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Scope of practice in nursing

nursing practice describes the services that a qualified health professional is deemed competent to perform, and permitted to undertake – in keeping with the terms of their professional license. Scope of practice defined in nursing The Nursing Scope and Standards of Practice describe the “who,” “what,” “where,” “when,” “why,” and “how” of nursing practice. Who: Registered Nurses (RN) and Advanced Practice Registered Nurses (APRN) comprise the “who” constituency and have been educated, titled, and maintain active licensure to practice nursing. What: Nursing is the protection, promotion, and optimization of health and abilities; prevention of illness and injury; facilitation of healing; alleviation of suffering through the diagnosis and treatment of human response; and advocacy in the care of individuals, families, groups, communities, and populations. Where: Wherever there is a patient in need of care. When: Whenever there is a need for nursing knowledge, compassion, and expertise. Why: The profession exists to achieve the most positive patient outcomes in keeping with nursing’s social contract and obligation to society. When each of these questions is answered, the complex considerations in scope of practice become clear. In a profession as dynamic as nursing, and with evolving health care demands, changes in scope of practice and overlapping responsibilities are inevitable. The American Nurses Association (ANA) has established review program for recognition of a nursing specialty, approval of a specialty nursing scope of practice statement, acknowledgment of specialty nursing standards of practice, and affirmation of focused practice competencies. Details about each component of this program, specialty characteristics, review criteria, and submission process are described here. Healthcare licensure Currently, all healthcare licensure is state-based, and there is some variability between the qualifications for licensure and re-licensure for each state. Defining scope of practice is generally a two-step process: Step 1: The state legislature passes a law, known as a “nurse practice act.” Step 2: Regulatory bodies then create and implement rules and regulations, intended to protect the public. Choice in healthcare providers ANA believes that patients’ interests are best served by a healthcare system in which many different types of qualified professionals are available, accessible, and working together – collaboratively. Therefore, it is important for scope of practice to reflect a professional’s true expertise. ANA is a founding member of the Coalition for Patient’s Rights (CPR), which was established to improve patients’ access to the healthcare providers of their choice, and the range of services those providers offer. The CPR consists of more than 35 organizations representing a variety of licensed healthcare professionals, each providing a diverse array of safe, effective, and affordable care. Protecting and advancing scope of practice Protecting and advancing scope of practice for nurses is a major initiative for ANA. In the fast-moving world of healthcare, it is vital that nurses are able to practice to the full extent of their education and abilities, in order to deliver the most efficient, quality care to patients. There is a growing body of evidence to support the safe and cost-effective provision of care by APRNs, and a national call to remove all barriers to full practice authority. ANA remains committed to monitoring and advocating for legislative action to ensure that nurses can practice to the fullest extent of their education and training. The population of people aged 65 years or older is expected to grow by 45.1%, and the general population will increase by 10.4% over the next 15 years. Therefore, there is a great need for providers to deliver care to these patients, whether in family practice or specialty settings. One of the healthcare providers that can provide support and a solution to this dilemma is the nurse practitioner. As of May 2021, there are more than 325,000 practicing nurse practitioners in the United States. Of those 325,000, 70.2% practice in primary care. This number is expected to continue to grow, participating in the solution for the current physician shortage. While most, if not all, NPs take a similar board certification exam based on their specialty, the nurse practitioner scope of practice by state is different. Have you wondered what is the scope of practice for nurse practitioners in your state? Below, I answer various questions regarding the nurse practitioner scope of practice, including nurse practitioner scope of practice by state. What Does Nurse Practitioner Scope of Practice Mean? The scope of practice for the nurse practitioner defines the rules and regulations the NP must follow in practice. It describes the “who,” “what,” “where,” “when,” “why,” and “how” of the NP practice. Nurse practitioners deliver care to patients and have been trained to assess, diagnose, and treat the patient through their education. The scope of practice defines to what degree they can do this. The scope of practice for nurse practitioners answers the questions NPs have, such as can they practice autonomously? Or, can they sign death certificates? The nurse practitioner’s scope of practice by state does vary. This makes it challenging for NPs who work in multiple states or even when moving to another state. It can lead to NPs accidentally practicing outside of their scope of practice. There is current discussion and support for moving towards the APRN consensus model, which would help provide uniformity of the APRN role across state lines. This would include the same process for licensure, regulation, and practice. However, until