michigan
- Montana
- New Hampshire
- New Jersey
- New Mexico
- North Dakota
- Oklahoma
- Oregon
- Rhode Island
- Tennessee
- Utah
- Washington
- West Virginia
- Wyoming

REQUIREMENT FOR PHYSICIAN INVOLVEMENT,* BUT NO REQUIREMENT FOR WRITTEN DOCUMENTATION OF RELATIONSHIP (N = 4)

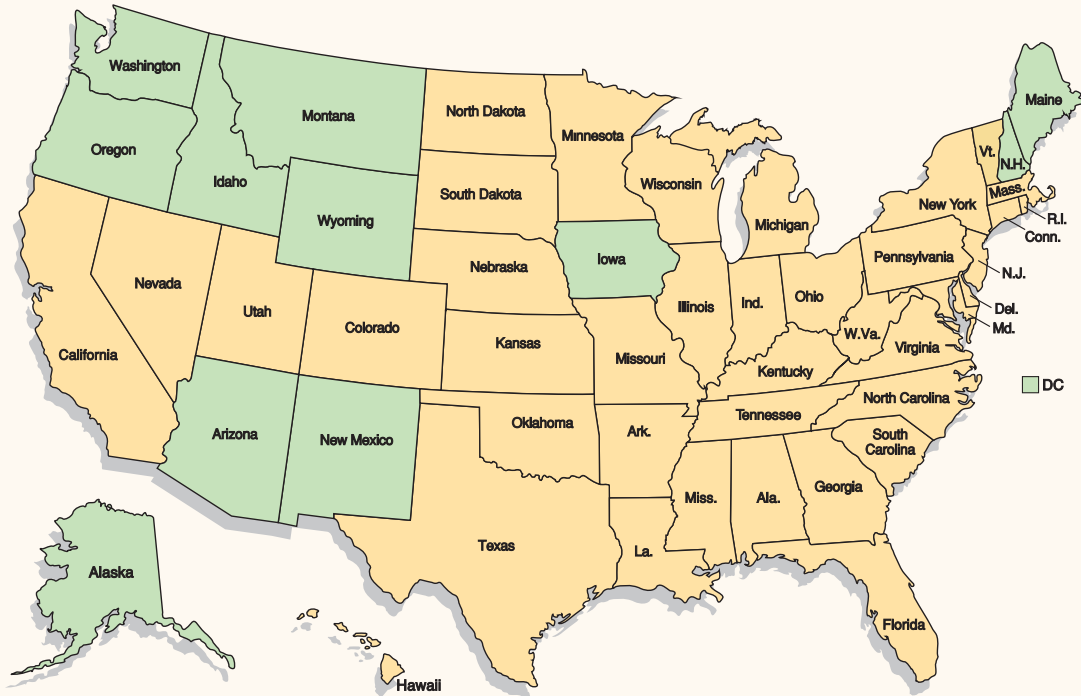
- Connecticut
- Indiana
- Minnesota
- Pennsylvania

REQUIREMENT FOR PHYSICIAN INVOLVEMENT,* DOCUMENTED IN WRITING (N = 24)

- Alabama
- Arkansas
- California
- Delaware
- Florida
- Georgia
- Illinois
- Kansas
- Louisiana
- Maryland
- Massachusetts
- Mississippi
- Missouri
- Nebraska
- Nevada
- New York
- North Carolina
- Ohio
- South Carolina
- South Dakota
- Texas
- Vermont
- Virginia
- Wisconsin

*The requirement for a physician's relationship with an NP may entail collaboration, supervision, direction, delegation, or authorization of activities.
[†]After the first 2 years of practice.

Map 2. OVERVIEW OF PRESCRIBING ASPECT OF NP PRACTICE



ABSOLUTELY NO REQUIREMENT FOR ANY PHYSICIAN INVOLVEMENT (N = 12)

- Alaska
- Arizona
- District of Columbia
- Idaho
- Iowa
- Maine[†]
- Montana
- New Hampshire
- New Mexico
- Oregon
- Washington
- Wyoming

REQUIREMENT FOR PHYSICIAN INVOLVEMENT,* DOCUMENTED IN WRITING (N = 39)

- Alabama
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- Florida
- Georgia
- Hawaii
- Illinois
- Indiana
- Kansas
- Kentucky
- Louisiana
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Nebraska
- Nevada
- New Jersey
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah[†]
- Vermont
- Virginia
- West Virginia
- Wisconsin

*The requirement for a physician's relationship with an NP may entail collaboration, supervision, direction, delegation, or authorization of activities.

[†]After the first 2 years of practice.

[‡]Collaboration required *only* for prescribing Schedule II-III drugs.

2008 PEARSON REPORT SUMMARY

State	2007 NP role expansion?	Physician involvement in NP Dx & Tx?	Physician involvement in NP prescribing?	NP can Rx controlled substances?	NP authorized to receive/dispense samples?	# NP schools
ALABAMA	No, BoME added restrictions	Written protocol, oversight & direction	Yes, written protocol, drugs in formulary	No	Yes, for drugs listed in approved formulary	7
ALASKA	No	None	None	INDEPENDENT CS II-V after 1 year	Yes, within ANP SoP	1
ARIZONA	Yes, expanded SoP	None	None	INDEPENDENT CS II-V	Yes, no restrictions	6
ARKANSAS	No	ANP, none; RNP, protocols, supervision	Yes, for ANP as per CPA; RNPs do not Rx	Yes, CS III-V per CPA	Yes, within ANP SoP	3
CALIFORNIA	Yes, expanded SoP	SP developed collaboratively & signed	Yes, SP for drugs ordered or 'furnished'	Yes, CS II-V per SP	Yes, within SP SoP	23
COLORADO	No	None	Yes, written CA	Yes, CS II-V per CA	Yes, within SoP	6
CONNECTICUT	Yes, expanded SoP	Required collaboration	Yes, required written collaboration	Yes, CS II-V per written collaboration	Yes, no restrictions	8
DC	No	None	None	INDEPENDENT CS II-V	Yes, BoN opinion says permitted	4
DELAWARE	No	Written CA	Yes, JPC & BoM approval	Yes, CS II-V if have Rx authority	Yes, for those NPs with Rx authority	2
FLORIDA	No	Written protocol, supervisor	Yes, written protocol, supervision	No	Yes, if within protocols	14
GEORGIA	No	Delegation via protocol	Yes, under delegated medical authority	Yes, CS III-V under protocol	Yes, if under written dispensing procedure	13
HAWAII	Yes, expanded SoP	None	Yes, approved collegial working agreement	Yes, under supervisory agreement	Yes, under written agreement	3
IDAHO	Yes, expanded SoP	None	None	INDEPENDENT CS II-V if within SoP	Yes, within SoP	2
ILLINOIS	New BoN & rules will be written	Written CA	Yes, written delegation, CA	Yes, CS III-V per CA; limited CS II	Yes, per collaborative agreement	11
INDIANA	Yes, expanded SoP	Required collaboration in WPA	Yes, required collaboration in WPA	Yes, CS II-V if within WPA	Yes, no restrictions	12
IOWA	No	ARNP, none required	ARNP, none required	INDEPENDENT CS II-V	Yes, if within SoP	4
KANSAS	No	Collegial protocols or guidelines	Yes, written protocol	Yes, CS II-V if within protocol	Yes, if within protocol - no dispensing	6
KENTUCKY	No, additional limitations on CS	None	Yes, written CPA	Yes, CS II-V with restrictions CS II	Yes, within SoP	7
LOUISIANA	Yes, Rx requirement removed	Written CPG within CPA	Yes, CPA: "direction" in CPG	Yes, CS II-V with CS II restrictions	Yes, within CPA	8
MAINE	Yes, expanded SoP	None after initial 2 years	None after initial 2 years	INDEPENDENT CS II-V	Yes, within BoN formulary	3
MARYLAND	No	Written agreement	Yes, written agreement	Yes, CS II-V per written agreement	Yes, within SoP	6
MASSACHUSETTS	No	Direction within WG	Yes, direction & supervision within WG	Yes, CS II-V per WG	Yes, with some time/dose restrictions	10
MICHIGAN	No	None	Yes, delegation & supervision per PAA	Yes, III-V per PAA; CS II restricted	Yes, with delegation; CS per PAA	10
MINNESOTA	Yes, expanded SoP	"Collaborative Management"	Yes: delegated via written agreement	Yes, CS II-V per written agreement	Yes, within written agreement	9
MISSISSIPPI	No	Required collaboration: protocol/guideline	Yes, required collaboration: protocols	Yes, CS II-V within BoN restrictions	Yes, except CS	4
MISSOURI	No	Delegation or WCPA	Yes, delegation through WCPA	No	Yes, within WCPA (including CS)	13

2008 PEARSON REPORT SUMMARY

State	2007 NP role expansion?	Physician involvement in NP Dx & Tx?	Physician involvement in NP prescribing?	NP can Rx controlled substances?	NP authorized to receive/dispense samples?	# NP schools
MONTANA	Yes, expanded SoP	None	None	INDEPENDENT CS II-V to 3 mo supply	Yes, no restrictions	1
NEBRASKA	Yes, expanded SoP	Collaboration, supervision per IPA	Yes, collaboration, supervision per IPA	Yes, CS II-V per IPA	Yes, per IPA	3
NEVADA	No	Collaboration with protocols	Yes, with 'Statement of Competency'	Yes, CS II-V per protocol	Yes, after BoN - certificate to dispense	2
NEW HAMPSHIRE	Yes, expanded SoP	None	None	INDEPENDENT CS II-V	Yes, no restrictions	1
NEW JERSEY	Yes, expanded SoP	None	Yes, collaboration via joint protocol	Yes, CS II-V per joint protocol	Yes, no restrictions	10
NEW MEXICO	No	None	None	INDEPENDENT CS II-V	Yes, no restrictions	3
NEW YORK	No	Collaboration with WPA & WPP	Yes, collaboration with WPA & WPP	Yes, CS II-V per WPA & WPP	Yes, no restrictions	27
NORTH CAROLINA	No	Supervision & collaboration within CPA	Yes, supervision & collaboration: CPA	Yes, CS II-V under BoM/BoN R&R	Yes, under CPA & BoM/BoN R&R	7
NORTH DAKOTA	No	None	Yes, collaboration via CPAPA-PA	Yes, CS II-V per CPA	Yes, no restrictions	3
OHIO	Yes, expanded SoP	Collaboration via SCA	Yes, collaboration via SCA	Yes, CS II-V per SCA, CS II restricted	Yes, up to 72 hour supply; no CS	12
OKLAHOMA	No	None	Yes, supervision via EF	Yes, CS III-V under EF	Yes, for drugs not excluded in EF	2
OREGON	Yes, rural malpractice relief	None	None	INDEPENDENT CS II-V	Yes, no restrictions	2
PENNSYLVANIA	Yes, expanded SoP	Collaboration	Yes, collaboration via written CA	Yes, CS II-V with time restrictions	Yes, per written CA	20
RHODE ISLAND	No	None	Yes, collaboration via CPA	Yes, CS II-V	Yes, no restrictions	1
SOUTH CAROLINA	No	Supervision via AWP	Yes, supervision & delegation via AWP	Yes, CS III-V	Yes, per approved protocols	3
SOUTH DAKOTA	No	Collaboration via approved CA	Yes, collaboration via approved CA	Yes, CS II-V with CS II restrictions	Yes, per approved CA	2
TENNESSEE	No	None	Yes, supervision via protocol, formulary	Yes, CS II-V upon joint rule adoption	Yes, no restrictions	10
TEXAS	Yes, expanded SoP	Delegation & written authorization	Yes, delegation & written authorization	Yes, CS III-V with restrictions	Yes, with physician authorization & record	17
UTAH	No	None	Yes, consultation for CS II-III only	Yes, II-V; physician consult CS II-III	Yes, no restrictions	4
VERMONT	No	Collaboration via WPG	Yes, collaboration via WPG	Yes, CS II-V per WPG	Yes, per WPG	1
VIRGINIA	Yes, 'consultation' for CNM	Collaboration & direction via WP	Yes, supervision via WPA	Yes, per WPA	Yes, per WPA	9
WASHINGTON	Yes, expanded SoP	None	None	INDEPENDENT CS II-V	Yes, no restrictions; CS II-IV to 72-hour supply	6
WEST VIRGINIA	No	None	Yes, collaboration: CA with WP or WG	Yes, CS III-V within formulary & CA	Yes, within SoP	5
WISCONSIN	No	APN/APNP: collaboration; RN/NP: supervision	APNP: collaboration; RN/NP: delegation	APNP: CS II-V; APN: under supervision	Yes, APNP with restrictions	7
WYOMING	No	None	None	INDEPENDENT CS II-V	Yes, no restrictions	1

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Items listed in alphabetical order:

ANP = advanced nurse practitioner; APN = advanced practice nurse; APNP = advanced practice nurse prescriber; APNN = advanced practice professional nurse; APRN = advanced practice registered nurse; ARNP = advanced registered nurse practitioner; AWP = approved written protocols; CA = collaborative agreement; CNM = certified nurse-midwife; CNP = certified nurse practitioner; CoF = certificate of fitness; CPA = collaborative practice agreement; CPAPA-PA = collaborative practice affidavit physician agreement-prescribing authority; CPG = clinical practice guideline; CRNP = certified registered nurse practitioner; CS = controlled substances; EF = exclusionary formulary; IPA = integrated practice agreement; JPC = joint practice committee; LNP = licensed nurse practitioner; NP = nurse practitioner; PAA = prescriptive authority agreement; R&R = rules and regulations; RNP = registered nurse practitioner; SCA = standard care arrangement; SoP = scope of practice; SP = standardized procedure; WCPA = written collaborative practice arrangement; WG = written guideline; WP = written protocol; WPA = written practice agreement; WPG = written practice guideline; WPP = written practice protocol; WRA = work relationship agreement.

STATE: ALABAMA

NP title(s) used in this state: CRNP (certified registered nurse practitioner)

Number of NPs in state? 1600

National certification required for recognition/practice? Yes. CRNP applicants must have current certification granted by a national certifying agency recognized by the BoN in the clinical specialty consistent with educational preparation and appropriate to the area of practice.

MSN required for practice? Yes, at least a master's degree or higher in advanced practice nursing from an accredited program recognized by the BoN is required.

Joint BoN/BoM regulation over any aspect of practice? Yes. The Joint Committee (of BoN & BoME members) has the authority to recommend to the BoN and BoME rules and regulations governing the collaborative relationship between physicians and CRNPs, model practice protocols to be used by CRNPs, and a formulary of legend drugs that CRNPs may prescribe.

Statutory restriction against NP with doctorate being addressed as "Dr"? No

Recent legislative/regulatory changes affecting NP practice? Yes. The BoME notified the BoN by letter in July 2007 that a new regulation will go into effect requiring physicians to pay a \$100 fee annually for each NP with whom they are engaged in collaborative practice (in addition to an application process and a change in criteria for the physician). The BoME already has a procedure wherein "inspectors" inspect the collaborative physician sites "to ensure compliance." Physicians working with PAs are not being assessed a fee, nor are they being "inspected."

NP SCOPE OF PRACTICE – DIAGNOSING & TREATING

BoM/physician involvement in diagnosing and treating? Yes, as per the written protocol

If so, which words are used to characterize involvement (eg, collaboration, supervision, direction, delegation, authorization)? CRNPs are subject to collaborative practice agreements with an Alabama physician. The collaborating physician provides professional medical oversight and direction to CRNPs, is available for direct communication or by radio, telephone, or telecommunications, and is available for consultation or referrals of patients. If CRNPs perform duties at a site away from the collaborating physician, the written protocol must specify the circumstances and provide written verification of physician availability for consultation, referral,

and direct medical intervention in emergencies and after hours if indicated. The collaborating physician must be present in a practice site with CRNPs a minimum of ten percent (10%) of the CRNPs' collaboration time, as specified in the protocol application (exceptions in licensed acute care hospitals, licensed skilled nursing facilities, and in the Department of Public Health). The physician shall not collaborate with or supervise any combination of CRNPs, certified nurse midwives, and/or assistants to physicians exceeding three full-time equivalent positions unless the CRNP is an employee of the Department of Public Health or an exemption is granted by the BoN/BoME.

NP SCOPE OF PRACTICE – PRESCRIBING

BoM/physician involvement in NP prescribing? Yes

If so, which words are used to characterize involvement? The written standard protocol must include a formulary of drugs, devices, medical treatments, tests, and procedures that may be prescribed, ordered, and implemented by CRNPs and that are appropriate for the collaborative practice setting.

NP authorized to Rx controlled substances? No

If so, which schedules? NA

Authority to receive/dispense drug samples spelled out? Yes

Specified limitations or restrictions on NP drug sampling? Yes. Only samples of drugs listed in approved formulary may be received and signed for.

Number and listing of NP schools in state: (7) Samford University, Birmingham; University of Alabama, Huntsville; Troy State University, Troy; Troy State University, Montgomery; University of Alabama, Birmingham; University of South Alabama, Mobile; University of Mobile, Mobile

2007 Consumer Choice ranking of state's NP regulation (100 is ideal): 10

Descriptive ranking: Grade F – State severely restricts patient choice

Cumulative number of medical malpractice reports from the National Practitioner Data Bank (NPDB) filings (9/90-9/07): 2 for NPs, 32 for DOs/interns/residents, 968 for MDs/interns/residents

Cumulative number of Healthcare Integrity and Protection Data Bank (HIPDB) filings (1/99-9/07): 141 for NPs, 29 for DOs/interns/residents, 558 for MDs/interns/residents

STATE: ALASKA

NP title(s) used in this state: ANP (advanced nurse practitioner)

Number of NPs in state? 603 (includes CNMs)

National certification required for recognition/practice? Yes

MSN required for practice? Yes, as applies to requirements for national specialty certification

Joint BoN/BoM regulation over any aspect of practice? No

Statutory restriction against NP with doctorate being addressed as "Dr"? No

Recent legislative/regulatory changes affecting NP practice? No

NP SCOPE OF PRACTICE – DIAGNOSING & TREATING

BoM/physician involvement in diagnosing and treating? No

If so, which words are used to characterize involvement (eg, collaboration, supervision, direction, delegation, authorization)? NA

NP SCOPE OF PRACTICE – PRESCRIBING

BoM/physician involvement in NP prescribing? No

If so, which words are used to characterize involvement? NA

NP authorized to Rx controlled substances? Yes. The BoN may grant controlled substance prescriptive

and dispensing authority in addition to the authorization of legend drug prescribing. The ANP must have experience prescribing for 1 year before being able to apply for controlled substance prescribing authority.

If so, which schedules? Schedules II-V

Authority to receive/dispense drug samples spelled out? Yes. The prescription authorization by the BoN covers prescription medications and dispensing (ie, prepackaged by pharmacy or pharmaceutical manufacturer) within ANPs' SoP.

Specified limitations or restrictions on NP drug sampling? No. Statute describes situation in which ANPs may delegate dispensing.

Number and listing of NP schools in state: (1) University of Alaska, Anchorage

2007 Consumer Choice ranking of state's NP regulation (100 is ideal): 85

Descriptive ranking: Grade B – State partially supports patient choice

Cumulative number of medical malpractice reports from the National Practitioner Data Bank (NPDB) filings (9/90-9/07): 5 for NPs, 16 for DOs/interns/residents, 301 for MDs/interns/residents

Cumulative number of Healthcare Integrity and Protection Data Bank (HIPDB) filings (1/99-9/07): 10 for NPs, 22 for DOs/interns/residents, 190 for MDs/interns/residents

STATE: ARIZONA

NP title(s) used in this state: RNP (registered nurse practitioner)

Number of NPs in state? 2856

National certification required for recognition/practice? Yes

MSN required for practice? A graduate degree in nursing is required.

Joint BoN/BoM regulation over any aspect of practice? No

Statutory restriction against NP with doctorate being addressed as "Dr"? No. Medical board statutes allow use of designation of "doctor" by other branches of healing arts as long as the other branch of the healing arts is also designated.

