State Policies in Brief  
(As of August 2012)

Clinical Privileging and Medical Staff Provisions in Law and Rule

Alabama

*Medical Staff Membership is not Allowed; Clinical Privileges are Allowed*

Regarding medical staff membership, regulations cite 42 CFR 482.22 as the standard. The federal regulation defines medical staff membership as being “composed of doctors of medicine or osteopathy and, in accordance with state law, may also be composed of other practitioners appointed by the governing body.” Alabama limits membership to “physicians and dentists who are privileged by agreement with licensee to attend patients within the institution” [Ala. ADC 420-5-7-.01].

Clinical privileges are granted in the CNM® scope of practice statement, which states that a CNM® may “write admission orders for inpatients and subsequent orders in accordance with established protocols and institutional policies” [Al. Admin. Code r. 610-X-5-.21].

Alaska

*Medical Staff Membership is Allowed; Clinical Privileges are Implied*

Medical staff is defined to mean "physicians and other medical practitioners appointed by the governing body to practice within medical staff bylaws..." [7 Ak. Admin. Code 12.990]. Regulations concerning medical staff specifically discuss mid-level practitioners and allow for medical staff at critical access hospitals to consist only of mid-level practitioners [7 Ak. Admin. Code 12.110].

Nothing in law or rule addresses clinical privileges separately from medical staff provisions, but clinical privileges are implied since medical staff membership is allowed.

Arizona

*Medical Staff Membership is Allowed; Clinical Privileges are Allowed*

Arizona regulations note that an RNP (CNM®) may "for a patient who requires the services of a health care facility, admit the patient to the facility, manage the care the patient receives in the facility, and discharge the patient from the facility" [Az. Admin. Code R4-19-508]. However, state Department of Health rules state that all patients admitted to the hospital must have an attending physician.

A medical staff member is defined as "a physician or other licensed individual who has clinical privileges
in a hospital” [Az. ADC R9-10-201]. CNMs may be members of the medical staff because they have clinical privileges.

**Arkansas**

*Medical Staff Membership is not Allowed (Implied); Clinical Privileges are Allowed (Implied)*

Arkansas Admin. Code 007.05.17-6 discusses medical staff membership exclusively in terms of physicians. The regulations make reference to “other authorized staff” and “allied staff,” but the composition of these entities is not defined in law or rule. It is likely that CNMs would fall in one of these categories.

Clinical privileges are implied due to the allied staff affiliation, but it appears that professional capacities may be limited. Regulations state that "all persons admitted and discharged...shall be under the care of a person duly licensed to practice medicine in Arkansas (hereafter called physician)" [Ark. Admin Code 007-05-17.6]

**California**

*Medical Staff Membership is not Allowed; Clinical Privileges are Allowed*

California statutes include a provision that medical staff membership “shall be restricted to physicians and surgeons and other licensed practitioners competent in their respective fields" [Cal. Bus. & Prof. Code 2282 and 2283]. Regulations define “other licensed practitioners” as dentists and podiatrists [22 CCR 70703].

Clinical privileges are granted in regulation. Ca. Code Regs. Tit. 22, 70706.1 notes that RNs may be granted "expanded role privileges...to provide for the assessment, planning and direction of the diagnostic and therapeutic care of a patient in a licensed health facility."

**Colorado**

*Medical Staff Membership is Allowed (Implied); Clinical Privileges are Allowed*

Licensed independent practitioners, which include CNMs, are defined to mean "an individual permitted by law and the facility to independently diagnose, initiate, alter, or terminate health care treatment within the scope of his or her license" [6 CCR 1011-1:IV-2.100]. This definition grants clinical privileges.

The regulation concerning organization of medical staff does not address composition, except to note that "a physician from the organized medical staff shall be appointed or elected as chief of staff" [6 CCR 1011-1:IV-6.301]. Failure to specifically exclude licensed independent practitioners from medical staff leaves membership open to CNMs.

**Connecticut**

*Medical Staff Membership is Allowed (Implied); Clinical Privileges are Implied*
No provision in law or rule limits the composition of medical staff. Rather, regulations place a minimum number of physicians that must be included on staff. "There shall be an organized medical staff of not fewer than five physicians" [Conn. Agencies Regs. 19-13-D3].

Nothing in law or rule addresses clinical privileges separately from medical staff provisions, but clinical privileges are assumed since medical staff membership is implied.

