



State Nurse Practice Acts: A Report on State Nurse Practice Act Composition and Differences

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Background

The Washington State legislature passed [SSB 5499 An Act Relating to the Multistate Licensure Compact](#) providing the framework for Washington State to join the [Nurse Licensure Compact](#). SSB 5499 directs the Washington State Board of Nursing (WABON) to publish an annually updated summary of the key differences in each state's Nurse Practice Act.

The information contained in this report introduces you to the Nurse Practice Act (NPA) and provides resources to help identify and find key elements in state NPAs. SSB 5499 allows compact licensure for registered nurses, or licensed practical or vocational nurses. Therefore, the focus will be on these license types.

Nurse Practice Act

The term Nurse Practice Act is not used by all states. Some states simply refer to nursing statutes or administrative rules. As a matter of convenience and consistency the term “Nurse Practice Act (NPA)” will be used to refer to state laws specific to the practice of nursing.

All states and territories have an NPA or set of laws that govern the practice of nursing. These laws are adopted by the state legislature which gives the Board of Nursing (BON) enforcement authority and the ability to adopt defining regulation. In Washington State, [Chapter 246-840](#) of the Washington Administrative Code contains supportive regulation related to nursing.

Some states, such as California, Nebraska, West Virginia, and Louisiana, have separate NPAs for PN/VN and RN practice.

Most NPAs include a mission or purpose statement. While these may differ somewhat from state to state, a common denominator is the declaration that the BON’s primary mission is to protect the health and safety of the public by promoting quality health care.

NPAs commonly address (13):

- The structure of board of nursing
- Scope of nursing practice
- Education program standards
- Licensure and types of titles and licenses
- Disciplinary procedures
- Alternative to discipline programs (substance use disorder monitoring)



The National Council of State Boards of Nursing provides a [Toolkit](#) to help learn about and find state NPAs. Washington State's NPA is contained in [RCW 18.79 Nursing Care](#).

Key Differences

Nursing practice is subject to a wide range of laws that govern aspects of the profession. These laws can vary by state and jurisdiction, key elements included in a NPAs that are generally relevant to nursing practice include:

- Scope of practice
- Delegation and supervision
- Collaboration
- Telehealth
- Continuing competency/education
- Title protection
- Unprofessional conduct and duty to report
- Alternative to discipline (substance use disorder monitoring)
- Practice specific statutes (e.g., catheterization of students, down syndrome-parent information)

Washington State's NPA does not provide comprehensive definitions of nursing practice. It relies on a [Scope of Practice Decision Tree](#) to assist nurses, nursing students, employers, and policy makers in determining the responsibilities a nurse can safely perform.

Board of Nursing (BON)

Each state has a BON that is authorized to create and enforce the rules and regulations governing the nursing profession as specified in its NPA.

A primary purpose of NPAs is to assign authority to nursing boards. BONs regulate licensure, scope, and standards of practice, and have the authority to discipline nurses up to license revocation. (5)

Most states and territories have one nursing board regulating all levels of nursing, including PN/VN (practical nurse /vocational nurse), RN (Registered Nurse), and APN (Advanced Practice Nurse) practice.

Differences in state NPAs frequently have to do with board makeup and member qualifications, length of service, vacancies and removals, meeting requirements, and finance management. These are mostly structural in nature and do not have direct impacts on nursing practice. For example, Mississippi requires the BON to meet at least once every 4 months; Alabama at least once a year; Colorado and Washington at least quarterly.



Table 1: Board Type – State and Territories (taken from the 2023 NCSBN Member Profile Report)

Agency Type	Jurisdiction
Independent agency within state government	L, AS, AZ, CNMI, KS, KY, LA-RN, MD, ME, MN, MO, MS, ND, NM, NV, OH, OK, OR, SD, TX, WV-PN, WV-RN, WY
Board within an umbrella state agency	AK, AR, CA-RN, CA-VN, CO, CT, DC, DE, FL, GA, GU, HI, IA, ID, IL, IN, LA-PN, MA, MI, MT, NE, NE-APRN, NH, NJ, NY, PA, RI, SC, TN, UT, VA, VI, VT, WA, WI
Independent agency outside state government	NC

Scope of Practice

Most NPAs describe the scope of PN/VN and RN practice. While scope is not always specifically labeled it can commonly be found as a high-level description of practice in the NPA definitions.

Scope of practice issues and scenarios are so wide ranging that BONs frequently rely on tools such as interpretive statements, and decision trees to develop consistent reference standards. Examples are the Washington State [Scope of Practice Decision Tree](#) and the Arkansas [LPN/RN Decision Making Model](#).

