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State Law and Standing Orders for Immunization Services

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Abstract

Introduction—This study determined whether state laws permit the implementation of standing orders programs (SOPs) for immunization practice. SOPs are an effective strategy to increase uptake of vaccines. Successful SOPs require a legal foundation authorizing delegation of immunization services performed by a wide range of providers, administered to broad patient populations, in several settings. Without legal permission to administer vaccines, non-physician health professionals (NPHPs) are unable to provide preventive services.

Methods—From 2012 through 2013, researchers analyzed the legal environment in 50 states and the District of Columbia to determine whether NPHPs are authorized to: (1) assess patient immunization status; (2) prescribe vaccines; and (3) administer vaccines under their own practice license or delegated authority. Laws governing the following NPHPs were included: (1) medical assistants; (2) midwives; (3) nurses in advanced practice; (4) registered, practical, and vocational nurses; (5) physician assistants; and (6) pharmacists. Additionally, the review determined which vaccines may be administered, permissible patient populations, and allowable practice settings for each category of NPHP.

Results—The laws are highly variable and no state authorizes all NPHPs to conduct all elements of immunization practice for all patients. The laws frequently indicate where NPHPs may or may not administer vaccines and outline permissible vaccines, eligible patients, and required level of supervision.

Conclusions—The variation in the laws could potentially present a challenge to successful implementation of public health goals to improve immunization rates. Expanded authorization of SOPs in all states could increase health practitioners' ability to deliver recommended vaccines.

Introduction

Although the Advisory Committee on Immunization Practices recommends 13 vaccinations for adults, reported coverage levels for each vaccine remain lower than national goals.[1–3]

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of CDC.

George Washington University researchers Alexandra Stewart and Marisa Cox conducted the study; collected, analyzed, interpreted all data; prepared a project report; and drafted this manuscript. These individuals were compensated by George Washington University.

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When a non-physician health professional's (NPHP's) practice license prevents provision of immunization services, standing orders programs (SOPs) are an effective strategy to address barriers related to adult vaccination and may be more effective than provider-directed reminders.[4–8] Standing orders are written protocols describing a specific medical practice that will be delegated to NPHPs without a patient-specific order signed by a physician. Standing orders outline procedures that must be followed and identify the permissible patient populations, level of required physician supervision, and allowable practice settings.[9]

By allowing NPHPs to vaccinate, SOPs can increase uptake of vaccines.[5] The Advisory Committee on Immunization Practices, Task Force for Community Preventive Services of CDC, Centers for Medicare and Medicaid Services, and Medicare Voluntary Prescription Drug Benefit Program (Part D) have endorsed SOPs to increase vaccination uptake.[10–14]

This study analyzed state laws addressing authorities granted to NPHPs to conduct immunization practice, which can be approved either under delegated power (such as an SOP) or the individual's own license.

Methods

First, the three distinct activities comprising immunization practice were analyzed:

1. assessment of a patient's immunization status;
2. prescription for a vaccine or vaccines; and
3. administration of vaccines.

Beginning in late 2012 through Summer 2013, medical and health professional practice acts, regulations, attorneys general opinions, judicial decisions, and professional licensing board decisions from 50 states and the District of Columbia (for purposes of this project, the District of Columbia is considered a state), were identified using LexisNexis, a subscription-based legal database. The laws govern medical assistants (MAs); midwives (MWs; certified nurse MW, registered nurse [RN] MW, nurse MW, MW, traditional MW); nurses in advanced practice, (advanced practice nurse, clinical nurse specialist, nurse practitioner); registered, practical, and vocational nurses; physician assistants (PAs); and pharmacists (RPhs).

The research incorporated different terms states use to describe delegation of medical tasks, patient assessment, and the prescription and administration of vaccines. Delegation is identified as:

1. with collaboration;
2. collaborative practice;
3. collaborative practice agreement;
4. collaborative authority;
5. collaborating provider;
6. delegated authority;

7. delegation order;
8. delegation agreement; or
9. indicating acts that may be delegated from one provider to another.

Additionally, laws indicating certain acts may only be performed with a prescription or with prescriptive authority or under a prescriptive agreement were included.

