**Summary of Nurse Practice Act Changes 2025**

**What has changed?**

1. Removes practice agreements for NPs, CNMs, and CNSs who have at least 2000 practice hours post-graduation from the advanced practice program (Masters or Doctorate) and hold an unencumbered license to practice as NP, CNM, or CNS.
2. Adds language that NPs, CNMs, and CNSs can sign incontinence supply forms and other forms, including determining medical necessity, as authorized by the SC Department of Health and Human Services (SC DHHS). Incontinence supply forms were updated by the SC DHHS in March 2024 to add NPs, CNMs, and CNSs as ordering providers for incontinence supplies.
3. Adds language that NPs, CNMs, and CNS can certify that school employees are TB negative or positive. RNs and NPs, CNMs, and CNS have been reading, signing, and certifying TB forms for other employees (state and commercial employees, volunteers, etc.) for over 50 years.
4. Adds language that CNMs can admit their patients to acute care facilities, which is a necessity if the prenatal patient is deemed critical or urgent.
5. Adds language for defining Full Practice Authority (for NPs, CNMs, and CNSs with more than 2000 hours post-graduation). This means that NPs, CNMs, and CNSs can continue to assess, diagnose, and treat patients without practice agreements but within their scope of practice as recognized by the Board.
6. Adds language that the NP can continue to engage in ionized fluoroscopy, which NPs are currently doing in acute care or diagnostic centers.
7. Adds language that the NP or CNS can sign commitment papers if the patient is deemed a danger to himself or others. During the 1980s and 1990s, NPs and CNSs served as designated examiners for the state that determined if a patient was a danger to themselves or others for admitting or releasing a patient from a psychiatric facility.
8. Because pharmacists may not be on site in a birthing center, language is added that the CNM can order, prescribe, and dispense C2 Medications in a Birthing Center.
9. Removes language that Medical Board jointly approves medical acts for the NP, CNM, or CNS who has full practice authority but retains that language if the NP, CNM, or CNS is under a practice agreement. The Board of Nursing retains authority over all NPs, CNMs, and CNSs for scope of practice, which is based on national certification and national standards of practice by the National Council of State Boards of Nursing.

**What did not change?**

1. NPs, CNMs, and CNSs with less than 2000 hours of advanced practice post-graduation remain under practice agreements with their physician/medical staff.
2. The definition of practice agreements did not change.
3. The ratio of a collaborating physician to NPs, CNMs, or CNSs did not change (1:6).
4. There is no change in the telehealth provisions.
5. The collaborating physician(s) continues to agree to medical acts that the NP, CNM, or CNS can do under the practice agreement.
6. The collaborating physician(s) remains responsible for the quality assurance and care delivered by the NP, CNM, and CNS under the practice agreement.
7. There are no changes in prescriptive authority, including those under practice agreements and those with Full Practice Authority. Currently, NPs, CNMs, and CNSs can prescribe C2-C5 narcotic medications and non-narcotics.
8. All NPs, CNMs, and CNSs must continue to practice in rural areas or underserved populations.
9. There are no changes in the requirements for licensure for an NP, CNM, and CNS, including those under practice agreements and those with Full Practice Authority.
10. NPs, CNMs, and CNSs remain under the licensing authority of the Board of Nursing authority.
11. All NPs, CNMs, and CNSs must achieve and maintain national certification.
12. There are no changes in the requirements for continuing education for NPs, CNMs, and CNSs.