

Advanced Nurse Practitioner Supervision Policy

Supervision requirements for nurse practitioners (NP) fall into two basic categories: Full practice and collaborative practice, which requires a Collaborative Practice Agreement. The following definitions describe these two categories along with states fall under each supervision requirement. Also included is a chart which further describes the duties a NP can perform.

Key

Full Practice:

Applies to NPs in:

AK, AZ, CO, CT, DC, HI, ID, IA, ME, MD, MN, MT, NE, NV, NH, NM, ND, OR, RI, VT, WA, WY

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

Collaborative Practice Agreement:

Applies to NPs practicing in states with practice and prescribing restrictions in:

AL, AR, CA, DE, FL, GA, IL, IN, KS, KY, MA, MS, MO, NJ, NY, NC, OH, OK, PA, SC, SD, TN, TX, VA, WV, WI

A written statement that defines the joint practice of a physician and an NP in a collaborative and complementary working relationship. It frequently includes the responsibilities of both the collaborating physician and the NP and often defines the prescribing authority of a NP.

NP:

Refers to “nurse practitioner”

STATE	SUPERVISION POLICY
AL	<ul style="list-style-type: none"> • Nurse Practitioners are required to have a collaborative practice agreement with a physician who has at least one year of medical practice experience. • No more than three nurse practitioners can have a practice agreement with one physician (exception for nurse practitioners working in a health department). • Nurse practitioners can prescribe schedule III, IV, and V medications.
AK	Full Practice
AZ	Full Practice
AR	<ul style="list-style-type: none"> • Nurse Practitioners are required to have a collaborative practice agreement with a physician who has a similar scope of practice • With agreement, NPs can prescribe schedule III, IV, and V medications • NPs must have a separate certification to prescribe medicine
CA	<ul style="list-style-type: none"> • Nurse Practitioners are required to have a collaborative practice agreement with a physician who can supervise no more than four NPs. • Collaborating physicians and NPs must develop jointly-written protocols for the main elements of their practice. • NPs do NOT need to have their charts signed off by the collaborating physician. • NPs can prescribe schedule II, III, IV, and V medications.
CO	Full Practice
CT	Full Practice
DE	<ul style="list-style-type: none"> • NPs must practice under a written collaborative practice agreement with a physician. NPs wishing to practice independently must apply for such privileges through the state Joint Practice Committee. • Prescriptive authority is also delegated by the Joint Practice Committee and must be renewed biannually.
DC	Full Practice
FL	<ul style="list-style-type: none"> • NPs must be supervised by a physician with an agreement stated in writing. The supervising physician may not have any more than four such agreements at one time (for specialties, this is restricted to just one agreement in addition to the physician's primary practice; the physician and NP must be no further than 75 miles apart). • Patients must be notified when the supervising physician is off-site and not in the building to directly supervise an NP. • NPs may NOT prescribe ANY controlled substances.

GA	<ul style="list-style-type: none"> • NP must be supervised by a “delegating physician.” The NP and the delegating physician must work under a “nurse protocol” where the physician gives the NP authority to perform medical procedures and the physician agrees to be available for an immediate consultation by request. The agreement is between one physician and one NP. • Delegating physician must review medical records of the NP’s patients. • The NP must receive a quarterly, on-site observation from the delegating physician. • A delegating physician may not supervise more than four NPs at once. • The NPs ability to prescribe medications must be outlined in the agreement, but NPs are restricted from prescribing schedule II medications.
HI	Full Practice
ID	Full Practice
IL	<ul style="list-style-type: none"> • NPs must work under a collaborative practice agreement with a physician which outlines the categories of care, treatment, and procedures that the NP will perform. • The physician must be readily available for an in-person or phone consultation request from the NP. • Collaborating physician and NP must meet at least once per month. • In order to prescribe, the scope of prescription privileges must be outlined in the practice agreement. NPs may be allowed to prescribe schedule II, III, IV, and V medications if authorized by the physician. May only prescribe a 30 day supply without authorization from physician. • Physicians must complete 45 hours in continuing education in pharmacology to be able to prescribe schedule II medications. • NPs must submit an application to the Illinois Division of Professional Regulation before being allowed to write any medication prescriptions.
IN	<ul style="list-style-type: none"> • NPs must have a collaborative practice agreement with a physician, which must outline the responsibilities of both the NP and physician and must also dictate how supervision will take place when the collaborating physician is unavailable for consultation. • NP must submit an Indiana state application to prescribe medications. The NP must also have 30 hours in continuing education (8 in pharmacology) per renewal period. • NPs may then prescribe schedule II, III, IV, and V medications, but the physician must review 5% of NPs charts within seven days of the patient visit.
IA	Full Practice
KS	<ul style="list-style-type: none"> • NP must have a collaborative practice agreement with a physician to prescribe. • A prescription written by an NP must include the name, address, and phone number of the collaborating physician. The NP must receive permission from the DEA to prescribe and notify the state of his/her supervising physician.
KY	<ul style="list-style-type: none"> • NPs must be certified for at least a year and have two collaborative practice agreements in order to prescribe. • All NPs, regardless of having a practice agreement, must obtain five hours of continuing education in pharmacology per certification period.

