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Carolyn Buppert, JD, MSN



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PREFACE

This text contains the answers to many questions asked of me in my 32 years of practice as an attorney. I retired recently, but I focused for many years on the legal issues affecting nurse practitioners. The questions came from nurse practitioners, employers of nurse practitioners, hospital and nursing facility executives, student nurse practitioners and their professors, other attorneys, bureaucrats, and legislators conducting hearings about bills that addressed nurse practitioners.

Nurse practitioners frequently ask questions such as these:

- A physician (or hospital or group) wants to hire me to do [fill in a particular healthcare service]. Can I legally do that?
- An insurance company refuses to pay the bill for a patient's visit with me. What can I do?
- I want to start my own practice. What is involved, legally?
- What should be covered in my employment contract?
- Can I incorporate in a business with physicians?
- I have been working in a trauma center for 4 years. Now, I hear that my notes need to be co-signed by a physician. Is that true?
- I want to prescribe for a patient who lives in another state. Can I do that?
- I have been working without a contract. Now, the company wants me to be on call 3 nights a week. Do I have to do it?
- I am writing a paper for my "nurse practitioner role" class on legislative issues affecting nurse practitioners. What are these issues?
- How can I get on a health plan's provider panel?
- A group wants to pay me a base salary plus a percentage of billings over \$300,000. Is this reasonable?
- What does "incident to a physician's professional services" mean?
- How do I get a DEA number? Do I need to get one?
- I know nothing about how billing is done. Can you tell me how to get reimbursed for my services?

Legislators and bureaucrats frequently ask such questions as these:

- How is a nurse practitioner different from a registered nurse?
- Which states allow nurse practitioners to practice independently?
- How does a nurse practitioner know when to consult a physician?

- Does a physician have to supervise everything a nurse practitioner does?
- In how many states can nurse practitioners write prescriptions?

Employers of nurse practitioners frequently ask such questions as these:

- I want the nurse practitioner to see my hospitalized patients. Can we get reimbursed for that?
- How can we get paid by Medicare for patient visits to the nurse practitioner?
- We want to put nurse practitioners in nursing homes. What can the nurse practitioner do? Admit patients? Perform the yearly visit? Perform illness-related visits? Recertify?
- Who is liable if the nurse practitioner makes a mistake, the nurse practitioner or the physician?

Other attorneys ask such questions as these:

- A nursing home I represent has hired a nurse practitioner to do administrative work and to see patients. How can we bill for his or her services?
- My clients want to start a network of nurse practitioner practices. What can you tell me about that? Do you know anything about [fill in any state] law on nurse practitioners?

Some of the questioners became clients, and I did the necessary legal research to answer their questions and completed the necessary legal documents to carry out their plans. Others will now benefit from the work done for those clients.

Nurse practitioners who read this book will have a solid knowledge base to use, whether it be in developing an employment relationship, undertaking a business venture, giving testimony before a state legislature, composing a letter to an insurance company about an unpaid bill, teaching at a school of nursing, or serving as president of a state or national organization. My hope is that once nurse practitioners have this base of knowledge about the business of health care and the legal foundation on which nurse practitioners function, they can hasten the advancement of their careers.

DISCLAIMER

The author, editor, and publisher have made every effort to provide accurate information in this text. State law as covered in the Appendices was up to date as far as what was available online as of November 2022. Due to frequent changes in these laws, the reader is encouraged to check for any updates that may have occurred since then.

WHAT IS A NURSE PRACTITIONER?

Individuals who have never experienced the care of a nurse practitioner (NP)—whether they are physicians, journalists, lawmakers, bureaucrats, lobbyists, or new patients—often request clarification about just who NPs are and what they do.

It is their combination of the skills of both a physician and a nurse that seems to confuse people. Yet it is that combination of skills that makes an NP unique.

Definition of Nurse Practitioner

The term *nurse practitioner* has been given a variety of definitions.

- According to a state NP organization, “A nurse practitioner (NP) is an advanced practice registered nurse licensed to provide health care to patients.”¹
- According to a national NP organization, “NPs are quickly becoming the health partner of choice for millions of Americans. As clinicians that blend clinical expertise in diagnosing and treating health conditions with an added emphasis on disease prevention and health management, NPs bring a comprehensive perspective and personal touch to health care.”²
- A board of nursing defines an NP as follows: “[A] nurse practitioner is a registered professional nurse who has completed advanced nursing education (usually a master’s or doctorate degree) in a nurse practitioner specialty area and is certified by the New York State Education Department (“SED”) as a ‘Nurse Practitioner’ or ‘NP.’”³
- According to federal law, “Nurse practitioner means a nurse practitioner who performs such services as such individual is legally authorized to perform (in the state in which the individual performs such services) in accordance with state laws and who meets such training, education, and experience required as the Secretary has prescribed in regulations.” [42 U.S.C.A. § 1395x(aa)(5)(A)]
- In California state law, “nurse practitioner means an advanced practice registered nurse who meets board education and certification requirements and possesses additional advanced practice educational preparation and skills in physical diagnosis, psycho-social assessment, and management of health-illness needs in primary care, and/or acute care. [CAL. CODE REGS. TIT. 16, § 1480(o)]

For state-by-state definitions of the term *nurse practitioner*, see **Appendix 1-A**.

An NP, by Any Other Name . . .

Other designations sometimes given to NPs include physician extender, mid-level practitioner, nonphysician practitioner, and advanced practice nurse. For a state-by-state listing of official terms for NPs, see **Appendix 1-B**.

Physician Extender

The term *physician extender* is used by physicians' associations and publications aimed at the physician market and usually refers collectively to NPs, clinical nurse specialists, nurse anesthetists, nurse midwives, and physician assistants.

Mid-Level Practitioner

The term *mid-level practitioner* is used by some physician groups, some states, and the federal government in the Code of Federal Regulation sections dealing with Drug Enforcement Administration (DEA) registration. The DEA defines a mid-level practitioner as follows:

The term *mid-level practitioner* means an individual practitioner other than a physician, dentist, veterinarian, or podiatrist, who is licensed, registered, or otherwise permitted by the United States or the jurisdiction in which he/she practices to dispense controlled dangerous substances in the course of professional practice. Examples of mid-level practitioners include, but are not limited to, healthcare providers such as nurse practitioners, nurse midwives, nurse anesthetists, clinical nurse specialists, and physician assistants who are authorized to dispense controlled substances by the state in which they practice.

[21 C.F.R. § 1300.01(b)]

Some state laws provide a definition of mid-level practitioner. For example, in Minnesota, "Mid-level practitioner' means a nurse practitioner, nurse midwife, nurse anesthetist, advanced clinical nurse specialist, or physician assistant." [MINN. STAT. § 144.1501(j)]

Nonphysician Practitioner

The term *nonphysician practitioner* has been used in the past by the Centers for Medicare & Medicaid Services and Medicare administrative contractors to mean nurse practitioner, clinical nurse specialist, certified nurse midwife, or physician assistant.

Advanced Practice Nurse

Advanced practice nurse is an umbrella term used by some states and some nursing associations to cover, collectively, NPs, clinical nurse specialists, nurse midwives, and nurse anesthetists. NPs differ from other advanced practice nurses in that they offer a wider

range of services to a wider portion of the population. Other advanced practice nurses compare with NPs in the following ways:

- *Nurse anesthetist*: Narrow range of services (preoperative assessment, administration of anesthesia, management of postanesthesia recovery) to a narrow base of patients (people having anesthesia).
- *Clinical nurse specialist*: Medium range of services (consultation, research, education, administration, coordination of care, case management, direct care within the definition of a registered nurse) to a narrow patient base (people under the care of a medical specialist).
- *Certified nurse midwife*: Narrow range of services (well-women gynecologic care, management of pregnancy and childbirth, antepartum and postpartum care) to a medium-sized base of patients (childbearing women).
- *Nurse practitioner*: Wide range of services (evaluation, diagnosis, treatment, education, risk assessment, health promotion, case management, coordination of care, counseling) to a wide base of patients, depending on area of certification; a family nurse practitioner can have a patient base of any age, gender, or problem.

Services Provided by NPs

NPs may perform any service authorized by a state nurse practice act. Some nurse practice acts are so broad as to allow any service agreed on by an NP and a collaborating physician. Generally, NP services include the following:

- Obtaining medical histories and performing physical examinations
- Diagnosing and treating health problems
- Ordering and interpreting laboratory tests and X-rays
- Prescribing medications and other treatments
- Providing prenatal care and family planning services
- Providing well-child care and immunizations
- Providing gynecologic examinations and Pap smears
- Providing education about health risks, illness prevention, and health maintenance
- Providing counseling regarding the need for compliance with a diagnostic and/or treatment plan, course of illness, side effects of treatment, and/or prognosis
- Coordinating care and case management

Primary care NPs also may perform a variety of in-office procedures, depending upon their training and state law. Acute care NPs may place arterial catheters; intubate patients; and perform thoracentesis, lumbar puncture, bone marrow biopsy, bronchoscopy, and other in-hospital procedures.

