

What are time-in-practice requirements?

As of 2025, 27 states, Washington, D.C. and two U.S. territories have adopted full practice authority (FPA) for nurse practitioners (NPs). Jurisdictions with FPA laws permit all NPs to evaluate patients; diagnose, order and interpret diagnostic tests; and initiate and manage treatments, including prescribing medication and controlled substances, under the exclusive licensure authority of the state board of nursing. This model is recommended by the National Academy of Medicine, formerly called the Institute of Medicine, and the National Council of State Boards of Nursing.

In 19 of these jurisdictions, NPs are authorized to fully practice their profession from the point of graduation, national certification and licensure without a regulated practice agreement with a physician or other provider. However, political compromises in 11 FPA states mandate “time in practice” (TIP) requirements that obligate NPs to maintain practice agreements for a defined period of time before they are authorized to practice without them.

There is no evidence to support the need for TIP requirements. Instead, TIP requirements may delay or attenuate the benefits of FPA, such as increasing the probability of NPs locating in a primary care Health Professional Shortage Area (DePriest et al., 2020). States with FPA also have more NP-owned practices, more NPs billing under their own NPI numbers and more NPs with their own patient panel (Slade et al., 2024; Tracy et al., 2023).

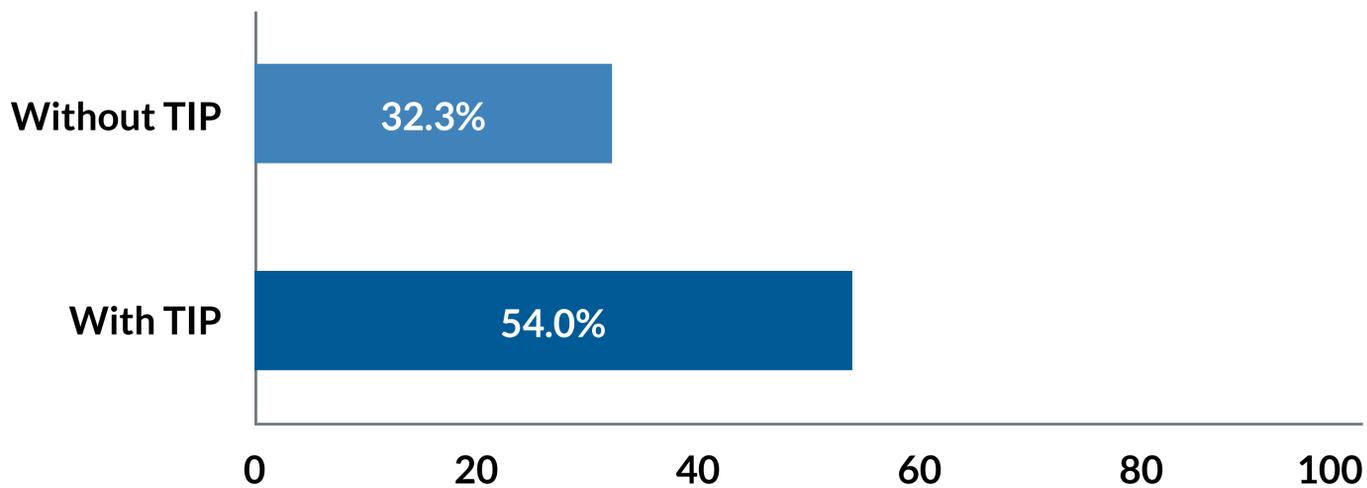
This research snapshot summarizes new research on the effect of TIP requirements on the share of NPs with practice agreements and the reasons NPs report for having practice agreements (Slade et al., 2026).

Which states have TIP requirements?

Eleven FPA states have TIP requirements: Colorado, Connecticut, Maine, Maryland, Massachusetts, Minnesota, Nebraska, Nevada, New York, South Dakota, and Vermont. The TIP timeline and specific requirements vary between these states. For example, Nevada’s requirement only applies to prescribing schedule II medications.

How do TIP requirements affect the share of NPs with practice agreements?