Assessment activities include screening, examining, diagnosing, or treating a patient, but exclude merely collecting or reporting data, taking a patient's history, or interviewing patients. All state laws address patient assessment either under delegated authority or the professionals' own authority. Prescriptions may be oral, written, or electronic and exclude simply transmitting an order issued by another provider. Non–vaccine specific terms to indicate vaccines include:

1. diagnostic or therapeutic regimens;
2. drug or device by injection;
3. legend drug/substances;
4. medications;
5. pharmacologic agents;
6. prescription drugs or devices;
7. Schedule VI controlled substances; or
8. therapeutic measures.

Administration methods include: injection, oral, or nasal, but excludes dispensing medication.

The collected information was analyzed to determine how the three elements of immunization practice were addressed and whether specific vaccines, permissible patient populations, and practice settings were identified. The results of each element of immunization practice are presented according to category of NPHP, from the most- to the least-commonly referenced in state law. The project was conducted in compliance with The George Washington University's IRB policies and was exempt from review.

Results

Assessment (Table 1)

In all states except Kentucky, Michigan, and Pennsylvania (48/51), RNs may assess patients. Twenty-three of the 48 states permit RNs to assess under delegated authority. Forty-nine states address assessment authority for at least one category of nurse in advanced practice. Kentucky and Michigan do not reference assessments. In 48 of those states (excluding Pennsylvania), nurses in advanced practice conduct assessments under their own authority; in 32 of 49 states, assessments are conducted under delegation.

In 26 states (26/51), PAs are authorized to assess patient vaccination status under delegated authority. At least one category of MW may conduct assessments under their own authority in 45 states (45/51) and under delegation in 29 of these states (29/45). Six states do not address assessments by MWs.

Twenty-six states address practical nurses (PNs) and assessments. PNs can assess independently in Massachusetts and North Carolina and under delegation in 22 states (22/26). Arkansas and Iowa prohibit PNs from conducting assessments. Texas is the only state where vocational nurses (VNs) conduct assessments under delegated authority.

Five states (5/51) address patient assessments performed by MAs. In three states, MAs assess patients under delegated authority, with two states prohibiting assessments.

Five states address RPhs and patient assessment. In two states, RPhs assess patients under their own license and under delegation in three states.

Prescription (Table 2)

All states except Iowa authorize PAs to prescribe under delegated authority. No state grants independent prescriptive authority to PAs.

All states except Arkansas, Michigan, and New Mexico, authorize at least one category of nurse in advanced practice to prescribe, either under their own license or through delegation (48/51). Alabama and Minnesota are the two states that prohibit any nurse in advanced practice to prescribe (2/51).

Forty-four of 51 states address MWs and prescriptions. Seventeen states (17/44) permit independent prescriptive practice and in 30/44 states, MWs prescribe under delegation. Seven states do not address prescription authority for MWs.

Arizona and Minnesota have adopted different policies for various categories of MWs. Certified nurse MWs in Arizona prescribe legend drugs under their own authority, whereas Minnesota allows them to prescribe only under delegated authority. Traditional MWs “shall not prescribe, [or] dispense…prescription drugs” in Minnesota.[15]

Six states address how RNs may prescribe. No state permits RNs to prescribe medications under their own license, but Florida, Minnesota, Oregon, and Texas allow RNs to prescribe under delegated authority. Alaska and Missouri prohibit RNs from prescribing medications.

Nine states specify prescription authority for RPhs. RPhs in three states prescribe under their own license and under delegated authority in six states. South Dakota is the only state that prohibits RPhs from prescribing drugs.

Texas prohibits VNs from prescribing “therapeutic or corrective measures.”[16] No state addresses prescription authority for MAs or PNs.

Administration (Table 3)

In all states, RPhs are entitled to administer vaccines either under their own (14/51) or delegated authority (42/51).

All states except Rhode Island address authority to administer medications for any category of nurse in advanced practice. They administer medications under their own license in 22 states (22/50), whereas delegated authority is required in 46 states (46/50). Only Minnesota prohibits some categories of advanced practice nurses from administering medications.

Every state except North Carolina, Rhode Island, and Vermont governs how RNs administer medications (48/51). Eight states authorize RNs to administer under their own authority (8/48), whereas 43 require delegated authority (43/48). No state prohibits medication administration by RNs. In New Jersey, RNs administer vaccines independently during periods of vaccine shortage.

Forty-seven states address whether MWs can administer medications: 18 of 47 independently and 44 of 47 under delegation. New Jersey, North Carolina, Oregon, and Rhode Island do not address administration duties for MWs. Different categories of MWs in Arizona and Minnesota are granted different administration authority: Certified nurse MWs in Arizona and Minnesota administer legend drugs under independent authority, whereas traditional MWs are prohibited from administering drugs.