A job description for an NP may include these duties and responsibilities:

- Conducts comprehensive medical and social history of individuals, including those who are healthy and those with acute illnesses and chronic diseases
- Conducts physical examination of individuals, either comprehensive or problem focused

- Orders, performs, and interprets laboratory tests for screening and for diagnosing
- Prescribes medications
- Performs therapeutic or corrective measures, including urgent care, tertiary care, or critical care
- Refers individuals to appropriate specialist nurses, physicians, or other healthcare providers
- Makes independent decisions regarding management and treatment of medical problems identified
- Performs various invasive/clinical procedures, such as suturing, biopsy of skin lesions, and endometrial biopsy, depending on education, training, patient needs, and written agreement with physician collaborator
- Prescribes and orders appropriate diet and other forms of treatment, such as physical therapy
- Provides information, instruction, and counseling on health maintenance, health promotion, social problems, illness prevention, illness management, and medication use
- Evaluates the effectiveness of instruction and counseling and provides additional instruction and counseling as necessary
- Initiates and participates in research studies and projects
- Teaches groups of clients about health-related topics
- Provides outreach health education services in the community
- Serves as preceptor for medical, nursing, NP, or physician assistant students
- Accepts after-hours calls and handles after-hours problems on a rotating schedule
- Participates in development of pertinent health education materials
- Participates in development of clinical practice guidelines
- Initiates and maintains follow-up of noncompliant patients
- Makes client home visits and provides care in the home as necessary
- Makes hospital visits and follows hospital care of established patients
- Conducts visits via telehealth
- Consults with other healthcare providers about established clients who have been admitted to hospital, home care, rehabilitation, or nursing homes
- Corresponds with insurers, employers, government agencies, and other healthcare providers about established clients as necessary
- Manages care of clients; develops plan of treatment and/or follow-up and monitors progress, determines when referral to another provider is necessary, makes necessary arrangements for further care, determines when hospital admission or emergency room visit is necessary, and determines when illness is resolved
- Assesses social/economic factors for each client and tailors care to those factors
- Manages care of clients in a way that balances quality and cost
- Tracks outcome of interventions and alters interventions to achieve optimum results
- Obtains informed consent from clients as appropriate and necessary
- Maintains familiarity with community resources and connects clients with appropriate resources
- Contracts with clients regarding provider responsibilities and client responsibilities
- Supervises and teaches registered nurses and nonlicensed healthcare workers

- Participates in community programs and health fairs, school programs, and workplace programs
- Represents the practice or the profession as an NP before local and state governing bodies, agencies, and private businesses as needed

Preparation and License Requirements

All NPs are registered nurses (RNs) with education beyond the basic requirements for RN licensure. Most NPs have master's degrees, and some have doctorates. Master's degrees for NPs are required by law in 38 states. NPs without master's degrees have completed a program that meets requirements of state law.

State-required qualifications vary widely. For example, in Alaska, NPs must have completed a 1-year academic course, have an RN license, be certified by a national certifying agency, and have 60 hours of continuing education every 2 years. In Pennsylvania, NPs must have an RN license, a master's degree, and certification by a national organization; must provide evidence of continuing competence in medical diagnosis and therapeutics; and must have 45 hours of advanced pharmacology. Federal law defers to state law regarding NP qualifications (42 C.F.R. § 440.166).

In 49 states, NPs are required by state law to take and pass a national certification exam. A state requirement that an NP be nationally certified leads to a requirement of master's education because the certifying agencies of adult and pediatric NPs require a master's degree to sit for the certification examination.

Initials

Among the initials used to designate NPs are CRNP (certified registered nurse practitioner); ANP-C (adult nurse practitioner–certified); CPNP (certified pediatric nurse practitioner); CGNP (certified geriatric nurse practitioner); RN, CS (registered nurse, certified specialist); ARNP (advanced registered nurse practitioner); and APRN (advanced practice registered nurse). In addition, there are initials for some specialties, such as ACNPC-AG (acute care, adults), CPNP-AC (acute care, pediatrics), and PMHNP-BC (psychiatric–mental health).

Areas of Practice

NPs may be certified in the following areas:

- Adult/geriatric primary care
- Dermatology
- Family primary care
- Neonatal care
- Obstetrics and gynecology
- Pediatric primary care

- Pediatric acute care
- Acute care
- Primary care of school-aged children
- Family planning
- Emergency health care
- Maternal child health
- Mental health/psychiatric care
- Critical care
- Oncology
- Palliative care
- Rehabilitation
- Community health
- Occupational health

Not all categories are recognized in all states.

According to the APRN Consensus Model (2008):

APRNs are educated in one of the four roles and in at least one of six population foci: family/individual across the lifespan, adult-gerontology, neonatal, pediatrics, women's health/gender-related, or psych/mental health.⁴

Legal History of NPs

Before the emergence of advanced practice nurses, the legal scope of nurses' practice excluded the diagnosis and treatment of medical problems. Nurses carried out physicians' orders. In the mid-1970s, some state nurse practice acts were amended to include "nursing diagnoses" in the scope of nursing practice. A nursing diagnosis "limits the diagnostic process to the diagnoses that represent human responses to actual or potential health problems that are within the legal scope of nursing practice."⁵

When a physician shortage arose in the 1960s, it became evident that the shortage and the limitations on nurses' making medical diagnoses were restricting access to health care for people in medically underserved areas. Certain nurses and physicians joined forces to solve the problem. One answer was the NP.

The first NP educational program was a joint effort between Henry K. Silver, a pediatrician, and Loretta C. Ford, then a nursing professor, at the University of Colorado in 1965. Their project was one of many efforts to deal with a physician shortage. The first NPs began practicing in the late 1960s.

As the concept was envisioned, NPs would make not only nursing diagnoses but also medical diagnoses. Further, they would treat patients with medical therapeutics, ordering pharmacotherapeutics and other treatments. It became necessary to broaden the legal scope of nursing practice.

As soon as NPs began to emerge from the training programs, a body of law emerged governing NP licensure and scope of practice. Idaho was the first state to revise its regulations to allow diagnosis and treatment by nurses.

By the mid-1970s, state legislators began to consider proposed laws regarding prescriptive authority for NPs. In some states, the prescriptive authority was granted through the regulatory

process; in others, it was granted through the legislative process. By 2006, NPs had achieved some degree of prescriptive privileges in all states and the District of Columbia. The next legal hurdle became evident with the enrollment of a large percentage of the population into managed-care plans. While NPs had the authority to bill for services to patients covered by Medicare and Medicaid, they were not necessarily credentialed as providers by the managed-care plans. So NPs met with executives at managed-care organizations and attempted to persuade them to allow NPs to be “primary care providers” for the plans. As of 2019, that had been achieved, for the most part, in most states. The next legal hurdle is achieving, in all states, the legal authority to medically manage patients within an NP’s scope of practice, without mandated physician collaboration. While NPs in 26 states along with the District of Columbia may practice without a collaborative practice agreement with a physician, the rest still require some form of physician involvement in NP practice. In some of these states, an initial period of mentorship or collaboration is required. However, the federal statute governing Medicare still requires NPs to collaborate with a physician.

Demographics

There are over 355,000 NPs in the United States, according to the American Association of Nurse Practitioners.⁶

NPs in Primary Care

The concept of the NP emerged from a need for more primary care providers in underserved areas of the nation. While many NPs work in specialty and acute care settings, many provide primary care.

Because health plans designate certain generalist physicians—pediatricians, internists, and family practitioners—as primary care providers (PCPs) for groups of patients, it is important for NPs to be included in the definition of PCP. Most health plans now recognize NPs as PCPs. It is also important for NPs to be included as providers who can be a “medical home” for a patient.

Definition of Primary Care

The following are definitions of primary care. According to a national health policy think tank, the National Academy of Sciences’ Institute of Medicine:

Primary care is the provision of integrated, accessible healthcare services by clinicians who are accountable for addressing a large majority of personal healthcare needs, developing a sustained partnership with patients, and practicing in the context of family and community.⁷

A nurse practice act written by a state agency defines primary health care as:

comprehensive and continuous care provided to patients, families, and the community. Primary care focuses on basic preventative care, health promotion, disease prevention, health maintenance, patient education and the diagnoses and treatment of acute and chronic illnesses in a variety of practice settings.

[CAL. CODE REGS. TIT. 16, § 1480(s)]

A state legislature's definition is:

the health care which clients receive at the first point of contact with the healthcare system and [that] is continuous and comprehensive. Primary health care includes health promotion, prevention of disease and disability, health maintenance, rehabilitation, identification of health problems, management of health problems, and referral.

[02 ME CODE RULES § 380-8-1(T)]

The American Academy of Family Physicians has five definitions of primary care. Several of them acknowledge that providers other than physicians provide primary care.⁸

Primary care itself is not controversial. Who performs primary care is somewhat controversial. Who receives reimbursement for primary care can be very controversial.

Legal Authority of NPs to Be Primary Care Providers

Some state laws specifically authorize NPs to be PCPs—that is, to be designated as the individual responsible for the primary care of a patient enrolled in a managed-care plan.

An example of one such law is Maryland's, which provides that "each member [of a health maintenance organization] shall have an opportunity to select a primary physician or a certified nurse practitioner from among those available to the health maintenance organization . . ." (MD HEALTH-GENERAL CODE ANN. § 19-705.1(b)(1)(vi)).

In some states, no law prohibits an NP from being designated as a PCP. However, in states where an NP must practice in collaboration with and under a physician, health plans may be reluctant to appoint NPs as PCPs. So a clear statement in the law that NPs can be PCPs is optimal.

NPs as Team Members in Secondary and Tertiary Care

Whereas the role of NP was originally contemplated to be in primary care, more and more NPs are working for specialists and in hospitals. For those NPs, state law on scope of practice and reimbursement and federal law on reimbursement are most relevant.

NP Versus Physician Assistant or Physician Associate: What Is the Difference?