Recent legislative/regulatory changes affecting NP practice? Yes. SB 1100 signed in April 2007 by the governor amended 45 laws to grant authority for NPs to provide diverse types of health services without changing the SoP laws. Also, effective June 2007, new BoN rules specify that RNPs shall provide healthcare services only within the SoP for which they are educationally prepared and for which competency has been established and maintained. Educational preparation means academic coursework or CE activities that include both theory and supervised clinical practice.

NP SCOPE OF PRACTICE – DIAGNOSING & TREATING

BoM/physician involvement in diagnosing and treating? No

If so, which words are used to characterize involvement (eg, collaboration, supervision, direction, delegation, authorization)? NA

NP SCOPE OF PRACTICE – PRESCRIBING

BoM/physician involvement in NP prescribing? No

If so, which words are used to characterize involvement? NA

NP authorized to Rx controlled substances? Yes

If so, which schedules? Schedules II-V

Authority to receive/dispense drug samples spelled out? Yes

Specified limitations or restrictions on NP drug sampling? No. Rules include detailed instructions for RNPs' dispensing of medications, medical devices, and appliances.

Number and listing of NP schools in state: (6)

Arizona State University, Phoenix; Grand Canyon University, Phoenix; Northern Arizona University, Flagstaff; University of Arizona, Tucson; University of Phoenix, Phoenix; University of Phoenix, Southern Arizona

2007 Consumer Choice ranking of state's NP regulation (100 is ideal): 100

Descriptive ranking: Grade A – State is exemplary for patient choice

Cumulative number of medical malpractice reports from the National Practitioner Data Bank (NPDB) filings (9/90-9/07): 35 for NPs, 531 for DOs/interns/residents, 3418 for MDs/interns/residents

Cumulative number of Healthcare Integrity and Protection Data Bank (HIPDB) filings (1/99-9/07): 1 for NPs, 219 for DOs/interns/residents, 1265 for MDs/interns/residents

STATE: ARKANSAS

NP title(s) used in this state: ARNP (advanced registered nurse practitioner), RNP (registered nurse practitioner), ANP (advanced nurse practitioner), and NP (nurse practitioner)

Number of NPs in state? 1651

National certification required for recognition/practice? Yes for practice as an ANP, but not required to practice as an RNP. The more restricted RNP license, which does not require a master's degree or national board certification, has not been issued since November 2000 but is still recognized.

MSN required for practice? Yes for ANP practice

Joint BoN/BoM regulation over any aspect of practice? No, but an NPA-specified Prescriptive Authority Advisory Committee (with 3 APNs, 1 MD in collaborative practice, 1 pharmacist) advises the BoN regarding implementing prescriptive authority.

Statutory restriction against NP with doctorate being addressed as "Dr"? No

Recent legislative/regulatory changes affecting NP practice? No, legislative sessions only in odd-numbered years

NP SCOPE OF PRACTICE – DIAGNOSING & TREATING

BoM/physician involvement in diagnosing and treating? Yes for RNPs, no for ANPs

If so, which words are used to characterize involvement

(eg, collaboration, supervision, direction, delegation, authorization)? RNPs' SoP is defined by protocols developed in collaboration with and signed by physician and in accordance with BoN rules and regulations. Thus, for RNPs, the degree of supervision is determined by the protocols.

NP SCOPE OF PRACTICE – PRESCRIBING

BoM/physician involvement in NP prescribing? Yes

If so, which words are used to characterize involvement? ANPs with prescriptive authority must have a collaborative practice agreement with a physician.

NP authorized to Rx controlled substances? Yes

If so, which schedules? Schedules III-V

Authority to receive/dispense drug samples spelled out? Yes

Specified limitations or restrictions on NP drug sampling? Yes. A 2001 attorney general decision opined that ANPs with Rx authority have implied authority to dispense samples.

Number and listing of NP schools in state: (3) Arkansas State University, Jonesboro; University of Arkansas for Medical Sciences, Little Rock; University of Central Arkansas, Conway

2007 Consumer Choice ranking of state's NP regulation (100 is ideal): 68

Descriptive ranking: Grade D – State restricts patient choice

Cumulative number of medical malpractice reports from the National Practitioner Data Bank (NPDB) filings (9/90-9/07): 4 for NPs, 38 for DOs/interns/residents, 1144 for MDs/interns/residents

Cumulative number of Healthcare Integrity and Protection Data Bank (HIPDB) filings (1/99-9/07): 10 for NPs, 19 for DOs/interns/residents, 229 for MDs/interns/residents

STATE: CALIFORNIA

NP title(s) used in this state: APRN (advanced practice registered nurse) and NP (nurse practitioner)

Number of NPs in state? 14,309

National certification required for recognition/practice? Yes. BoN requires (1) successful completion of a program of study that conforms to board standards and (2) certification by a national or state organization whose standards are acceptable to the BoN.

MSN required for practice? Yes. Master's degree required for new applicants after January 2008.

Joint BoN/BoM regulation over any aspect of practice? No

Statutory restriction against NP with doctorate being addressed as "Dr"? No

Recent legislative/regulatory changes affecting NP practice? Yes. New legislation allows NPs to provide a disability sticker and expands the categories of NPs who can be primary care providers. NPs are authorized to grant disability placards and are able to do DMV testing.

NP SCOPE OF PRACTICE – DIAGNOSING & TREATING

BoM/physician involvement in diagnosing and treating? Yes, until the "standardized procedure" (SP) is drafted. Once the SP is signed by the physician, nurse, and facility (if applicable), the practice is considered independent.

If so, which words are used to characterize involvement (eg, collaboration, supervision, direction, delegation, authorization)? Required "standardized procedures" specify the scope of supervision for NPs authorized to perform the procedure functions.

NP SCOPE OF PRACTICE – PRESCRIBING

BoM/physician involvement in NP prescribing? Yes

If so, which words are used to characterize involvement? In addition to involvement in the prescriptive agreement, physician involvement is also required when Schedule II or III controlled substances (CS) are furnished or ordered by NPs. Specifically, the CS shall be furnished or ordered in accordance with a patient-specific protocol approved by the treating or supervising

physician. A copy of the section of the NP's standardized procedure relating to CS shall be provided, upon request, to any licensed pharmacist who dispenses drugs or devices, when there is uncertainty about the NP furnishing the order.

NP authorized to Rx controlled substances? Yes

If so, which schedules? Schedules II-V

Authority to receive/dispense drug samples spelled out? Yes

Specified limitations or restrictions on NP drug sampling? No

Number and listing of NP schools in state: (23) Azusa Pacific University, Azusa; Loma Linda University, Loma Linda; University of California, San Francisco; University of Phoenix, California; University of San Diego, San Diego; University of San Francisco, San Francisco; California State University, Bakersfield; California State University, Carson; California State University, Fresno; California State University, Long Beach; California State University, Los Angeles; California State University, Sacramento; California State University, Turlock; Harbor-UCLA Research & Education, Torrance; Holy Names College, Oakland; Samuel Merritt College, Oakland; San Diego State University, San Diego; San Francisco State University, San Francisco; San Jose State University, San Jose; Sonoma State University, Rohnert Park; University of California, Los Angeles; University of California, Davis, Sacramento; University of California, Irvine

2007 Consumer Choice ranking of state's NP regulation (100 is ideal): 75

Descriptive ranking: Grade C – State confines patient choice

Cumulative number of medical malpractice reports from the National Practitioner Data Bank (NPDB) filings (9/90-9/07): 42 for NPs, 449 for DOs/interns/residents, 24,208 for MDs/interns/residents

Cumulative number of Healthcare Integrity and Protection Data Bank (HIPDB) filings (1/99-9/07): 0 for NPs, 143 for DOs/interns/residents, 4932 for MDs/interns/residents

STATE: COLORADO

NP title(s) used in this state: APN (advanced practice nurse) and NP (nurse practitioner)

Number of NPs in state? 1964 NPs (APN total is 3236)

National certification required for recognition/practice? No

MSN required for practice? No, but after July 1, 2008, inclusion in the Advanced Practice Registry requires graduate or postgraduate degree in the practice area.

Joint BoN/BoM regulation over any aspect of practice? No

Statutory restriction against NP with doctorate being addressed as "Dr"? No

Recent legislative/regulatory changes affecting NP practice? HB 1923 would have (1) used the generic term APN to replace individual NP titles, (2) required insurance companies to allow APNs onto their panels without restriction, (3) allowed APNs to sign forms for clients under their care, including forms for jury service, school forms, physicals, utility company forms, CPR directives, and handicap stickers. Although the state medical association supported the bill, specialty interest physician groups (including anesthesiologists,

family physicians, and pediatricians) helped kill the bill in the Senate committee. The bill had passed the House by a 63-1 vote.

NP SCOPE OF PRACTICE – DIAGNOSING & TREATING

BoM/physician involvement in diagnosing and treating? No

If so, which words are used to characterize involvement (eg, collaboration, supervision, direction, delegation, authorization)? NA

NP SCOPE OF PRACTICE – PRESCRIBING

BoM/physician involvement in NP prescribing? Yes – collaborative agreement for consultation and referral

If so, which words are used to characterize involvement? Prescribing NPs with a collaborative agreement shall provide to the BoN the name and appropriate identifier of the collaborating physician and shall keep such information current with the BoN. This information shall also be available to the BoM, BoP, and the general public. The NP and collaborating physician shall advise each other of collaborative agreements signed with other parties.

NP authorized to Rx controlled substances? Yes

If so, which schedules? Schedules II-V

NP issued Rx # by state? Yes

Number and listing of NP schools in state: (6) Colorado State University, Pueblo; Regis University, Denver; University of Colorado Health Sciences Center, Denver; University of Northern Colorado, Greeley; University of Colorado at Colorado Springs, Colorado Springs; University of Phoenix, Colorado

2007 Consumer Choice ranking of state's NP regulation (100 is ideal): 68

Descriptive ranking: Grade D – State restricts patient choice

Cumulative number of medical malpractice reports from the National Practitioner Data Bank (NPDB) filings (9/90-9/07): 21 for NPs, 164 for DOs/interns/residents, 2455 for MDs/interns/residents

Cumulative number of Healthcare Integrity and Protection Data Bank (HIPDB) filings (1/99-9/07): 1 for NPs, 140 for DOs/interns/residents, 973 for MDs/interns/residents



STATE: CONNECTICUT

NP title(s) used in this state: APRN (advanced practice registered nurse) and NP (nurse practitioner)

Number of NPs in state? 2800 APRNs (this number includes CRNAs and CNSs)

National certification required for recognition/practice? Yes

MSN required for practice? Yes

Joint BoN/BoM regulation over any aspect of practice? No

Statutory restriction against NP with doctorate being addressed as “Dr”? No

Recent legislative/regulatory changes affecting NP practice? None

NP SCOPE OF PRACTICE – DIAGNOSING & TREATING

BoM/physician involvement in diagnosing and treating? Yes

If so, which words are used to characterize involvement (eg, collaboration, supervision, direction, delegation, authorization)? APRNs perform acts of diagnosis and treatment of alterations in health status and shall collaborate with a physician.

NP SCOPE OF PRACTICE – PRESCRIBING

BoM/physician involvement in NP prescribing? Yes

If so, which words are used to characterize involvement?

Collaboration

NP authorized to Rx controlled substances? Yes

If so, which schedules? Schedules II-V

Authority to receive/dispense drug samples spelled out? Yes

Specified limitations or restrictions on NP drug sampling? No

Number and listing of NP schools in state: (8) Fairfield University, Fairfield; Quinnipiac University, Hamden; Sacred Heart University, Fairfield; Yale University, New Haven; Saint Joseph College, West Hartford; Southern Connecticut State University, New Haven; University of Connecticut, Storrs; Western Connecticut State University, Danbury

2007 Consumer Choice ranking of state’s NP regulation (100 is ideal): 88

Descriptive ranking: Grade B – State partially supports patient choice

Cumulative number of medical malpractice reports from the National Practitioner Data Bank (NPDB) filings (9/90-9/07): 4 for NPs, 15 for DOs/interns/residents, 2616 for MDs/interns/residents

Cumulative number of Healthcare Integrity and Protection Data Bank (HIPDB) filings (1/99-9/07): 19 for NPs, 11 for DOs/interns/residents, 427 for MDs/interns/residents

STATE: DELAWARE

NP title(s) used in this state: APN (advanced practice nurse) and NP (nurse practitioner)

Number of NPs in state? 482

National certification required for recognition/practice? Generally yes; when no national certification at the advanced level is available, 1000 hours of supervised practice is required.

MSN required for practice? No, may have either a master’s degree or post-basic program certification in a clinical nursing specialty with national certification

Joint BoN/BoM regulation over any aspect of practice? Yes

Statutory restriction against NP with doctorate

being addressed as “Dr”? No

Recent legislative/regulatory changes affecting NP practice? No

NP SCOPE OF PRACTICE – DIAGNOSING & TREATING

BoM/physician involvement in diagnosing and treating? Yes

If so, which words are used to characterize involvement (eg, collaboration, supervision, direction, delegation, authorization)? Authorized NPs perform independent acts of diagnosis or prescription and are granted authority by the BoN; APNs perform independent acts of diagnosis and/or prescription with the collaboration of a licensed physician, dentist, podiatrist, or

licensed Delaware healthcare delivery system without written guidelines or protocols and within their SoP as defined in the rules and regulations (R&R) promulgated by the Joint Practice Committee (JPC) and approved by the BoM.

NP SCOPE OF PRACTICE – PRESCRIBING

BoM/physician involvement in NP prescribing? Yes. The names and credentials of qualified APN applicants will be forwarded to the JPC for approval and then forwarded to the BoM for review and final approval.

If so, which words are used to characterize involvement? R&R regarding the independent practice and prescriptive authority of APNs are the responsibility of the JPC, subject to BoM approval.

NP authorized to Rx controlled substances? Yes, those with Rx authority

If so, which schedules? Schedules II-V

Authority to receive/dispense drug samples spelled out? Yes

Specified limitations or restrictions on NP drug sampling? No. For APNs without Rx authority: dispensing

of drugs, medications, or therapeutics is not independent of the supervision of a physician, dentist, or podiatrist. For those with Rx authority: APNs may request and issue professional samples of legend, including schedule II-V controlled substances, and properly labeled over-the-counter medications.

Number and listing of NP schools in state: (2) University of Delaware, Newark; Wilmington College, New Castle

2007 Consumer Choice ranking of state's NP regulation (100 is ideal): 77

Descriptive ranking: Grade C – State confines patient choice

Cumulative number of medical malpractice reports from the National Practitioner Data Bank (NPDB) filings (9/90-9/07): 0 for NPs, 53 for DOs/interns/residents, 564 for MDs/interns/residents

Cumulative number of Healthcare Integrity and Protection Data Bank (HIPDB) filings (1/99-9/07): 0 for NPs, 10 for DOs/interns/residents, 60 for MDs/interns/residents

STATE:

DISTRICT OF COLUMBIA

NP title(s) used in this district: APRN (advanced practice registered nurse), NP (nurse practitioner), (CNP) certified nurse practitioner, and CRNP (certified registered nurse practitioner)

Number of NPs in district? 891

National certification required for recognition/practice? Yes

MSN required for practice? No

Joint BoN/BoM regulation over any aspect of practice? No

Statutory restriction against NP with doctorate being addressed as "Dr"? No

Recent legislative/regulatory changes affecting NP practice? No

NP SCOPE OF PRACTICE – DIAGNOSING & TREATING

BoM/physician involvement in diagnosing and treating? No

If so, which words are used to characterize involvement (eg, collaboration, supervision, direction, delegation,

authorization)? 2005 wording: "APRNs, when functioning within the authorized scope of practice, are qualified to assume primary responsibility for the care of their patients. This practice incorporates the use of independent judgment as well as collaborative interaction with physicians, dentists, or osteopaths."

NP SCOPE OF PRACTICE – PRESCRIBING

BoM/physician involvement in NP prescribing? No

If so, which words are used to characterize involvement? NA

NP authorized to Rx controlled substances? Yes

If so, which schedules? Schedules II-V

Authority to receive/dispense drug samples spelled out? No

Specified limitations or restrictions on NP drug sampling? No

Number and listing of NP schools in district: (4) Georgetown University, Washington; The Catholic University of America, Washington; Howard University, Washington; George Washington University/George Mason University, Washington

2007 Consumer Choice ranking of district's NP regulation (100 is ideal): 95

Descriptive ranking: Grade A – State is exemplary for patient choice

Cumulative number of medical malpractice reports from the National Practitioner Data Bank

(NPDB) filings (9/90-9/07): 2 for NPs, 17 for DOs/interns/residents, 938 for MDs/interns/residents

Cumulative number of Healthcare Integrity and Protection Data Bank (HIPDB) filings (1/99-9/07): 0 for NPs, 0 for DOs/interns/residents, 187 for MDs/interns/residents

STATE: FLORIDA

NP title(s) used in this state: ARNP (advanced registered nurse practitioner) and NP (nurse practitioner)

Number of NPs in state? 9236

National certification required for recognition/practice? As of July 2006, all new applicants for ARNP need national certification.

MSN required for practice? Yes, except for those "grandfathered" in

Joint BoN/BoM regulation over any aspect of practice? Yes

Statutory restriction against NP with doctorate being addressed as "Dr"? No, but this issue is currently being hotly debated and contested.

Recent legislative/regulatory changes affecting NP practice? Yes. There is now certified title protection for CNSs. SB 1508 allows immunity for certain emergency examinations and treatment of incapacitated persons done without consent if informed consent would have reasonably been given under the medical consent law. The bill to expand Rx authority to include controlled substances and the death certificate bill did not pass.

NP SCOPE OF PRACTICE – DIAGNOSING & TREATING

BoM/physician involvement in diagnosing and treating? Yes

If so, which words are used to characterize involvement (eg, collaboration, supervision, direction, delegation, authorization)? The degree and method of supervision, determined by the ARNP and the physician or dentist, must be specifically identified in the written protocol and shall be appropriate for prudent healthcare providers under similar circumstances.

NP SCOPE OF PRACTICE – PRESCRIBING

BoM/physician involvement in NP prescribing? Yes

If so, which words are used to characterize involvement? The ARNP protocol contains a description of the duties

of the physician or dentist, which shall include consultant and supervisory arrangements in case the physician or dentist is unavailable.

NP authorized to Rx controlled substances? No

If so, which schedules? NA

Authority to receive/dispense drug samples spelled out? Yes

Specified limitations or restrictions on NP drug sampling? Yes. ARNPs with protocols that specify authority to dispense must renew their dispensing license when renewing their dual RN/ARNP license.

Number and listing of NP schools in state: (14) Barry University, Miami Shores; University of Miami, Coral Gables; University of Phoenix, Ft Lauderdale, Jacksonville, Orlando, Tampa; Florida A&M University, Tallahassee; Florida Atlantic University, Boca Raton; Florida Gulf Coast University, Fort Myers; Florida International University, North Miami; Florida State University, Tallahassee; University of Central Florida, Orlando; University of Florida, Gainesville; University of Florida, Jacksonville; University of North Florida, Jacksonville; University of South Florida, Tampa; University of Tampa, Tampa

2007 Consumer Choice ranking of state's NP regulation (100 is ideal): 49

Descriptive ranking: Grade F – State severely restricts patient choice

Cumulative number of medical malpractice reports from the National Practitioner Data Bank (NPDB) filings (9/90-9/07): 122 for NPs, 1061 for DOs/interns/residents, 16,303 for MDs/interns/residents

Cumulative number of Healthcare Integrity and Protection Data Bank (HIPDB) filings (1/99-9/07): 34 for NPs, 193 for DOs/interns/residents, 1625 for MDs/interns/residents

STATE: GEORGIA

NP title(s) used in this state: NP (nurse practitioner) and APRN (advanced practice registered nurse)

Number of NPs in state? 3723 (includes psych mental health APRNs)

National certification required for recognition/practice? Yes, certification is required initially as well as for continued practice.

MSN required for practice? Yes, in the respective NP specialty and evidence of advanced pharmacology within the curriculum or a separate course – for all initial applicants after January 1999

Joint BoN/BoM regulation over any aspect of practice? Yes, under the terms of a Nurse Protocol Agreement (NPA), which is a written document mutually agreed upon and signed by an RN and a licensed physician, by which document the physician delegates to that nurse the authority to perform certain medical acts, which shall include, without being limited to, ordering dangerous drugs, medical treatments, or diagnostic studies. The protocol also provides for immediate consultation with the delegating physician. The Board of Medical Examiners (BoM) promulgates the rules and regulations (R&R) for the NPA.