Many NPAs refer to nursing’s role in health maintenance and health promotion. An excerpt from Utah’s practice act illustrates this theme: *“teach and counsel patient families regarding health care regimen, which may include general information about health and medical condition, specific procedures and wellness and prevention”*.

In Washington State [WAC 246-840-700 to 705](#) identifies standards and functions of LPN and RN practice. [Advisory Opinion NCAO 13.02 Registered Nurse and Licensed Practical Nurse Scope of Practice](#) provides additional clarification.

An example of where laws may have a significant practice impact from state to state is the Supreme Court Dobbs Decision on reproductive rights. Washington State protects



reproductive rights and shields healthcare providers from discipline for providing legal reproductive health services or gender affirming care. However, does not protect providers from being disciplined under another state’s laws if practicing in Washington State but licensed by another state. Information about Washington State’s healthcare provider protection law can be found [here](#).

Delegation is frequently addressed in NPAs and is identified as within an RN’s scope of practice. Defining the RN’s responsibility to monitor and supervise nursing practice as applied to the setting and within the competencies of those assigned duties and tasks.

States limit when and where nurses may delegate tasks. For example, in Washington State RNs may only delegate the administration of medications with limitations in a community-based setting (adult family home, assisted living facility, or residential home for individuals with developmental disabilities), home care settings, and schools.

Telehealth is another example of an activity in which the roles of RN and LPN are defined based on scope of practice. Washington State provides guidance in the [Telehealth Practice: Registered Nurse, Licensed Practical Nurse, Nursing Technician, and Nursing Advisory Opinion](#).

State NPAs may contain additional sections addressing practice specific issues. Examples include, but are not limited to:

- Administration of herbal or non-herbal supplements – Alaska
- Insulin and Glucagon administration - Arkansas
- Duties related to medical forensic evidence -Colorado
- Determination of death – Kentucky
- Conversion therapy to minors – Maine
- Intravenous therapy – Nebraska
- Emergency assistance – Rhode Island
- Refusal to engage in certain conduct – Texas
- Catheterization of students – Washington

In Washington state the regulations related to nursing practice are found in WAC [246-840-700 through 830](#).

Education Program Standards

Nursing education standards are the evidence-based criteria used to monitor the quality of nursing education programs. The purpose of nursing education standards is to ensure that graduates of nursing education programs are prepared for safe and effective nursing practice.



(11) NPAs include oversight and intervention processes that are designed to assist the programs to make improvements before sanctions are necessary.

BONs set standards for prelicensure nursing educational programs and clinical learning experiences and approve such programs that meet requirements of the NPA. These standards are reflected in the rules that accompany the NPA, in Washington State these are found in WAC [246-840-500 through 583](#). The prelicensure program standards include accreditation, curriculum specifics, administrator and faculty qualifications, continuing approval, and approval of new, or withdrawal of approved, nursing education programs.

Specific curriculum rules often include necessary standards of evidence-based clinical judgment; skill in clinical management; biological, physical, social, and behavioral science requirements; professional responsibilities; legal and ethical issues; patient safety; and best practices of nursing. (13)

Licensure

NPA's set requirements for various types of licensure processes, including criminal background checks and fingerprinting. Licensure is provided through several mechanisms:

- Examination – Passing a BON approved examination post-graduation.
- Endorsement – Approval of a license in another state without examination.
- Reactivation - reissuance of a license that has lapsed, expired, or on inactive status.
- Reinstatement - reissuance of a license following disciplinary action by the BON.

Licensure requirements from state to state are largely similar, especially with participation by most states in the Nurse Licensure Compact e.g., acceptance of the NCLEX for licensure examination. One area that can vary considerably between states is continuing education or competency requirements. Nurses working in Washington state under a multistate license, must also complete Washington specific education if working in certain practice settings. The following laws and rules apply:

- [RCW 43.70.442](#): Suicide Training Requirements
- [RCW 43.70.495](#): Telemedicine Training Requirements
- [WAC 246-840-222](#): Continuing Competency Requirements—Health Equity
- [WAC 246-12-830](#): Health Equity Continuing Education Training Content
- [WAC 246-840-220](#): Continuing Competency Requirements—Active Status

The WABON webpage provides additional information: [Continuing Competency](#).



The table below provides examples of other state continuing education requirements and their variations:

Table 2: Examples of Other State Continuing Education Requirements

State	RN	LPN
California	30 contact hours every two years	30 contact hours every two years
Delaware	30 contact hours every 2 years, 3 hours of which must be in substance abuse	30 contact hours every 2 years, 3 hours of which must be in substance abuse
Iowa	36 contact hours every 3 years and mandatory Dependent Adult Abuse Mandatory Reporter Training and DS 169 Child Abuse Mandatory Reporter Training.	36 contact hours every 3 years. LPNs who regularly examine, attend, counsel, or treat dependent adults or children must complete 2 contact hours of training related to child/dependent adult abuse.
Louisiana	A minimum of 30 hours OR a minimum of 900 practice hours every two years	No continuing education required at this time
Pennsylvania	30 contact hours every two years, including 2 hours of approved child abuse recognition and reporting training.	2 hours of approved child abuse recognition and reporting training every two years.