In 2021 the American Academy of Physician Assistants voted to change "physician assistant" to "physician associate." That organization is now the American Academy of Physician Associates. Because it will take years to change the name in state and federal laws, either term may be found.

While NPs and physician associates (PAs) may function very similarly and may, in some states, be interchangeable in terms of job description, there are differences between them in legal definition, scope of practice, licensure, and independence of practice. PAs practice medicine under the supervision of a physician, never independently, as far as the law is concerned.

Practically, however, PAs often serve as a patient's principal healthcare provider.⁹ NPs practice under their own licenses, and in some states may practice independent of physician involvement.

Definition and Scope of Practice of PAs Compared with NPs

By definition, a PA is a healthcare provider who practices medicine with physician supervision. NPs define themselves as nurses with a broadened scope of practice and do not define themselves as physician-supervised professionals. In everyday practice, however, NPs and PAs often are interchangeable in that they may have the same job description and may perform the same services.

PAs include in descriptions of their duties taking medical histories, performing physical examinations, ordering and interpreting laboratory tests, diagnosing and treating illnesses, assisting at surgery, prescribing and/or dispensing medication, and counseling patients.¹⁰ NPs would include all of these activities in their scope of practice, with the exception of assisting in surgery. While some NPs assist in surgery under practice agreements with physicians, it is not so common an activity that it is universally included in the scope of practice of NPs. NPs usually include special attention to healthcare maintenance and illness prevention in their statements of scope of practice. The nurse practice act of at least one state, Oregon, includes hospital admission in the scope of NP practice.

The scope of a PA's practice corresponds with a supervising physician's practice, with the understanding that the supervising physician will handle the more complicated medical cases. PAs are authorized to prescribe medications in all states, the District of Columbia, and Guam.¹¹

Physician Involvement with PA Practice

Traditionally, PAs acknowledged their status as physician extenders—that they practiced with physician supervision. However, the PA organizations recently have adopted language that emphasizes that PAs practice medicine as part of teams, downplaying the word “supervision.” State law describes the extent to which PAs must practice under physician supervision.¹²

Demographics

As of 2020, there were approximately 148,560 individuals certified as PAs.¹³

Education

PAs are educated in programs that use the medical model and are designed to complement physician training. The American Academy of Physician Assistants describes PA education in the following way:

PA education includes instruction in core sciences including anatomy, physiology, biochemistry, pharmacology, physical diagnosis, pathophysiology, microbiology, clinical laboratory science, behavioral science, and medical ethics. PAs also complete more than 2,000 hours of clinical rotations, with an emphasis on primary care in ambulatory clinics, physician offices, and acute or long-term care facilities. Rotations include family medicine, internal medicine, obstetrics and gynecology, pediatrics, general surgery, emergency medicine, and psychiatry.¹⁴

Licensure Requirements

According to the American Academy of Physician Assistants, before PAs can practice, they must graduate from an accredited program, pass a certification exam, and become licensed by the state in which they wish to practice.¹⁵

Certification Requirements

To maintain national certification, PAs must log 100 hours of continuing medical education (CME) every 2 years. CME requirements to maintain state authorization to practice vary from state to state. PAs sit for recertification every 6 years. See **Table 1-1** for a comparison of PAs, NPs, and physicians according to basic and continuing education.

History of PAs

As with NPs, the birth of the concept of PAs came after a physician shortage was recognized in the mid-1960s. Dr. Eugene Stead of Duke University Medical Center established the first PA program, using already trained navy corpsmen. He based his program on a fast-track training program for physicians during World War II.

TABLE 1-1 Nurse Practitioners' Education, License, and Certification Contrasted with That of Other Primary Care Providers

<i>Health Professional</i>	<i>Years of College</i>	<i>Undergraduate Degree or Other Education</i>	<i>Graduate Degree</i>	<i>License</i>	<i>Continuing Education (Minimum)</i>	<i>Certification (Renewal)</i>
Nurse practitioner	2–4	AA, BS, or RN diploma	Master's degree or doctorate	Yes (RN plus specific area of NP certification)	75 hours/5 years	Must recertify every 5 years
Physician associate	2–4	BS or certificate. A few states require a master's degree	Not required by most states, but the majority of PA programs are master's-level programs	Yes	100 hours/2 years	Must retest every 10 years
Primary care physician	4	BA/BS	Doctor of medicine or osteopathy required in all states	Yes (MD or DO)	Varies from state to state	Optional

Abbreviations: AA, associate of arts degree; BA, bachelor of arts degree; BS, bachelor of science degree; DO, doctor of osteopathic medicine; MD, doctor of medicine; NP, nurse practitioner; PA, physician associate; RN, registered nurse.

Data from the American Nurses Credentialing Center, American Academy of Physician Associates, and American Academy of Family Physicians.

NP Versus Physician: What Is the Difference?

NPs differ from physicians in definition, scope of practice, and education.

Definition and Scope of Practice of Physicians

A physician is a provider of medical care according to the laws of the individual states. An example of state law defining the practice of medicine is New Jersey's statute:

The phrase "the practice of medicine or surgery" and the phrase "the practice of medicine and surgery" shall include the practice of any branch of medicine and/or surgery and any method of treatment of human ailment, disease, pain, injury, deformity, mental or physical condition, and the term "physician and surgeon" or "physician or surgeon" shall be deemed to include practitioners in any branch of medicine and/or surgery or method of treatment of human ailment, disease, pain, injury, deformity, mental or physical condition. Within the meaning of this act, except as herein otherwise specifically provided, and except for the purposes of the exemptions hereinafter contained in Sections 45:9-14.1 to 45:9-14.10, inclusive, the practice of medicine and/or surgery shall be deemed to include the inter alia, the practice of osteopathy. . . .

[N.J. STAT. ANN. § 45:9-5.1]

Educational Requirements of Physicians

Physicians have 4 years of medical education. See Table 1-1 for a comparison of NPs, physicians, and PAs on requirements for basic education, continuing education, licensure, and certification.

NP Versus RN: What Is the Difference?

NPs and RNs differ in definition, scope of practice, education, and physician supervision.

Definition of RN

The legal definition of an RN is provided by the laws of the states. Michigan, for example, defines nursing and registered nurse as follows:

The "practice of nursing" means the systematic application of substantial specialized knowledge and skill derived from the biological, physical, and behavioral sciences, to the care, treatment, counsel, and health teaching of individuals who are experiencing changes in the normal health processes or who require assistance in the maintenance of health and the prevention or management of illness, injury, or disability. . . . "Registered professional nurse" or "RN" means an individual licensed under this article to engage in the practice of nursing which scope of practice includes the teaching, direction, and supervision of less skilled personnel in the performance of delegated nursing activities.

[MICH. COMP. LAWS § 333.17201(C)]

Scope of Practice of RNs

Nursing typically includes a variety of acts, described under state law. The nursing acts described here are taken from the law of North Dakota:

The performance of acts utilizing specialized knowledge, skills, and abilities for people in a variety of settings. The term includes the following acts, which may not be deemed to include acts of medical diagnosis or treatment or the practice of medicine as defined in Chapter 43–17.

1. The maintenance of health and prevention of illness
2. Assessing and diagnosing human responses to actual or potential health problems
3. Providing supportive and restorative care and nursing treatment, medication administration, health counseling and teaching, case finding and referral of persons who are ill, injured, or experiencing changes in the normal health processes
4. Administration, teaching, supervision, delegation, and evaluation of health and nursing practices
5. Collaboration with other healthcare professionals in the implementation of the total healthcare regimen and execution of the healthcare regimen prescribed by a healthcare practitioner licensed under the laws of this state

[N.D. CENT. CODE § 43-12.1-02(5)]

Education of RNs

An RN has 2–4 years of college education and may have a master’s degree, a doctorate, or other advanced training over and above the basic education.

Supervision of RNs

Supervision is generally not mandated by law for those activities within the scope of nursing practice. To provide medical care, such as administering prescription medication, an RN needs an order from a healthcare provider authorized by law to give orders or prescribe medication.

NP Versus Clinical Nurse Specialist: What Is the Difference?

While both NPs and clinical nurse specialists (CNSs) are advanced practice nurses, they focus on different forms of patient care. NPs manage patients in offices, nursing facilities, homes, and hospitals, and CNSs traditionally have worked in hospitals as resources for other clinicians. Psychiatric/mental health CNSs traditionally have performed direct patient care, as therapists. In the past 10 years, programs for psychiatric–mental health NPs have emerged so that now

both NPs specializing in psychiatry and mental health and CNSs manage patients with psychiatric diagnoses. The distinction between CNSs and NPs is important to advanced practice nurses, but probably not so important to those who are not in the field.

Definition and Scope of Practice of CNSs

The definition and scope of practice of a CNS are specified by state law. For example, Maine law defines the scope of practice of a CNS as follows:

The certified clinical nurse specialist may apply research-based knowledge, skills and experience to intervene in human responses to complex health/illness problems. The certified clinical nurse specialist may (a) provide case management skills to coordinate comprehensive health services and ensure continuity of care; (b) evaluate client progress in attaining expected outcomes; (c) consult with other health care providers to influence care of clients, effect change in systems, and enhance the ability of others to provide health care; and 02-380 Chapter 8 page 6 (d) perform additional functions specific to the specialty area(s). (2) In addition to the above, the certified psychiatric clinical nurse specialist may independently assess, diagnose, and therapeutically intervene in complex mental health problems using psychotherapy and other interventions.

[02 ME CODE RULES §380-8-1.3.D]

Education of CNSs

CNSs have, at minimum, a master's degree in nursing and may have a doctorate.