Discovery Health Channel CME Course **PELVIC HEALTH: OPTIMIZING CARE**

Although pelvic health problems affect more than 35 million US women, common conditions such as menorrhagia, pelvic organ prolapse, and stress urinary incontinence remain underdiagnosed and undertreated. Women who have these disorders are typically unaware that their symptoms have a diagnosis and can be effectively treated.

Discovery Health has assembled a panel of experts for "Pelvic Health: Optimizing Care," a CME program detailing the epidemiology, diagnosis, and treatment of these disorders. The program will help nurse practitioners be more alert to the possibility of these problems; make the correct diagnosis, with appropriate evaluation of severity; and guide patients to the most up-to-date and effective treatments.

The program premieres on Sunday, March 16, at 9:00 AM on the Discovery Health Channel, and airs several times to follow. The program is also available at DiscoveryHealthCME.com—by downloading the podcast or by ordering the DVD. The program is eligible for 1 free *AMA PRA Category 1 Credit*.

Recent legislative/regulatory changes affecting NP practice? Yes, prescriptive authority passed and effective July 1, 2006, for legend and controlled substances (except CS I-II) under NPA only.

NP SCOPE OF PRACTICE – DIAGNOSING & TREATING

BoM/physician involvement in diagnosing and treating? Yes

If so, which words are used to characterize involvement (eg, collaboration, supervision, direction, delegation, authorization)? APRNs are authorized to perform advanced nursing functions and certain medical acts that include but are not limited to ordering drugs, treatments, and diagnostic studies as DELEGATED by the physician via protocol.

NP SCOPE OF PRACTICE – PRESCRIBING

BoM/physician involvement in NP prescribing? Yes. See above.

If so, which words are used to characterize involvement? The BoM R&R require a 100% chart review (within 30 days) on all patients who receive a CS Rx; 100% on all charts (within 30 days) that a person experiences an adverse outcome; 100% of records (within 12 months) for patients receiving prescriptions for a chronic illness, and 25% of all other records (within 30 days). The delegating MD must be on-site 4 hours per month at each APRN practice location. APRNs may perform medical acts that include but are not limited to the ordering of drugs, medical devices, medical treatments, diagnostic studies, and (in certain life-threatening situations) radiographic imaging tests including CT, MRI, PET, and nuclear.

NP authorized to Rx controlled substances? Yes

If so, which schedules? Schedules III-V

Authority to receive/dispense drug samples spelled out? Yes. Dispensing is considered a delegated medical act. An RN who dispenses dangerous drugs must document preparation and performance specific to dispensing dangerous drugs based on a written dispensing procedure

Specified limitations or restrictions on NP drug sampling? Yes, as noted in NPA, dispensing is considered a delegated medical act.

Number and listing of NP schools in state: (13) Emory University, Atlanta; Georgia State University,

Atlanta; University of Phoenix, Atlanta, Augusta, Columbus; Albany State University, Albany; Armstrong Atlantic State University, Savannah; Brenau University, Gainesville; Georgia College and State University, Milledgeville; Georgia Southern University, Statesboro; Kennesaw State University, Kennesaw; Medical College of Georgia, Augusta; Medical College of Georgia at Columbus State University, Columbus; Mercer University, Atlanta; North Georgia College & State University, Dahlonega

2007 Consumer Choice ranking of state's NP regulation (100 is ideal): 53

Descriptive ranking: Grade F – State severely restricts patient choice

Cumulative number of medical malpractice reports from the National Practitioner Data Bank (NPDB) filings (9/90-9/07): 13 for NPs, 145 for DOs/interns/residents; 4288 for MDs/interns/residents

Cumulative number of Healthcare Integrity and Protection Data Bank (HIPDB) filings (1/99-9/07): 0 for NPs, 65 for DOs/interns/residents, 1049 for MDs/interns/residents

STATE: HAWAII

NP title(s) used in this state: APRN (advanced practice registered nurse)

Number of NPs in state? 457

National certification required for recognition/practice? No. Applicants may have official transcript from accredited or approved master's-degree program in nursing sent to BoN or official proof of national certification sent to BoN.

MSN required for practice? No for practice—may have verification of current national certification in specialty sent to BoN. Requirements for APRNs with prescriptive authority include both a master's degree in nursing and current national certification.

Joint BoN/BoM regulation over any aspect of practice? Yes, for prescriptive practice

Statutory restriction against NP with doctorate being addressed as "Dr"? No

Recent legislative/regulatory changes affecting NP practice? 2007: SB 1798 adds APRNs to the list of persons who may prescribe psychotropic medications to Medicaid beneficiaries for whom the Department of Human Services may not restrict or limit coverage.

NP SCOPE OF PRACTICE – DIAGNOSING & TREATING

BoM/physician involvement in diagnosing and treating? No

If so, which words are used to characterize involvement (eg, collaboration, supervision, direction, delegation, authorization)? NA

NP SCOPE OF PRACTICE – PRESCRIBING

BoM/physician involvement in NP prescribing? Yes

If so, which words are used to characterize involvement?

The BoM shall submit an annual report of all amendments made to the formularies.

NP authorized to Rx controlled substances? Yes. A 2005 statute deletes the term collegial agreement as it relates to APRN prescriptive authority and changes the wording to appropriate agreement. This change is due to BoME agreement to allow APRNs with Rx authority to Rx controlled substances (CS) provided there is a supervisory work relationship agreement. The rules to implement are being drafted. The collegial (non-supervisory) working relationship agreement to prescribe non-CS remains intact.

If so, which schedules? Rules not yet drafted

Authority to receive/dispense drug samples spelled out? Yes

Specified limitations or restrictions on NP drug sampling? No

Number and listing of NP schools in state: (3) Hawaii Pacific University, Kaneohe; University of Hawaii at Manoa, Honolulu; University of Phoenix – throughout state

2007 Consumer Choice ranking of state's NP regulation (100 is ideal): 55

Descriptive ranking: Grade F – State severely restricts patient choice

Cumulative number of medical malpractice reports from the National Practitioner Data Bank (NPDB) filings (9/90-9/07): 0 for NPs, 17 for DOs/interns/residents, 535 for MDs/interns/residents

Cumulative number of Healthcare Integrity and Protection Data Bank (HIPDB) filings (1/99-9/07): 0 for NPs, 8 for DOs/interns/residents, 115 for MDs/interns/residents

STATE: IDAHO

NP title(s) used in this state: NP (nurse practitioner) and APPN (advanced practice professional nurse)

Number of NPs in state? 510

National certification required for recognition/practice? Yes

MSN required for practice? No

Joint BoN/BoM regulation over any aspect of practice? No

Statutory restriction against NP with doctorate being addressed as “Dr”? No

Recent legislative/regulatory changes affecting NP practice? 2007: SB 1069 permits APPNs to certify cause of fetal death and to sign certificates of stillbirth and to authorize final disposition.

NP SCOPE OF PRACTICE – DIAGNOSING & TREATING

BoM/physician involvement in diagnosing and treating? No. The Advisory Committee is not involved in NP diagnosing or treating; the Advisory Committee advises the BoN on issues related to licensure, discipline, defining SoP, and other issues directed by the BoN.

If so, which words are used to characterize involvement (eg, collaboration, supervision, direction, delegation, authorization)? NA

NP SCOPE OF PRACTICE – PRESCRIBING

BoM/physician involvement in NP prescribing? Yes—minimal

If so, which words are used to characterize involvement? An Advisory Committee to the BoN addresses issues related to the advanced practice of nursing of NPs (and other APPNs). The Advisory Committee consists of 2 APPNs appointed by the BoN, 2 physicians nominated by the BoM and appointed by the BoN, and 1 pharma-

cist nominated by the BoP. The committee responds to BoN questions regarding advanced practice nursing, considers non-routine applications for Rx authority, and makes recommendations to the BoN; and recommends to the BoN the SoP of advanced practice nurses, using national standards as a guideline. The BoN cannot expand the SoP or prescriptive authority of an advanced practice nurse beyond that recommended by the Advisory Committee. Routine applications for Rx authority are managed by the BoN staff following directives by the BoN.

NP authorized to Rx controlled substances? Yes

If so, which schedules? Schedules II-V if appropriate to APPN’s defined SoP

Authority to receive/dispense drug samples spelled out? Yes

Specified limitations or restrictions on NP drug sampling? Yes—some restrictions on sampling Schedule II drugs.

Number and listing of NP schools in state: (2) Idaho State University, Pocatello; University of Phoenix, Boise

2007 Consumer Choice ranking of state’s NP regulation (100 is ideal): 82

Descriptive ranking: Grade B – State partially supports patient choice

Cumulative number of medical malpractice reports from the National Practitioner Data Bank (NPDB) filings (9/90-9/07): 6 for NPs, 32 for DOs/interns/residents, 498 for MDs/interns/residents

Cumulative number of Healthcare Integrity and Protection Data Bank (HIPDB) filings (1/99-9/07): 0 for NPs, 13 for DOs/interns/residents, 118 for MDs/interns/residents

STATE: ILLINOIS

NP title(s) used in this state: APN (advanced practice nurse) and CNP (certified nurse practitioner)

Number of NPs in state? 3220

National certification required for recognition/practice? Yes

MSN required for practice? Yes. The requirement is a

graduate degree appropriate for national certification in a clinical advanced practice nursing specialty or post-master’s certificate from a graduate level program.

Joint BoN/BoM regulation over any aspect of practice? The Illinois Department of Finance and Professional Regulation (IDFPR) has numerous voluntary advisory boards overseeing nursing and medicine

and other professions. The head of IDFPR can and occasionally does overrule decisions by these boards.

Statutory restriction against NP with doctorate being addressed as “Dr”? No. An APN must identify him/herself as an advanced practice nurse, but language was eliminated that forbade an APN from using “doctor” in a clinical setting.

Recent legislative/regulatory changes affecting NP practice? State law requires all practice acts to “sunset” (expire) every 10 years. This was the sunset year for the nursing act, which required a new law to be passed for nursing regulation. The new act is returning to its former title, the Illinois Nursing Act, and significant changes were made that affect the practice of licensed practical nurses, registered nurses, and advanced practice nurses.

NP SCOPE OF PRACTICE – DIAGNOSING & TREATING

BoM/physician involvement in diagnosing and treating? Yes

If so, which words are used to characterize involvement (eg, collaboration, supervision, direction, delegation, authorization)? APNs must have a written collaborative agreement (WCA) with a licensed physician in the diagnosis of illness and management of wellness and other conditions. As a result of the new practice act law this year, there are some exceptions to the WCA requirement. APNs who are credentialed and privileged to work in a hospital or ambulatory surgical treatment center (ASTC) do not need a WCA. However, if such APNs intend to write prescriptions (versus writing orders in the hospital or ASTC), they will still require a WCA for that authority.

NP SCOPE OF PRACTICE – PRESCRIBING

BoM/physician involvement in NP prescribing? Yes

If so, which words are used to characterize involvement? “APNs are authorized to prescribe legend medications and devices, including controlled substances [CS], only upon written delegation of authority from a collaborating physician or psychiatrist.” The authority includes acceptance of samples and dispensing of OTC medications. A delegation of authority form shall be submitted to the Department prior to the issuance of a CS license. CNPs may only prescribe and dispense within the SoP of the collaborating physician.

NP authorized to Rx controlled substances? Yes

If so, which schedules? Schedules III-V. In addition to Schedules III, IV, and V medications, the new practice

act now allows Schedule II and Schedule II-N medications to be delegated to APNs, and clarifies that Schedule III-N medications may also be delegated. There are some limitations on prescribing Schedule II and II-N medications. Only five Schedule II or II-N medications by oral dosage may be delegated, and these medications must be those that the collaborating physician prescribes. The selection of these medications must be noted in the WCA, but the WCA may be changed at any time if there is a change in the chosen medications. The prescription must be limited to no more than a 30-day oral dosage, with any continuation authorized only after prior approval of the collaborating physician. APNs must discuss the condition of any patients for whom a Schedule II or II-N agent is prescribed monthly with the collaborating physician.

Authority to receive/dispense drug samples spelled out? Yes

Specified limitations or restrictions on NP drug sampling? Yes. The authority to Rx Schedule II CS may not be delegated by the collaborating physician.

Number and listing of NP schools in state: (11) DePaul University, Chicago; Loyola University Chicago, Chicago; North Park University, Chicago; Rush University, Chicago; Saint Anthony, Rockford; University of Illinois at Chicago, Chicago; Saint Xavier University, Chicago; Southern Illinois University, Edwardsville; University of St. Francis, Joliet; Illinois State University, Normal; Northern Illinois University, DeKalb

2007 Consumer Choice ranking of state’s NP regulation (100 is ideal): 55

Descriptive ranking: Grade F – State severely restricts patient choice

Cumulative number of medical malpractice reports from the National Practitioner Data Bank (NPDB) filings (9/90-9/07): 8 for NPs, 380 for DOs/interns/residents, 10,862 for MDs/interns/residents

Cumulative number of Healthcare Integrity and Protection Data Bank (HIPDB) filings (1/99-9/07): 0 for NPs, 2 for DOs/interns/residents, 1470 for MDs/interns/residents

STATE: INDIANA

NP title(s) used in this state: APN (advanced practice nurse) and NP (nurse practitioner)

Number of NPs in state? 2141

National certification required for recognition/practice? No—those who completed a certificate program, rather than an accredited graduate program, must be certified and maintain certification as an NP by a national organization that requires a national certifying examination.

MSN required for practice? No

Joint BoN/BoM regulation over any aspect of practice? No

Statutory restriction against NP with doctorate being addressed as “Dr”? No

Recent legislative/regulatory changes affecting NP practice? New 2007 legislation: (1) preserves the

authority to order OT services; (2) allows NPs to sign handicapped driving stickers; and (3) names an NP to the birth registry problems committee.

NP SCOPE OF PRACTICE – DIAGNOSING & TREATING

BoM/physician involvement in diagnosing and treating? Yes

If so, which words are used to characterize involvement (eg, collaboration, supervision, direction, delegation, authorization)? Under statute, all APNs are required to collaborate with a licensed practitioner as evidenced by a written practice agreement (WPA), or by privileges granted by the governing board of a hospital with the advice of the medical staff of the hospital, which defines the manner in which the APN and the licensed practitioner (physician, dentist, podiatrist, or optometrist) will cooperate, coordinate, and consult

with each other in the provision of health care to their patients. Under rules and regulations, NP standards of practice include consultation and collaboration with other members of the healthcare team as appropriate to provide reasonable care, and collaboration with or referral to a practitioner in managing the plan of care.

NP SCOPE OF PRACTICE – PRESCRIBING

BoM/physician involvement in NP prescribing? Yes

If so, which words are used to characterize involvement? Decisions made by the BoN regarding requirements for initial and renewed prescriptive authority must meet the approval of the BoM. WPAs for APNs applying for Rx authority are not valid until Rx authority is granted by the BoN.

NP authorized to Rx controlled substances? Yes

If so, which schedules? Schedules II-V if permitted on the WPA

Authority to receive/dispense drug samples spelled out? No

**Nurse Practitioner
Pediatrics**

Arnold Palmer Hospital for Children is Central Florida's only Level 1 Pediatric Trauma Center and a part of Orlando Regional Healthcare. We are currently seeking Pediatric Critical Care ARNPs to join our team of professionals.

Qualified candidates must possess a current ARNP license in the state of Florida. Critical care and pediatrics experience is preferred. Must maintain current CPR certification, ACLS certification and others as required by dept. Specialty certification is required for certain depts.

We offer a supportive work environment, excellent benefits package and competitive pay. For quickest consideration, apply online at: www.arnoldpalmerhospital.org or forward resume to: Orlando Regional Healthcare, 1414 Kuhl Ave., MP-113, Orlando, FL 32806. E-mail: Amy.Santorelli@orhs.org. Fax: 407-426-9905. EOE



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Specified limitations or restrictions on NP drug sampling? No

Number and listing of NP schools in state: (12) University of Saint Francis, Fort Wayne; University of Phoenix, Indianapolis; Ball State University, Muncie; Indiana State University, Terre Haute; Indiana University, Indianapolis; Purdue University, Fort Wayne; Indiana Wesleyan University, Marion; Purdue University, West Lafayette; Purdue University, Hammond; University of Indianapolis, Indianapolis; University of Southern Indiana, Evansville; Valparaiso University, Valparaiso

2007 Consumer Choice ranking of state's NP regulation (100 is ideal): 65

Descriptive ranking: Grade D – State restricts patient choice

Cumulative number of medical malpractice reports from the National Practitioner Data Bank (NPDB) filings (9/90-9/07): 4 for NPs, 267 for DOs/interns/residents, 5029 for MDs/interns/residents

Cumulative number of Healthcare Integrity and Protection Data Bank (HIPDB) filings (1/99-9/07): 0 for NPs, 17 for DOs/interns/residents, 166 for MDs/interns/residents

STATE: IOWA

NP title(s) used in this state: ARNP (advanced registered nurse practitioner), CNP (certified nurse practitioner), and NP (nurse practitioner). The term ARNP also applies to certified clinical nurse specialists, certified nurse midwives, and certified registered nurse anesthetists.

Number of NPs in state? 1253 (1856 for all ARNPs)

National certification required for recognition/practice? ARNPs must be board certified in their specialty. National certification is not required for practice under the NP title.

MSN required for practice? ARNP applicants must have graduated from BoN-approved master's-degree program or have completed a formal advanced practice educational program with study in a nursing specialty area.

Joint BoN/BoM regulation over any aspect of practice? No

Statutory restriction against NP with doctorate being addressed as "Dr"? Yes. The "2005 IOWA CODE CHAPTER 147. GENERAL PROVISIONS, HEALTH-RELATED PROFESSIONS ... 147.74 Professional titles or abbreviations" specifies that only a physician, surgeon, chiropractor, dentist, podiatrist, optometrist, psychologist, speech pathologist, marital and family therapist, mental health counselor, and/or pharmacist may use the prefix "Dr" or "Doctor." <http://www.legis.state.ia.us/IACODE/2003SUPPLEMENT/147/74.html>

Recent legislative/regulatory changes affecting NP practice? No

NP SCOPE OF PRACTICE – DIAGNOSING & TREATING

BoM/physician involvement in diagnosing and treating? No. ARNPs may practice independently within their recognized nursing specialties; they are not required to have physician supervision. ARNPs may have a collaborative agreement with a physician if the practice so warrants, but there is no BoN requirement to do so. There is a provision for entering into a collaborative agreement if ARNPs accept medical delegation.

If so, which words are used to characterize involvement (eg, collaboration, supervision, direction, delegation, authorization)? Collaborative practice agreement is a voluntary agreement wherein an ARNP and a physician practice together within the framework of their respective professional SoP. This collaborative agreement reflects both independent and cooperative decision making and is based on the preparation and ability of each practitioner.

NP SCOPE OF PRACTICE – PRESCRIBING

BoM/physician involvement in NP prescribing? No

If so, which words are used to characterize involvement? ARNPs who qualify for and are registered in a recognized nursing specialty may prescribe substances or devices, including controlled substance or devices, if engaged in the practice of a nursing specialty regulated under rules adopted by the BoN in consultation with the BoM and the BoP (<http://www.state.ia.us/ibpe>), but the BoN makes the final decision.

NP authorized to Rx controlled substances? Registration with the federal DEA and the Iowa BoPE

extends authority for ARNPs to prescribe controlled substances.

If so, which schedules? Schedules II-V

Authority to receive/dispense drug samples spelled out? Yes

Specified limitations or restrictions on NP drug sampling? Yes, as long as it is within the NP's SoP.