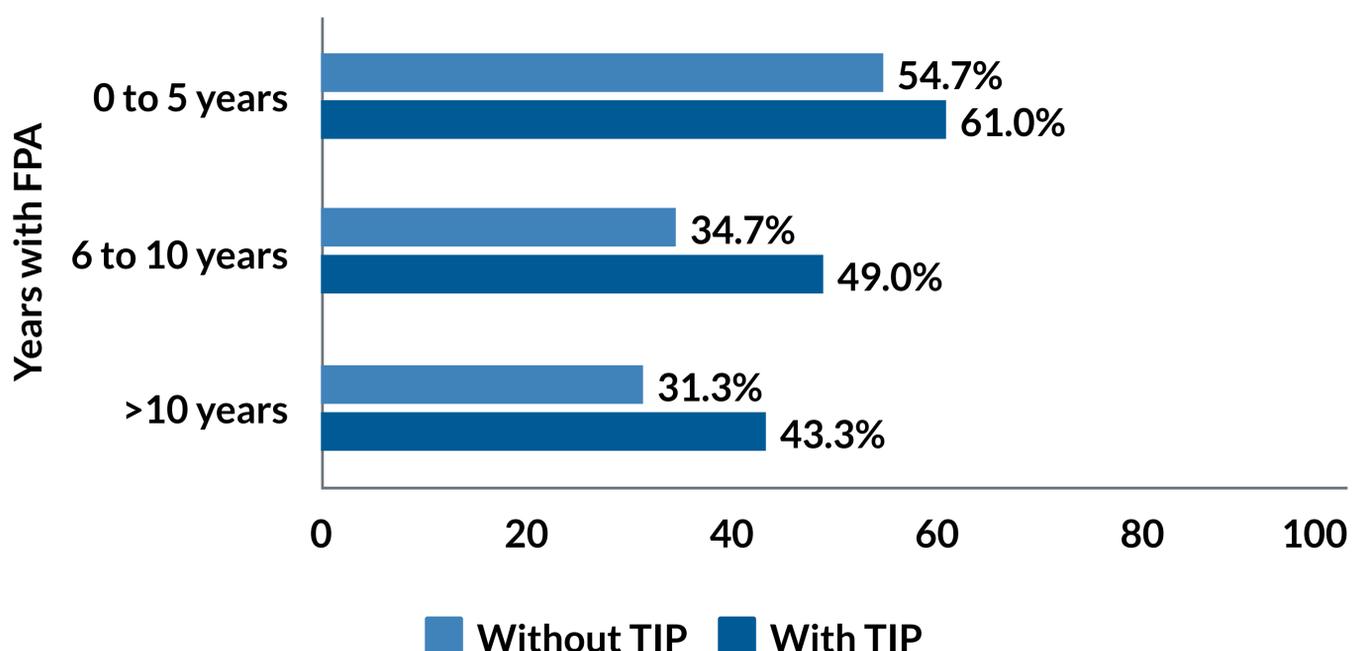
Overall, 54.0% of NPs in states with TIP requirements report having practice agreements compared to 32.3% in FPA states without TIP requirements. Some of this difference is attributable to NPs who are in the process of completing TIP requirements.



After weighting to make NPs more comparable between states that do and do not have TIP requirements, the difference was 48.7% in FPA states with TIP requirements versus 37.5% in states without TIP requirements. Weighting balances characteristics such as work setting, clinical focus, and years as an NP to help isolate the effect of TIP requirements on the share of NPs with practice agreements.

