

HB 1635 -- ADVANCED PRACTICE REGISTERED NURSES

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Currently, an advanced practice registered nurse (APRN) must be in a collaborative practice arrangement with a collaborating physician. All collaborative practice arrangements must include geographic proximity requirements, meaning that the APRN must practice within a certain number of miles from the collaborating physician.

This bill removes the geographic proximity requirement.

Currently, it is the responsibility of the collaborating physician to determine and document the completion of at least a one-month period of time during which the APRN must practice with the collaborating physician continuously present before practicing in a setting where the collaborating physician is not continuously present.

This bill removes that requirement.

The bill specifies that, an APRN who is not a certified registered nurse anesthetist will no longer be required to enter into a collaborative practice arrangement when the APRN:

- (1) Has a license in good standing and has been in a collaborative practice arrangement or arrangements for a cumulative total of 2,000 documented hours with a collaborating physician or physicians; or
- (2) Has applied for and received licensure by endorsement and successfully demonstrated at the time of such application to the State Board of Nursing the completion of a cumulative total of 2,000 documented hours of practice.

This bill expands the practice of advanced practice nursing to include the prescription of pharmacologic and nonpharmacologic therapies.

This bill is similar to HB 392 (2025), HB 763 (2025), and HB 1773 (2024).