Number and listing of NP schools in state: (4) University of Iowa, Iowa City; Allen College, Waterloo; Clarke College, Dubuque; Graceland University, Lamoni
2007 Consumer Choice ranking of state's NP reg-

ulation (100 is ideal): 86

Descriptive ranking: Grade B – State partially supports patient choice

Cumulative number of medical malpractice reports from the National Practitioner Data Bank (NPDB) filings (9/90-9/07): 3 for NPs, 504 for DOs/interns/residents, 2293 for MDs/interns/residents

Cumulative number of Healthcare Integrity and Protection Data Bank (HIPDB) filings (1/99-9/07): 0 for NPs, 143 for DOs/interns/residents, 397 for MDs/interns/residents

STATE: KANSAS

NP title(s) used in this state: ARNP (advanced registered nurse practitioner)

Number of NPs in state? 1552

National certification required for recognition/practice? No, but ARNPs must have graduated from a BoN-approved educational and training program.

MSN required for practice? Yes

Joint BoN/BoM regulation over any aspect of practice? No

Statutory restriction against NP with doctorate being addressed as "Dr"? No

Recent legislative/regulatory changes affecting NP practice? No

NP SCOPE OF PRACTICE – DIAGNOSING & TREATING

BoM/physician involvement in diagnosing and treating? Yes

If so, which words are used to characterize involvement (eg, collaboration, supervision, direction, delegation, authorization)? ARNPs function in collegial relationships with physicians and other healthcare professionals in delivering healthcare services; ARNPs make independent decisions about the nursing needs of patients and interdependent decisions with physicians for healthcare regimens. ARNPs manage the medical plan of care prescribed for clients based on protocols or guidelines adopted jointly by the nurse practitioner and the attending physician.

NP SCOPE OF PRACTICE – PRESCRIBING

BoM/physician involvement in NP prescribing? Yes

If so, which words are used to characterize involvement?

Each written protocol that ARNPs are to follow when prescribing, administering, or supplying a prescription-only drug shall meet the following requirements: Specify for each classification of disease or injury the corresponding class of drugs that the ARNP is permitted to prescribe and maintain this information in a loose-leaf notebook or a book of published protocols. The notebook or book of published protocols shall include a cover page containing the following data: the names, telephone numbers, and signatures of the ARNP and a responsible physician who has authorized the protocol; and the date on which the protocol was adopted or last reviewed. This notebook or book must be kept at the ARNP's principal place of practice.

NP authorized to Rx controlled substances? Yes. In prescribing controlled substances, ARNPs must have a scope of authority that does not exceed the normal and customary practice of the responsible physician.

If so, which schedules? Schedules II-V, as long as the Rx is from a class of drugs prescribed pursuant to protocol.

Authority to receive/dispense drug samples spelled out? Yes

Specified limitations or restrictions on NP drug sampling? Yes. ARNPs may not dispense drugs but may request, receive, and sign for professional samples and may distribute professional samples to patients pursuant to a written protocol as authorized by a responsible physician.

Number and listing of NP schools in state: (6) University of Kansas, Kansas City; University of Phoenix, Wichita; Fort Hays State University, Hays; Pittsburg State University, Pittsburg; Washburn

University, Topeka; Wichita State University, Wichita

2007 Consumer Choice ranking of state's NP regulation (100 is ideal): 73

Descriptive ranking: Grade C – State confines patient choice

Cumulative number of medical malpractice

reports from the National Practitioner Data Bank (NPDB) filings (9/90-9/07): 4 for NPs, 277 for DOs/interns/residents, 7270 for MDs/interns/residents

Cumulative number of Healthcare Integrity and Protection Data Bank (HIPDB) filings (1/99-9/07): 0 for NPs, 40 for DOs/interns/residents, 238 for MDs/interns/residents

STATE: KENTUCKY

NP title(s) used in this state: ARNP (advanced registered nurse practitioner) and NP (nurse practitioner)

Number of NPs in state? 1930

National certification required for recognition/practice? Yes

MSN required for practice? Yes—required for new graduates after January 2005

Joint BoN/BoM regulation over any aspect of practice? No. The NPA statute creates an Advanced Registered Nurse Practitioner Advisory Council of 9 members (1 from BoN, 1 from BoM, 1 from BoP, and 6 ARNPs) who meet annually or more often, but the council has no regulatory or statutory authority and serves in an advisory role to the BoN.

Statutory restriction against NP with doctorate being addressed as “Dr”? No

Recent legislative/regulatory changes affecting NP practice? Yes. A bill to grant ARNPs authority to prescribe scheduled drugs II-V was passed in 2006. Rx of Schedule II drugs is limited to a 72-hour supply, except for ARNPs certified in psych/mental health, who may prescribe a 30-day supply of psychostimulants; a 30-day supply of Schedule III drugs with no refills; and up to a 6-month supply of Schedule IV and V drugs. In March 2007, a regulation went into effect that places additional limitations on ARNPs' scheduled drug prescribing. Rx of Ativan, Klonopin, Valium, Xanax, and hydrocortisone combination products (both liquid and solid formulations) is limited to a 2-week supply with no refills and that of Soma is limited to a 30-day supply with no refills.

NP SCOPE OF PRACTICE – DIAGNOSING & TREATING

BoM/physician involvement in diagnosing and treating? No. Consultation and collaboration are required for situations outside ARNPs' SoP.

If so, which words are used to characterize involvement

(eg, collaboration, supervision, direction, delegation, authorization)? ARNP practice means the performance of additional acts by RNs who have gained added knowledge and shall include prescribing treatments, drugs, and devices and ordering diagnostic tests that are consistent with the ARNP's SoP. When performing in situations outside the ARNP's SoP, the ARNP shall practice in accordance with the collaborative practice agreement and shall seek consultation or referral.

NP SCOPE OF PRACTICE – PRESCRIBING

BoM/physician involvement in NP prescribing? Physician, yes; BoM, no

If so, which words are used to characterize involvement? Before ARNPs can Rx or dispense nonscheduled legend drugs, they must enter into a written collaborative agreement for prescriptive authority with a physician that defines the scope of the prescriptive authority (ie, a Collaborative Agreement for Prescriptive Authority for Non Scheduled Drugs [CAPA-NS]). If ARNPs have been registered to practice for at least 1 year, they may also enter into a Collaborative Agreement for ARNP Prescriptive Authority for Controlled Substances (CAPA-CS) with a physician that defines the scope of the prescriptive authority for CS. The CAPA-CS must be in writing, signed by the ARNP and the physician, and available at each practice site; the BoN must be officially notified.

NP authorized to Rx controlled substances? Yes, if the ARNP has a CAPA-CS and DEA #

If so, which schedules? Schedule II-V medications are defined within ARNPs' CAPA-CS, with the following limitations: Schedule II medications to a 72-hour supply (except for ARNPs certified in psych/mental health, who may prescribe a 30-day supply of psychostimulants if services are provided in a licensed facility); Schedule III medications to a 30-day supply with no refills; Schedule IV and V medications to a 6-month supply. Rx of Ativan, Klonopin, Valium, Xanax, and hydrocortisone

combination products (both liquid and solid formulations) is limited to a 2-week supply with no refills and Rx of Soma is limited to a 30-day supply with no refills.

Authority to receive/dispense drug samples spelled out? Yes

Specified limitations or restrictions on NP drug sampling? Yes. ARNPs may dispense sample medications in accordance with the collaborative agreement for prescriptive authority.

Number and listing of NP schools in state: (7) Indiana Wesleyan University, Louisville; University of Kentucky, Lexington; Bellarmine University, Louisville; Murray State University, Murray; Spalding University, Louisville; University of Louisville, Louisville; Western

Kentucky University, Bowling Green

2007 Consumer Choice ranking of state's NP regulation (100 is ideal): 80

Descriptive ranking: Grade B – State partially supports patient choice

Cumulative number of medical malpractice reports from the National Practitioner Data Bank (NPDB) filings (9/90-9/07): 6 for NPs, 121 for DOs/interns/residents, 3676 for MDs/interns/residents

Cumulative number of Healthcare Integrity and Protection Data Bank (HIPDB) filings (1/99-9/07): 0 for NPs, 43 for DOs/interns/residents, 711 for MDs/interns/residents

STATE: LOUISIANA

NP title(s) used in this state: APRN (advanced practice registered nurse) and NP (nurse practitioner)

Number of NPs in state? 1538 (1149 with prescriptive authority)

National certification required for recognition/practice? Yes

MSN required for practice? Yes

Joint BoN/BoM regulation over any aspect of practice? No

Statutory restriction against NP with doctorate being addressed as "Dr"? No

Recent legislative/regulatory changes affecting NP practice? The APRN applicant for Rx authority requirement (for providing 500 hours of clinical practice within the specialty for the 6 months immediately prior to Rx application) was removed.

NP SCOPE OF PRACTICE – DIAGNOSING & TREATING

BoM/physician involvement in diagnosing and treating? Yes

If so, which words are used to characterize involvement (eg, collaboration, supervision, direction, delegation, authorization)? APRNs who "engage in medical diagnosis and management shall have a Collaborative Practice Agreement [CPA]" that includes the availability of the physician or dentist and the methods of management including clinical practice guidelines (ie, written documents jointly agreed upon by the collaborating professionals that describe a specific plan, arrangement, or sequence of orders, steps, or proce-

dures to be followed or carried out in providing patient care in various clinical situations), and coverage of the healthcare needs of the patient during any absence of any of the providers. APRNs practicing solely in their nursing SoP are not required to have a CPA.

NP SCOPE OF PRACTICE – PRESCRIBING

BoM/physician involvement in NP prescribing? Yes (collaboration)

If so, which words are used to characterize involvement? APRNs apply to the BoN for Rx authority that, once granted, must be specified in the CPA, clarifying that APRNs prescribing are in collaboration.

NP authorized to Rx controlled substances? Yes. APRNs granted Rx authority by the BoN are allowed to Rx controlled substances (CS). The BoN may authorize an APRN with limited Rx authority to Rx CS on an individual practice basis. Such an applicant must have practiced with limited Rx and distributing authority with the same collaborative physician for 500 hours immediately preceding the request.

If so, which schedules? Schedules II-IV (Schedule II under certain circumstances; no CS for treating chronic and intractable pain and/or obesity)

Authority to receive/dispense drug samples spelled out? Yes

Specified limitations or restrictions on NP drug sampling? Yes. Issuing of free samples and other gratuitous medications is defined by the APRNs' clinical practice guidelines contained in a CPA for limited Rx authority.

Number and listing of NP schools in state: (8)

Louisiana State University Health Sciences Center, New Orleans; Loyola University, New Orleans; McNeese State University, Lake Charles; Northwestern State University of Louisiana, Shreveport; Southern University and A&M College, Baton Rouge; University of Louisiana at Lafayette, Lafayette; Southeastern Louisiana University, Hammond; Grambling University, Grambling

2007 Consumer Choice ranking of state's NP regulation (100 is ideal): 62

Descriptive ranking: Grade D – State restricts patient choice

Cumulative number of medical malpractice reports from the National Practitioner Data Bank (NPDB) filings (9/90-9/07): 4 for NPs, 65 for DOs/interns/residents, 5349 for MDs/interns/residents

Cumulative number of Healthcare Integrity and Protection Data Bank (HIPDB) filings (1/99-9/07): 1 for NPs, 1 for DOs/interns/residents, 462 for MDs/interns/residents

STATE: MAINE

NP title(s) used in this state: APRN (advanced practice registered nurse) and CNP (certified nurse practitioner)

Number of NPs in state? 865

National certification required for recognition/practice? Yes

MSN required for practice? As of January 1, 2006, an applicant for initial approval must hold a master's degree with preparation in the specialty area for which the application is made.

Joint BoN/BoM regulation over any aspect of practice? No

Statutory restriction against NP with doctorate being addressed as "Dr"? Yes. The restriction contains an exception allowing the use of "Dr" if the person is a chiropractor, naturopathic doctor, optometrist, or podiatrist. Statute describes a Class E crime if others use the term "Dr" and are engaged in the treatment of a disease or human ailment.

Recent legislative/regulatory changes affecting NP practice? Yes. Title 32, Sec 2205-B, Chapter 197 2007 bill authorizes qualified independent registered nurse practitioners (NPs) to provide the supervision necessary for a CNP to qualify to practice as an APRN. Title 32, Sec. 2205-B, Chapter 197 2007 bill allows a CNP to delegate certain activities relating to advanced practice registered nursing to employees or support staff when those activities are carried out by custom and usage and are under the control of the CNP who is legally liable for the activities.

NP SCOPE OF PRACTICE – DIAGNOSING & TREATING

BoM/physician involvement in diagnosing and treating? Only within the first 2 years of practice for recent graduates of NP programs

If so, which words are used to characterize involvement (eg, collaboration, supervision, direction, delegation, authorization)? Supervision and oversight

NP SCOPE OF PRACTICE – PRESCRIBING

BoM/physician involvement in NP prescribing? Only for the initial supervised 2-year period

If so, which words are used to characterize involvement? Delegation

NP authorized to Rx controlled substances? Yes

If so, which schedules? Schedules II-V

NP issued Rx # by state? No

Authority to receive/dispense drug samples spelled out? Yes

Specified limitations or restrictions on NP drug sampling? Yes, must be among those drugs included in the formulary for prescription writing

Number and listing of NP schools in state: (3) Husson College, Bangor; University of Maine, Orono; University of Southern Maine, Portland

2007 Consumer Choice ranking of state's NP regulation (100 is ideal): 72

Descriptive ranking: Grade C – State confines patient choice

Cumulative number of medical malpractice reports from the National Practitioner Data Bank (NPDB) filings (9/90-9/07): 5 for NPs, 135 for DOs/interns/residents, 849 for MDs/interns/residents

Cumulative number of Healthcare Integrity and Protection Data Bank (HIPDB) filings (1/99-9/07): 0 for NPs, 52 for DOs/interns/residents, 165 for MDs/interns/residents

STATE: MARYLAND

NP title(s) used in this state: NP (nurse practitioner) and CRNP (certified registered nurse practitioner)

Number of NPs in state? 2845 (Total # of certifications – some have dual certifications)

National certification required for recognition/practice? Yes

MSN required for practice? Not at this time

Joint BoN/BoM regulation over any aspect of practice? The BoN and the Board of Physicians under the Department of Health and Mental Hygiene jointly control NP practice. A Joint Committee on Nurse Practitioners is composed of an equal number of members appointed by the Board of Physicians and the BoN. This joint committee makes recommendations to the BoN regarding approval of written agreements (WAs) submitted for review. Once the BoN approves the WA, it is sent to the Board of Physicians, which approves the physician's role as described in the WA before the letter of agreement is approved.

Statutory restriction against NP with doctorate being addressed as "Dr"? No

Recent legislative/regulatory changes affecting NP practice? No

NP SCOPE OF PRACTICE – DIAGNOSING & TREATING

BoM/physician involvement in diagnosing and treating? Yes, indirectly

If so, which words are used to characterize involvement (eg, collaboration, supervision, direction, delegation, authorization)? NPs function under a WA between the NP and a licensed physician concerning the performance by the NP of the functions authorized by these regulations.



NP SCOPE OF PRACTICE – PRESCRIBING

BoM/physician involvement in NP prescribing? Yes

If so, which words are used to characterize involvement? NPs prescribe as specified on the WA between the NP and the physician.

NP authorized to Rx controlled substances? Yes

If so, which schedules? Schedules II-V

Authority to receive/dispense drug samples spelled out? Yes. NPs treating patients in specified healthcare locations may personally prepare and dispense a full course of any drug that they are authorized to prescribe. NPs practicing in other healthcare locations may personally prepare and dispense only starter dosages. Starter dosages and samples do not require written prescriptions, and samples need not meet pharmacist law labeling requirements.

Specified limitations or restrictions on NP drug sampling? Yes. NPs may personally prepare and dispense a starter dosage of any drug that they are authorized to prescribe. NPs must appropriately label the starter dosage, record the dispensed medicine in the patient's medical record, and provide the starter dose free of charge. "Starter dosage" means an amount of a drug sufficient to begin therapy of a short duration of 72 hours or less.

Number and listing of NP schools in state: (6) Coppin State University, Baltimore; Johns Hopkins University, Baltimore; University of Maryland, Baltimore; Bowie State University, Bowie; Salisbury University, Salisbury; Uniformed Services University of the Health Sciences, Bethesda

2007 Consumer Choice ranking of state's NP regulation (100 is ideal): 57

Descriptive ranking: Grade F – State severely restricts patient choice

Cumulative number of medical malpractice reports from the National Practitioner Data Bank (NPDB) filings (9/90-9/07): 16 for NPs, 71 for DOs/interns/residents, 5478 for MDs/interns/residents

Cumulative number of Healthcare Integrity and Protection Data Bank (HIPDB) filings (1/99-9/07): 0 for NPs, 14 for DOs/interns/residents, 760 for MDs/interns/residents

STATE: MASSACHUSETTS**NP title(s) used in this state:** NP (nurse practitioner)**Number of NPs in state?** 5600**National certification required for recognition/practice?** Yes**MSN required for practice?** No, MS required**Joint BoN/BoM regulation over any aspect of practice?** Yes. The BoN adopted 244 CMR (Regulations Governing the Practice of Nursing in the Expanded Role), which it and the BoM approved (4/94) under statute authority.**Statutory restriction against NP with doctorate being addressed as "Dr"?** No**Recent legislative/regulatory changes affecting NP practice?** Legislation has been filed. A bill, "An Act to Ensure Consumer Choice of NP Services," was introduced and is being reviewed by the Joint Commission of Health Care Finance. This bill would grant PCP status to NPs, prohibit discrimination against NPs as a class of PCPs by third-party payers, and give consumers the opportunity to choose NPs as their PCP.**NP SCOPE OF PRACTICE – DIAGNOSING & TREATING****BoM/physician involvement in diagnosing and treating?** Yes

If so, which words are used to characterize involvement (eg, collaboration, supervision, direction, delegation, authorization)? Nurses in the expanded role must work under written protocols (ie, written instructions and procedures describing methods to follow in managing a healthcare situation or resolving a healthcare problem that specifies those instances in which referral to or consultation with a physician is required). The written guidelines shall designate a physician who shall provide medical direction. The guidelines must describe the NP's SoP, describe the circumstances in which physician consultation or referral is required, describe the use of established procedures for the treatment of common medical conditions, and include provisions for managing emergencies.

NP SCOPE OF PRACTICE – PRESCRIBING**BoM/physician involvement in NP prescribing?** Yes

If so, which words are used to characterize involvement? The guidelines pertaining to prescriptive practice must include a defined mechanism to monitor prescribing practices, including documentation of review with a supervising physician at least every 3 months.

NP authorized to Rx controlled substances? Yes

If so, which schedules? Schedules II-V

Authority to receive/dispense drug samples spelled out? Yes**Specified limitations or restrictions on NP drug sampling?** Yes. Schedule II-V medications: single dose or enough for "immediate treatment"; Schedule VI medications: no more than 30 days or 90 days if indigent**Number and listing of NP schools in state:** (10) Boston College, Chestnut Hill; Northeastern University, Boston; University of Massachusetts, Worcester; Massachusetts College of Pharmacy and Health Sciences, Boston; MGH Institute of Health Professions, Boston; Regis College, Weston; Simmons College, Boston; University of Massachusetts, Amherst; University of Massachusetts, Boston; University of Massachusetts, North Dartmouth; University of Massachusetts, Lowell**2007 Consumer Choice ranking of state's NP regulation (100 is ideal):** 56**Descriptive ranking:** Grade F – State severely restricts patient choice**Cumulative number of medical malpractice reports from the National Practitioner Data Bank (NPDB) filings (9/90-9/07):** 28 for NPs, 78 for DOs/interns/residents, 5857 for MDs/interns/residents**Cumulative number of Healthcare Integrity and Protection Data Bank (HIPDB) filings (1/99-9/07):** 17 for NPs, 44 for DOs/interns/residents, 1008 for MDs/interns/residents

STATE: MICHIGAN

NP title(s) used in this state: NP (nurse practitioner)

Number of NPs in state? 3280

National certification required for recognition/practice? Yes, for initial specialty certification; for renewal, NPs must submit proof of current national certification/recertification or 40 hours of CE earned in the 2-year period preceding the date of application.

MSN required for practice? Yes, because currently, initial specialty certification requires certification by an approved national certification board.