that time, NPs must understand the scope of practice laws in the state where they are practicing. The nurse practitioner practice authority is one component of the scope of practice. It may also be referred to as the practice environment. The practice authority describes the extent to which the NP can practice. It is divided into full practice, reduced practice, and restricted practice. If the NP practice authority is full practice, the NP can practice independently of a physician. Reduced practice usually indicates a life-long collaboration is needed with a physician, and the NP may be reduced in other aspects of delivering care. Restricted practice requires the NP to have career-long supervision, delegation, or team management by another health provider. The NP is also typically restricted in practicing in a minimum of one additional element of the NP practice. The scope of practice for nurse practitioners is determined by each state’s State Board of Nursing. Therefore, each state may have different nurse practitioner scope of practice laws. It is essential that once you obtain your APRN license, you have a complete understanding of the practice environment and scope of practice for the NP in the state you are licensed and will practice. For more information regarding the specific laws and regulations for the NP, visit your state board of nursing. Yes, all nurse practitioners must abide by the nurse practitioner scope of practice laws determined by their state board of nursing. These are the laws that the NP must follow in order to deliver care or practice as an NP. No. Each state has its own nurse practitioner scope of practice laws. Each state has its own NP scope of practice laws because each state has its own regulatory board, typically the state board of nursing, which determines the scope of practice for NPs. In other words, the state board of nursing for each state determines the scope of practice for nurse practitioners in their specific state. This can lead to confusion for the NP, especially if they have practiced in multiple states, and may lead the NP to practice outside of their current state’s scope of practice laws for the nurse practitioner. During the COVID-19 pandemic, many states have temporarily expanded the scope of practice for NPs, allowing them to prescribe medications, order physical therapy, sign death certificates, and sign disabled person placard forms. However, after the pandemic subsides, many states may return to their previous scope of practice. Organizations looking for a nationwide approval of the APRN Compact legislation. This would allow the NP to obtain a state license in one state, but practice in other states much easier. The nurse practitioner scope of practice laws governs various aspects of the NP practice. Again, each state is different in regards to the nurse practitioner’s scope of practice. Therefore, it is vital to understand your scope of practice in the state you are practicing. Regulatory structure regarding the NP scope of practice laws refers to whether the NP has full practice, reduced practice, or restricted practice. This varies state by state. Full practice indicates the ability to practice to the fullest extent of their education and license. They can practice independently and autonomously. Reduced practice means the NP has reduced ability to practice in one of the NP elements of practice. This may mean they cannot sign a death certificate or remain in a collaborative relationship with a physician. Restricted practice indicates the NP is restricted in their ability to practice in one of the NP practice elements. They may have to be supervised by a physician for the entire career or be restricted in one of the other elements of NP practice. The scope of practice for nurse practitioners also includes medical staff membership. Being a medical staff member as an NP is not allowed in all states. 12 states allow the NP to join the medical staff as a full member. Some states allow an NP to be a member of the medical staff, but at a reduced membership, indicating they cannot participate to the same extent as a physician. A handful of states do not allow the NP to be a medical staff member, and a few more states have no law about this. Autonomously practice refers to the NP practicing autonomously and independently from collaborating with a physician or other healthcare provider. They may join a collaborative agreement voluntarily, but it is not required. This allows the NP to practice to the fullest extent of their advanced education and license. Not all state scope of practice laws for nurse practitioners allow for independent practice. Some states require NPs to have a supervising physician, while others require a collaborative agreement with a physician, and in eight states plus D.C., there is no law regarding NPs being primary care providers. Many states have restrictions or limitations in place regarding the NP independently prescribing schedule II drugs. Some states require a lifelong collaboration with a physician, while others require a collaborative agreement for a specified number of hours or years. Other states have specified educational requirements and applications that must be completed for permission to prescribe schedule II drugs. The state scope of practice laws for the nurse practitioner may also include additional rules and regulations before the NP can prescribe class II drugs. The NP scope of practice laws in a majority of states allow the NP to order or place consults for physical therapy or no consult is needed in the state for a patient to participate in PT. Some states do only allow physicians to consult, refer or order PT. The scope of practice of nurse practitioners includes the NP’s ability to sign death certificates. In some states, the NP is granted full