Thirty-five states (35/51) permit PAs to administer medications only under delegated authority. The remaining 16 states fail to address administration authority for PAs. No state allows PAs to administer vaccines under their own license.

Thirty-three states address how PNs administer medications. Connecticut is the only state where PNs administer medications as part of independent practice in one situation: PNs who are employees of licensed home health care agencies “may administer influenza and pneumococcal vaccines to persons in their homes” (1/33).[17] In 30 states, PNs administer under delegation (30/33). Arkansas and Iowa prohibit PNs from administering medications (2/33). Arkansas’ provision is related to providers who may administer vaccines to children enrolled in Medicaid, whereas Iowa prohibits PNs from engaging in practices reserved for RNs, including medication administration. Only four states address medication administration by VNs: In California, Colorado, Michigan, and Texas (4/51), VNs administer medications only under delegation.

Fifteen states address medication administration authority for MAs (15/51). Fourteen states permit MAs to administer only under delegated authority (14/15). Four state courts (Georgia, Illinois, Maryland, and Wyoming) have addressed whether MAs can administer medications. Georgia,[18] Maryland,[19] and Wyoming,[20] decided that MAs’ routine administration of injectable medications or vaccines is acceptable in their states. By contrast, a decision from Illinois prohibited MAs from conducting any element of immunization practice, finding that “a person without a nursing license may not…administer medication to others.”[21]

State laws frequently indicate where NPHPs may or may not administer vaccines using SOPs. Some NPHPs may practice in a broad range of clinical and community settings, including: any setting in which the supervising physician agrees to provide supervision, acute care hospitals and other healthcare facilities, designated health manpower shortage areas, rural health clinics, Federally Qualified Health Centers, county health departments, patients' homes, ambulances, schools, industrial sites, wellness clinics, correctional facilities, hospices, home health agencies, occupational nursing locations, community mental health facilities, and within the physical boundaries of the delegating physician's office.

Colorado law details practice settings for pharmacists, who can "remove . . . vaccines from the prescription drug outlet…for off-site administration."[22] Adopting a more restrictive approach, the District of Columbia statute prohibits pharmacists from vaccinating "where a patient resides, except for a licensed nursing home, residential care facility assisted living center, the District of Columbia jail or a hospital."[23]

Several states incorporate vaccine-specific terminology when describing the type of medication NPHPs may administer. The terms immunization or vaccines are included in the laws governing all of the NPHPs under review and most frequently refer to RPhs (30/51). Laws or judicial decisions addressing MAs are least likely to include the terms (8/15).

Additionally, some states identify specific vaccines that are eligible for administration. Influenza is listed most frequently, with 29 states allowing RPhs to vaccinate. Other vaccines are mentioned less frequently, including pneumococcal, zoster, and hepatitis B.

Forty-one of 51 states governing RPhs specify the age range of patients who may receive vaccines. Twenty-four states permit RPhs to vaccinate children, as follows: any age; the general public; any person; and children, aged ≥7 years, <13 years, 6–17 years, 7–17 years, 9–13 years, ≥9 years, ≥14 years, 14–17 years, ≥16 years, or <18 years. Colorado and Georgia restrict vaccine administration to children.

In 39 of 41 states, RPhs may vaccinate adults who are: aged ≥18 years, adults, the general public, any age, aged ≥19 years, aged ≥50 years, or any person. Seventeen of the 39 states restrict RPhs' administration to adults.

Georgia is the only state that identifies the age range of patients who may receive vaccinations from RNs (i.e., under aged <13 years with an individual prescription from a physician). When the child is aged ≥13 years, but <18 years, only parental/guardian consent is required.

States have identified patients who may receive care from PAs and MWs. In California, PAs may vaccinate students against influenza under standing orders, after parental consent, and with notification of the school nurse. In Colorado, PAs may vaccinate patients up to age 13 years. Eleven states have restricted the patients who may receive vaccinations from MWs to women, newborns, and infants.

State laws may outline the level of supervision necessary for the NPHP to practice. Typically, the entire practice of a PA must be performed under the supervision of a licensed physician and could be conducted outside the presence of the supervising physician. Additionally, a PA's scope of practice may not exceed the limits of the supervising physicians' license.