Joint BoN/BoM regulation over any aspect of practice? No

Statutory restriction against NP with doctorate being addressed as “Dr”? No

Recent legislative/regulatory changes affecting NP practice? No

NP SCOPE OF PRACTICE – DIAGNOSING & TREATING

BoM/physician involvement in diagnosing and treating? No

If so, which words are used to characterize involvement (eg, collaboration, supervision, direction, delegation, authorization)? The Michigan Public Health code defines nursing, and this serves as the legal SoP statement. RNs are licensed to practice independently within this scope. For medically delegated functions such as prescribing, physician delegation is required. Diagnosis is not addressed.

NP SCOPE OF PRACTICE – PRESCRIBING

BoM/physician involvement in NP prescribing? Yes

If so, which words are used to characterize involvement? A prescriber is defined as a licensed health professional acting under the delegation of and using, recording, or otherwise indicating the name of the delegating physician. NPs prescribe controlled substances (CS) under a Delegation of Prescriptive Authority Agreement signed by their delegating physician, which, according to the BoM administrative rules and Public Health Code, must be reviewed annually.

NP authorized to Rx controlled substances? Yes

If so, which schedules? NPs who practice in the hospital setting or free-standing surgical suite and those

who practice in oncology/hospice/palliative care may apply for Schedules II-V if in accordance with the Delegation of Prescriptive Authority Agreement. All other NPs are eligible for Schedules III-V. A delegating physician may not delegate the Rx of Schedule II CS on the day of hospital discharge for more than a 7-day period. Schedule III-V medications may be prescribed as long as in accordance with the delegation protocol.

Authority to receive/dispense drug samples spelled out? A delegating physician may delegate in writing to an RN the ordering, receipt, and dispensing of complimentary starter dose drugs (other than CS). For CS, as per the Delegation of Prescriptive Authority Agreement signed by the NP’s delegating physician.

Specified limitations or restrictions on NP drug sampling? As per physician delegation. For CS, as per the Delegation of Prescriptive Authority Agreement signed by the NP’s delegating physician.

Number and listing of NP schools in state: (10) Michigan State University, East Lansing; Oakland University, Rochester; University of Michigan, Ann Arbor; University of Michigan, Flint; Wayne State University, Detroit; Grand Valley State University, Grand Rapids; Madonna University, Livonia; Northern Michigan University, Marquette; Saginaw Valley State University, University Center; University of Detroit Mercy, Detroit

2007 Consumer Choice ranking of state’s NP regulation (100 is ideal): 57

Descriptive ranking: Grade F – State severely restricts patient choice

Cumulative number of medical malpractice reports from the National Practitioner Data Bank (NPDB) filings (9/90-9/07): 9 for NPs, 2516 for DOs/interns/residents, 9534 for MDs/interns/residents

Cumulative number of Healthcare Integrity and Protection Data Bank (HIPDB) filings (Period 1/99-9/06): 16 for NPs, 400 for DOs/interns/residents, 1175 for MDs/interns/residents

STATE: MINNESOTA

NP title(s) used in this state: APRN (advanced practice registered nurse) and CNP (certified nurse practitioner)

Number of NPs in state? 2197

National certification required for recognition/practice? Yes, by certifying organizations acceptable to the BoN

MSN required for practice? No

Joint BoN/BoM regulation over any aspect of practice? No

Statutory restriction against NP with doctorate being addressed as "Dr"? No

Recent legislative/regulatory changes affecting NP practice? APRNs certified in mental health may act as an examiner to place a patient on emergency hold for care and treatment and to petition the court for retention for treatment. They may act as a "Health Officer" for the purpose of taking an individual into custody for transport to a treatment facility.

NP SCOPE OF PRACTICE – DIAGNOSING & TREATING

BoM/physician involvement in diagnosing and treating? Yes. NP practice entails "collaborative management," which includes (1) diagnosing, directly managing, and preventing acute and chronic illness; and (2) promoting wellness, including providing non-pharmacologic treatment.

If so, which words are used to characterize involvement (eg, collaboration, supervision, direction, delegation, authorization)? "Collaborative management" is a mutually agreed upon plan between an APRN and physician(s) that designates the scope of collaboration necessary to manage the care of patients.

NP SCOPE OF PRACTICE – PRESCRIBING

BoM/physician involvement in NP prescribing? Yes

If so, which words are used to characterize involvement? NPs prescribe by written agreement (WA) with

a physician based on standards jointly established by the state Nurses Association and the state Medical Association. NPs' Rx authority is physician delegated via a WA that defines the delegated responsibilities related to the prescription of drugs and therapeutic devices. WAs must be maintained at the primary practice site of the APRN and the collaborating physician.

NP authorized to Rx controlled substances? Yes, as authorized in the WA

If so, which schedules? Schedules II-V

Authority to receive/dispense drug samples spelled out? Yes

Specified limitations or restrictions on NP drug sampling? Yes. The authority to dispense extends only to drugs that are described in the WA. The authority to dispense includes, but is not limited to, the authority to receive and dispense sample drugs.

Number and listing of NP schools in state: (9) College of St. Scholastica, Duluth, St Paul, and St Cloud; Concordia College, Moorhead; College of Saint Catherine, St. Paul; Metropolitan State University, St. Paul; Minnesota State University, Mankato; University of Minnesota, Minneapolis; Winona State University, Winona

2007 Consumer Choice ranking of state's NP regulation (100 is ideal): 75

Descriptive ranking: Grade C – State confines patient choice

Cumulative number of medical malpractice reports from the National Practitioner Data Bank (NPDB) filings (9/90-9/07): 7 for NPs, 65 for DOs/interns/residents, 2564 for MDs/interns/residents

Cumulative number of Healthcare Integrity and Protection Data Bank (HIPDB) filings (1/99-9/07): 1 for NPs, 20 for DOs/interns/residents, 400 for MDs/interns/residents

**To obtain the full Pearson Report for any or all states/DC,
log on to the NP Communications
website at www.webnp.net in March.**

STATE: MISSISSIPPI

NP title(s) used in this state: NP (nurse practitioner), CNP (certified nurse practitioner), and APRN (advanced practice registered nurse)

Number of NPs in state? 1864

National certification required for recognition/practice? Yes

MSN required for practice? Yes

Joint BoN/BoM regulation over any aspect of practice? Yes

Statutory restriction against NP with doctorate being addressed as “Dr”? Yes. All healthcare practitioners are required to clearly identify themselves to the public; they may use credentials after their name but may not place “Dr” before their name.

Recent legislative/regulatory changes affecting NP practice? No

NP SCOPE OF PRACTICE – DIAGNOSING & TREATING

BoM/physician involvement in diagnosing and treating? Yes

If so, which words are used to characterize involvement (eg, collaboration, supervision, direction, delegation, authorization)? Prior to practice as an NP, the applicant must submit protocol/practice guidelines (developed by the NP and the collaborating physician) for BoN approval. The protocol must outline diagnostic and therapeutic procedures and categories of pharmacologic agents that maybe ordered, administered, dispensed, and/or prescribed for patients with diagnoses identified by the NP and the physician as within the NP’s SoP.

NP SCOPE OF PRACTICE – PRESCRIBING

BoM/physician involvement in NP prescribing? Yes

If so, which words are used to characterize involvement? Each physician acting in a collaborative/consultative relationship with the NP must submit a signed protocol. In addition, the NP and the collaborative/consultative physician must have an active quality assurance/continued quality improvement plan in place with regard to prescribing practices.

NP authorized to Rx controlled substances? Yes. The BoN may deny controlled substances (CS) authority, or grant any combination of Schedules (eg, V only; IV and V; III, IV, and V; II, IV, and V). A letter justifying the requested Rx authority for Schedules II and III must be signed by the NP and the NP’s collaborative/



consultative physician outlining the NP’s practice and the necessity for the requested CS protocol approval (including an explanation of the practice, the population served, and the types of diseases treated). Applications for Rx authority for Schedules II and III are reviewed by the BoN’s Expanded Role Committee, which includes a physician member who also serves on the BoM.

If so, which schedules? Schedules II-V, depending on BoN authorization

Authority to receive/dispense drug samples spelled out? Yes

Specified limitations or restrictions on NP drug sampling? Yes. NPs may not receive samples of CS.

Number and listing of NP schools in state: (4) Delta State University, Cleveland; Mississippi University for Women, Columbus; University of Mississippi Medical Center, Jackson; University of Southern Mississippi, Hattiesburg

2007 Consumer Choice ranking of state’s NP regulation (100 is ideal): 65

Descriptive ranking: Grade D – State restricts patient choice

Cumulative number of medical malpractice reports from the National Practitioner Data Bank (NPDB) filings (9/90-9/07): 7 for NPs, 106 for DOs/interns/residents, 2280 for MDs/interns/residents

Cumulative number of Healthcare Integrity and Protection Data Bank (HIPDB) filings (1/99- 9/07): 5 for NPs; 41 for DOs/interns/residents; 310 for MDs/interns/residents

STATE: MISSOURI

NP title(s) used in this state: APN (advanced practice nurse), NP (nurse practitioner), and APRN (advanced practice registered nurse)

Number of NPs in state? 3009

National certification required for recognition/practice? Yes, unless certification in NPs' specialty is not available, in which case BoN may recognize those who submit documentation evidencing a minimum of 1500 hours of clinical practice in their APN clinical specialty area within the past 2 years.

MSN required for practice? Yes, for new applicants

Joint BoN/BoM regulation over any aspect of practice? Yes

Statutory restriction against NP with doctorate being addressed as "Dr"? No

Recent legislative/regulatory changes affecting NP practice? None for 2007. Effective August 28, 2006, SB 756 "Modifies requirements for licensing and registration of certain professionals." Within the section that potentially affects APRN practice, titled "Collaborative Practice Agreements" (CPAs), the BoM requires physicians to identify whether they are engaged in or have a CPA and to report the name of the licensed professional with whom they have the CPA. Physicians must state that the BoM may provide this information to the public and track and review the agreements for compliance.

NP SCOPE OF PRACTICE – DIAGNOSING & TREATING

BoM/physician involvement in diagnosing and treating? Yes

If so, which words are used to characterize involvement (eg, collaboration, supervision, direction, delegation, authorization)? The written CPA (defined as a written collaborative agreement) contains jointly agreed-upon protocols or standing orders for the delivery of health-care services. A written CPA is not necessary unless APNs are functioning under delegated medical acts, including making medical diagnoses, prescribing medical treatments, and prescribing drug therapies.

NP SCOPE OF PRACTICE – PRESCRIBING

BoM/physician involvement in NP prescribing? Yes

If so, which words are used to characterize involvement? Delegation—the collaborating physician retains responsibility for the NPs' prescriptive decisions.

NP authorized to Rx controlled substances? No

If so, which schedules? NA

Authority to receive/dispense drug samples spelled out? Yes

Specified limitations or restrictions on NP drug sampling? Yes. Starter doses to initiate drug therapy limited to 72-hour supply; samples may be dispensed to complete drug therapy. Dispensed drugs must be labeled following statute-described method. Under the CPA, APNs may administer or dispense controlled substances (CS) after direct consultation with the physician, but they cannot prescribe CS.

Number and listing of NP schools in state: (13) University of Central Missouri, Warrensburg; Research College of Nursing, Kansas City; Saint Louis University, St. Louis; University of Missouri, Columbia; University of Missouri, Kansas City; Graceland University, Independence; Maryville University of Saint Louis, St. Louis; Southeast Missouri State University, Cape Girardeau; Southwest Missouri State University, Springfield; University of Missouri, St. Louis; University of Phoenix, St. Louis; Barnes-Jewish College, St Louis; Central Methodist University, Fayette

2007 Consumer Choice ranking of state's NP regulation (100 is ideal): 36

Descriptive ranking: Grade F – State severely restricts patient choice

Cumulative number of medical malpractice reports from the National Practitioner Data Bank (NPDB) filings (9/90-9/07): 14 for NPs, 620 for DOs/interns/residents, 3778 for MDs/interns/residents

Cumulative number of Healthcare Integrity and Protection Data Bank (HIPDB) filings (1/99-9/07): 0 for NPs, 301 for DOs/interns/residents, 672 for MDs/interns/residents

STATE: MONTANA

NP title(s) used in this state: APRN (advanced practice registered nurse) and NP (nurse practitioner)

Number of NPs in state? 505

National certification required for recognition/practice? Yes

MSN required for practice? Yes

Joint BoN/BoM regulation over any aspect of practice? No

Statutory restriction against NP with doctorate being addressed as “Dr”? No

Recent legislative/regulatory changes affecting NP practice? 2007: bill passed authorizing APRNs to serve as primary care providers for certification of disabled hunters and disabled drivers; APRNs may also served as primary care providers for injured workers covered under state Workers’ Compensation System.

NP SCOPE OF PRACTICE – DIAGNOSING & TREATING

BoM/physician involvement in diagnosing and treating? No

If so, which words are used to characterize involvement (eg, collaboration, supervision, direction, delegation, authorization)? NA

NP SCOPE OF PRACTICE – PRESCRIBING

BoM/physician involvement in NP prescribing? No

If so, which words are used to characterize involvement? NA

NP authorized to Rx controlled substances? Yes. Rx for Schedules III-V shall not exceed the quantity necessary for a 3-month period.

If so, which schedules? Schedules II-V

Authority to receive/dispense drug samples spelled out? Yes

Specified limitations or restrictions on NP drug sampling? No

Number and listing of NP schools in state: (1) Montana State University Bozeman, Bozeman

2007 Consumer Choice ranking of state’s NP regulation (100 is ideal): 93

Descriptive ranking: Grade A – State is exemplary for patient choice

Cumulative number of medical malpractice reports from the National Practitioner Data Bank (NPDB) filings (9/90-9/07): 3 for NPs, 59 for DOs/interns/residents, 1139 for MDs/interns/residents

Cumulative number of Healthcare Integrity and Protection Data Bank (HIPDB) filings (1/99-9/06): 0 for NPs, 13 for DOs/interns/residents, 117 for MDs/interns/residents

STATE: NEBRASKA

NP title(s) used in this state: APRN-NP

Number of NPs in state? 724

National certification required for recognition/practice? Yes

MSN required for practice? Yes

Joint BoN/BoM regulation over any aspect of practice? No

Statutory restriction against NP with doctorate being addressed as “Dr”? No

Recent legislative/regulatory changes affecting NP practice? New bill, effective July 1, 2007: (1) created an umbrella board for all APRNs (includes CNSs, CRNAs, and CNMs within the APRN category); (2) removed

restrictions for Schedule II drugs; if collaborating physicians want NPs to be restricted, they (the NPs) need to notify the APRN board. Otherwise, APRNs are assumed to be able to prescribe Schedule II drugs.

NP SCOPE OF PRACTICE – DIAGNOSING & TREATING

BoM/physician involvement in diagnosing and treating? Yes—the physician, not the BoM

If so, which words are used to characterize involvement (eg, collaboration, supervision, direction, delegation, authorization)? Collaboration, supervision, and direction of NP activities as per integrated practice agreement (IPA), under which NPs and physicians have

both individual and joint responsibility for management of patient health care. Collaborating physicians are responsible for supervision through readily available consultation and direction of the activities of NPs within NPs' defined SoP to ensure the quality of health care provided to patients. NPs must also maintain liability insurance (\$200,000 per incident and \$600,000 aggregate per year).

NP SCOPE OF PRACTICE – PRESCRIBING

BoM/physician involvement in NP prescribing?

Yes—the physician, not the BoM

If so, which words are used to characterize involvement?

Collaboration, supervision, and direction of NP activities as per IPA. NPs provide health services within specialty areas and functions by established collaborative networks and prescribe therapeutic measures and medications, including Schedule II-V medications (unless a collaborating physician wants an NP to be restricted from prescribing Schedule II drugs, in which case the physician must notify the APRN board; otherwise the NP is assumed to be able to prescribe Schedule II drugs).

NP authorized to Rx controlled substances? Yes

If so, which schedules? Schedules II-V

Authority to receive/dispense drug samples spelled out? Yes

Specified limitations or restrictions on NP drug sampling? Yes. Per IPA, NPs may dispense, incident to practice only, sample medications that are provided by the manufacturer at no charge to the patient.

Number and listing of NP schools in state: (3) Creighton University, Omaha; University of Nebraska Medical Center, Omaha; Clarkson College, Omaha

2007 Consumer Choice ranking of state's NP regulation (100 is ideal): 61

Descriptive ranking: Grade D – State restricts patient choice

Cumulative number of medical malpractice reports from the National Practitioner Data Bank (NPDB) filings (9/90-9/07): 3 for NPs, 21 for DOs/interns/residents, 1476 for MDs/interns/residents

Cumulative number of Healthcare Integrity and Protection Data Bank (HIPDB) filings (1/99-9/07): 0 for NPs, 4 for DOs/interns/residents, 102 for MDs/interns/residents

STATE: NEVADA

NP title(s) used in this state: APN (advanced practitioner of nursing)

Number of NPs in state? 530

National certification required for recognition/practice? Yes—only for APNs without a BSN or an MSN degree who completed their program between 1992 and June 1, 2005

MSN required for practice? Yes, required for APNs who have graduated after June 2005

Joint BoN/BoM regulation over any aspect of practice? No

Statutory restriction against NP with doctorate being addressed as "Dr"? No

Recent legislative/regulatory changes affecting NP practice? None in 2007

NP SCOPE OF PRACTICE – DIAGNOSING & TREATING

BoM/physician involvement in diagnosing and treating? Yes

If so, which words are used to characterize involvement (eg, collaboration, supervision, direction, delegation, authorization)? All APNs must maintain current protocols that they and their collaborating physician have agreed upon as a basis for their practice within their ongoing collaborative relationship.

NP SCOPE OF PRACTICE – PRESCRIBING

BoM/physician involvement in NP prescribing? Yes

If so, which words are used to characterize involvement? APNs may prescribe only those controlled substances, poisons, dangerous drugs, or devices that are currently within the standard of medical practice in their identified medical specialty; those classes of drugs must be listed in the protocols that the collaborating physician has approved in writing.

NP authorized to Rx controlled substances? Yes, per protocol

If so, which schedules? Schedules II-V

Authority to receive/dispense drug samples spelled out? Yes

Specified limitations or restrictions on NP drug sampling? No. Samples may be distributed by APNs who have been granted prescribing privileges by the BoN and the BoP.

Number and listing of NP schools in state: (2) University of Nevada, Reno; University of Nevada, Las Vegas

2007 Consumer Choice ranking of state's NP regulation (100 is ideal): 73

Descriptive ranking: Grade C – State confines patient choice

Cumulative number of medical malpractice reports from the National Practitioner Data Bank (NPDB) filings (9/90-9/07): 2 for NPs, 101 for DOs/interns/residents, 1705 for MDs/interns/residents

Cumulative number of Healthcare Integrity and Protection Data Bank (HIPDB) filings (1/99-9/07): 0 for NPs, 7 for DOs/interns/residents, 147 for MDs/interns/residents



STATE: NEW HAMPSHIRE

NP title(s) used in this state: ARNP (advanced registered nurse practitioner)

Number of NPs in state? 1376

National certification required for recognition/practice? Yes

MSN required for practice? Yes, unless the individual graduated before July 1, 2004, from an ARNP education program accredited by a national accrediting body

Joint BoN/BoM regulation over any aspect of practice? No

Statutory restriction against NP with doctorate being addressed as "Dr"? No

Recent legislative/regulatory changes affecting NP practice? The authority to certify a walking disability and death records was adopted in a 2007 statute.

NP SCOPE OF PRACTICE – DIAGNOSING & TREATING

BoM/physician involvement in diagnosing and treating? No

If so, which words are used to characterize involvement (eg, collaboration, supervision, direction, delegation, authorization)? NA

NP SCOPE OF PRACTICE – PRESCRIBING

BoM/physician involvement in NP prescribing? Yes (minor)

If so, which words are used to characterize involvement?

Only as related to the Joint Health Council (JHC, which consists of 3 ARNPs appointed by the BoN; 3 physicians who work with ARNPs, appointed by the BoM; and 3 licensed, practicing clinical pharmacists appointed by the BoP). JHC members are not members of their respective boards.