Physician Supervision of CNSs

CNSs have no requirement for physician supervision unless they have prescriptive authority, in which case there often are collaboration or supervision requirements specified by state law. See **Table 1-2** for a comparison of NPs, CNSs, and other types of advanced practice nurses in terms of education and licensure.

Where Do Nurse Practitioners Practice?

NPs practice in health maintenance organizations, independent or collaborative private practices, hospitals and affiliated clinics, emergency departments, family planning clinics, college health services, school clinics, convenient care clinics, employee health clinics, nursing and long-term care facilities, homeless shelters, hospices, and home-based care services.

The NP Doctorate

The Doctor of Nursing Practice (DNP) degree emerged as an option for NPs in the first decade of this century. It is for those NPs who want a terminal degree but want to maintain a clinical, policy, or operations focus rather than produce, analyze, and evaluate research. Some DNP

TABLE 1-2 Nurse Practitioners' Educational and Professional Credentials Contrasted with Those of Other Advanced Practice Nurses

Type of APN	Years of College	Years of Training	Undergraduate Degree	Graduate Degree	License	Continuing Education	Renewal of Certification
Nurse anesthetist	4	2	BA/BS	Master's degree	Yes, RN plus nurse anesthetist	100 credits/4 years	Yes, as CRNA by NBCRNA
Nurse-midwife	4	2	BA/BS	Master's degree or doctorate	Yes, RN plus nurse-midwife	20 hours/5 years with other recertification options available	Yes, as nurse-midwife by AMCB
Nurse psychotherapist	4	2, plus 100 hours of supervised practice	BA/BS	Master's degree	Yes, RN plus nurse psychotherapist	75 hours/5 years	Yes, as CNS by ANCC
Nurse practitioner	4	2	BA/BS	Master's degree or doctorate	Yes, RN plus nurse practitioner	Varies with certifying body; 75 hours/5 years (ANCC)	Yes, as NP by ANCC, PNCB, or NCC

Abbreviations: APN, advanced practice nurse; AMCB, American Midwifery Certification Board; ANCC, American Nurses Credentialing Center; BA, bachelor of arts degree; BS, bachelor of science degree; CNS, clinical nurse specialist; CRNA, certified registered nurse anesthetist; NBCRNA, National Board of Certification and Recertification of Nurse Anesthetists; NCC, National Certification Corporation; NP, nurse practitioner; PNCB, Pediatric Nursing Certification Board; RN, registered nurse. Data from the American Nurses Credentialing Center, American Association of Nurse Anesthetists, and American College of Nurse-Midwives websites.

programs are aimed at those who already have a master's degree in nursing. Others are for those with bachelor's degrees in nursing who will go straight through for a doctorate. Some universities admit both types of students for the DNP. Individuals who do not already have a master's degree will need more credit hours for completion.

The DNP emerged for these reasons:

- PhDs and doctor of nursing science (DNS) degrees create the evidence base for nursing, but it was felt there was a need for clinicians who had advanced competencies other than research expertise to provide NP leadership within complex healthcare systems
- A need for enhanced knowledge about information systems and technology for the purpose of improving nursing practice and patient outcomes
- A need to translate research findings into clinical practice
- A need for NPs who understand health policy
- A desire by NPs who wanted to continue as clinicians and wanted more education to have a suitable terminal degree that reflected their education

Curricula vary among DNP programs. One might find course content on any of the following topics:

- Quantitative methods for evaluating healthcare practices
- Financial management and budget planning
- Data-driven healthcare improvement
- Evidence-based practice
- Effective leadership
- Scholarly writing
- Transforming the nation's health
- Health systems transformation

The programs require a “capstone project”; in the final year, DNP candidates take what they have learned and apply it to examine, in writing, a specific idea applicable to health care.

While the DNP was originally thought to be a “clinical doctorate,” the curricula in most programs have been oriented less toward pathophysiology and pharmacology and more toward policy, meta-analysis of research, and systems studies. The DNP is not equivalent to a medical doctorate.

There is very little law on DNPs. In some states, the degree is listed as one of the educational credentials a successful applicant for a license as an NP might have. But while 38 states require NPs to have master's degrees, no state requires an NP to have a doctorate.

In offering the DNP, the nursing profession is moving in the direction of other clinical health professions. Not only is there a doctorate in medicine (MD) and dentistry (DDS) but also in pharmacy (PharmD), psychology (PsyD), physical therapy (DPT), and audiology (AudD).

NPs should understand that they are not required to get a doctorate to practice or keep practicing. There has been much confusion about this issue, and here is why: In 2004, the American Association of Colleges of Nursing (AACN) recommended that the doctorate be the entry-into-practice degree for advanced practice nursing and that the target date for the implementation of this recommendation be 2015. Clearly, that date has passed, and a doctorate is

not the entry-into-practice degree. In 2008, a group called the Nurse Practitioner Roundtable issued a statement in support of the DNP, implying that it could or should replace the master's degree in nursing, saying:

The DNP degree more accurately reflects current clinical competencies and includes preparation for the changing health care system. It is congruent with the intense rigorous education for nurse practitioners. This evolution is comparable to the clinical doctoral preparation for other health care professions.¹⁶

The Roundtable did not specify a target date for the change. Also, in 2008, a large group of nursing organizations got together to discuss goals for standardizing state requirements for advanced practice. That group addressed licensing, accreditation, certification, and educational requirements and produced a document “Consensus Model for APRN Regulations: Licensure, Accreditation, Certification & Education.” The document is available on the website of the National Council of State Boards of Nursing (NCSBN): www.ncsbn.org. The consensus model mentioned the doctorate as an appropriate educational preparation for advanced practice, along with the master's degree, but it did not recommend that the doctorate replace the master's degree for entry into practice. The consensus model set a target of 2015 for the regulatory changes it recommended. On hearing about the consensus model, as well as the AACN recommendation and Nurse Practitioner Roundtable comments, some NPs thought they would be required to get a doctorate by 2015. That is not so.

Legislatures and boards of nursing set the educational standards for advanced practice nursing. Associations and organizations can make recommendations but cannot make laws. Association and organization recommendations are simply recommendations that a legislature can accept or ignore. Obviously 2015 has passed, and as of this writing, the organizations' recommendation regarding the DNP has not been adopted. No state requires a doctorate for NP practice for either new NPs or those who are already licensed and certified.

The NP who wants to progress as a faculty member at a university will need a doctorate, and the DNP is one way to fulfill a university's requirement that assistant professors have terminal degrees. NPs with a DNP are finding executive positions in health facilities and networks and in government. However, it is the rare job description that requires a DNP, and for NPs who want their day to be 100% patient care, it is not clear that a DNP will entitle the NP to anything—not a raise, a promotion, or even a job. The DNP is a degree; the role of an NP is something else. Roles for an NP may include healthcare provider, educator, executive, analyst, policy maker, or research team member. At this time, an NP can fulfill those roles with or without a doctorate.

Use of the Title “Doctor”

Once an individual has earned a doctorate, it is natural to want to use that title while at work. Because they hold doctorates, some NPs want to introduce themselves to patients as “Doctor.” This is tricky, legally and ethically, because introducing oneself as “Doctor” in a clinical setting or having “Dr.” before one's name on a name tag can be misleading. Traditionally, people who introduce themselves as “Doctor” in a healthcare setting have been medical doctors. As stated

earlier, the DNP is not equivalent to an MD. Few “clinical” doctoral programs for nurses turn out individuals who have completed doctoral-level work in diagnosis and therapeutics, pharmacology, immunology, neurophysiology, pathophysiology, histology, pathology, and microbiology. Most NPs with clinical doctorates attended programs heavy on health policy, leadership, quality measurement, and data analysis. Furthermore, most clinical doctorates in nursing do not include a full 2 years of supervised and evaluated medical diagnosis and disease management. Then there is the residency issue; DNPs have not completed a residency in medicine. So patients who research the matter may conclude that they have been misled if, for example, their heart failure doctor turns out to be an NP with a doctorate in health policy. Patients who believe they have been misled may create a public relations problem for a practice or facility.

Furthermore, in some states it is illegal for anyone to use the title “Doctor” unless the person is a medical doctor. The crime would be practicing medicine without a license. Here is Ohio’s law:

A person shall be regarded as practicing medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery, within the meaning of this chapter, who does any of the following:

1. Uses the words or letters, “Dr.,” “Doctor,” “M.D.,” “physician,” “D.O.,” “D.P.M.,” or any other title in connection with the person’s name in any way that represents the person as engaged in the practice of medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery, in any of its branches. . . .

[OHIO REV. CODE 4731.34: (A)]

In 2022, a district attorney in California filed a complaint against a nurse practitioner, charging her with unfair business practices, unprofessional conduct, false advertising, and fraud because she referred to herself as “Dr. Sarah.” She has a doctorate in nursing. The state fined her nearly \$20,000. California’s Medical Practice Act does not permit individuals to refer to themselves as “doctor, physician, or any other terms or letters indicating or implying that he or she is a physician and surgeon . . . without having . . . a certificate as a physician and surgeon.” Individuals who misrepresent themselves are subject to misdemeanor charges and civil penalties.

The nurse practitioner had to agree to stop referring to herself as a doctor in her practice and on social media.