authority to sign death certificates. In other states, it is only allowed by an NP in specific specialties such as hospice, under certain conditions, or the physician must authorize the NP to sign. Some states do not allow the NP to sign a death certificate, and a physician must sign it. The nurse practitioner scope of practice includes if the NP is allowed to sign disabled person placard forms. A few states still require a physician to sign the disabled person’s placard form and may even require the NP to prove the patient has a disability. There are a few acronyms that can be used synonymously depending on the state you where you practice. The National Physician’s Orders for Life-Sustaining Treatment (POLST), Practitioner Orders for Life-Sustaining Treatment (POLST), Physician Orders for Scope of Treatment (POST), Medical Orders for Life-Sustaining Treatment (MOLST), Clinician Orders for Life-Sustaining Treatment (COLST) are forms completed by a patient to clearly define and lay out the patient’s wishes during end-of-life care. The POLST form is completed by a physician, while the MOLST form is completed by a nurse practitioner or other healthcare provider. The POST form is completed by a physician, while the COLST form is completed by a nurse practitioner or other healthcare provider. The difference between the POLST and MOLST forms is that the POLST form is completed by a physician, while the MOLST form is completed by a nurse practitioner or other healthcare provider. Below, you will find the latest information available on the American Association of Nurse Practitioners website, regarding the latest NP scope of practice laws by state. The practice environment for a nurse practitioner practicing in Alabama is reduced practice. There is no law for the NP practicing in Alabama regarding being a primary care provider or signing a POLST form. Still, again, they are not able to practice independently and must have a collaborating physician. Lastly, in regards to prescription medications, they can prescribe prescription medications, but most scheduled drugs must be co-signed by their collaborating physician. Regulatory StructureMedical Staff MembershipAutonomous PracticePrimary Care ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death CertificatesSign Disabled Person PlacardFormsPOLST/POST/MOLST/MOST/COLSTFull Practice / / / / Reduced Practice / / Restricted Practice / No Law / / The practice environment for a nurse practitioner practicing in the state of Alaska is full practice authority. This allows the NP practicing in Alaska to practice autonomously, be a primary care provider and independently prescribe medications. In other words, they can assess, diagnose and treat the patient independently without having a collaborative agreement with a physician. They can also order physical therapy, sign disabled person placard forms, and sign POLST forms. They do, however, have reduced practice in regards to signing death certificates and medical staff membership. The NP can sign a death certificate in Alaska, but the physician must authorize the NP to sign the death certificate, and the NP must have a written collaborative agreement with a physician. Regulatory StructureMedical Staff MembershipAutonomous PracticePrimary Care ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death CertificatesSign Disabled Person PlacardFormsPOLST/POST/MOLST/MOST/COLSTFull Practice / / / / Reduced Practice / / Restricted Practice / No Law / / The practice environment for a nurse practitioner practicing in the state of Arizona is full practice authority. This allows the NP practicing in Arizona to practice autonomously, be a primary care provider and independently prescribe medications. In other words, they can assess, diagnose and treat the patient independently without having a collaborative agreement with a physician. They can also order physical therapy, sign disabled person placard forms, and sign POLST forms. They do, however, have reduced practice in regards to signing death certificates and medical staff membership. The NP can sign a death certificate in Arizona, but the physician must authorize the NP to sign the death certificate, and the NP must have a written collaborative agreement with a physician. Regulatory StructureMedical Staff MembershipAutonomous PracticePrimary Care ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death CertificatesSign Disabled Person PlacardFormsPOLST/POST/MOLST/MOST/COLSTFull Practice / / / / Reduced Practice / / Restricted Practice / No Law / / The scope of practice for nurse practitioners in Arizona is full practice, allowing the nurse practitioner to practice autonomously. In Arizona, the NP may assess, diagnose and treat a patient without direct supervision or collaboration with a physician. They can prescribe medications, including class II scheduled medications. The NP practicing in Arizona may order physical therapy, sign death certificates, and sign disabled person placard forms. There is no law regarding their ability to sign POLST forms. Still, the state keeps track of the number of prescriptive authority applications received and may choose to limit this number. Lastly, they do have reduced practice in regards to medical staff membership. Regulatory StructureMedical Staff MembershipAutonomous PracticePrimary Care ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death CertificatesSign Disabled Person PlacardFormsPOLST/POST/MOLST/MOST/COLSTFull Practice / / / / Reduced Practice / / Restricted PracticeNo Law / The practice environment for nurse practitioners in Arkansas is reduced practice. This indicates there are limitations to their scope of practice. First, they are not able to practice autonomously. They must have a collaborative agreement with a physician to practice. There is no