

Comparing State Regulation of Nurse Practitioners

by **Mary Katherine Stout**,
 Director, Center for Health Care
 Policy & **Jonathan Elton**,
 Policy Intern

RECOMMENDATIONS

- Repeal the requirements stipulating how often a collaborating physician must conduct onsite collaborative practice and mandatory chart review.
- Permit nurse practitioners to practice independently within their scope of practice by repealing the collaborative practice regulations.

Regulations defining the scope of practice for nurse practitioners vary widely from state to state. In the least regulated states, nurse practitioners may establish their own fully independent practices, providing health care services within a scope of practice dictated by the state's nursing board. Other states have established broad regulations on nurse practitioners, including mandatory physician collaboration and chart review. A handful of states have also imposed mandatory physician supervision of nurse practitioners. The supervisory physician role is often regulated as well, including limits on the number of nurse practitioners that physicians may supervise, and specifying the maximum physical distance between a nurse practitioner's alternate site and the supervising physician's main office. Overall, the 50 states and District of Columbia can be grouped into four categories: independent practice, light regulation, moderate regulation, and heavy regulation.

REGULATORY OVERVIEW

Nine states and the District of Columbia permit fully independent practice and prescriptive authority for nurse practitioners. In these states, nurse practitioners may establish their own clinics that operate within a scope of practice dictated by their training and licensure. These states have no provisions for physician collaboration or oversight, though they do not prohibit such arrangements.

Twenty-six states impose minimal restrictions on nurse practitioners. In these states, nurse practitioners must enter into a collaborative practice agreement with at least one physician in order to practice or prescribe medication. Depending on the state, these agreements may be required to impose some

level of chart or patient records review, as well as mandating how often the collaborating physician and nurse practitioner must practice at the same location.

States Permitting Fully Independent Practice
AK, AZ, DC, IA, ID, MT, NH, NM, OR, WA
States with Light Regulation
AR, CO, CT, DE, HI, IL, KS, KY, LA, MD, ME, MI, MN, MS, ND, NE, NJ, NV, OK, RI, TN, UT, VT, WI, WV, WY
States with Moderate Regulation
AL, CA, IN, MA, NC, NY, OH, PA, SD, VA
States with Heavy Regulation
FL, GA, MO, SC, TX

Sources: Rules and regulations for each state's board of nursing; Phillips SJ. 2007. A comprehensive look at the legislative issues affecting advanced nursing practice. "The Nurse Practitioner," 32(1):14-7.

Ten states have gone a step further in their imposition of regulations, including the introduction of supervisory, rather than collaborative, language and, in many cases, limiting the number of nurse practitioners a physician may supervise or collaborate with. These limits typically disallow more than three or four collaborating nurse practitioners per physician.

Five states, in addition to imposing the above limitations on nurse practitioners, have imposed limits on the allowable distance between a collaborating or supervising physician's primary practice and any satellite practices managed by nurse practitioners. These distance limitations typically stipulate

that any satellite practices may not be further than 30 to 75 miles from the physician's primary site.

CURRENT TEXAS NURSE PRACTITIONER REGULATIONS

Texas is one of the five states with the heaviest regulation of nurse practitioners. Texas statutes dictate that a physician may collaborate with no more than three nurse practitioners,¹ must work at the same site as the nurse practitioner 20 percent of the time² and that the physician's primary site may not be more than 60 miles from any sites where collaborating nurse practitioners are working.³ These rules are relaxed if a nurse practitioner is practicing in a medically underserved area, defined by both federal and state law as regions or populations suffering from shortages of medical practitioners and clinics under contract with the state. For instance, physicians need only work onsite with the nurse practitioner once every 10 days in a medically underserved area.⁴

During the 80th legislature, Representative Rob Orr filed House Bill 1096, which amended nurse practitioner regulations by increasing the collaboration limit from three to six nurse practitioners per physician; increasing the allowable distance between primary and alternative sites from 60 to 75 miles; amending the chart review provisions to allow reviews from the physician's main office, rather than onsite with the nurse practitioner; and repealing the rule requiring 20 percent of the nurse practitioner's time be spent onsite with the collaborating physician.

This bill was subsequently amended in committee, which removed the changes to the collaboration limits, distance between sites and chart review rules. It substituted the 20 percent onsite collaboration rule for a new requirement that collaborating physicians visit alternative sites at least once every 10 days. This bill was never considered by the full Texas House.⁵

RECOMMENDED CHANGES TO TEXAS NURSE PRACTITIONER REGULATIONS

In comparison to other states, Texas nurse practitioners are among the most highly regulated in the country. Given the need for lower cost alternatives in health care, it is essential that policymakers look for opportunities to ease regulations on nurse practitioners in order to offer more choices and affordable options for patients.

As originally filed by Representative Orr, House Bill 1096 would have eased many of the regulatory barriers facing nurse practitioners in Texas, including the regulation of physician to nurse practitioner ratios and mandating maximum distances between practice sites. Loosening these regulations would allow nurse practitioners to deliver basic, affordable care in alternative settings to meet the demands of Texans. This is an important first step in reforming the state's heavy practice regulations to allow the health care delivery model to keep pace with patient demand.

In addition, the Legislature should:

- **Repeal the requirements stipulating how often a collaborating physician must conduct onsite collaborative practice and mandatory chart review.** These are decisions that the individual physicians and nurse practitioners should be addressing in their collaborative practice agreements.
- **Permit nurse practitioners to practice independently within their scope of practice by repealing the collaborative practice regulations.** This would allow more flexibility for all health professionals and would not preclude collaborative practice.★

¹ Rules and Regulations relating to Nurse Education, Licensure And Practice, Sec. 175.053.(e)(1).

² Rules and Regulations relating to Nurse Education, Licensure And Practice, Sec. 222.9.(2).

³ Rules and Regulations relating to Nurse Education, Licensure And Practice, Sec. 222.1.(2)(B).

⁴ Rules and Regulations relating to Nurse Education, Licensure And Practice, Sec. 222.7.(4).

⁵ 80(R) History for HB 1096, <<http://www.legis.state.tx.us/billlookup/History.aspx?LegSess=80R&Bill=HB1096>>.