NP authorized to Rx controlled substances? Yes

If so, which schedules? Schedules II-V

Authority to receive/dispense drug samples spelled out? Yes

Specified limitations or restrictions on NP drug sampling? No

Number and listing of NP schools in state: (1) Rivier College, Nashua

2007 Consumer Choice Ranking of state's NP regulation (100 is ideal): 95

Descriptive ranking: Grade A – State is exemplary for patient choice

Cumulative number of medical malpractice reports from the National Practitioner Data Bank (NPDB) filings (9/90-9/07): 7 for NPs, 24 for DOs/interns/residents, 1075 for MDs/interns/residents

Cumulative number of Healthcare Integrity and Protection Data Bank (HIPDB) filings (1/99-9/07): 3 for NPs, 9 for DOs/interns/residents, 176 for MDs/interns/residents

STATE: NEW JERSEY

NP title(s) used in this state: APN (advanced practice nurse)

Number of NPs in state? 3790 (active), 678 (inactive)

National certification required for recognition/practice? Yes

MSN required for practice? Yes. A master's degree in nursing is required for all APNs (the degree may be an MSN, an MN, or an MA, depending on the nursing program).

Joint BoN/BoM regulation over any aspect of practice? The joint protocol (JP) required for prescribing must conform to the standards established by the Director of the Division of Consumer Affairs. The JP was developed by a joint committee of the BoN with the BoM, but the BoN alone maintains regulatory authority over APNs.

Statutory restriction against NP with doctorate being addressed as "Dr"? No

Recent legislative/regulatory changes affecting NP practice? A 2006 law authorizes RNs, including APNs, to pronounce death in all clinical settings, including acute and long-term care settings (although the law does not authorize the pronouncement of brain death or the certification of the cause of death). In January 2006, Assisted Living Standards added APNs to the list of providers whom patients have a "right to choose." In 2007, APNs were added to Developmental Disability regulations and can be chosen as PCPs and provide primary care; and in Mental Health Services regulations, APNs have been added as providers who can implement advance directives for the mentally ill. The Department of Banking and Insurance re-proposed HMO regulations and deleted a prior DHSS proposal to remove APNs as PCPs in HMO law.

NP SCOPE OF PRACTICE – DIAGNOSING & TREATING

BoM/physician involvement in diagnosing and treating? No

If so, which words are used to characterize involvement (eg, collaboration, supervision, direction, delegation, authorization)? NA

NP SCOPE OF PRACTICE – PRESCRIBING

BoM/physician involvement in NP prescribing? Yes

If so, what words are used to characterize involvement? APNs (who seek to Rx or order medications or devices)

and the collaborating physician must develop a written JP signed by both and maintained on the premises of every office in which the APN practices and updated at least annually to reflect changes in the practice, skills, and reference materials containing practice guidelines or accepted standards of practice. The JP must contain the nature of the practice, the patient population and settings, the recordkeeping methodology, a list of categories of medications prescribed, specific requirements for recording information and refills, and any rules for direct consultation that may be electronic in nature.

NP authorized to Rx controlled substances? Yes. 2004 law authorizes APNs to initiate controlled substances (CS) according to JP. The BoN allows APNs to so prescribe (in the absence of adopted regulations) as long as the APNs revise their JP to explicitly address whether or not they must consult with the collaborating physician prior to prescribing or ordering CS and as long as the APNs have completed a 6 contact-hour course in CS prescribing.

If so, which schedules? Schedules II-V

Authority to receive/dispense drug samples spelled out? Yes

Specified limitations or restrictions on NP drug sampling? No

Number and listing of NP schools in state: (10) Felician College, Lodi; Monmouth University, West Long Branch; Seton Hall University, South Orange; The College of New Jersey, Ewing; University of Medicine & Dentistry of New Jersey, Newark; Fairleigh Dickinson University, Teaneck; Rutgers, The State University of New Jersey, Newark; Saint Peter's College, Jersey City; SetonWorldWide, Seton Hall University, Online; William Paterson University, Wayne

2007 Consumer Choice ranking of state's NP regulation (100 is ideal): 81

Descriptive ranking: Grade B – State partially supports patient choice

Cumulative number of medical malpractice reports from the National Practitioner Data Bank (NPDB) filings (9/90-9/07): 10 for NPs, 740 for DOs/interns/residents, 9222 for MDs/interns/residents

Cumulative number of Healthcare Integrity and Protection Data Bank (HIPDB) filings (1/99-9/07): 1 for NPs, 206 for DOs/interns/residents, 1294 for MDs/interns/residents

STATE: NEW MEXICO

NP title(s) used in this state: CNP (certified nurse practitioner) and NP (nurse practitioner)

Number of NPs in state? 704

National certification required for recognition/practice? Yes

MSN required for practice? Yes

Joint BoN/BoM regulation over any aspect of practice? No

Statutory restriction against NP with doctorate being addressed as "Dr"? No

Recent legislative/regulatory changes affecting NP practice? No

NP SCOPE OF PRACTICE – DIAGNOSING & TREATING

BoM/physician involvement in diagnosing and treating? No

If so, which words are used to characterize involvement (eg, collaboration, supervision, direction, delegation, authorization)? NA

NP SCOPE OF PRACTICE – PRESCRIBING

BoM/physician involvement in NP prescribing? No

If so, which words are used to characterize involvement? NA

NP authorized to Rx controlled substances? Yes

If so, which schedules? Schedules II-V

Authority to receive/dispense drug samples spelled out? Yes

Specified limitations or restrictions on NP drug sampling? No

Number and listing of NP schools in state: (3) New Mexico State University, Las Cruces; University of New Mexico, Albuquerque; University of St. Francis, Albuquerque

2007 Consumer Choice ranking of state's NP regulation (100 is ideal): 91

Descriptive ranking: Grade A – State is exemplary for patient choice

Cumulative number of medical malpractice reports from the National Practitioner Data Bank (NPDB) filings (9/90-9/07): 15 for NPs, 18 for DOs/interns/residents, 1620 for MDs/interns/residents

Cumulative number of Healthcare Integrity and Protection Data Bank (HIPDB) filings (9/99-9/07): 0 for NPs, 0 for DOs/interns/residents, 217 for MDs/interns/residents

STATE: NEW YORK

NP title(s) used in this state: NP (nurse practitioner)

Number of NPs in state? 13,606

National certification required for recognition/practice? No

MSN required for practice? No

Joint BoN/BoM regulation over any aspect of practice? No

Statutory restriction against NP with doctorate being addressed as "Dr"? No, but in General Business Law statute, if you use the term "Doctor" when offering to perform health services, you must indicate the profession in which you hold a doctorate.

Recent legislative/regulatory changes affecting NP practice? The proposed legislation permitting NPs to sign death certificates continues to be opposed by the

NYS Department of Health (with the rationale that the World Health Organization's (WHO's) standards do not recognize NPs for such purposes). As a result, the state Assembly did not act on the bill in 2007. NY NPs urge national NP organizations to work with the WHO to change its standards in this regard to help state-directed lobby efforts to remove this barrier.

NP SCOPE OF PRACTICE – DIAGNOSING & TREATING

BoM/physician involvement in diagnosing and treating? Yes (sometimes, not always)

If so, which words are used to characterize involvement (eg, collaboration, supervision, direction, delegation, authorization)? NPs must function with physician collaboration that must be performed with a written practice agreement (WPA) and a written practice protocol

(WPP). The WPA must include explicit provisions for resolving disagreements between the collaborating physician and the NP, with the physician's diagnosis and treatment taking final priority in a dispute.

NP SCOPE OF PRACTICE – PRESCRIBING

BoM/physician involvement in NP prescribing?

Yes, but only related to the collaborative agreement

If so, which words are used to characterize involvement?

Collaboration within the WPA and the WPP.

NP authorized to Rx controlled substances? Yes

If so, which schedules? Schedules II- IV

Authority to receive/dispense drug samples spelled out? Yes

Specified limitations or restrictions on NP drug sampling? No

Number and listing of NP schools in state: (27) Adelphi University, Garden City; Binghamton University, SUNY, Binghamton; College of Mount Saint Vincent, Riverdale; Columbia University, New York; D'Youville College, Buffalo; Pace University, New York; SUNY Institute of Technology, Utica; University at Buffalo, SUNY, Buffalo; University of Rochester, Rochester; Daemen College, Amherst; Dominican College, Orangeburg; Hunter-Bellevue College of The

City University of New York, New York; Keuka College, Keuka Park; Long Island University, C.W. Post, Brookville; Long Island University, Brooklyn; Molloy College, Rockville Centre; Mount Saint Mary College, Newburgh; Nazareth College of Rochester, Rochester; New York University, New York; Saint John Fisher College, Rochester; Stony Brook University, Brockport; SUNY College at Brockport, Brockport; SUNY Downstate Medical Center at Brooklyn, Brooklyn; SUNY Upstate Medical University, Syracuse; The College of New Rochelle, New Rochelle; The Sage Colleges, Department of Nursing, Troy; Wagner College, Staten Island

2007 Consumer Choice ranking of state's NP regulation (100 is ideal): 85

Descriptive ranking: Grade B – State partially supports patient choice

Cumulative number of medical malpractice reports from the National Practitioner Data Bank (NPDB) filings (9/90-9/07): 53 for NPs, 525 for DOs/interns/residents, 31,181 for MDs/interns/residents

Cumulative number of Healthcare Integrity and Protection Data Bank (HIPDB) filings (1/99-9/07): 19 for NPs, 159 for DOs/interns/residents, 3614 for MDs/interns/residents

STATE: NORTH CAROLINA

NP title(s) used in this state: NP (nurse practitioner)

Number of NPs in state? 2907

National certification required for recognition/practice? Yes

MSN required for practice? Yes

Joint BoN/BoM regulation over any aspect of practice? "Registration" means authorization by the BoM and the BoN for an RN to use the title NP. The BoM appoints and maintains a subcommittee to work jointly with a subcommittee of the BoN to develop rules to govern the performance of medical acts. The BoM/BoN has the responsibility for securing compliance with these rules.

Statutory restriction against NP with doctorate being addressed as "Dr"? No

Recent legislative/regulatory changes affecting NP practice? None

NP SCOPE OF PRACTICE – DIAGNOSING & TREATING

BoM/physician involvement in diagnosing and treating? Yes

If so, which words are used to characterize involvement (eg, collaboration, supervision, direction, delegation, authorization)? Primary Supervising Physician means the licensed physician who, by signing the NP application, shall provide ongoing supervision, collaboration, consultation, and evaluation of the medical acts performed by the NP as defined in the Collaborative Practice Agreement (CPA). The primary supervising physician shall assure both boards that the NP is qualified to perform those medical acts described in the CPA.

NP SCOPE OF PRACTICE – PRESCRIBING

BoM/physician involvement in NP prescribing? Yes

If so, which words are used to characterize involvement? Prescribing and dispensing are allowed as long as the

drug or device is included in the CPA.

NP authorized to Rx controlled substances? Yes. Controlled substances (Schedules II, IIN, III, IIIN, IV, and V) may be procured, prescribed, or ordered as established in the CPA, provided that dosage units for schedules II, IIN, III, and IIIN are limited to a 30-day supply and the prescription or order for Schedules II, IIN, III, and IIIN may not be refilled.

If so, which schedules? Schedules II-V

Authority to receive/dispense drug samples spelled out? Yes

Specified limitations or restrictions on NP drug sampling? Yes. NPs may obtain approval to dispense the drugs and devices included in the CPA for each practice site from the BoP.

Number and listing of NP schools in state: (7) Duke University, Durham; East Carolina University,

Greenville; University of North Carolina, Chapel Hill; University of North Carolina, Greensboro; University of North Carolina, Charlotte; University of North Carolina, Wilmington; University of North Carolina, Asheville

2007 Consumer Choice ranking of state's NP regulation (100 is ideal): 57

Descriptive ranking: Grade F – State severely restricts patient choice

Cumulative number of medical malpractice reports from the National Practitioner Data Bank (NPDB) filings (9/90-9/07): 11 for NPs, 63 for DOs/interns/residents, 3611 for MDs/interns/residents

Cumulative number of Healthcare Integrity and Protection Data Bank (HIPDB) filings (1/99-9/07): 21 for NPs, 26 for DOs/interns/residents, 767 for MDs/interns/residents

STATE: NORTH DAKOTA

NP title(s) used in this state: APRN (advanced practice registered nurse) and NP (nurse practitioner)

Number of NPs in state? 334

National certification required for recognition/practice? No

MSN required for practice? Yes

Joint BoN/BoM regulation over any aspect of practice? No

Statutory restriction against NP with doctorate being addressed as "Dr"? No

Recent legislative/regulatory changes affecting NP practice? No

NP SCOPE OF PRACTICE – DIAGNOSING & TREATING

BoM/physician involvement in diagnosing and treating? No

If so, which words are used to characterize involvement (eg, collaboration, supervision, direction, delegation, authorization)? NA

NP SCOPE OF PRACTICE – PRESCRIBING

BoM/physician involvement in NP prescribing? Yes

If so, which words are used to characterize involvement? The Prescriptive Authority Committee is composed of four members: one from the BoM, one from the BoP and two from the BoN. The committee meets at least

once each year to review rules for prescriptive authority, to oversee the process of granting prescriptive authority, and to recommend changes to the BoN.

NP authorized to Rx controlled substances? Yes

If so, which schedules? Schedules II-V, as long as specified in the collaborative prescriptive agreement

Authority to receive/dispense drug samples spelled out? Yes

Specified limitations or restrictions on NP drug sampling? No

Number and listing of NP schools in state: (3) North Dakota State University, Fargo; University of Mary, Bismarck; University of North Dakota, Grand Forks

2007 Consumer Choice ranking of state's NP regulation (100 is ideal): 76

Descriptive ranking: Grade C – State confines patient choice

Cumulative number of medical malpractice reports from the National Practitioner Data Bank (NPDB) filings (9/90-9/07): 2 for NPs, 10 for DOs/interns/residents, 396 for MDs/interns/residents

Cumulative number of Healthcare Integrity and Protection Data Bank (HIPDB) filings (1/99-9/07): 2 for NPs, 15 for DOs/interns/residents, 181 for MDs/interns/residents

STATE: OHIO

NP title(s) used in this state: CNP (certified nurse practitioner) and CRNP (certified registered nurse practitioner)

Number of NPs in state? 3650

National certification required for recognition/practice? Yes

MSN required for practice? Yes

Joint BoN/BoM regulation over any aspect of practice? No

Statutory restriction against NP with doctorate being addressed as “Dr”? Yes. According to medical statute ORC 4731.34 (A) (1), a person shall be regarded as practicing unauthorized medicine and surgery who uses the words or letters “Dr” or “doctor” in any way that represents the person as engaged in the practice of medicine and surgery.

Recent legislative/regulatory changes affecting NP practice? Yes. Beginning in July 2007, NPs may legally sign to issue handicap placards and plates for qualified clients. In addition, NPs may now dispense an expanded list of stock medications in federally supported free clinics: The list now includes drugs and devices to treat asthma, diabetes, hypertension, and high cholesterol. A 2007 rule change for Medicaid: The term PCP has been changed from “Primary Care Physician” to “Primary Care Provider” for Medicaid Managed Care (so NPs are now included).

NP SCOPE OF PRACTICE – DIAGNOSING & TREATING

BoM/physician involvement in diagnosing and treating? Yes

If so, which words are used to characterize involvement (eg, collaboration, supervision, direction, delegation, authorization)? Collaboration—CNP’s may practice only in accordance with a Standard Care Arrangement entered into with a physician or podiatrist.

NP SCOPE OF PRACTICE – PRESCRIBING

BoM/physician involvement in NP prescribing? Yes

If so, which words are used to characterize involvement? NP’s need to consult the physician to initiate a medication when the formulary indicates that this is necessary for a particular drug or category of drug. The formulary contains many drugs and drug categories that require no physician consultation prior to NP’s initiating the drug. When applicable, CNP’s must document the con-

sultation in the patient’s record, noting the consulting physician’s name and the date on which the consultation took place.

NP authorized to Rx controlled substances? Yes

If so, which schedules? Schedules II-V. The CNP may Rx schedule II medications only for a patient with a terminal condition if the CNP’s collaborating physician initially prescribed it for the patient and only in an amount necessary for a 24-hour period.

Authority to receive/dispense drug samples spelled out? Yes. CNP’s with a certificate to Rx issued by BoN may furnish a sample of a drug or therapeutic device as long as it is within the state formulary and the sample amount does not exceed a 72-hour supply. NP’s may dispense an expanded list of stock medications in federally supported free clinics: The list now includes drugs and devices to treat asthma, diabetes, hypertension, and high cholesterol.

Specified limitations or restrictions on NP drug sampling? Yes. Controlled substances may not be sampled.

Number and listing of NP schools in state: (12) Case Western Reserve University, Cleveland; The Ohio State University, Columbus; Capital University, Columbus; Franciscan University of Steubenville, Steubenville; Kent State University, Kent; Malone College, Canton; Medical College of Ohio, Toledo; Otterbein College, Columbus; University of Akron, Akron; University of Cincinnati, Cincinnati; Ursuline College, Pepper Pike; Wright State University, Dayton

2007 Consumer Choice ranking of state’s NP regulation (100 is ideal): 71

Descriptive ranking: Grade C – State confines patient choice

Cumulative number of medical malpractice reports from the National Practitioner Data Bank (NPDB) filings (9/90-9/07): 4 for NP’s, 1080 for DO’s/interns/residents, 8726 for MD’s/interns/residents

Cumulative number of Healthcare Integrity and Protection Data Bank (HIPDB) filings (1/99-9/07): 0 for NP’s, 542 for DO’s/interns/residents, 2190 for MD’s/interns/residents

STATE: OKLAHOMA

NP title(s) used in this state: ARNP (advanced registered nurse practitioner) and APN (advanced practice nurse)

Number of NPs in state? 731

National certification required for recognition/practice? Yes

MSN required for practice? Yes (only for initial application for Rx authority)

Joint BoN/BoM regulation over any aspect of practice? Yes, but a minor role. The BoM appoints physicians to the Formulary Advisory Council with power to select appropriate drugs for an exclusionary formulary. The BoN may accept or reject the council recommendations, but the BoN may not amend the exclusionary formulary without the approval of the council.

Statutory restriction against NP with doctorate being addressed as "Dr"? Yes. The Oklahoma Allopathic Medical & Surgical Licensure Act includes in the definition of the practice of medicine that a person must not represent himself or herself as "a Doctor of Medicine, Physician, Surgeon, Dr, MD, or any combination thereof." Exclusion in Medical Practice Act: optometrists, chiropractors, and podiatrists may all be addressed as "doctor."

Recent legislative/regulatory changes affecting NP practice? In 2006, the BoN made several rule changes regarding APNs. The BoN (1) clarified national certification status; (2) addressed requirements for APNs who want to change their national certification; (3) clarified that the BoN reviews and approves certifying bodies and certifications; (4) added a new specialty (acute care pediatric ARNP) to the types of ARNP specialties; (5) clarified language regarding CE categories; (6) clarified requirements for Rx authority for APNs and added a definition for CE credit; (7) clarified the required time period allowed for APNs to notify the BoN of their DEA number; and (8) added a rule clarifying that APNs must have a supervising physician's name on file with the BoN prior to prescribing drugs or medical supplies.

NP SCOPE OF PRACTICE – DIAGNOSING & TREATING

BoM/physician involvement in diagnosing and treating? No

If so, which words are used to characterize involvement (eg, collaboration, supervision, direction, delegation, authorization)? NA



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NP SCOPE OF PRACTICE – PRESCRIBING**BoM/physician involvement in NP prescribing?** Yes

If so, which words are used to characterize involvement? ARNPs are eligible to obtain recognition by the BoN to prescribe if they are subject to the medical direction of a supervising physician.

NP authorized to Rx controlled substances? Yes

If so, which schedules? Schedules III-V. ARNPs may not Rx more than a 7-day supply for these drugs and must Rx in accordance with the exclusionary formulary.

Authority to receive/dispense drug samples spelled out? Yes

Specified limitations or restrictions on NP drug sampling? Yes. Drugs must not be excluded as per applicable area of approved formulary.

