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| Topic | Supervisory Practice | Collaborative Practice | Independent Practice |
| List the name of a State that is representative of each regulatory model. | The state of Texas | The state of Alabama | The state of New Mexico |
| Evaluate how each model affects the NPs scope of practice? (include, if applicable, the use of protocols, formulary, written agreements, direct versus indirect supervision, referral policy, patient care, review of medical documentation, and payment reimbursement. | Requires a separate application, a written “prescriptive delegation” from a supervising physician, DEA registration for controlled substances, and registration with TX Department of Public Safety.  TX recently eliminated the requirement of on-site physician supervision | Collaborative practice under authority of a physician. Prescriptive authority is regulated by the AL Board of Medical Examiners ( Code of AL 1975) | Full prescriptive authority with DEA registration and state certification “Certified nurse practitioners may practice independently and make decisions regarding health care needs of the individual, family or community and carry out health regimens, including the prescription and distribution of dangerous drugs and controlled substances included in Schedules II through V of the Controlled Substances Act” |
| How does model of practice serve as a barrier to access to care? |  |  |  |
| Compare/contrast the prescriptive privileges of each model and example State. |  |  |  |
| Compare/ Contrast how each model impacts payer status for the NP. |  |  |  |
| Compare/Contrast how these models may impact NP job satisfaction. |  |  |  |