Some hospitals have policies on who may use the title “Doctor.” For NPs who have completed truly clinical doctorates (such as heart failure NPs who have devoted their doctoral efforts to learning about management of heart failure), it may be worthwhile to challenge a facility policy or state law. That would mean presenting the issue to decision makers and asking for a change. One would need to describe the DNP’s curriculum and compare it with a local medical school’s curriculum and be prepared to argue why the curriculum the DNP completed is as good or better than medical school at preparing a clinician to treat the types of patients the NP is treating. One could argue that although the medical school model is firmly entrenched in our culture, no studies have proven that the medical school model is the only effective model for teaching clinicians how to properly care for patients.

Here is what the Nurse Practitioner Roundtable wrote about using the title “Doctor” by NPs:

1. The title “Doctor” represents an academic credential and is not limited to professional programs. Graduate educational programs in colleges and universities in the United States confer academic degrees, which permit graduates to be called “doctor.” No one discipline owns the title “doctor.”
2. In the healthcare field, the term doctor is not limited to medical doctors. Other healthcare professions use their academic title: e.g., Doctor of Osteopathy, Doctor of Pharmacy, Doctor of Podiatry, Doctor of Psychology, Doctor of Physical Therapy, and others.
3. While the titles “Medical Doctor” or “Doctor of Osteopathy” may be title protected by statute in a given state, the term “doctor” alone is not.
4. Recognition of the title “Doctor” for doctorally prepared nurse practitioners facilitates parity within the healthcare system.¹⁶

How should doctorally prepared NPs who want to communicate their level of education introduce themselves to patients in a clinic or facility? One way is “I am Jennifer Smith, a nurse practitioner. You’ll notice DNP on my name tag. That means I have a doctorate of nursing practice.” The name tag should provide Ms. Smith’s name, degree, and certification, that is, “Jennifer Smith, DNP, ACNP”

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STATE-BY-STATE DEFINITIONS OF NURSE PRACTITIONER

The following are state-by-state definitions of nurse practitioner, including citation of code section.

Alabama

Advanced practice nurse. A registered nurse that has gained additional knowledge and skills through successful completion of an organized program of nursing education that prepares nurses for advanced practice roles and has been certified by the Board of Nursing to engage in the practice of advanced practice nursing. There shall be four categories of advanced practice nurses: Certified registered nurse practitioners (CRNP), certified nurse midwives (CNM), certified registered nurse anesthetists (CRNA), and clinical nurse specialists (CNS). Certified registered nurse practitioners and certified nurse midwives are subject to collaborative practice agreements with an Alabama physician. Certified registered nurse anesthetists and clinical nurse specialists are not subject to collaborative practice agreements with an Alabama physician and are not subject to the requirements of Sections 34-21-82, 34-21-83, and 34-21-85 to 34-21-92, inclusive, and are prohibited from engaging in any of the acts or functions of a certified registered nurse practitioner (CRNP) or a certified nurse midwife (CNM) as established by this article and regulations adopted under this article.

ALA. CODE § 34-21-81(3).

Practice as a certified registered nurse practitioner (CRNP) means the performance of nursing skills by a registered nurse who has demonstrated by certification that he or she has advanced knowledge and skills in the delivery of nursing services within a health care system that provides for consultation, collaborative management, or referral as indicated by the health status of the client.

ALA. CODE § 34-21-81(4a).

Alaska

“Advanced practice registered nurse” means a registered nurse licensed to practice in the state who, because of specialized education and experience, is certified to perform acts of medical diagnosis and the prescription and dispensing of medical, therapeutic, or corrective measures under regulations adopted by the board.

ALASKA STAT. § 08.68.850(1).

Arizona

“Registered nurse practitioner” means a registered nurse who:

- a. Is certified by the board.
- b. Has completed a nurse practitioner education program approved or recognized by the board and educational requirements prescribed by the board by rule.
- c. If applying for certification after July 1, 2004, holds national certification as a nurse practitioner from a national certifying body recognized by the board.
- d. Has an expanded scope of practice within a specialty area that includes:
 - i. Assessing clients, synthesizing and analyzing data and understanding and applying principles of health care at an advanced level.
 - ii. Managing the physical and psychosocial health status of patients.
 - iii. Analyzing multiple sources of data, identifying alternative possibilities as to the nature of a health care problem and selecting, implementing and evaluating appropriate treatment.
 - iv. Making independent decisions in solving complex patient care problems.
 - v. Diagnosing, performing diagnostic and therapeutic procedures, and prescribing, administering and dispensing therapeutic measures, including legend drugs, medical devices and controlled substances within the scope of registered nurse practitioner practice on meeting the requirements established by the board.
 - vi. Recognizing the limits of the nurse’s knowledge and experience by consulting with or referring patients to other appropriate health care professionals if a situation or condition occurs that is beyond the knowledge and experience of the nurse or if the referral will protect the health and welfare of the patient.
 - vii. Delegating to a medical assistant pursuant to § 32-1456.
 - viii. Performing additional acts that require education and training as prescribed by the board and that are recognized by the nursing profession as proper to be performed by a nurse practitioner.

ARIZ. REV. STAT. ANN. § 32-1601(23).

“Advance practice registered nurse (APRN)” means either a registered nurse practitioner (RNP), certified nurse midwife (CNM), certified registered nurse anesthetist (CRNA), or clinical nurse specialist (CNS), certified by the Board.

ARIZ. ADMIN. CODE § R4-19-101.

Arkansas

“Practice of advanced practice registered nursing” means the delivery of health-care services for compensation by a professional nurse who has gained additional knowledge and skills through successful completion of an organized program of nursing education that certifies nurses for advanced practice roles as certified nurse practitioners, certified registered nurse anesthetists, certified nurse midwives, and clinical nurse specialists.

ARK. CODE ANN. § 17-87-102(4)(A).

“Practice of certified nurse practitioner nursing” means the performance for compensation of advanced nursing practices by a registered nurse who, as demonstrated by national certification, has advanced knowledge and practice skills in the delivery of nursing services.

ARK. CODE ANN. § 17-87-102(6).

California

The Legislature finds that various and conflicting definitions of the nurse practitioner are being created by state agencies and private organizations within California. The Legislature also finds that the public is harmed by conflicting usage of the title of nurse practitioner and lack of correspondence between use of the title and qualifications of the registered nurse using the title. Therefore, the Legislature finds the public interest served by determination of the legitimate use of the title “nurse practitioner” by registered nurses.

CAL. BUS. & PROF. CODE § 2834.

No person shall advertise or hold himself out as a “nurse practitioner” who is not a nurse licensed under this chapter and does not, in addition, meet the standards for a nurse practitioner established by the board.

CAL. BUS. & PROF. CODE § 2835.

On and after January 1, 2008, an applicant for initial qualification or certification as a nurse practitioner under this article who has not been qualified or certified as a nurse practitioner in California or any other state shall meet the following requirements:

- a. Hold a valid and active registered nursing license issued under this chapter.
- b. Possess a master's degree in nursing, a master's degree in a clinical field related to nursing, or a graduate degree in nursing.
- c. Satisfactorily complete a nurse practitioner program approved by the board.

CAL. BUS. & PROF. CODE § 2835.5.

“Nurse practitioner” means an advanced practice registered nurse who meets board education and certification requirements and possesses additional advanced practice educational preparation and skills in physical diagnosis, psycho-social assessment, and management of health-illness needs in primary care, and/or acute care.

CAL. CODE REGS. TIT. 16, § 1480(o).

A registered nurse who has been certified by the board as a nurse practitioner may use the title, “advanced practice registered nurse” and/or “certified nurse practitioner” and may place the letters APRN-CNP after his or her name or in combination with other letters or words that identify the category.

CAL. CODE REGS. TIT. 16, § 1481(b).

Colorado

“Advanced practice registered nurse” means a registered professional nurse who is licensed to practice pursuant to this part 1, who obtains specialized education or training as provided in § 12-255-111, and who applies to and is accepted by the board for inclusion in the advanced practice registry established pursuant to § 12-255-111.

COLO. REV. STAT. ANN. § 12-255-104(1).

“Practice of advanced practice nursing” means an expanded scope of professional nursing in a scope, role, and population focus approved by the board, with or without compensation or personal profit, and includes the practice of professional nursing.

COLO. REV. STAT. ANN. § 12-255-104(8)(a).

The board shall establish the advanced practice registry and shall require that a registered professional nurse applying for registration on the advanced practice registry identify the nurse's role and population focus. The board shall establish reasonable criteria for designation of specific role and population foci based on

currently accepted professional standards. A registered professional nurse who is included in the advanced practice registry has the right to use the title “advanced practice registered nurse” or, if authorized by the board, to use the title “certified nurse midwife”, “clinical nurse specialist”, “certified registered nurse anesthetist”, or “nurse practitioner”. These titles may be abbreviated as “A.P.R.N.”, “C.N.M.”, “C.N.S.”, “C.R.N.A.”, or “N.P.”, respectively. It is unlawful for any person to use any of the titles or abbreviations listed in this subsection (2) unless included in the registry and authorized by the board to do so.

COLO. REV. STAT. ANN. § 12-255-111(2).

Connecticut

Advanced nursing practice is defined as the performance of advanced level nursing practice activities that, by virtue of post-basic specialized education and experience, are appropriate to and may be performed by an advanced practice registered nurse. The advanced practice registered nurse performs acts of diagnosis and treatment of alterations in health status, as described in subsection (a) of this section.

CONN. GEN. STAT. ANN. § 20-87a(b)(1).

Delaware

“Advanced practice registered nurse” (“APRN”) means an individual with knowledge and skills in basic nursing education; licensure as a registered nurse (“RN”); and graduation from or completion of a graduate-level APRN program accredited by a national accrediting body and current certification by a national certifying body in the appropriate APRN role and at least 1 population focus. “Advanced practice registered nurse” includes certified nurse practitioners, certified registered nurse anesthetists, certified nurse midwives, or clinical nurse specialist.