In 38 states, certified nurse MWs who are advanced PNs are subject to collaborative practice agreements and must practice under the direction of or protocols developed by a licensed physician. All states require nurses in advanced practice to cooperate, coordinate, and consult with each other as appropriate within a collaborative agreement with a licensed physician, dentist, podiatrist, or licensed state healthcare delivery system. Further, all RNs must practice in collaboration with licensed physicians, dentists, or podiatrists.

All PNs must receive direct, onsite supervision from a physician, dentist, podiatrist, advanced PN, RN, or PA. In Georgia, licensed PNs may administer influenza vaccines as long as a protocol has been established.

Thirteen of 15 states that address MAs stipulate the required level of supervision. In three states (3/13), MAs must be "directly" supervised, without defining the supervisor's obligations. In Florida and South Dakota, only licensed physicians may perform as supervisors, whereas in Arizona, PAs and nurse practitioners may supervise MAs. Other states include additional directives related to supervisor proximity to the MA while a vaccine is administered (4/13). These states require the supervising physician, PA, or advanced PN to remain on site during the administration of a vaccine. Five of the 13 states indicate only that MAs must be supervised: California requires specific authorization, Michigan needs only physician direction, and Arkansas is the only state (1/15) that leaves the level of supervision to the discretion of the supervising physician.

Discussion

The decrease in the number of primary care physicians, coupled with an increase in the number of patients seeking preventive services, suggests that a shift from physician-centered care to a model that shares responsibility with NPHPs could increase the number of available providers[24,25] Because the provision of vaccination services is medical practice, vaccine delivery is under the sole control of a physician. Formal authorization is required before NPHPs may perform any procedure considered medical practice. Delegating authority to NPHPs to vaccinate can strengthen physicians' ability to increase coverage for recommended vaccines.

States without laws authorizing physicians to delegate vaccination activities to NPHPs may consider exploring the potential of these policies as a mechanism to expand access to immunizations. However, although all states permit NPHPs to perform certain medical tasks under delegated authority, the laws do not consistently authorize all categories of NPHPs to vaccinate a wide range of patients against all vaccine-preventable diseases, in a variety of settings.

This research shows that the terms used in state laws vary greatly. Though 49 states use vaccine-specific terms when describing duties for some categories of NPHPs, 48 states have adopted general terms such as “medications” and “drugs” for other categories of NPHPs. These more-general terms may create the need for individual physicians to determine whether particular vaccines may be administered and lead to delays in timely vaccination. Laws that include terminology that is specific to vaccines and immunization may eliminate the need for individual physician interpretation.

With the exception of RPhs and MWs, most states do not indicate the patient population eligible to receive vaccines under standing orders. RPhs may administer vaccines to adults in most states, whereas less than half of the laws address children. Because MW practice is necessarily limited to women and newborns, MWs have fewer opportunities to provide vaccines to a full range of patient populations. This gap creates uncertainty related to the extent to which NPHPs may provide services to a broad patient population.

Most states permit NPHPs to practice in a wide range of public and private, clinical and community settings. This policy encourages all patients to access vaccines at convenient nontraditional locations and reduces barriers to receiving vaccines, including transportation, scheduling appointments, and some fees associated with office visits.

State laws frequently detail how different categories of NPHPs must be supervised. Supervision arrangements are highly variable and include: direct and onsite, outside the presence of the supervisor, under the direction of or protocols developed by, or discretionary. Most frequently, NPHPs may vaccinate under delegation and outside the immediate presence of a supervisor.

The variation in the laws could potentially present a challenge to successful implementation of national standards and goals to improve immunization rates. Without explicit legal permission to administer vaccines, NPHPs could be exposed to civil or criminal liability. When addressing these situations, some courts have found the NPHP exceeded the scope of his/her authority, and issued sanctions including fines and suspensions.[22]

Future review of laws that authorize effective SOPs might help to identify the subcomponents of the current laws and research what aspects of the laws are effective and the value of consistency across jurisdictions.

Limitations

Data collection was conducted beginning in late 2012 through 2013 and analyzed in mid-2013. Although the legal landscape may have changed in certain jurisdictions, this manuscript reports on the most recent, comprehensive collection of the law related to SOPs.