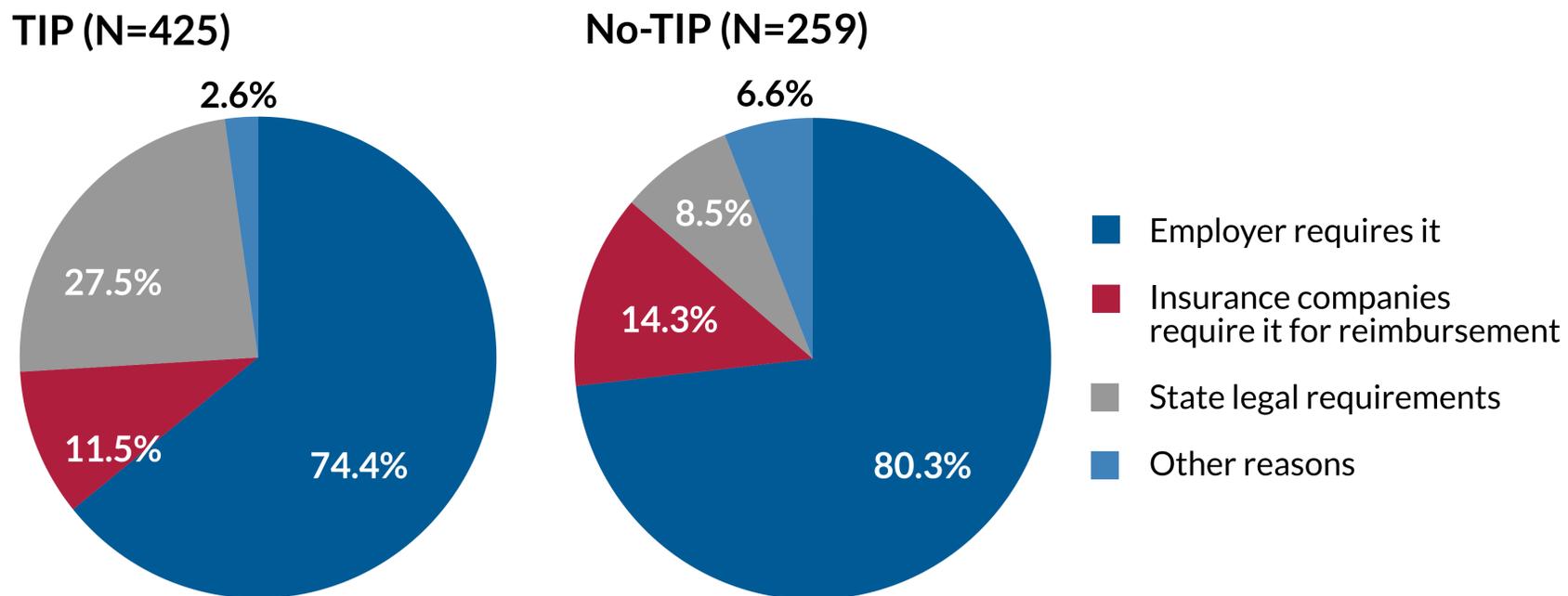
How does the length of time that a state has had FPA affect the prevalence of practice agreements?

Overall, the longer FPA has been in place, the fewer NPs have practice agreements (figure shows weighted data). Higher percentages of NPs have practice agreements in states with TIP requirements than in states without TIP requirements. The differences between the TIP and no-TIP group are greater when states have had FPA in place for more than five years.



What are the reasons NPs in FPA states report having practice agreements?

In response to a 2024 survey question, the majority of NPs in both TIP and no-TIP states said their employer requires a practice agreement. More NPs said they had a state legal requirement in states with TIP requirements (27.5%) than in states without TIP requirements (8.5%). This difference likely includes some respondents who were in the process of meeting their state's TIP requirement.



How do practice agreements vary by work setting?

Logistic regression results show that NPs in TIP states are more likely to have a practice agreement compared to NPs in FPA states without TIP requirements. Compared to working in an outpatient practice, NPs who work in hospitals are more likely to have practice agreements. Results for community clinics and other settings were not statistically significant.

Odds of retaining a practice agreement (weighted)

	Adjusted Odds Ratio	Z	p
TIP state	1.63	4.04	0.000
Work setting			
Hospital	1.45	2.46	0.014
Community clinic	0.77	-1.54	0.124
Other	0.97	-0.14	0.891

Note: Adjusted odds ratios reflect the likelihood of having a practice agreement for one group compared to another. Results for work settings use "private office" as the reference. Z-scores are a measure of the strength of the evidence that the odds ratio is different from zero. The p-value shows statistical significance.

What are the key takeaways from this research?

- A higher share of NPs have practice agreements in states with TIP requirements than in FPA states with no TIP requirements.
- Fewer NPs retain practice agreements the longer a state has had FPA in effect, but differences between TIP and no-TIP states persist over time. In fact, the difference in the proportion of NPs with practice agreements between TIP and no-TIP states is greater in states where FPA has been in effect longer.
- Practice agreements are more prevalent among NPs working in hospitals than those working in outpatient practices.
- TIP requirements may impede achievement of policy goals for FPA, including improved NP mobility and access to care.
- Employers that impose requirements for practice agreements should evaluate the institutional value of retaining those requirements beyond the TIP period and consider retiring them.

Data sources, methods and limitations

- Data are from the 2016-2024 National Workforce Surveys conducted by the American Association of Nurse Practitioners (AANP). The analytic sample is 7,251 full-time NPs from 27 FPA states and Washington D.C. The sample includes 3,226 NPs in states with TIP requirements and 4,025 NPs in states without TIP requirements.
- Analytic methods included descriptive analyses and inverse probability of treatment weighting combined with regression to adjust for measured differences between NPs in TIP states (n=3,226) and NPs in FPA states without TIP requirements (n=4,025).
- The survey sample may not be representative of NPs in all states. The analytic sample pooled cross-sectional survey samples and there is a risk of bias from unmeasured state-level heterogeneity in use and enforcement of practice agreements.

References

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