Discipline

Within the NPA, BONs set standards to which they hold licensees accountable for providing safe patient care. These are based on professional, ethical, and legal standards for nursing. The NPA also ensures that any licensee who has a complaint brought against their practice has the right to due process. (6)

May NPAs include a substantial section describing the complaint and disciplinary processes. However, some states reference an umbrella process for all health professions. Washington State relies in large part on the [Uniform Disciplinary Act 18.130 RCW](#), which describes the process and procedures used for disciplinary actions for all healthcare professions in Washington State.

One area that nurses should be aware of and may vary somewhat between states is what constitutes “unprofessional conduct”. While most can agree that conduct such as diverting medication or fraudulent use of title would fit under the definition of unprofessional conduct some states explicitly list behaviors that nurses may not otherwise realize or may not be clearly defined.

Table 3: Unprofessional Conduct State Examples

State	Conduct
Missouri	Failing to inform the board of the nurse’s current residence within thirty days of changing residence
Oregon	Conduct derogatory to the standards of nursing
Texas	... any other action relating to, the person’s license or privilege to practice nursing in another jurisdiction
Vermont	Engaging in conduct of a character likely to deceive, defraud, or harm the public
Wisconsin	Failing to safeguard the patient’s dignity, or the right to privacy
Washington	The board of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession, whether the act constitutes a crime or not

As with many aspects of the disciplinary process, requirements regarding mandatory reporting can usually be found in separate state disciplinary acts or referenced regulations. In



Washington State rules regarding mandatory reporting are found in [Chapter 246-16 WAC](#). For example, in Washington State a license holder must report oneself to the BON under the following circumstances:

- Any conviction, determination, or finding that they committed unprofessional conduct.
- Information that they are unable to practice with reasonable skill and safety due to a mental or physical condition.
- Any disqualification from participation in the Federal Medicare or Medicaid program.

Alternative-To-Discipline: Substance Use Disorder Monitoring

Alternative-to-discipline substance use monitoring programs aim to return nurses to practice while protecting the public. Various models of alternative-to-discipline programs exist, and their use varies among BONs. Some programs provide services via the BON, a contracting agency, or a peer-assistance program. (10)

Russell (2020) identifies the following areas where key program differences may exist:

- Intake evaluation requirements
- Program fees
- Length of time in program
- Use of medications for medical/psychiatric conditions
- Type and number of peer support and/or case manager meetings
- Treatment requirements
- Toxicology testing and frequency
- Workplace/practice restrictions

A helpful documents outlining Washington State’s position on impaired practice are [WABON Policy A40.03 Safe to Practice – Impaired Practice](#) and the [WABON Position Statement on Substance Use Disorder](#).

Table 4: Does the State or U.S. Territory include an alternative to discipline program?



	Jurisdiction
No	AS, CA-PN, GA, GU, LA-PN, MP, NE, VI, WV-PN
Yes	AL, AK, AR, AZ, CA-RN, DE, CO, CT, DC, FL, GU, HI, ID, IN, IL, IA, KS, KY, LA-RN, MA, ME, MD, MI, MO, MT, MS, NC, ND, NM, NV, NH, NJ, OH, NY, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV-RN, WI

Summary

All states and territories legislate a nurse practice act (NPA) which establishes a board of nursing (BON) with the authority to develop administrative rules to clarify or make the law more specific. Rules and regulations must be consistent with the NPA and cannot go beyond its scope. These rules and regulations undergo a process of public review before enactment. Once enacted, rules and regulations have the full force and effect of law. (12)

For the most part, states adhere to the [National Council of State Board of Nursing Model Act](#) (11) addressing regulatory areas such as BON structure and authority, licensing, education, scope of practice, and discipline.

Nurses should be aware of the scope and standards of practice within the state in which the nurse is practicing. This is especially important as mobility increases with the Nurse Licensure Compact. For example, if a nurse is licensed in North Dakota but is providing care in Washington State, the nurse remains responsible for maintaining and renewing their North Dakota license according to North Dakota standards. However, if patient care takes place in Washington, their practice is also regulated under the Washington State NPA.

In accordance with Senate Bill 5499, WABON will annually publish an updated resource each fall to assist nurses as they work across state borders and practice in Washington.



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