DEL. CODE ANN. TIT. 24, § 1902 (b).

“Certified Nurse Practitioner (C.N.P.)” A Registered Nurse with advanced nursing educational preparation who is a provider of primary healthcare in a variety of settings with a focus on a specific area of practice. The C.N.P designation is received after graduation from a Master’s program or from an accredited post-basic C.N.P certificate program of at least one academic year in length in a nurse practitioner specialty such as acute care, adult, family, geriatric, pediatric, or women’s health, etc. The C.N.P must have national certification in the area of specialization at the advanced level by a certifying agency which meets the established criteria approved by the Delaware Board of Nursing.

DEL. NURSING REGS. TIT. 24, CH.1 1900, § 8.4.

District of Columbia

“Practice of advanced practice registered nursing” means the performance of advanced-level nursing actions, with or without compensation, by a licensed registered nurse with advanced education, knowledge, skills, and scope of practice who has been certified to perform such actions by a national certifying body acceptable to the Board of Nursing. The practice of advanced practice registered nursing includes:

- a. Advanced assessment;
- b. Medical diagnosis;
- c. Prescribing;
- d. Selecting, administering, and dispensing therapeutic measures;
- e. Treating alterations of the health status; and
- f. Carrying out other functions identified in title VI of this act and in accordance with procedures required by this act.

D.C. STAT. § 3-1201.02 (2).

Florida

“Advanced practice registered nurse” means any person licensed in this state to practice professional nursing and who is licensed in an advanced nursing practice, including certified nurse midwives, certified nurse practitioners, certified registered nurse anesthetists, clinical nurse specialists, and psychiatric nurses.

FLA. STAT. ANN. § 464.003(3).

“Advanced or specialized nursing practice” means, in addition to the practice of professional nursing, the performance of advanced-level nursing acts approved by the board which, by virtue of postbasic specialized education, training, and experience, are appropriately performed by an advanced practice registered nurse.

FLA. STAT. ANN. § 464.003(2).

Georgia

“Advanced practice registered nurse” means a registered professional nurse who is licensed by the board under this article or who holds a multistate license under Article 4 of this chapter, who is recognized by the board as having met the requirements established by the board to engage in advanced nursing practice, and who holds a master’s degree or other graduate degree from an approved nursing education program and national board certification in his or her area of specialty, or a

person who was recognized as an advanced practice registered nurse by the board on or before June 30, 2006.

GA. CODE ANN. § 43-26-3(1.1).

The advanced practice registered nurse is a certified nurse-midwife (CNM), nurse practitioner (NP), certified registered nurse anesthetist (CRNA), clinical nurse specialist (CNS) or clinical nurse specialist in psychiatric/mental health (CNS/PMH), and is authorized to practice by the Georgia Board of Nursing (“the Board”).

GA. COMP. R. & REGS. § R. 410-11-.01(2)(a).

Hawaii

“Advanced practice registered nurse” means a registered nurse who has met the qualifications for advanced practice registered nurse licensure set forth in this chapter and through rules of the board, which shall include educational requirements.

HAW. REV. STAT. § 457-2.

“Advanced practice registered nurse (APRN)” means a registered nurse licensed to practice in this State who has met the qualifications set forth in chapter 457, HRS, and this subchapter, and who because of advanced education and specialized clinical training, is authorized to assess, screen, diagnose, order, utilize, or perform medical, therapeutic, preventive, or corrective measures.

HAW. ADMIN. § 16-89-2.

Idaho

“Advanced practice registered nurse” means a registered nurse licensed in this state who has gained additional specialized knowledge, skills and experience through a program of study recognized or defined by the board. An advanced practice registered nurse is authorized to perform advanced nursing practice, which may include the prescribing, administering and dispensing of therapeutic pharmacologic agents, as defined by board rules. An advanced practice registered nurse shall perform only those acts as provided by the board and for which the individual is educationally prepared. Advanced practice registered nurses shall include the following four (4) roles: certified nurse-midwife; clinical nurse specialist; certified nurse practitioner; and certified registered nurse anesthetist as defined in board rule. An advanced practice registered nurse collaborates with other health professionals in providing health care.

IDAHO CODE § 54-1402(1).

Illinois

“Advanced practice registered nurse” or “APRN” means a person who has met the qualifications for a (i) certified nurse midwife (CNM); (ii) certified nurse practitioner (CNP); (iii) certified registered nurse anesthetist (CRNA); or (iv) clinical nurse specialist (CNS) and has been licensed by the Department. All advanced practice registered nurses licensed and practicing in the State of Illinois shall use the title APRN and may use specialty credentials CNM, CNP, CRNA, or CNS after their name. All advanced practice registered nurses may only practice in accordance with national certification and this Act.

ILL. COMP. STAT. § 65/50-10.

[Section scheduled for repeal on January 1, 2028.]

- a. Advanced practice registered nursing by certified nurse practitioners, certified nurse anesthetists, certified nurse midwives, or clinical nurse specialists is based on knowledge and skills acquired throughout an advanced practice registered nurse’s nursing education, training, and experience.
- b. Practice as an advanced practice registered nurse means a scope of nursing practice, with or without compensation, and includes the registered nurse scope of practice.
- c. The scope of practice of an advanced practice registered nurse includes, but is not limited to, each of the following:
 1. Advanced nursing patient assessment and diagnosis.
 2. Ordering diagnostic and therapeutic tests and procedures, performing those tests and procedures when using health care equipment, and interpreting and using the results of diagnostic and therapeutic tests and procedures ordered by the advanced practice nurse or another health care professional.
 3. Ordering treatments, ordering or applying appropriate medical devices, and using nursing medical, therapeutic, and corrective measures to treat illness and improve health status.
 4. Providing palliative and end-of-life care.
 5. Providing advanced counseling, patient education, health education, and patient advocacy.
 6. Prescriptive authority as defined in Section 65-40 of this Act.
 7. Delegating selected nursing interventions to a licensed practical nurse, a registered professional nurse, or other personnel.

ILL. COMP. STAT. § 65/65-30.

[Section scheduled for repeal on January 1, 2028.]

Indiana

“Advanced practice registered nurse” means (1) a nurse practitioner; (2) a certified nurse midwife; (3) a clinical nurse specialist; or (4) a certified registered nurse anesthetist who is a registered nurse qualified to practice nursing in a specialty role based upon the additional knowledge and skill gained through a formal organized program of study and clinical experience, or the equivalent as determined by the board, which does not limit but extends or expands the function of the nurse which may be initiated by the client or provider in settings that shall include hospital outpatient clinics and health maintenance organizations

IND. CODE ANN. § 25-23-1-1(b).

- a. “Nurse practitioner” means an advanced practice nurse who provides advanced levels of nursing client care in a specialty role, who meets the requirements of an advanced practice nurse as outlined in section 3 of this rule, and who has completed any of the following:
 1. A graduate program offered by a college or university accredited by the Commission on Recognition of Postsecondary Accreditation which prepares the registered nurse to practice as a nurse practitioner and meets the requirements of section 6 of this rule.
 2. A certificate program offered by a college or university accredited by the Commission on Recognition of Postsecondary Accreditation which prepares the registered nurse to practice as a nurse practitioner and meets the requirements of section 6 of this rule. Nurse practitioners who complete a certificate program must be certified and maintain certification as a nurse practitioner by a national organization which requires a national certifying examination.
 3. Prior to the promulgation of this article, the following:
 - A. A formal organized program of study and clinical experience which prepares the registered nurse to practice as a nurse practitioner.
 - B. The required program of study at a time when there was no credentialing or certification process available in the specialty area of the program of study.
- b. “NP” means nurse practitioner and are the designated authorized initials to be used by the nurse practitioner.

IND. ADMIN. CODE TIT. 848, IAC 4-1-4.

- a. “Advanced practice nurse” means a registered nurse holding a current license in Indiana who:
 1. has obtained additional knowledge and skill through a formal, organized program of study and clinical experience, or its equivalent, as determined by the board;

2. functions in an expanded role of nursing at a specialized level through the application of advanced knowledge and skills to provide healthcare to individuals, families, or groups in a variety of settings, including, but not limited to:
 - a. homes;
 - b. institutions;
 - c. offices;
 - d. industries;
 - e. schools;
 - f. community agencies;
 - g. private practice;
 - h. hospital outpatient clinics; and
 - i. health maintenance organizations; and
 3. makes independent decisions about the nursing needs of clients.
- b. The three (3) categories of advanced practice nurses as defined in IC 25-23-1-1 are as follows:
1. Nurse practitioner as defined in section 4 of this rule.
 2. Certified nurse-midwife as defined in 848 IAC 3-1.
 3. Clinical nurse specialist as defined in section 5 of this rule.

IND. ADMIN. CODE TIT. 848, IAC 4-1-3.

Iowa

“Advanced registered nurse practitioner (ARNP)” means a person who is currently licensed as a registered nurse under Iowa Code chapter 152 or chapter 152E who is licensed by the board as an advanced registered nurse practitioner.

IOWA ADMIN. CODE § R. 655-7.1(17A, 124, 147, 152).

Kansas

“Advanced practice registered nurse” or “APRN” means a professional nurse who holds a license from the board to function as a professional nurse in an advanced role, and this advanced role shall be defined by rules and regulations adopted by the board in accordance with KSA 65-1130, and amendments thereto.