Conclusions

Because immunizations are recognized as an effective method to prevent infectious disease, policymakers continue to identify opportunities to encourage uptake. Recent efforts focus on recognizing and reducing disparities among adults and underserved populations. SOPs may have the potential to:

1. save patient and physician time;
2. increase the capacity of NPHPs to deliver vaccinations;
3. promote vaccination in readily accessible community settings; and
4. support patients who have limited access to health care.[26,12]

A legal foundation that permits increased use of SOPs for immunization services, performed by a wide range of providers, administered to broad patient populations, in several settings, could contribute to optimal administration of recommended adult vaccines.

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Table 1

Laws Permitting Non-Physician Health Professionals to Assess Patient Vaccination Status by State and Specialty

GRAY BOX = Law is silent ● = DELEGATED AUTHORITY X = OWN AUTHORITY ▲ = PROHIBITED										
STATE	***MA***	***MW***	***AP***	***CNS***	***NP***	***PN***	***RN***	***VN***	***PA***	***RPh***
Alabama		X ●	X ●	X ●	X ●	●	X ●			
Alaska		X		X	X		X		●	
Arizona	●	X ●	X ●	X ●	X ●	●	X ●		●	
Arkansas		X ●	X ●	X	X ●	▲	X			
California		X	X	X	X		X		●	
Colorado		X	X	X	X		X		●	
Conn.		X	X ●	X ●	X ●		X			
Delaware		X ●	X ●	X ●	X ●	●	X ●		●	
DC		X ●	X ●	X ●	X ●	●	X ●		●	
Florida		X ●	X ●	X ●	X ●		X ●		●	
Georgia		X	X	X	X		X			
Hawai'i		X ●	X ●	X ●	X ●	●	X ●			
Idaho		X ●	X ●	X ●	X ●	●	X ●			
Illinois	▲	X ●	X ●	X ●	X ●	●	X ●			
Indiana		X ●	X ●	X ●	X ●	●	X ●			
Iowa		X	X	X	X	▲	X		●	
Kansas		X ●	X ●	X ●	X ●	●	X ●			
Kentucky										
Louisiana		X ●	X ●	X ●	X ●		X		●	

GRAY BOX = Law is silent ● = DELEGATED AUTHORITY X = OWN AUTHORITY ▲ = PROHIBITED										
STATE	***MA***	***MW***	***AP***	***CNS***	***NP***	***PN***	***RN***	***VN***	***PA***	***RPh***
Maine		X	X	X	X		X			●
Maryland	▲	X	X	X	X		X		●	
Mass.		X	X	X	X	X	X		●	
Michigan									●	
Minnesota		X ●	X ●	X ●	X ●		X		●	
Miss		X ●	X ●	X	X ●		X		●	
Missouri		X	X	X	X		X		●	X
Montana		X ●	X ●	X ●	X ●	●	X ●		●	
Nebraska		X ●	X ●	X ●	X ●	●	X ●			
Nevada		X	X	X	X		X		●	
N Hamp.		X ●	X	X	X	●	X ●			
N Jersey			X	X	X		X		●	●
N Mexico		X ●	X ●	X ●	X ●	●	X ●			
N York		X	X	X	X ●		X			
N Carolina		X	X ●	X	X ●	X	X			X
N Dakota		X ●	X	X	X	●	X ●			
Ohio		X ●	X ●	X	X ●		X		●	
Oklahoma		X ●	X ●	X ●	X ●	●	X ●		●	
Oregon				X ●	X ●	●	X ●			
Penn.					●					
R Island			X	X	X		X			

GRAY BOX = Law is silent ● = DELEGATED AUTHORITY X = OWN AUTHORITY ▲ = PROHIBITED										
STATE	***MA***	***MW***	***AP***	***CNS***	***NP***	***PN***	***RN***	***VN***	***PA***	***RPh***
S Carolina		X ●	X ●	X ●	X ●	●	X ●			
S Dakota	●	X ●	X	X	X ●		X		●	
Tenn.		X ●	X ●	X ●	X ●		X			
Texas	●	X ●	X ●	X ●	X ●	●	X ●	●	●	●
Utah		X ●	X ●	X ●	X ●	●	X ●		●	
Vermont		X ●	X ●		X ●	●	X ●			
Virginia		X		X	X		X		●	
Wash.		X ●	X ●	X ●	X ●	●	X ●			
W Virginia		X	X	X	X		X		●	
Wisconsin		X	X	X	X		X		●	
Wyoming		X ●	X ●	X ●	X ●	●	X ●			
Total ● =	3	29	28	24	32	22	23	1	26	3
Total X =	0	45	45	47	48	2	48	0	0	2
Total ▲ =	2	0	0	0	0	2	0	0	0	0