LA	<ul style="list-style-type: none"> • NPs must work under a collaborative practice agreement with a physician. The collaborative practice agreement between the NP and physician must outline the nurse practitioner's prescriptive authority, a plan for patients requiring admission, arrangements for diagnostic testing, and a plan for documentation of patient visits and interactions. The agreement must be reviewed and signed annually. • In order to prescribe, the ability to distribute controlled substance must be agreed to in the practice agreement. Prescriptions written by nurse practitioners in Louisiana must state not only the NP's name, but also the name, address and phone number of the collaborating physician. An application to prescribe controlled substances must be submitted to the Louisiana Board of Nursing before the privilege is granted. • The NP must obtain six hours of continuing education in pharmacology per certification period if they wish to prescribe. • The physician must be available for consultation at all times. A secondary physician may be designated. This must be outlined in the agreement. However, an NP may not prescribe when the collaborating physician is unavailable for consultation.
ME	Full Practice
MD	Full Practice
MA	<ul style="list-style-type: none"> • NPs do not need physician oversight to diagnose and treat patients. • NPs do need a collaborative practice agreement to prescribe. • Charts must be reviewed by collaborating physician once every three months in order to keep the ability to prescribe. Physician's name must be present on the prescription. • NP has the ability to provide schedule II, III, and IV medications (schedule II prescriptions require a chart review by the collaborating physician within 96 hours).
MI	
MN	Full Practice
MS	<ul style="list-style-type: none"> • NPs must practice under a collaborative practice agreement with a physician who is readily available for consultation. • NPs practicing in specialties must practice according to a protocol created by the NP and their collaborating physician. • Collaborating physician must review 10% or 20 of the NPs charts (whichever is less) every month. In addition, to assure quality, the NP and collaborating physician must meet face to face once per quarter. • NPs may prescribe schedule II, III, IV, and V medications after applying to state medical board. The NP may not prescribe more than five refills.

MO	<ul style="list-style-type: none"> • NP must work under a collaborative practice agreement with a physician. The physician must practice at the same site as the NP for a minimum of 30 days. The physician and NP must be within 30 miles of each other (50 miles in a Health Professional Shortage Area). If the NP switches their collaborating physician, this process must take place in entirety again. • A physician may only supervise three NPs at one time and must be available for consultation at all times. A designated substitute physician may be appointed when a primary physician is unable to consult an NP. • After the initial 30 day period, physician must be on-site with NP once every two weeks for review. • NPs can only prescribe schedule III, IV, and V medications. Schedule III opiates or narcotics can only be prescribed in 5 day supplies. The NP can give a new prescription for the same length of time, but it can not be automatically refilled. • Physician must sign 10% of NPs charts (20% when prescribing). NP must submit charts once every two weeks at minimum. • A patient without a "self-limited or well-defined condition" that has been evaluated by an NP must be reevaluated by a physician within two weeks.
MT	Full Practice
NE	Full Practice
NV	Full Practice
NH	Full Practice
NJ	<ul style="list-style-type: none"> • NPs may diagnose and treat patients within their scope of practice free of oversight. • To prescribe, an NP must enter a written protocol agreement with a physician; both the physician and NP must sign and review the agreement yearly. The NP must also pass a one time, six hour course in controlled substance prescribing. • NPs may prescribe schedule II, III, and IV medications if they are in a collaborative agreement. Both the collaborating physician and the NP's name must be present on the prescription.
NM	Full Practice
NY	<ul style="list-style-type: none"> • NPs must work in collaboration with a physician (with a written agreement and practice protocols). However, the physician does not have to sign off on any orders, records, or charts. • Collaborating physician must review NPs records once every three months. • NPs able to prescribe schedule II, III, and IV medications with written collaboration agreement.
NC	<ul style="list-style-type: none"> • NP must work with a physician in a collaborative practice agreement. A physician must be continuously available for consultation. A substitute physician may be provided by the collaborating physician if necessary. The agreement must be reviewed and signed yearly. • NPs must meet once every six months (every month for the first six months of the agreement) • NPs can prescribe schedule II, III, IV, and V medications. Section III substances can be prescribed once and refilled five times in 30 day supply increments. Medication must contain both the NP and collaborating physician's names. • NPs must obtain 50 hours of continuing education per year.