Number and listing of NP schools in state: (2) University of Oklahoma, Oklahoma City; University of Phoenix, Oklahoma & Tulsa

2007 Consumer Choice ranking of state's NP regulation (100 is ideal): 63

Descriptive ranking: Grade D – State restricts patient choice

Cumulative number of medical malpractice reports from the National Practitioner Data Bank (NPDB) filings (9/90-9/07): 4 for NPs, 357 for DOs/interns/residents, 1645 for MDs/interns/residents

Cumulative number of Healthcare Integrity and Protection Data Bank (HIPDB) filings (1/99-9/07): 13 for NPs, 162 for DOs/interns/residents, 386 for MDs/interns/residents

STATE: OREGON

NP title(s) used in this state: NP (nurse practitioner)

Number of NPs in state? 2202

National certification required for recognition/practice? No

MSN required for practice? Yes (with some exceptions available for those educated before 1986)

Joint BoN/BoM regulation over any aspect of practice? No

Statutory restriction against NP with doctorate being addressed as “Dr”? Yes, two mentions in Medical Practice Act: (1) Medicine Act 677.060 states: “Nothing (in statute) prevents the use of the words ‘Doctor’ or ‘Specialist,’ or any abbreviation or combination thereof, or any letters or words of similar import by any person duly licensed to practice optometry within Oregon”; and (2) statute ORS 677.085 states: “A person is practicing medicine if the person does one or more of the following...use[s] the words ‘Doctor,’ ‘Physician,’ ‘Surgeon,’ or any abbreviations or combination thereof, or any letters or words of similar import in connection with the name of the person, or any trade name in which the person is interested, in the conduct of any occupation or profession pertaining to the diagnosis or treatment of human diseases or conditions ...”The BoN considers it improper if a person uses the term ‘Doctor’ and does not use his or her legal title of licensure in connection with it (eg, FNP, WHCNP, ANP).

Recent legislative/regulatory changes affecting NP practice? In 2005, SB 880 added “NP” to statutes that had been MD specific; accomplished by a team of 38

NPs who reviewed more than 750 Oregon statutes looking for places in which NPs were appropriate but excluded as providers. CNSs’ prescriptive authority was implemented in 2007 after rulemaking. The 2007 session included the introduction of SB 717, which would have created an SoP review committee under a secondary board or institute; this legislation failed in part due to NP opposition. Also in 2007, midwives and NPs working in rural practice areas were added to a state program that provides malpractice coverage relief.

NP SCOPE OF PRACTICE – DIAGNOSING & TREATING

BoM/physician involvement in diagnosing and treating? No

If so, which words are used to characterize involvement (eg, collaboration, supervision, direction, delegation, authorization)? NA

NP SCOPE OF PRACTICE – PRESCRIBING

BoM/physician involvement in NP prescribing? No

If so, which words are used to characterize involvement? NA

NP authorized to Rx controlled substances? Yes

If so, which schedules? Schedules II-V

Authority to receive/dispense drug samples spelled out? Yes

Specified limitations or restrictions on NP drug sampling? No. The Nurse Practice Act rules and regulations specify that any NP who has Rx writing author-

ity may receive prepackaged complimentary samples of drugs included in the formulary and distribute these samples to clients.

Number and listing of NP schools in state: (2) Oregon Health & Science University, Portland; University of Portland, Portland

2007 Consumer Choice ranking of state's NP regulation (100 is ideal): 92

Descriptive ranking: Grade A – State is exemplary for

patient choice

Cumulative number of medical malpractice reports from the National Practitioner Data Bank (NPDB) filings (9/90-9/07): 21 for NPs, 71 for DOs/interns/residents, 1546 for MDs/interns/residents

Cumulative number of Healthcare Integrity and Protection Data Bank (HIPDB) filings (1/99-9/07): 4 for NPs, 67 for DOs/interns/residents, 539 for MDs/interns/residents

STATE: PENNSYLVANIA

NP title(s) used in this state: CRNP (certified registered nurse practitioner)

Number of NPs in state? 6407

National certification required for recognition/practice? Yes for new state CRNP certifications issued after February 2005

MSN required for practice? Yes for new applicants as of February 2005

Joint BoN/BoM regulation over any aspect of practice? No

Statutory restriction against NP with doctorate being addressed as "Dr"? No, but as specified in the regulations, CRNPs who hold a doctorate should take appropriate steps to inform patients that they are not doctors of medicine or osteopathic medicine.

Recent legislative/regulatory changes affecting NP practice? Effective June 2007, the BoN promulgated regulations for approval of new CRNP programs in the state. A law signed by the governor (July 2007) includes the following for the CRNP SoP: (1) ordering home health and hospice care; (2) ordering durable medical equipment; (3) issuing oral orders to the extent permitted by the healthcare facilities' by-laws, rules, regulations, or administrative policies and guidelines; (4) making PT, dietitian, respiratory and OT referrals; (5) performing disability assessments for TANF (Temporary Assistance for Needy Families) program; (6) issuing home-bound schooling certifications; and (8) performing and signing the initial assessment of methadone treatment evaluations after a physician order is made. Effective September 2007, a new section of the Nursing Practice Act (NPA) requires CRNPs to maintain a level of professional liability coverage for a nonparticipating healthcare provider (at least \$1 million/occurrence and \$3 million/annual aggregate) obtained from an insurer licensed or approved by the Pennsylvania Insurance

Department or from a self-insurance plan approved by the Pennsylvania Insurance Department.

NP SCOPE OF PRACTICE – DIAGNOSING & TREATING

BoM/physician involvement in diagnosing and treating? Yes

If so, which words are used to characterize involvement (eg, collaboration, supervision, direction, delegation, authorization)? "Collaboration" is defined in the NPA as a process in which CRNPs work with one or more physicians to deliver health care within the scope of their expertise.

NP SCOPE OF PRACTICE – PRESCRIBING

BoM/physician involvement in NP prescribing? Yes

If so, which words are used to characterize involvement? Collaborative per written signed agreement. In addition, a Drug Review Committee is charged with approving or disapproving any changes proposed by the BoN to the categories from which NPs may prescribe.

NP authorized to Rx controlled substances? Yes

If so, which schedules? Schedules II-IV, but Schedule II medications are limited to a 72-hour supply and Schedule III-IV medications are limited to 30-day supply.

Authority to receive/dispense drug samples spelled out? Not currently, as specified in the NPA and the written collaborative agreement

Specified limitations or restrictions on NP drug sampling? No

Number and listing of NP schools in state: (20) Drexel University, Philadelphia; Duquesne University, Pittsburgh; Gwynedd-Mercy College, Gwynedd Valley; University of Pennsylvania, Philadelphia; University of Pittsburgh, Pittsburgh; Widener University, Chester; Bloomsburg University of Pennsylvania, Bloomsburg; Gannon University, Erie; La Salle University, Phila-

delphia; Millersville University, Millersville; Neumann College, Aston; Pennsylvania State University, University Park; Temple University, Philadelphia; The University of Scranton, Scranton; Thomas Jefferson University, Philadelphia; Clarion University of Pennsylvania, Oil City; Edinboro University of Pennsylvania, Edinboro; Villanova University, Villanova; The University of Pittsburgh at Bradford, Bradford; Waynesburg College, Canonburg

2007 Consumer Choice ranking of state's NP regulation (100 is ideal): 78

Descriptive ranking: Grade C – State confines patient choice

Cumulative number of medical malpractice reports from the National Practitioner Data Bank (NPDB) filings (9/90-9/07): 14 for NPs, 2650 for DOs/interns/residents, 18,229 for MDs/interns/residents

Cumulative number of Healthcare Integrity and Protection Data Bank (HIPDB) filings (1/99-9/07): 20 for NPs, 327 for DOs/interns/residents, 202 for MDs/interns/residents

STATE: RHODE ISLAND

NP title(s) used in this state: RNP (certified registered nurse practitioner)

Number of NPs in state? 675

National certification required for recognition/practice? Yes

MSN required for practice? Yes

Joint BoN/BoM regulation over any aspect of practice? No

Statutory restriction against NP with doctorate being addressed as "Dr"? No

Recent legislative/regulatory changes affecting NP practice? No

NP SCOPE OF PRACTICE – DIAGNOSING & TREATING

BoM/physician involvement in diagnosing and treating? No

If so, which words are used to characterize involvement (eg, collaboration, supervision, direction, delegation, authorization)? NA

NP SCOPE OF PRACTICE – PRESCRIBING

BoM/physician involvement in NP prescribing? Yes

If so, which words are used to characterize involvement? RNPs must Rx in accordance with annually updated

guidelines written in collaboration with the medical director or physician consultant of their medical establishment.

NP authorized to Rx controlled substances? Yes

If so, which schedules? Schedules II-V

Authority to receive/dispense drug samples spelled out? Yes

Specified limitations or restrictions on NP drug sampling? No

Number and listing of NP schools in state: (1) University of Rhode Island, Kingston

2007 Consumer Choice ranking of state's NP regulation (100 is ideal): 88

Descriptive ranking: Grade B – State partially supports patient choice

Cumulative number of medical malpractice reports from the National Practitioner Data Bank (NPDB) filings (9/90-9/07): 3 for NPs, 73 for DOs/interns/residents, 946 for MDs/interns/residents

Cumulative number of Healthcare Integrity and Protection Data Bank (HIPDB) filings (1/99-9/07): 4 for NPs, 9 for DOs/interns/residents, 139 for MDs/interns/residents

STATE: SOUTH CAROLINA

NP title(s) used in this state: APRN (advanced practice registered nurse) and NP (nurse practitioner)

Number of NPs in state? 3000

National certification required for recognition/practice? Yes

MSN required for practice? Yes

Joint BoN/BoM regulation over any aspect of practice? Yes. Additional acts that constitute delegated medical acts must be agreed to jointly by the BoN and the Board of Medical Examiners (BoM) and must be promulgated by the BoN.

Statutory restriction against NP with doctorate being addressed as “Dr”? No

Recent legislative/regulatory changes affecting NP practice? No

NP SCOPE OF PRACTICE – DIAGNOSING & TREATING

BoM/physician involvement in diagnosing and treating? Yes

If so, which words are used to characterize involvement (eg, collaboration, supervision, direction, delegation, authorization)? Supervision by physician who delegates medical acts, as outlined in collaboratively developed written protocols that are subject to joint BoN-BoM approval. NPs who perform delegated medical acts must have a supervising physician or dentist who is readily available for consultation. When an application is made for more than three NPs to practice with one physician or when a NP is performing delegated medical acts in a practice site greater than 45 miles from the supervising physician, the BoN and BoM shall each review the application to determine if adequate supervision exists. New legislation allows the ability to collaborate with an electronically available supervising physician.

NP SCOPE OF PRACTICE – PRESCRIBING

BoM/physician involvement in NP prescribing? Yes

If so, which words are used to characterize involvement? Authority to prescribe is delegated by supervising physician as outlined in collaboratively developed

protocols that are subject to joint BoN-BoM approval. Authorized prescriptions are limited to drugs and devices used to treat common, well-defined medical problems within the NP’s specialty.

NP authorized to Rx controlled substances? Yes

If so, which schedules? Schedules III-V

Authority to receive/dispense drug samples spelled out? Yes, in the Nursing Practice Act

Specified limitations or restrictions on NP drug sampling? Yes, limited to those classifications of drugs listed in NP’s approved protocols

Number and listing of NP Schools in state: (3) Clemson University, Clemson; Medical University of South Carolina, Charleston; University of South Carolina, Columbia

2007 Consumer Choice ranking of state’s NP regulation (100 is ideal): 59

Descriptive ranking: Grade F – State severely restricts patient choice

Cumulative number of medical malpractice reports from the National Practitioner Data Bank (NPDB) filings (9/90-9/07): 8 for NPs, 45 for DOs/interns/residents, 2180 for MDs/interns/residents

Cumulative number of Healthcare Integrity and Protection Data Bank (HIPDB) filings (1/99-9/07): 0 for NPs, 17 for DOs/interns/residents, 431 for MDs/interns/residents

STATE: SOUTH DAKOTA

NP title(s) used in this state: CNP (certified nurse practitioner)

Number of NPs in state? 346

National certification required for recognition/practice? Yes

MSN required for practice? Yes

Joint BoN/BoM regulation over any aspect of practice? Yes. Practice as an NP is subject to the joint control and regulation of the BoN and the South Dakota Board of Medical and Osteopathic Examiners (BoM). The joint boards may license, supervise the practice, and revoke or suspend licenses or otherwise discipline any person applying for or practicing as an NP. The BoN shall appoint an advanced practice nurse advisory committee composed of 2 CNMs and 4 CNPs. Committee members shall meet annually and shall assist the boards in evaluating standards of

advanced practice nursing care and the regulation and rule setting for NPs and CNMs.

Statutory restriction against NP with doctorate being addressed as “Dr”? No, but there is some concern that the BoM could cite “SDCL 36-4-9 Use of title and other acts constituting the practice of medicine” section of the statute to hassle CNPs with a doctorate degree from using their earned and justified appropriate title of “Dr.”

Recent legislative/regulatory changes affecting NP practice? None

NP SCOPE OF PRACTICE – DIAGNOSING & TREATING

BoM/physician involvement in diagnosing and treating? Yes

If so, which words are used to characterize involvement (eg, collaboration, supervision, direction, delegation,

authorization)? CNPs may perform overlapping SoP of advanced practice nursing and medical functions, including initial medical diagnosis and institution of plan of therapy or referral as delineated in the collaborative agreement with a licensed South Dakota physician.

NP SCOPE OF PRACTICE – PRESCRIBING

BoM/physician involvement in NP prescribing? Yes

If so, which words are used to characterize involvement? CNPs may prescribe medications as a function of overlapping scope of medical functions only with an approved collaborative agreement on file with the boards. CNPs may prescribe medications and provide drug samples or a limited supply of labeled medications, including controlled drugs or substances listed on Schedule II, for one period of not more than 30 days for treatment of causative factors and symptoms.

NP authorized to Rx controlled substances? Yes, as above

If so, which schedules? Schedules II-V, but Schedule II substances must not be prescribed for a period longer than 30 days.

Authority to receive/dispense drug samples spelled out? Yes

Specified limitations or restrictions on NP drug sampling? Yes. NPs may request, receive, and provide drug samples and provide a limited supply of labeled medications. Medications or sample drugs provided to patients shall be in accordance with the written collaborative agreement and accompanied with written administration instructions, and appropriate documentation shall be entered in the patient's medical record.

Number and listing of NP schools in state: (2) Augustana College, Sioux Falls; South Dakota State University, Brookings

2007 Consumer Choice ranking of state's NP regulation (100 is ideal): 63

Descriptive ranking: Grade D – State restricts patient choice

Cumulative number of medical malpractice reports from the National Practitioner Data Bank (NPDB) filings (9/90-9/07): 2 for NPs, 15 for DOs/interns/residents, 396 for MDs/interns/residents

Cumulative number of Healthcare Integrity and Protection Data Bank (HIPDB) filings (1/99-9/07): 1 for NPs, 5 for DOs/interns/residents, 56 for MDs/interns/residents

STATE: TENNESSEE

NP title(s) used in this state: APN (advanced practice nurse) and NP (nurse practitioner)

Number of NPs in state? 4033 (of these, 3966 have authority to prescribe)

National certification required for recognition/practice? Yes

MSN required for practice? Yes, beginning July 2006

Joint BoN/BoM regulation over any aspect of practice? Yes. Rules governing the practice of NP prescribing are jointly adopted by the Board of Medical Examiners (BoM) and the BoN.

Statutory restriction against NP with doctorate being addressed as "Dr"? No

Recent legislative/regulatory changes affecting NP practice? None

NP SCOPE OF PRACTICE – DIAGNOSING & TREATING

BoM/physician involvement in diagnosing and treating? No. NPs meeting requirements to practice but who do not include prescribing documentation

with their application to practice and who do not request prescriptive authority are issued APN certificate without prescriptive writing privileges.

If so, which words are used to characterize involvement (eg, collaboration, supervision, direction, delegation, authorization)? NA

NP SCOPE OF PRACTICE – PRESCRIBING

BoM/physician involvement in NP prescribing? Yes

If so, which words are used to characterize involvement? Supervision, control, and responsibility. Under BoM rules, the supervising physician must sign (minimum of 20% of charts) NPs' chart documentation within 30 days for any patient for whom NPs prescribe a controlled drug.

NP authorized to Rx controlled substances? Yes

If so, which schedules? NPs who hold a Certificate of Fitness are authorized to prescribe and/or issue controlled substances (CS) listed in Schedules II-V upon joint adoption of physician supervisory rules concerning CS.

Authority to receive/dispense drug samples spelled out? Yes

Specified limitations or restrictions on NP drug sampling? No

Number and listing of NP schools in state: (10) Belmont University, Nashville; Carson-Newman College, Jefferson City; East Tennessee State University, Johnson City; Tennessee State University, Nashville; University of Memphis, Memphis; University of Tennessee, Knoxville; University of Tennessee, Memphis; Vanderbilt University, Nashville; Southern Adventist University, Collegedale; Union University, Jackson.

2007 Consumer Choice ranking of state's NP regulation (100 is ideal): 75

Descriptive ranking: Grade C – State confines patient choice

Cumulative number of medical malpractice reports from the National Practitioner Data Bank (NPDB) filings (9/90-9/07): 23 for NPs, 104 for DOs/interns/residents, 2855 for MDs/interns/residents

Cumulative number of Healthcare Integrity and Protection Data Bank (HIPDB) filings (1/99-9/07): 8 for NPs, 22 for DOs/interns/residents, 604 for MDs/interns/residents

STATE: **TEXAS**

NP title(s) used in this state: NP (nurse practitioner; must indicate BoN-approved specialty) and APN (advanced practice nurse)

Number of NPs in state? 6969

National certification required for recognition/practice? Yes

MSN required for practice? Yes

Joint BoN/BoM regulation over any aspect of practice? No. The BoM regulates physician delegation.

Statutory restriction against NP with doctorate being addressed as "Dr"? No, as long as NPs clarify the basis of the title—that they are not physicians (per Section 104.004 of Texas Occupations Code related to "Other Persons Using Title Doctor").

Recent legislative/regulatory changes affecting NP practice? During the 2007 legislative session, nursing organizations were still operating under an agreement with medical organizations not to change the way in which APNs and physicians collaborate. However, the salary grade for state-employed NPs was increased two grades. Also, eight bills were amended to change physician-only language to language that includes APNs in the enacted legislation. In addition, the BoN underwent Sunset review. The name was changed from Board of Nurse Examiners to the Texas Board of Nursing, and language was passed granting the BoN the authority to implement the APN compact.

NP SCOPE OF PRACTICE – DIAGNOSING & TREATING

BoM/physician involvement in diagnosing and treating? Yes

If so, which words are used to characterize involvement

(eg, collaboration, supervision, direction, delegation, authorization)? Delegation and supervision of medical aspects of care. NPs use mechanisms (ie, protocols/policies/practice guidelines/clinical practice privileges) that provide authority from the physician for that care. Such protocols or other written authorization need not describe the exact steps that NPs must take with respect to each specific condition, disease, or symptom. The degree of detail within the protocols or other written authorization may vary in relation to the complexity of the situations covered, the advanced specialty area of practice, the advanced educational preparation of the individual, and the experience level of the individual NP.

NP SCOPE OF PRACTICE – PRESCRIBING

BoM/physician involvement in NP prescribing? Yes

If so, which words are used to characterize involvement? In order to Rx, NPs must work at a site where physicians are permitted to delegate Rx authority within protocols or other written authorization. The Medical Practice Act and BoM require that a physician meet certain supervisory requirements that vary based on the practice site. When at a site serving a medically underserved population, APNs must have access to the delegating physician, provide a daily status report to the physician on any problems or complications, and be available during on-site visits by the physician (with the APN) at least once every 10 business days. When at an alternate site, APNs shall be on-site with the physician at least 20% of the time, and have access to the physician through direct telecommunication. When at a facility-based practice site, APNs shall sign or co-sign Rx drug orders for the care or treatment of only those patients for whom physicians have given their prior consent. The BoM can waive certain site/supervisory requirements.