**Delaware**  
*Medical Staff Membership Allowed; Clinical Privileges are Allowed*

Delaware regulations adopt as the state’s official standards the Joint Commission’s “Standards for Accreditation of Hospitals” [16 Del. Admin. Code 4407-4.0].

The Joint Commission’s Standards note that medical staff may include licensed independent practitioners and further grant APRNs clinical privileges.

**Note:** Medical staff membership and clinical privileges implicitly extend to CMs as well.

**District of Columbia**  
*Medical Staff Membership Allowed; Clinical Privileges are Allowed*

D.C. Code §§44-507 through 44-509 prohibits hospitals and other health care facilities from denying clinical privileges or medical staff membership to CNMs on the basis that they are not physicians, or for anticompetitive purposes.

Clinical privileges and medical staff membership must be individually evaluated for each applicant, using standards applicable to his/her particular professional group. Full due process rights are required for all applicants and the facility must complete the process within 120 days.

The law is enforceable in court either by a rejected applicant or by the Corporation Counsel (DC’s equivalent or an attorney general).

**Florida**  
*Medical Staff Membership is not Allowed (Implied); Clinical Privileges are Allowed*

Non-discrimination clauses for medical staff applications only extend to MDs, DOs, dentists, podiatrists, and psychologists [Florida Stat. Ann. §395.0191]. While technically this does not limit staff membership to members of these groups, such a limitation is implied.

Hospitals are required by law to establish rules and procedure for consideration of applications for clinical privileges submitted by ARNPs [Florida Stat. Ann. §395.0191].

**Georgia**  
*Medical Staff Membership is not Allowed (Implied); Clinical Privileges are Allowed*
Georgia law and rule appear to place APRNs in the professional staff category as opposed to the medical staff category. Medical staff is defined as a "body of licensed physicians, dentists, and/or podiatrists" [Ga. Comp. R & Regs 290-9-7-.02 and Ga. Code § 31-7-7].

Professional staff is defined as persons "licensed by the state of Georgia to practice a specified health profession and employed by or contracting with the hospital for practice of that profession" [Ga. Comp. R. & Regs. 290-9-7-.02]. Clinical privileges are granted in this definition.

**Hawaii**

*Medical Staff Membership is Allowed; Clinical Privileges are Allowed*

Medical staff is defined to mean "physicians, dentists, podiatrists and other individuals licensed by the state, who are permitted by law and who have been authorized by the governing body to provide patient care services within the facility" [Haw. Admin. Code §11-93-2].

Clinical privileges are granted to CNMs in their scope of practice statement, which specifically notes that CNMs shall "admit clients for inpatient care at facilities licensed as hospitals or birth centers"[Haw. Admin. Rules §16-89-81(3)(B)(v)].

Regulations further state that, “all medical staff members and other individuals who are permitted by law and by the hospital to provide patient care services independently in the hospital shall have delineated clinical privileges that allow them to provide patient care services within the scope of their clinical privileges” [Haw. Admin. Code §11-93-2].

**Idaho**

*Medical Staff Membership is Allowed (Implied); Clinical Privileges are Allowed*

Medical staff is defined as “those licensed physicians, dentists, podiatrists and other professionals granted the privilege to practice in the hospital by the governing authority of a hospital” [Idaho Admin. Code 16.03.14.002(26)].

Medical staff membership is implied because CNMs may be granted clinical privileges. Idaho Admin. Code 16.03.14.250(f) notes that medical staffs must create a “statement of qualifications and a procedure for delineation of clinical privileges for all categories of non-physician practitioners.”

**Illinois**

*Medical Staff Membership is not Allowed; Clinical Privileges are Allowed*

Medical staff membership is defined as individuals who are licensed to practice “medicine, dental surgery, or podiatric medicine” [77 Ill. Admin. Code 250.150].
Medical staff is granted the authority to determine the "additional privileges that may be granted a staff member for the use of his/her allied health personnel in the hospital" [77 Ill. Admin. Code 250.310]. This clause extends privileges to CNMs.

**Indiana**

*Medical Staff Membership is not Allowed (Implied); Clinical Privileges are Allowed (Implied)*

Statutes note that "all licensed physicians are eligible for membership on the medical staff of the hospital [In. Code 16-22-3-9]. There is no reference to other licensed practitioners serving on the staff, even though the statutes offer a definition of licensed practitioners [In. Code 25-1-9-2].

