Table 1. Evidence listing

| <!--Col Count:6-->Study | State(s) | Scope of Practice Tier(s) Included | Sample | Purpose | Type of Utilization |
| --- | --- | --- | --- | --- | --- |
| [Britell, et al. (2010)](#bib_Britell_2010) | WA | Full | 25 oncology practice administrators | Evaluate how NPs and PAs function in medical oncology practices | Practice type  Practice site  Supervision  Appointment type |
| [Buerhaus, et al. (2015)](#bib_Buerhaus_et_al_2015) | Nationwide | Full, reduced, restricted | 505 PCMDs, 467 PCNPs | Compare practice and demographic characteristics of PCNPs and MDs | Billing  Admitting privileges  Ordering with/without co-signature  Practice site |
| [Donelan, et al. (2013)](#bib_Donelan_et_al_2013) | Nationwide | Full, reduced, restricted | 505 PCMDs, 467 PCNPs | Examine the role of nurse practitioners in primary care through scope of work, practice characteristics, and attitudes | Practice site  Perceived level of restriction |
| [Freed, et al. (2010)](#bib_Freed_et_al_2010) | Nationwide | Full, reduced, restricted | 394 NNPs | Examine the distribution and scope of practice of the US neonatal nurse practitioner workforce | Practice site  Supervision |
| [Gigli, et al. (2018)](#bib_Gigli_et_al_2018) | Nationwide | Full, reduced, restricted | *n* = 121; 61 PICU med directors (MDs), 60 “lead” PICU NPs | Describe organizational regulations of PICU NP practice and how they align with state SOP; describe differences between NP and medical director perspectives on the alignment | Billing  Prescriptive privileges  Generic scope of practice |
| [Kinney, et al. (1997)](#bib_Kinney_et_al_1997) | Nationwide | Unknown[a](#tbl1fna) | *n* = 129 NPs | Define practice characteristics of NPs in oncology | Billing  Supervision  Practice site  Admitting privileges  Procedures  Patient types  Certification  Prescriptive privileges |
| [Kleinpell, et al. (2018)](#bib_Kleinpell_et_al_2018) | Nationwide | Full, reduced, restricted | 335 ACNP respondents | Describe the ACNP role, practice settings, and specializations | Supervision  Admitting privileges  Orders with/without co-signature  Practice site |
| [Larsson, et al. (2002)](#bib_Larsson_and_Zulkowski_2002) | MT | Unknown[b](#tbl1fnb) | 35 rural hospital administrators | Explore licensing, certification, governance, and educational requirements of NPs and PAs. Examine scope of practice and utilization at facilities in the state. | Supervision  Hospital privileges  Services provided |
| [Peterson, et al. (2015)](#bib_Petersen_et_al_2015) | NM | Full | *n* = 259 APRNs | Determine the association between APRN autonomy and empowerment based on location, physician oversight, and practice setting | Supervision  Practice site  Geographic location of practice |
| [Pittman, et al. (2018)](#bib_Pittman_et_al_2018) | 34 states | Full, reduced, restricted | 213 hospitals | Describe the variation in privileges for NPs and PAs within and across states in four clinical specialties. Evaluate the relationship of the privileging policies to the state SOP regulation. | Privileges in aggregate |
| [Poghosyan, et al. (2014)](#bib_Poghosyan_et_al_2014) | NY | Reduced | *n* = 278 PCNPs | Describe the NP role, independent practice, and teamwork in primary care organizations | Own patient panel |
| [Poghosyan and Liu (2016)](#bib_Poghosyan_and_Liu_2016) | MA | Restricted | *n* = 314 NPs | Measure teamwork between NPs and MDs in relation to NP autonomy in primary care practices and NP relationships with organization leaders | Practice site  Organizational environment  Recognized as PCP or not |
| [Poghosyan, et al. (2017a)](#bib_Poghosyan_et_al_2017a) | MA | Restricted | *n* = 314 NPs | Examine NP role in care delivery and how work environments affect the role | Own patient panel  Practice site  Recognized as PCP or not  Geographic location of practice |
| [Poghosyan, et al. (2015a)](#bib_Poghosyan_et_al_2015) | NY, MA | Reduced, restricted | *n* = 564 PCNPs; NY = 278, Mass = 291 | Determine the impact of state and organization on NP practice environment | Practice site  Organizational environment  Geographic location of practice |
| [Poghosyan, et al. (2017b)](#bib_Poghosyan_et_al_2017b) | NY | Reduced | *n* = 278 NPs | Compare new hire and experienced NPs for patient panel, job satisfaction, turnover, and organizational structures | Practice site  Own patient panel  Organizational environment  Knowledge of role  Geographic location of practice |
| [Poghosyan, et al. (2015b)](#bib_Poghosyan_et_al_2017b) | NY, MA | Reduced, restricted | *n* = 592 NPs | Examine primary care NP roles, organizational support, relationships with administration, job satisfaction, and intention to leave | Own patient panel  Practice site  Geographic location of practice |
| [Rudner and Kung (2017)](#bib_Rudner_and_Kung_2017) | FL | Restricted | *n* = 857 PCNPs | Define the patterns of physician supervision of NPs and the associations between the supervision, practice setting, and NP characteristics | Supervision  Practice site |
| [Spetz, et al. (2017)](#bib_Spetz_et_al_2017) | Nationwide | Full, reduced, restricted | *n* = 13,000 NPs | Compare characteristics of primary care NPs in rural versus urban areas | Billing practices  Own patient panel  Supervision  Geographic location of practice  Input to organizational policies |