MA, Medical Assistant; MW, Midwife; AP, Advanced Practice Nurse; CNS, Clinical Nurse Specialist; NP, Nurse Practitioner; PN, Practical Nurse; RN, Registered Nurse; VN, Vocational Nurse; PA, Physician Assistant; RPh, Pharmacist

Source: GWU/SPHHS STANDING ORDERS: Health Professionals & Immunization Practice—Fall 2013

Table 2

Laws Permitting Non-Physician Health Professionals to Prescribe Vaccines by State and Specialty

GRAY BOX = Law is silent ● = DELEGATED AUTHORITY X = OWN AUTHORITY ▲ = PROHIBITED										
STATE	***MA***	***MW***	***AP***	***CNS***	***NP***	***PN***	***RN***	***VN***	***PA***	***RPh***
Alabama		●	▲ ●	▲	●				●	
Alaska		X			X		▲		●	
Arizona		X			X				●	
Arkansas									●	
California		●			●				●	
Colorado		X	X	X	X				●	
Conn.			●	●	●				●	
Delaware		●	●	●	●				●	
DC		X	●	X	X				●	
Florida		●	●	●	●		●		●	
Georgia		●	●	●	●				●	
Hawai'i		X	X	X	X				●	
Idaho		X	X	X	X				●	X
Illinois		●	●	●	●				●	
Indiana		●	●	●	●				●	
Iowa		X	X	X	X					
Kansas		●	●	●	●				●	
Kentucky		X	X	X	X				●	
Louisiana		●	●	●	●				●	
Maine		X	X ●		●				●	
Maryland		X	X		X				●	
Mass.		●	●		●				●	●
Michigan									●	
Minnesota		▲ ●	▲ ●	●	●		●		●	

GRAY BOX = Law is silent ● = DELEGATED AUTHORITY X = OWN AUTHORITY ▲ = PROHIBITED									
STATE	***MA***	***MW***	***AP***	***CNS***	***NP***	***PN***	***RN***	***VN***	***PA***	***RPh***
Miss.		●	●		●				●	●
Missouri		●	●	●	●		▲		●	
Montana		X ●	X ●	X ●	X ●				●	●
Nebraska			●		●				●	
Nevada			●						●	
N Hamp.		●	X		X				●	
N Jersey		●	●						●	
N Mexico		X							●	●
N York		●			●				●	
N Carolina		X	X ●	X	●				●	
N Dakota		●	●	●	●				●	●
Ohio		●	●	●	●				●	
Oklahoma		●	●	●	●				●	
Oregon				X ●	X ●		●		●	X
Penn.		●			●				●	
R Island			X	X	X				●	
S Carolina		●	●	●	●				●	
S Dakota		●			●				●	▲
Tenn.		X ●	X ●	X	X ●				●	
Texas		●	●	●	●		●	▲	●	
Utah		●	X ●						●	
Vermont		X ●	X ●		X ●				●	
Virginia		●			●				●	
Wash.		X	X		X				●	
W Virginia		●	●	●	●				●	

GRAY BOX = Law is silent ● = DELEGATED AUTHORITY X = OWN AUTHORITY ▲ = PROHIBITED										
STATE	***MA***	***MW***	***AP***	***CNS***	***NP***	***PN***	***RN***	***VN***	***PA***	***RPh***
Wisconsin		●	X ●	X	X				●	
Wyoming		X	X	X	X				●	X ●
Total ● =	0	30	30	18	31	0	4	0	50	5
Total X =	0	17	17	13	18	0	0	0	0	3
Total ▲=	0	1	2	1	0	0	2	1	0	1

MA, Medical Assistant; MW, Midwife; AP, Advanced Practice Nurse; CNS, Clinical Nurse Specialist; NP, Nurse Practitioner; PN, Practical Nurse; RN, Registered Nurse; VN, Vocational Nurse; PA, Physician Assistant; RPh, Pharmacist

Source: GWU/SPHHS STANDING ORDERS: Health Professionals & Immunization Practice—Fall 2013

Table 3

Laws Permitting Non-Physician Health Professionals to Administer Vaccines by State and Specialty