KAN. STAT. ANN. § 65-1113(g).

The four roles of advanced practice registered nurses licensed by the board of nursing shall be the following: (a) Clinical nurse specialist; (b) nurse anesthetist; (c) nurse-midwife; and (d) nurse practitioner.

KAN. ADMIN. REGS. § 60-11-102.

Kentucky

“Advanced practice registered nurse” or “APRN” means a certified nurse practitioner, certified registered nurse anesthetist, certified nurse midwife, or clinical nurse specialist, who is licensed to engage in advance practice registered nursing pursuant to KRS 314.042 and certified in at least one (1) population focus.

KY. REV. STAT. ANN. § 314.011(7).

Louisiana

“Advanced practice registered nurse” or “APRN” means a licensed registered nurse who is certified by a nationally recognized certifying body, such as the American Nurses Credentialing Center, as having an advanced nursing specialty as described in this Part and who meets the criteria for an advanced practice registered nurse as established by the board. In the absence of the availability of a national certification examination in a selected clinical area, the board may establish commensurate requirements. An advanced practice registered nurse shall include, but not be limited to, the following:

- a. Certified nurse midwife or “CNM”....
- b. Certified registered nurse anesthetist or “CRNA”....
- c. Clinical nurse specialist or “CNS”....
- d. Nurse practitioner or “NP” who is an advanced practice registered nurse educated in a specified area of care and certified according to the requirements of a nationally recognized accrediting agency such as the American Nurses Association’s American Nurses Credentialing Center, National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties, or the National Certification Board of Pediatric Nurse Practitioners and Nurses, or as approved by the board and who is authorized to provide primary, acute, or chronic care as an advanced nurse practitioner acting within his scope of practice to individuals, families, and other groups in a variety of settings including, but not limited to, homes, institutions, offices, industry, schools, and other community agencies.

LA. REV. STAT. ANN. § 37:913 (1).

Advanced Practice Registered Nurse (APRN)—a registered nurse:

1. who has completed an accredited graduate-level education program preparing him/her for one of the four recognized APRN roles in addition to a population focus;
2. who has passed a national certification examination that measures APRN role and population-focused competencies and who maintains continued competence as evidenced by recertification in the role and population through the national certification program;

3. who has acquired advanced clinical knowledge and skills preparing him/her to provide direct care to patients;
4. whose practice builds on the competencies of registered nurses (RNs) by demonstrating a greater depth and breadth of knowledge, a greater synthesis of data, increased complexity of skills and interventions, and greater role autonomy;
5. who is educationally prepared to assume responsibility and accountability for health promotion and/or maintenance as well as the assessment, diagnosis, and management of patient problems, which includes the use and prescription of pharmacologic and non-pharmacologic interventions;
6. who has clinical experience of sufficient depth and breadth to reflect the intended license;
7. who has obtained a license to practice as an APRN;
8. who is expected to practice within established standards and is accountable for the quality of advanced nursing care rendered, for recognizing limits of knowledge and experience, planning for the management of situations beyond one's expertise; and for consulting with or referring patients to other health care providers as appropriate.

LA. ADMIN. CODE TIT. 46, § XLVII-4505.

Maine

“Advanced practice registered nurse” means an individual who is currently licensed under this chapter to practice advanced practice registered nursing as defined in subsection 2-A. “A.P.R.N.” is the abbreviation for the title of “advanced practice registered nurse.” An advanced practice registered nurse may use the abbreviation “A.P.R.N.” or the title or abbreviation designated by the national certifying body.

“Advanced practice registered nurse” includes a certified nurse practitioner, a certified nurse midwife, a certified clinical nurse specialist and a certified nurse anesthetist who are licensed under this chapter to practice advanced practice registered nursing.

CODE ME. R. § 31-2102(5-A).

Maryland

“Advanced practice registered nurse (APRN)” means a registered nurse who is certified by the Board as:

- a. A certified nurse midwife (CNM);
- b. A certified registered nurse anesthetist (CRNA);

- c. A certified nurse practitioner (CRNP); or
- d. A clinical nurse specialist (CNS).

MD. REGS. CODE § 10.27.07.01.B(2).

“Nurse practitioner” means an advanced practice registered nurse who is certified by the Board to practice as a nurse practitioner in this State.

MD. REGS. CODE § 10.27.07.01.B(9).

Massachusetts

Advanced Practice Registered Nurse (APRN). A Registered Nurse (RN) who has current authorization by the Board to engage in advanced practice nurse activities.

244 MASS. ADMIN. CODE § 10.01.

Board recognized APRN clinical categories and abbreviations include:

1. Certified Registered Nurse Anesthetist (CRNA);
2. Certified Nurse Midwife (CNM);
3. Certified Nurse Practitioner (CNP);
4. Clinical Nurse Specialist (CNS);
5. Psychiatric Nurse Mental Health Clinical Specialist (PNMHCS). This category corresponds to M.G.L. c. 94C, §§ 1, 7 and 9 and M.G.L. c. 112, §§ 80E, and includes the advanced practice registered nurse clinical category Psychiatric Clinical Nurse Specialist (PCNS).

244 MASS. ADMIN. CODE § 4.03.

Michigan

“Advanced practice registered nurse” or “a.p.r.n.” means a registered professional nurse who has been granted a specialty certification under section 17210 in 1 of the following health profession specialty fields:

- I. Nurse midwifery.
- II. Nurse practitioner.
- III. Clinical nurse specialist.

MICH. COMP. LAWS § 333.17201(1)(a).

1. The Michigan board of nursing may grant a specialty certification to a registered professional nurse who has advanced training beyond that required for initial licensure, who has demonstrated competency through examination or

other evaluative processes, and who practices in 1 of the following health profession specialty fields:

- a. Nurse midwifery.
- b. Nurse anesthetist.
- c. Nurse practitioner.

MICH. COMP. LAWS § 333.17210.

Minnesota

“Advanced practice registered nurse,” abbreviated APRN, means an individual licensed as an advanced practice registered nurse by the board and certified by a national nurse certification organization acceptable to the board to practice as a clinical nurse specialist, nurse anesthetist, nurse-midwife, or nurse practitioner. The national nursing certification organization must:

1. be endorsed by a national professional nursing organization that describes scope and standards statements specific to the practice as a clinical nurse specialist, nurse-midwife, nurse practitioner, or registered nurse anesthetist for the population focus for which the individual will be certified;
2. be independent from the national professional nursing organization in decision-making for all matters pertaining to certification or recertification;
3. administer a professional nursing certification program that is psychometrically sound and legally defensible, and meets nationally recognized accreditation standards for certification programs; and
4. require periodic recertification or be affiliated with an organization that provides recertification.

MINN. STAT. § 148.171(3).

Mississippi

An “advance practice registered nurse” is a person who is licensed or holds the privilege to practice under this article and who is certified in advanced practice registered nurse or specialized nursing practice and includes certified nurse midwives, certified registered nurse anesthetists and certified nurse practitioners. . . . “C.N.P” is the abbreviation for the title of Certified Nurse Practitioner.

MISS. NURSING PRACTICE LAW § 73-15-5(11).

Missouri

“Advanced practice registered nurse”, a nurse who has education beyond the basic nursing education and is certified by a nationally recognized professional organization as a certified nurse practitioner, certified nurse midwife, certified registered nurse anesthetist, or a certified clinical nurse specialist. The board shall promulgate rules specifying which nationally recognized professional organization certifications are to be reorganized for the purposes of this section. Advanced practice nurses and only such individuals may use the title “Advanced Practice Registered Nurse” and the abbreviation “APRN.”

MO. REV STAT. § 335.016(2).

“Certified nurse practitioner”, a registered nurse who is currently certified as a nurse practitioner by a nationally recognized certifying body approved by the board of nursing.

MO. REV STAT. § 335.016(7).

Montana

“Advanced practice registered nurse” means a registered professional nurse who has completed educational requirements related to the nurse’s specific practice role, in addition to basic nursing education, as specified by the board pursuant to 37-8-202.

MONT. CODE ANN. 37-8-102(1).

Nebraska

Advanced Practice Registered Nurse – Nurse Practitioner (APRN-NP). A registered nurse who holds a current advanced practice registered nurse license as a nurse practitioner and as defined in Neb. Rev. Stat. § 38-2312.

NEB. Admin. Code § 172-98-002.05.

Nurse practitioner means a registered nurse certified as described in Section 38-2317 and licensed under the Advanced Practice Registered Nurse Practice Act to practice as a nurse practitioner.

NEB. REV. STAT. § 38-2312.

Advanced Practice Registered Nurse (APRN). A registered nurse who holds a current advanced practice registered nurse license as a certified nurse midwife, certified registered nurse anesthetist, clinical nurse specialist, or nurse practitioner.

NEB. ADMIN. CODE § 172-98-002.01.

Nevada

“Advanced practice registered nurse” means a registered nurse who: 1. Has specialized skill, knowledge and experience obtained from an organized formal program of training; and 2. Is licensed by the Board and is authorized in special conditions as set forth in NAC 632.254 to 632.295, inclusive, to provide designated services in addition to those which a registered nurse is authorized to perform.

NEV. ADMIN. CODE § 632.020.

The Board will issue a license to practice as an advanced practice registered nurse authorizing the licensee to practice in a role as:

- a. A nurse midwife;
- b. A nurse practitioner;
- c. A clinical nurse specialist; or
- d. Any combination thereof.

NEV. ADMIN. CODE § 632.2597(1).