law, though, about whether an NP can be a primary care provider. They can order physical therapy and sign disabled person placard cards but cannot sign POLST forms. Hospice NPs can sign death certificates. In regards to prescribing medications, they can prescribe schedule III-IV but cannot prescribe schedule II drugs. It is important to note that before an NP can prescribe medicines in Arkansas, they must have 300 hours of precepted experience in the prescription of medications before receiving an initial certification for prescriptive authority. Regulatory StructureMedical Staff MembershipAutonomous PracticePrimary Care ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death CertificatesSign Disabled Person PlacardFormsPOLST/POST/MOLST/MOST/COLSTFull Practice / / / / Reduced Practice / / Restricted PracticeNo Law / The nurse practitioner scope of practice in the state of California is full practice, allowing the nurse practitioner to practice autonomously, be a primary care provider and independently prescribe medications. In other words, they can assess, diagnose and treat the patient independently without having a collaborative agreement with a physician. They can also order physical therapy, sign disabled person placard forms, and sign POLST forms. They do, however, have reduced practice in regards to signing death certificates and medical staff membership. The NP can sign a death certificate in California, but the physician must authorize the NP to sign the death certificate, and the NP must have a written collaborative agreement with a physician. Regulatory StructureMedical Staff MembershipAutonomous PracticePrimary Care ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death CertificatesSign Disabled Person PlacardFormsPOLST/POST/MOLST/MOST/COLSTFull Practice / / / / Reduced Practice / / Restricted PracticeNo Law / The nurse practitioner scope of practice in the state of Colorado is full practice, allowing the nurse practitioner to practice autonomously, be a primary care provider and independently prescribe medications. In other words, they can assess, diagnose and treat the patient independently without having a collaborative agreement with a physician. They can also order physical therapy, sign disabled person placard forms, and sign POLST forms. They do, however, have reduced practice in regards to signing death certificates and medical staff membership. The NP can sign a death certificate in Colorado, but the physician must authorize the NP to sign the death certificate, and the NP must have a written collaborative agreement with a physician. Regulatory StructureMedical Staff MembershipAutonomous PracticePrimary Care ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death CertificatesSign Disabled Person PlacardFormsPOLST/POST/MOLST/MOST/COLSTFull Practice / / / / Reduced Practice / / Restricted PracticeNo Law / The nurse practitioner scope of practice in the state of Delaware is full practice. This allows the NP to assess, diagnose and treat the patient, allowing the NP to practice to the fullest extent of their license. The NP in Delaware can deliver care as a primary care provider, order PT, sign death certificates, sign disabled person placard forms and sign POLST or similar documents in their state. The NP can prescribe schedule II drugs, but a collaborative agreement with a physician is required before applying for prescriptive authority. There are specifics regarding the pharmacology courses needed to maintain a license to continue prescribing schedule II drugs. They are not able to practice autonomously and must have a collaborative agreement with a physician. Regulatory StructureMedical Staff MembershipAutonomous PracticePrimary Care ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death CertificatesSign Disabled Person PlacardFormsPOLST/POST/MOLST/MOST/COLSTFull Practice / / / / Reduced Practice / / Restricted PracticeNo Law / The nurse practitioner scope of practice in Florida is restricted practice. This indicates the patient must have a physician’s career-long supervision, delegation, or team management. There are typically restrictions regarding what they can prescribe. They can prescribe schedule III-IV but

what your scope of practice laws are for the state where you practice. In most states yes. Again, this is impacted by nurse practitioner scope of practice by state laws. Therefore, please be sure you are aware of your scope of practice in the state you are practicing. For specific information, visit your state board of nursing or state NP regulatory organization website. If you are asked to do something outside of your scope of practice, you must speak up and inform that person you are not able to do the task. This is important, because it is illegal for you to practice outside of your scope of practice. Therefore, if you do a task outside of your scope of practice, you must politely tell the person that is outside of your scope of practice and you are not able to complete or perform that task. If this leads to problems, you need to talk to your manager, supervisor, or another person in a leadership position. Yes, NPs can work in different states with varying scope of practice laws. It is important for the NP to have complete understanding of the nurse practitioner scope of practice by state they are practicing in because they vary. Just because they can order PT in one state, doesn't mean they can place the same order in another state. They must follow the specific scope of practice laws for the state they are practicing in. Kasee Wiesen DNP, APRN, FNP-C Kasee Wiesen is a practicing family nurse practitioner. Her nursing background includes emergency medicine, pediatrics and peri-op. Education is a passion of Kasee's, and she has taught BSN, RN-BSN and DNP students, and has enjoyed every moment of it!