GRAY BOX = Law is silent ● = DELEGATED AUTHORITY X = OWN AUTHORITY ▲ = PROHIBITED										
STATE	***MA***	***MW***	***AP***	***CNS***	***NP***	***PN***	***RN***	***VN***	***PA***	***RPh***
Alabama		●	●	●	●	●	●		●	X
Alaska	●	X ●		●	X ●		●		●	●
Arizona	●	▲ ●	●	●	X ●		●		●	X ●
Arkansas	●	●	X ●	X ●	X ●	▲	●		●	●
California	●	X ●	X ●	X ●	X ●		X ●	●	●	●
Colorado		●	●	●	●	●	●	●	●	●
Conn.		X	X ●	X ●	X ●	X	X		●	●
Delaware		●	●	●	●	●	●		●	●
DC		●	●	●	●		●		●	●
Florida	●	●	●	●	●	●	●			●
Georgia	●	●	●	●	●	●	●			●
Hawai'i		X ●	X ●	X ●	X ●	●	●		●	●
Idaho		X ●	X ●	X ●	X ●	●	●		●	X
Illinois	▲	●	●	●	●	●	●		●	●
Indiana		●	●	●	●	●	●		●	●
Iowa		X	X	X	X	▲	X		●	●
Kansas		●	●	●	●	●	●		●	●
Kentucky		X ●	X ●	X ●	X ●	●	●		●	●
Louisiana		●	●	●	●		●		●	●
Maine		X ●	X ●	●	X ●	●	●			X ●

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GRAY BOX = Law is silent ● = DELEGATED AUTHORITY X = OWN AUTHORITY ▲ = PROHIBITED									
STATE	***MA***	***MW***	***AP***	***CNS***	***NP***	***PN***	***RN***	***VN***	***PA***	***RPh***
Maryland	●	X ●	X ●	X ●	X ●	●	X ●		●	●
Mass.		X ●	X ●	●	X ●	●	●		●	●
Michigan	●	●	●	●	●	●	●	●	●	●
Minnesota		▲ ●	▲ ●	●	●	●	●		●	●
Miss.		●	●	●	●	●	●		●	X
Missouri		●	●	●	●		●			●
Montana	●	X ●	X ●	X ●	X ●	●	●		●	●
Nebraska		●	●	●	●		●			X
Nevada		●	●	●	●		●		●	●
N Hamp.		X ●	X	X	X		X		●	X ●
N Jersey	●		X	X	X		X		●	●
N Mexico		X	●	●	●		●		●	●
N York		●	●	●	●		●			●
N Carolina			●		●					●
N Dakota		X ●	X ●	X ●	X ●	●	●			●
Ohio		●	●	●	●	●	●			●
Oklahoma		●	●	●	●		●		●	●
Oregon				X	X		X		●	X
Penn.		●	●	●	●	●	●		●	●
R Island										●
S Carolina		●	●	●	●	●	●			X
S Dakota	●	X ●	X ●	X ●	X ●	●	X ●		●	X ●
Tenn.		●	●	●	●	●	●			X
Texas	●	●	●	●	●	●	●	●	●	●
Utah		●	X	●	●	●	●			●

GRAY BOX = Law is silent ● = DELEGATED AUTHORITY X = OWN AUTHORITY ▲ = PROHIBITED										
STATE	***MA***	***MW***	***AP***	***CNS***	***NP***	***PN***	***RN***	***VN***	***PA***	***RPh***
Vermont		X ●	X ●							●
Virginia		●		●	●	●	●		●	●
Wash.	●	X ●	X ●	●	X ●	●	●			X
W Virginia		●	●	●	●		●			X
Wisconsin		●	●	●	●	●	●		●	●
Wyoming	●	X ●	X ●	X ●	X ●	●	●		●	X ●
Total ● =	14	44	43	44	45	30	43	4	35	42
Total X =	0	18	19	15	20	1	8	0	0	14
Total ▲ =	1	2	1	0	0	2	0	0	0	0

MA, Medical Assistant; MW, Midwife; AP, Advanced Practice Nurse; CNS, Clinical Nurse Specialist; NP, Nurse Practitioner; PN, Practical Nurse; RN, Registered Nurse; VN, Vocational Nurse; PA, Physician Assistant; RPh, Pharmacist

Source: GWU/SPHHS STANDING ORDERS: Health Professionals & Immunization Practice—Fall 2013