

# State-by-State Guide to Laws Regarding Nurse Practitioner Prescriptive Authority and Physician Practice

State	Practice Agreement Required?	Transition-to-practice Requirement	Physician Meeting Requirement	On-site/In-person Physician Oversight Required	Specific Physician to NP Collaboration Ratio
Alabama	Yes	-	Yes. Physician must visit each practice site 4 times a year.	Yes. Physician must be on-site for 10% of the NP's hours.	Yes. Three FTE NPs per physician.*
Alaska	No	No	-	-	-
Arizona	No	No	-	-	-
Arkansas	Yes	-	No	No	No
California	Yes	-	No	No	Yes. Four NPs per physician.
Colorado	No	Yes. APRN must complete 1000 hours in a mentorship with a physician or an advanced practice nurse who has prescriptive authority and experience in prescribing medications; see CO Statute 12-38-111.6(4.5)(l)(A).	-	-	-
Connecticut	No	Yes. APRN must practice in a formal, written collaborative agreement with a physician for three years and 2000 hours; APRN may then elect to practice independently or remain in collaboration with a physician or another health care provider; see CT Statute 20-87a(b)(3).	-	-	-
Delaware	Yes*	Yes. New graduate APRN must practice under a collaborative agreement for at least two years and 4,000 hours in the applicable role and population foci; see 24 Del. Admin Code § 1900-8.16(1).	No	No	No
District of Columbia	No	No	-	-	-
Florida	Yes	-	No	No	No.
Georgia	Yes	-	Yes. NP must meet with their collaborative physician quarterly, either in person or via telecommunication.	No	Yes. A physician may enter into a collaborative agreement with as many as eight NPs, but may supervise only four NPs at any given time.*
Hawaii	No	No	-	-	-
Idaho	No	No	-	-	-
Illinois	No	Yes. To qualify for full practice authority, APRNs must complete: 1) 4000 hours of clinical experience and 2) 250 hours of continuing education or training after first attaining national certification in their APRN specialty.	No.	No	No
Indiana	Yes	-	No	No	No
Iowa	No	No	-	-	-

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Kansas	Yes	-	No	No	No
Kentucky	Yes	-	No	No	No
Louisiana	Yes	-	No	No	No
Maine	No	Yes. NP can obtain full prescriptive authority after practicing for at least 24 months under the supervision of a physician or supervising NP, or while employed by a clinic or hospital with a medical director who is a licensed physician; see ME Statute 32-2102(2-A)(C).	-	-	-
Maryland	No	Yes. NP can obtain full practice prescriptive authority after consulting and collaborating with an NP or physician mentor for 18 months; see MD Statute 8-302(b)(5)(i).	-	-	-
Massachusetts	Yes	-	No	No	No
Michigan	Yes	-	No	No	No
Minnesota	No	Yes. NP must practice for at least 2,080 hours within the context of a collaborative practice agreement with a physician before exercising full practice authority.	-	-	-
Mississippi	Yes	-	No	No	No
Missouri	Yes	-	No	Yes. NP must practice for one month with the physician continuously present.	Yes. Three FTE NPs per physician.*
Montana	No	No	-	-	-
Nebraska	No	Yes. New graduate NP must complete 2000 hours under a collaborative agreement with a physician or an established APRN before obtaining full practice prescriptive authority; see NE Statute 38-2322(2).	-	-	-
Nevada	No	Yes. APRN must have at least 2 years or 2000 hours of clinical experience in order to prescribe; see NV Statute 632.237(3)(a).	-	-	-
New Hampshire	No	No	-	-	-
New Jersey	Yes	-	No	No	No
New Mexico	No	No	-	-	-
New York	Yes	-	No	No	Yes. Four NPs at other sites than the physician.
North Carolina	Yes	No	Yes. Once a month for the first 6 months of the CPA, and once every 6 months thereafter.	-	-
North Dakota	No	No	-	-	-

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Ohio	Yes	-	Yes. Annual review by the physician, following a chart review.	No	Yes. Five prescribing NPs per physician.
Oklahoma	Yes	-	No	No	Yes. Two FTE NPs, or 4 NPs, per physician.
Oregon	No	No	-	-	-
Pennsylvania	Yes	-	Yes. Physician must be available on a "regularly scheduled basis."	No	No
Rhode Island	No	No	-	-	-
South Carolina	Yes	-	No	No	No. If a physician supervises more than 3 NPs, the Board of Nursing must review the application to determine if there is "adequate supervision."
South Dakota	No	Yes. ARNP must maintain a collaborative agreement with a NP nurse midwife for at least 1,040 hours.	-	-	-
Tennessee	Yes	-	Yes. Physician must visit "any remote site" once every 30 days.	No. Review can be done remotely through electronic means.	No.
Texas	Yes	-	Yes. Once a month, in person, for the first 3 years, and four times a year thereafter, with continued monthly meetings via telecommunication.	No	Yes. Seven FTE NPs per physician.
Utah	Yes	-	No	No	No
Vermont	No	Yes. APRN must have formal collaboration agreement with a physician or an APRN with prescriptive authority for 2 years and 2,400 hours of nursing practice in an initial role and population focus. In any subsequent role and population focus, APRN must have a formal collaboration agreement for up to 12 months and 1,600 hours of practice; see VT Statute 26-1613.	-	-	-
Virginia	Yes. NPs must practice as part of a physician-led patient care team.	-	No	No	Yes. Six NPs per physician.
Washington	No	No	-	-	-
West Virginia	Yes	-	Yes. CPA must include "periodic and joint" evaluation and review.	No	No
Wisconsin	Yes	-	No	No	No
Wyoming	No	No	-	-	-