NP authorized to Rx controlled substances? Yes

If so, which schedules? Schedules III, IV, or V limited to 30 days, refillable only upon consultation with a delegating physician. Any Rx for a controlled substance (CS) for a patient <2 years requires delegating physician consultation. All CS prescriptions must show not only NPs' DEA #, but also that of the physician.

Authority to receive/dispense drug samples spelled out? Yes

Specified limitations or restrictions on NP drug sampling? Yes. NPs with a valid prescription authorization number may request, receive, possess, and distribute prescription drug samples provided the protocols or other physician orders authorize them to sign the prescription drug orders and a record of the sample is maintained and properly labeled.

Number and listing of NP schools in state: (17) Texas A&M University, Corpus Christi; University of Texas, El Paso; University of Texas, Tyler; Abilene Intercollegiate, Abilene; Baylor University, Dallas;

Midwestern State University, Wichita Falls; Prairie View A&M, Houston; Texas A&M International University, Laredo; Texas Tech University, Lubbock; Texas Woman's University, Denton; The University of Texas, Galveston; University of Texas, Houston; University of Texas, Arlington; University of Texas, Edinburg; University of Texas, Austin; University of Texas, San Antonio; Abilene Christian University, Abilene

2007 Consumer Choice ranking of state's NP regulation (100 is ideal): 65

Descriptive ranking: Grade D – State restricts patient choice

Cumulative number of medical malpractice reports from the National Practitioner Data Bank (NPDB) filings (9/90-9/07): 56 for NPs, 954 for DOs/interns/residents, 15,877 for MDs/interns/residents

Cumulative number of Healthcare Integrity and Protection Data Bank (HIPDB) filings (1/99-9/07): 51 for NPs, 273 for DOs/interns/residents, 2013 for MDs/interns/residents

STATE: UTAH

NP title(s) used in this state: APRN (advanced practice registered nurse), RNP (registered nurse practitioner), and NP (nurse practitioner)

Number of NPs in state? 1169

National certification required for recognition/practice? Yes

MSN required for practice? Yes

Joint BoN/BoM regulation over any aspect of practice? No

Statutory restriction against NP with doctorate being addressed as "Dr"? No

Recent legislative/regulatory changes affecting NP practice? No

NP SCOPE OF PRACTICE – DIAGNOSING & TREATING

BoM/physician involvement in diagnosing and treating? No

If so, which words are used to characterize involvement (eg, collaboration, supervision, direction, delegation, authorization)? NA

NP SCOPE OF PRACTICE – PRESCRIBING

BoM/physician involvement in NP prescribing? Yes

If so, which words are used to characterize involvement?

APRNs must have a consultation and referral plan on file if prescribing Schedule II or III controlled substances.

NP authorized to Rx controlled substances? Yes

If so, which schedules? Schedules II-V

Authority to receive/dispense drug samples spelled out? Yes

Specified limitations or restrictions on NP drug sampling? No

Number and listing of NP schools in state: (4) Brigham Young University, Provo; University of Utah, Salt Lake City; Westminster College, Salt Lake City; University of Phoenix, Utah

2007 Consumer Choice ranking of state's NP regulation (100 is ideal): 87

Descriptive ranking: Grade B – State partially supports patient choice

Cumulative number of medical malpractice reports from the National Practitioner Data Bank (NPDB) filings (9/90-9/07): 4 for NPs, 28 for DOs/interns/residents, 1678 for MDs/interns/residents

Cumulative number of Healthcare Integrity and Protection Data Bank (HIPDB) filings (1/99-9/07): 15 for NPs, 24 for DOs/interns/residents, 294 for MDs/interns/residents

STATE: VERMONT

NP title(s) used in this state: APRN (advanced practice registered nurse)

Number of NPs in state? 521

National certification required for recognition/practice? Yes

MSN required for practice? Yes

Joint BoN/BoM regulation over any aspect of practice? No

Statutory restriction against NP with doctorate being addressed as "Dr"? No

Recent legislative/regulatory changes affecting NP practice? None

NP SCOPE OF PRACTICE – DIAGNOSING & TREATING

BoM/physician involvement in diagnosing and treating? Yes

If so, which words are used to characterize involvement (eg, collaboration, supervision, direction, delegation, authorization)? APRNs act independently, consistent with practice guidelines, with a collaborating physician in the appropriate specialty area for all related medical functions or by clinical privileges approved by the facility or facilities at which they practice. The practice guidelines must be mutually agreed upon between APRNs and their collaborating physician and must reflect current standards of medical and nursing practice.

NP SCOPE OF PRACTICE – PRESCRIBING

BoM/physician involvement in NP prescribing? Yes

If so, what words are used to characterize involvement?

A collaborating physician agrees to the practice guidelines (which specify which medications are to be prescribed by the APRN) and must be routinely contacted for collaboration, consultation, and referral, and for review of the APRN's methods of quality assurance.

NP authorized to Rx controlled substances? Yes

If so, which schedules? Schedules II-V

Authority to receive/dispense drug samples spelled out? No

Specified limitations or restrictions on NP drug sampling? Yes. Medications must be specified in practice guidelines.

Number and listing of NP schools in state: (1) University of Vermont, Burlington

2007 Consumer Choice ranking of state's NP regulation (100 is ideal): 77

Descriptive ranking: Grade C – State confines patient choice

Cumulative number of medical malpractice reports from the National Practitioner Data Bank (NPDB) filings (9/90-9/07): 0 for NPs, 5 for DOs/interns/residents, 445 for MDs/interns/residents

Cumulative number of Healthcare Integrity and Protection Data Bank (HIPDB) filings (1/99-9/07): 2 for NPs, 10 for DOs/interns/residents, 132 for MDs/interns/residents

CARDIOLOGY NURSE PRACTITIONERS

An established cardiology group in Kendall/Baptist area of Miami-Dade County, FL, with excellent facilities and supportive staff, is looking for experienced cardiology nurse practitioners. South Florida is a multi-cultural community with excellent weather and a haven for water sports.

Competitive remuneration,
Contact billykyeh@aol.com
or call (305) 274-0990

NURSE PRACTITIONER FOR OUTPATIENT OCCUPATIONAL MEDICINE CLINIC

The Greenville Hospital System University Medical Center in Greenville, South Carolina seeks NP for the well established GHS Center for Health and Occupational Services. Must have 3 to 5 years experience in an outpatient Occupational/ER/Family practice setting including treatment of work related injuries. Experience with DOT and OSHA regulations preferred.

Greenville Hospital System, a tertiary care medical center serving upstate South Carolina and surrounding regions, is



academically affiliated with the University of South Carolina School of Medicine and the Medical University of South Carolina.

Greenville, S.C., nestled within the foothills of the Blue Ridge Mountains, is located on the I-85 corridor between Atlanta and Charlotte, and is situated near beautiful mountains, beaches and lakes.

Compensation and benefit packages are competitive. Qualified candidates should email CV to Liz Gray at egray@ghs.org, Phone: 864-455-6185 Fax: 864-455-4246.

STATE: VIRGINIA

NP title(s) used in this state: LNP (licensed nurse practitioner), APN (advanced practice nurse), and NP (nurse practitioner)

Number of NPs in state? 5302

National certification required for recognition/practice? Initial licensure requires evidence of professional certification consistent with the specialty area of LNP's educational preparation. License by endorsement also requires evidence of national certification consistent with the specialty area of LNP's educational preparation. To renew a license, LNPs licensed on or after May 8, 2002, shall hold current professional certification in an area of specialty practice from one of the national certifying agencies designated by the boards. LNPs licensed prior to May 8, 2002, must hold current professional certification in an area of specialty practice from one of the national certifying agencies designated by the boards or complete at least 40 hours of CE in the area of specialty practice approved by one of the national certifying agencies designated by the boards.

MSN required for practice? Yes

Joint BoN/BoM regulation over any aspect of practice? Yes. The BoN and the BoM appoint three members each to the Committee of the Joint Boards of Nursing and Medicine, which administers the rules and regulations for LNPs.

Statutory restriction against NP with doctorate being addressed as "Dr"? No, but there is a requirement that persons who use the "Dr" title and are not a physician must also use the appropriate designation following their name to be clear that they are not physicians.

Recent legislative/regulatory changes affecting NP practice? There has been a change in regulations pursuant to passage of SB 488 (2006 General Assembly session), which changed the statute regarding the physician–CNM relationship (from supervision to consultation and collaboration). Emergency regulations went into effect in December 2006, and the final regulations (to date unchanged) are in the final public comment period through late fall 2007. It is expected that the regulations will soon go into effect.

NP SCOPE OF PRACTICE – DIAGNOSING & TREATING

BoM/physician involvement in diagnosing and treating? Yes

If so, which words are used to characterize involvement

(eg, collaboration, supervision, direction, delegation, authorization)? Collaboration means the process by which NPs deliver health care with medical direction and supervision from a physician. "Medical direction" means participation in the development of a written protocol including (1) delineation of periodic review and revision, (2) development of guidelines for ongoing communications defining consultation between the NP and the physician, (3) periodic joint evaluation (eg, chart review, case review, review of patient care outcomes), and (4) guidelines addressing minimum availability of the collaborating physician related to the practice site, geography, and acuity.

NP SCOPE OF PRACTICE – PRESCRIBING

BoM/physician involvement in NP prescribing? Yes

If so, which words are used to characterize involvement?

LNPs with Rx authority may prescribe only within the scope of a written practice agreement (WPA) with a supervising physician. A physician who enters into a practice agreement with an LNP for prescriptive authority shall (1) supervise and direct, at any one time no more than four LNPs with prescriptive authority, (2) regularly practice in any location in which the LNP exercises prescriptive authority (if a supervising physician does not regularly practice at the same location as the LNP, the physician shall make regular site visits for consultation and direction for appropriate patient management), and (3) conduct a monthly random review of patient charts on which the LNP has a prescription for an approved drug or device.

NP authorized to Rx controlled substances? Yes

If so, which schedules? Schedules II-V

Authority to receive/dispense drug samples spelled out? Yes. Virginia Code states that LNPs authorized to prescribe controlled substances (CS) may issue prescriptions or provide manufacturers' professional samples for CS and controlled devices. BoN and BoM regulation 18 VAC 90-40-120 requires NPs to dispense only those manufacturers' samples of drugs included in the WPA on file with the board.

Specified limitations or restrictions on NP drug sampling? Yes. LNPs may dispense only those manufacturer samples of drugs included in the WPA on file with the board.

Number and listing of NP schools in state: (9) Hampton University, Hampton; Marymount University,

Arlington; Old Dominion University, Norfolk; Radford University, Radford; Shenandoah University, Winchester; University of Virginia, Charlottesville; Virginia Commonwealth University, Richmond; George Mason University, Fairfax; Liberty University, Lynchburg

2007 Consumer Choice ranking of state's NP regulation (100 is ideal): 60

Descriptive ranking: Grade D – State restricts patient choice

Cumulative number of medical malpractice reports from the National Practitioner Data Bank (NPDB) filings (9/90-9/07): 15 for NPs, 61 for DOs/interns/residents, 3346 for MDs/interns/residents

Cumulative number of Healthcare Integrity and Protection Data Bank (HIPDB) filings (1/99-9/07): 28 for NPs, 51 for DOs/interns/residents, 1303 for MDs/interns/residents

STATE: WASHINGTON

NP title(s) used in this state: ARNP (advanced registered nurse practitioner)

Number of NPs in state? 3056

National certification required for recognition/practice? Yes

MSN required for practice? No. Education before January 1, 1995, must have had content that required a minimum of 1 academic year for completion. After January 1, 1995, the content must culminate in a graduate degree with a concentration in advanced practice nursing.

Joint BoN/BoM regulation over any aspect of practice? No

Statutory restriction against NP with doctorate being addressed as "Dr"? No

Recent legislative/regulatory changes affecting NP practice? 2007 legislation made permanent a rule allowing ARNPs to sign accident reports and certify time loss for Labor and Industry claims.

NP SCOPE OF PRACTICE – DIAGNOSING & TREATING

BoM/physician involvement in diagnosing and treating? No

If so, which words are used to characterize involvement (eg, collaboration, supervision, direction, delegation, authorization)? NA

NP SCOPE OF PRACTICE – PRESCRIBING

BoM/physician involvement in NP prescribing? No

If so, which words are used to characterize involvement? NA

NP authorized to Rx controlled substances? Yes

If so, which schedules? Schedules II-V

Authority to receive/dispense drug samples spelled out? Yes

Specified limitations or restrictions on NP drug sampling? Yes. Dispensing of Schedules II-IV controlled substances (CS) is limited to a maximum of a 72-hour supply of the prescribed CS. The 72-hour limit on dispensing does not apply to prescribing Schedule II-IV drugs.

Number and listing of NP schools in state: (6) Gonzaga University, Spokane; Pacific Lutheran University, Tacoma; Seattle University, Seattle; Washington State University, Spokane and four other campuses across the state; Seattle Pacific University, Seattle; University of Washington, Seattle

2007 Consumer Choice ranking of state's NP regulation (100 is ideal): 98

Descriptive ranking: Grade A – State is exemplary for patient choice

Cumulative number of medical malpractice reports from the National Practitioner Data Bank (NPDB) filings (9/90-9/07): 29 for NPs, 154 for DOs/interns/residents, 3737 for MDs/interns/residents

Cumulative number of Healthcare Integrity and Protection Data Bank (HIPDB) filings (1/99-9/07): 60 for NPs, 88 for DO/interns/residents, 799 for MDs/interns/residents

To obtain the full Pearson Report for any or all states/DC, log on to the NP Communications website at www.webnp.net in March.

STATE: WEST VIRGINIA

NP title(s) used in this state: ANP (advanced nurse practitioner)

Number of NPs in state? 1337

National certification required for recognition/practice? Yes

MSN required for practice? Yes

Joint BoN/BoM regulation over any aspect of practice? No

Statutory restriction against NP with doctorate being addressed as "Dr"? No

Recent legislative/regulatory changes affecting NP practice? No

NP SCOPE OF PRACTICE – DIAGNOSING & TREATING

BoM/physician involvement in diagnosing and treating? No

If so, which words are used to characterize involvement (eg, collaboration, supervision, direction, delegation, authorization)? NA

NP SCOPE OF PRACTICE – PRESCRIBING

BoM/physician involvement in NP prescribing? Yes

If so, which words are used to characterize involvement? ANPs applying for "Limited Prescriptive Authority" must submit to the BoN a voided sample of their prescription form and written verification of an agreement to a collaborative relationship with a

licensed physician. ANPs must certify that their collaborative agreement includes (1) agreed-upon written guidelines or protocols, (2) statements describing the individual and shared responsibilities of the ANP and the physician, (3) provision for the periodic and joint evaluation of the prescriptive practice, and (4) provision for the periodic and joint review and updating of the written guidelines or protocols. The BoN shall forward a copy of the verification to the BoM or the Board of Osteopathy.

NP authorized to Rx controlled substances? Yes

If so, which schedules? Schedules III-V. ANPs must file with the BoN any restrictions on Rx authority that are agreed to within the written collaborative agreement and the collaborating physician(s).

Authority to receive/dispense drug samples spelled out? Yes

Specified limitations or restrictions on NP drug sampling? Yes. ANPs approved for limited prescriptive authority by the BoN are authorized to sign for, accept, and provide to patients samples of drugs received from a drug company representative.

Number and listing of NP schools in state: (5) Marshall University, Huntington; Mountain State University, Beckley; Wheeling Jesuit University, Wheeling; Wheeling Jesuit University, Online; West Virginia University, Morgantown

2007 Consumer Choice ranking of state's NP regulation (100 is ideal): 79

Descriptive ranking: Grade C – State confines patient choice

Cumulative number of medical malpractice reports from the National Practitioner Data Bank (NPDB) filings (9/90-9/07): 2 for NPs, 151 for DOs/interns/residents, 2057 for MDs/interns/residents

Cumulative number of Healthcare Integrity and Protection Data Bank (HIPDB) filings (1/99-9/07): 0 for NPs, 51 for DOs/interns/residents, 462 for MDs/interns/residents



STATE: WISCONSIN

NP title(s) used in this state: APN (advanced practice nurse), APNP (advanced practice nurse prescriber), and NP (nurse practitioner)

Number of NPs in state? 2505 APNPs

National certification required for recognition/practice? Yes

MSN required for practice? Yes, a master's degree in nursing or a related health field

Joint BoN/BoM regulation over any aspect of practice? No

Statutory restriction against NP with doctorate being addressed as "Dr"? No

Recent legislative/regulatory changes affecting NP practice? No

NP SCOPE OF PRACTICE – DIAGNOSING & TREATING

BoM/physician involvement in diagnosing and treating? Yes

If so, which words are used to characterize involvement (eg, collaboration, supervision, direction, delegation, authorization)? Collaboration for qualified APNs and APNPs; supervision for RNs functioning as NPs in the performance of delegated medical services at the discretion of a physician, dentist, optometrist, or podiatrist.

NP SCOPE OF PRACTICE – PRESCRIBING

BoM/physician involvement in NP prescribing? Yes

If so, which words are used to characterize involvement? RNs may prescribe (including controlled substances) as a delegated medical act under the Nursing Practice

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Act. APN prescribers shall facilitate collaboration with other healthcare professionals, at least one of whom must be a physician, through use of modern communication techniques.

NP authorized to Rx controlled substances? Yes, APNPs independently and APNs and RNs under supervision.

If so, which schedules? Schedules II-V, with certain limitations on CII prescribing

Authority to receive/dispense drug samples spelled out? Yes

Specified limitations or restrictions on NP drug sampling? Yes. Drug samples may be dispensed by APNPs using prepackaged doses if the nearest pharmacy is more than 30 miles away.

Number and listing of NP schools in state: (7)

Concordia University Wisconsin, Mequon; Marquette University, Milwaukee; University of Wisconsin, Madison; University of Wisconsin, Milwaukee; University of Wisconsin, Eau Claire; University of Wisconsin, Oshkosh; Viterbo University, La Crosse

2007 Consumer Choice ranking of state's NP regulation (100 is ideal): 77

Descriptive ranking: Grade C – State confines patient choice

Cumulative number of medical malpractice reports from the National Practitioner Data Bank (NPDB) filings (9/90-9/07): 1 for NPs, 80 for DOs/interns/residents, 1771 for MDs/interns/residents

Cumulative number of Healthcare Integrity and Protection Data Bank (HIPDB) filings (1/99-9/07): 2 for NPs, 22 for DOs/interns/residents, 340 for MDs/interns/residents

STATE: WYOMING

NP title(s) used in this state: APRN (advanced practice registered nurse)

Number of NPs in state: 385

National certification required for recognition/practice? Yes

MSN required for practice? Yes

Joint BoN/BoM regulation over any aspect of practice? No

Statutory restriction against NP with doctorate being addressed as "Dr"? No

Recent legislative/regulatory changes affecting NP practice? None

NP SCOPE OF PRACTICE – DIAGNOSING & TREATING

BoM/physician involvement in diagnosing and treating? No

If so, which words are used to characterize involvement (eg, collaboration, supervision, direction, delegation, authorization)? NA

Required physician record/chart review? No

NP SCOPE OF PRACTICE – PRESCRIBING

BoM/physician involvement in NP prescribing? No

If so, which words are used to characterize involvement? NA

NP authorized to Rx controlled substances? Yes

If so, which schedules? Schedules II-V

Authority to receive/dispense drug samples spelled out? Yes

Specified limitations or restrictions on NP drug sampling? No

Number and listing of NP schools in state: (1) University of Wyoming, Laramie

2007 Consumer Choice ranking of state's NP regulation (100 is ideal): 97

Descriptive ranking: Grade A – State is exemplary for patient choice

Cumulative number of medical malpractice reports from the National Practitioner Data Bank (NPDB) filings (9/90-9/07): 0 for NPs, 50 for DOs/interns/residents, 467 for MDs/interns/residents

Cumulative number of Healthcare Integrity and Protection Data Bank (HIPDB) filings (1/99-9/07): 0 for NPs, 17 for DOs/interns/residents, 77 for MDs/interns/residents

To obtain the full Pearson Report for any or all states/DC, log on to the NP Communications website at www.webnp.net in March.