ND	Full Practice
OH	<ul style="list-style-type: none"> • NP must practice under a Standard Care Arrangement with a physician which outlines the services that the NP will provide as well as how frequently performance and charts will be reviewed. The agreement must be reviewed and signed yearly and must be present at both practice locations. • NPs performance must be reviewed yearly; prescribing practices must be reviewed semi-annually. • NP's can prescribe schedule II substances. • NPs can only prescribe with a present prescriber/patient relationship including the review of the patient's medical records.
OK	<ul style="list-style-type: none"> • NPs are not required to have physician supervision to practice, but supervision is required for prescribing. • NPs must obtain permission from the state board of nursing before prescribing. Must have 45 hours of pharmacology education in a two year period to apply for a first time application. The NP must have 15 hours of the pharmacology education every two years after. • Physician supervision is needed for an NP to prescribe, which must be outlined in a written collaborative practice agreement with a physician. NP must also have a DEA number. • NPs can only prescribe schedule III, IV, and V substances in a 30 day supply with no refills.
OR	Full Practice
PA	<ul style="list-style-type: none"> • NP must work under a collaborative practice agreement to diagnose order and interpret tests, order DME, make a referral, and develop a treatment plan. • Practice agreement must be in writing. It is valid for two years and must be reviewed and signed at the end of each period. • To prescribe, an NP must complete 45 hours of pharmacology education to be completed within five years of applying for prescription privileges to the state board. The NP must then complete 16 hours of continuing education every two year renewal period. • NPs may only prescribe schedule II medications in a 30 day supply. Schedule III and IV medications can be prescribed in up to 90 day supplies.
RI	Full Practice

<p>SC</p>	<ul style="list-style-type: none"> • NPs must practice under a collaborative practice agreement with written protocols that include the following: <ul style="list-style-type: none"> ✓ name, address, and South Carolina license number of the nurse; ✓ name, address, and South Carolina license number of the physician; ✓ nature of practice and practice locations of the nurse and physician; ✓ date the protocol was developed and dates the protocol was reviewed and amended; ✓ description of how consultation with the physician is provided and provision for backup consultation in the physician's absence; ✓ the medical conditions for which therapies may be initiated, continued, or modified; ✓ the treatments that may be initiated, continued, or modified; ✓ the drug therapies that may be prescribed; ✓ situations that require direct evaluation by or referral to the physician. • NP may prescribe only schedule III, IV, and V medications. Prescription must include name, address, and phone number of both NP and collaborating physician.
<p>SD</p>	<ul style="list-style-type: none"> • An NP may only practice under a collaborative practice agreement with a physician. The physician may appoint a substitute to consult with the NP if he or she is unavailable to provide consultation when needed. • NPs may prescribe up to schedule II medications for a period no longer than 30 days. • NP may diagnose and institute a therapy plan without physician oversight.
<p>TN</p>	<ul style="list-style-type: none"> • NP must practice under supervision of a collaborating physician. A written practice protocol must be created; the document must be reviewed and signed once every two years. • Physician must review records within 10 days when requested by the NP or patient or when a controlled substance is prescribed. 20% of the NP's charts must be reviewed by the collaborating physician every 30 days. Both the physician and NP's names must be present on the prescription. NP must receive a license from the DEA before prescribing.

TX	<ul style="list-style-type: none"> • NP must practice under physician supervision. The collaborating physician must practice within a 75 mile radius of the NP and the physician can supervise a maximum of four NPs. Collaborating physicians must review 10% of NPs charts per month. • NPs can only prescribe a 30 day supply of medications. All prescriptions must contain the supervising physician's name, address, DEA number, and phone number. • NPs are barred from prescribing schedule II medications.
UT	
VT	Full Practice
VA	<ul style="list-style-type: none"> • NP must operate in a "Patient Care Team," requiring consultation and collaboration with a physician. • A written protocol must be created that includes periodic evaluation, and services provided by the NP. • One physician may supervise up to six nurse practitioners. • Nurse Practitioners may prescribe schedule II, III, and IV medications. Must obtain eight hours of continuing education in pharmacology every two years to retain prescribing authority.
WA	Full Practice
WV	<ul style="list-style-type: none"> • To prescribe medication, NP must practice under a written collaborative practice agreement with a physician that outlines responsibilities, protocols, evaluation, and review. • NPs must have 45 hours of pharmacology education in order to prescribe, 15 of which must be completed within two years of applying for prescribing authority. Must complete eight hours of continuing education biannually
WI	<ul style="list-style-type: none"> • NP must complete 45 hours of pharmacology education to apply for prescription authority; all education hours must come within three years before applying. NPs must complete eight hours of continuing education per year and recertify every four years thereafter. • NP may not prescribe a schedule II substance (exception: may prescribe a schedule II medication to treat narcolepsy) • Prescriptions must include the name, address, and phone number of the NP.
WY	Full Practice