New Hampshire

“Advanced practice registered nurse” or “APRN” means a registered nurse currently licensed by the board under RSA 326-B:18.

N.H. REV. STAT. ANN. § 326-B:2.I.

New Jersey

“Advanced practice nurse” means a person who holds a certification in accordance with section 8 or 9 of P.L. 1991, c.377 (C.45:11-47 or 45:11-48).

N.J. STAT. ANN. § 45:11-23.d.

Whenever the titles or designations “nurse practitioner,” “clinical nurse specialist” or “nurse practitioner/clinical nurse specialist” occur or any reference is made thereto in any law, contract or document, the same shall be deemed to mean or refer to the title or designation “advanced practice nurse.”

N.J. STAT. ANN. § 45:11-46.7.c.

New Mexico

“Certified nurse practitioner” means a registered nurse who is licensed by the board for advanced practice as a certified nurse practitioner and whose name and pertinent information are entered on the list of certified nurse practitioners maintained by the board.

N.M. STAT. ANN. § 61-3-3.E.

“Advanced practice registered nurse” (APRN), a graduate level prepared registered nurse who has completed a program of study in a specialty area in an accredited nursing program, taken a certification examination in the same area, and been granted a license to practice as an advanced practice nurse with an expanded scope of practice; individuals are authorized to practice in the roles of certified nurse practitioner (CNP), certified registered nurse anesthetist (CRNA) and clinical nurse specialist (CNS).

N.M. ADMIN. CODE § 16.12.2.7.A(3).

New York

The practice of registered professional nursing by a nurse practitioner, certified under section six thousand nine hundred ten of this article, may include the diagnosis of illness and physical conditions and the performance of therapeutic and corrective measures within a specialty area of practice, in collaboration with a licensed physician qualified to collaborate in the specialty involved, provided such services are performed in accordance with a written practice agreement and written practice protocols except as permitted by paragraph (b) of this subdivision.

N.Y. EDUC. LAW, ART. 139, § 6902.3(a).

North Carolina

“Advanced Practice Registered Nurse (APRN)” means a nurse practitioner, nurse anesthetist, nurse-midwife, or clinical nurse specialist.

N.C. ADMIN. CODE TIT. 21, R. § 36.0120(6).

“Nurse Practitioner” or “NP” means a registered nurse who holds an active unencumbered license approved to practice consistent with the nurse’s area of nurse practitioner academic educational preparation and national certification under an agreement with a physician licensed by the Medical Board for ongoing supervision, consultation, collaboration, and evaluation of the medical acts performed. Such medical acts are in addition to those nursing acts performed by virtue of

registered nurse (RN) licensure. The NP is held accountable under the RN license for those nursing acts that he or she may perform.

N.C. ADMIN. CODE TIT. 21, R. § 36.0801(9).

North Dakota

“Advanced practice registered nurse” means an individual who holds a current license to practice in this state as an advanced practice registered nurse within one of the roles of certified nurse practitioner, certified registered nurse anesthetist, certified nurse midwife, or certified clinical nurse specialist, and who functions in one of the population foci as approved by the board.

N.D. CENT. CODE § 43-12.1-02(1).

Ohio

“Certified nurse practitioner” means an advanced practice registered nurse who holds a current, valid license issued under this chapter and is designated as a certified nurse practitioner in accordance with Section 4723.42 of the Revised Code and rules adopted by the board of nursing.

OHIO REV. CODE ANN. § 4723.01(J).

“Advanced practice registered nurse” means an individual who holds a current, valid license issued under this chapter that authorizes the practice of nursing as an advanced practice registered nurse and is designated as any of the following: (1) A certified registered nurse anesthetist; (2) A clinical nurse specialist; (3) A certified nurse-midwife; (4) A certified nurse practitioner.

OHIO REV. CODE ANN. § 4723.01(O).

“Advanced practice registered nurse” means an individual who holds a current, valid license issued under Chapter 4723. of the Revised Code that authorizes the practice of nursing as an advanced practice registered nurse and is designated as any of the following: (1) A certified registered nurse anesthetist; (2) A clinical nurse specialist; (3) A certified nurse-midwife; (4) A certified nurse practitioner.

OHIO ADMIN. CODE § 4723-3-01(B).

Oklahoma

“Advanced Practice Registered Nurse” means a licensed Registered Nurse:

- a. who has completed an advanced practice registered nursing education program in preparation for one of four recognized advanced practice registered nurse roles,
- b. who has passed a national certification examination recognized by the Board that measures the advanced practice registered nurse role and specialty competencies and who maintains recertification in the role and specialty through a national certification program,
- c. who has acquired advanced clinical knowledge and skills in preparation for providing both direct and indirect care to patients; however, the defining factor for all Advanced Practice Registered Nurses is that a significant component of the education and practice focuses on direct care of individuals,
- d. whose practice builds on the competencies of Registered Nurses by demonstrating a greater depth and breadth of knowledge, a greater synthesis of data, and increased complexity of skills and interventions, and
- e. who has obtained a license as an Advanced Practice Registered Nurse in one of the following roles: Certified Registered Nurse Anesthetist, Certified Nurse-Midwife, Clinical Nurse Specialist, or Certified Nurse Practitioner.

OKLA. STAT. ANN. § 59-567.3a.5.

“Certified Nurse Practitioner” is an Advanced Practice Registered Nurse who performs in an expanded role in the delivery of health care:

- a. consistent with advanced educational preparation as a Certified Nurse Practitioner in an area of specialty,
- b. functions within the Certified Nurse Practitioner scope of practice for the selected area of specialization, and
- c. is in accord with the standards for Certified Nurse Practitioners as identified by the certifying body and approved by the Board.

OKLA. STAT. ANN. § 59-567.3a.6.

Oregon

“Advanced Practice Registered Nurse (APRN)” means a clinical nurse specialist, certified registered nurse anesthetist, or nurse practitioner licensed by the Board.

OR. ADMIN. § R. 851-006-0000(8).

“Nurse practitioner” (NP) means an advanced practice registered nurse who is licensed by the Board to independently assume responsibility and accountability for the care of clients. The title nurse practitioner and population foci of practice shall not be used unless the individual is licensed by the Board.

OR. ADMIN. § R. 851-006-0000(99).

Pennsylvania

CRNP—Certified Registered Nurse Practitioner—A professional nurse licensed in this Commonwealth who is certified by the Board in a specialty and who, while functioning in the expanded role as a professional nurse, performs acts of medical diagnosis or prescription of medical therapeutic or corrective measures in collaboration with a physician licensed to practice in this Commonwealth and in accordance with the act and this subchapter. Nothing in this subchapter is to be deemed to limit or prohibit a professional nurse from engaging in those activities which constitute the practice of professional nursing as defined in section 2 of the act (63 P.S. § 212).

49 PA. CODE § 21.251.

Rhode Island

“Advanced practice registered nurse” (APRN) is the title given to an individual licensed to practice advanced practice registered nursing within one of the following roles: certified nurse practitioner (CNP), certified registered nurse anesthetist (CRNA) as defined in chapter 34.2 of this title, or certified clinical nurse specialist (CNS), and who functions in a population focus. An APRN may serve as a primary- or acute-care provider of record.

R.I. GEN. LAWS § 5-34-3(1).

“Certified nurse practitioner” is an advanced practice nurse utilizing independent knowledge of physical assessment, diagnosis, and management of health care and illnesses. The practice includes prescriptive privileges. Certified nurse practitioners are members of the healthcare delivery system practicing in areas including, but not limited to: family practice, pediatrics, adult health care, geriatrics, and women’s health care in primary, acute, long-term, and critical-care settings in healthcare facilities and the community. Certified nurse practitioners may be recognized as the primary-care provider or acute-care provider of record.

R.I. GEN. LAWS § 5-34-3(5).

South Carolina

“Advanced Practice Registered Nurse” or “APRN” means a registered nurse who is prepared for an advanced practice registered nursing role by virtue of additional knowledge and skills gained through an advanced formal education program of nursing in a specialty area that is approved by the board. The categories of APRN are nurse practitioner, certified nurse-midwife, clinical nurse specialist, and certified registered nurse anesthetist. An advanced practice registered nurse shall hold a doctorate, a post-nursing master’s certificate, or a minimum of a master’s degree that includes advanced education composed of didactic and supervised clinical practice in a specific area of advanced practice registered nursing. APRNs must achieve national certification within two years post-graduation. An APRN may perform those activities considered to be the practice of registered nursing or advanced practice consisting of nonmedical acts, such as population health management; quality improvement or research projects within a health care system; and analysis of data and corresponding system recommendations, revisions, developments, or informatics. An APRN also may perform specified medical acts pursuant to a practice agreement as defined in item (45).

2 S.C. CODE ANN. § 40-33-20(5).

“Nurse Practitioner” or “NP” means a registered nurse who has completed an advanced formal education program at the master’s level or doctoral level acceptable to the board, and who demonstrates advanced knowledge and skill in assessment and management of physical and psychosocial health, illness status of persons, families, and groups. Nurse practitioners who perform medical acts must do so pursuant to a practice agreement as defined in item (45).

2 S.C. CODE ANN. § 40-33-20(40).

South Dakota

“Certified nurse practitioner,” a provider duly authorized under this chapter to practice the specialty of nurse practitioner as defined in 36-9A-12.

S.D. CODIFIED LAWS § 36-9A-1(5).

“Advanced practice registered nurse,” or “APRN,” a person licensed by the board in the role of a certified nurse practitioner or a certified nurse midwife.

S.D. CODIFIED LAWS § 36-9A-1(7).