There are no separate references to the grant of clinical privileges in law or rule. Failure for clinical privileges to be limited to particular practitioners implies universal access.

**Iowa**

*Medical Staff Membership is Allowed; Clinical Privileges are Allowed*

The definition of a medical staff does not include language that would exclude CNMs from membership. Specifically, the definition states that medical staff means "an organized body that is composed of individuals appointed by the hospital governing board...All members of the medical staff, one of whom shall be a licensed physician, shall be licensed to practice in the state of Iowa" [Iowa Admin. Code 481-51.1(135B)].

Provisions in both law and rule protect CNMs from discrimination during the privileging process [Iowa Code Ann. 135B.7; Iowa Admin. Code 481-51.5(135B)].

**Kansas**

*Medical Staff Membership is Allowed (Implied); Clinical Privileges are Implied*

Medical staff is defined to mean "a formal organization of physicians and dentists, with the responsibility and authority to maintain proper standards for patient care as delegated by the governing body" [Kan. Admin. Regs. 28-34-1a]. Anti-discrimination statutes only reference individuals authorized to practice medicine or surgery [Kan. Stat. Ann. §65-431].

However, regulations note that hospitals may provide for additional kinds of medical staff privileges in addition to an active medical staff. These categories may be eligible to vote at meetings, hold office, and serve on staff committees. Requirements for membership not addressed, but it is implied that these privileges may be extended to additional types of practitioners [Kan. Admin. Regs. 28-34-6a].

Regulations further state that medical staffs may delineate "clinical privileges and duties of professional personnel who function in a clinical
capacity and who are not members of the medical staff" [Kan. Admin. Regs. 28-34-6a]. Individuals who may receive privileges are neither expressly defined nor limited.

**Kentucky**  
*Medical Staff Membership is not Allowed (Implied); Clinical Privileges are Allowed*

Medical staff is defined to mean "an organized body of physicians, and dentists when applicable, appointed to the hospital staff by the governing body" [902 Ky. Admin. Regs. 20:016]. Necessary qualifications for medical staff membership include licensure to practice medicine or dentistry in Kentucky, except for graduate physicians in their first year of hospital training [902 Ky. Admin. Regs. 20:016].

The medical staff is charged with delineating the clinical privileges of staff members and allied health professionals, the latter of which would include CNMs [902 Ky. Admin. Regs. 20:016].

Regulations also state that an attending medical staff member "shall assume full responsibility for diagnosis and care of his patient. Other qualified personnel may complete medical histories, perform physical examinations, record findings, and compile discharge summaries, in accordance with their scope of practice and the hospital’s protocols and bylaws" [902 Ky. Admin. Regs. 20:016].

**Louisiana**  
*Medical Staff Membership is Allowed; Clinical Privileges are Allowed*

Louisiana law and rule regarding medical staff membership is somewhat contradictory. Statutes imply that medical staff membership should be restricted to physicians and dentists [see La. Rev. Stat. 40:2114], but regulations take a more inclusive approach by noting that “the organization and functions of the medical staff, insofar as practicable, shall be in accordance with the standards of the Joint Commission” [La. Admin. Code 48:1.6709].

The Joint Commission's Standards note that medical staff may include licensed independent practitioners and further grant APRNs clinical privileges.

**Maine**  
*Medical Staff Membership is Allowed (Implied); Clinical Privileges are Implied*

There are no laws or rules that specifically limit the composition of medical staff or the grant of clinical privileges to physicians.

**Maryland**  
*Medical Staff Membership is not Allowed (Implied); Clinical Privileges are not Allowed (Implied)*

The statutes and regulations concerning medical staff membership
and clinical privileging are decidedly physician-centric in Maryland.

Hospitals are defined as institutions with "a group of at least 5 physicians who are organized as a medical staff" [MD Code, Health - General 19-301; COMAR 10.07.01.01]. The Code section that details the right of hospitals to employ staff only considers podiatrists, dentists, and psychologists [MD Code, Health-General 19-351].

Privilege is defined to mean "the authority granted to a physician by a hospital to admit patients to the hospital, or perform specific procedures or treatments on patients at a hospital" [COMAR 10.07.01.01]. COMAR 10.07.01.24 discusses credentialing processes for staff privileges as applying "to any physician who shall admit or treat patients in the hospital."

**Massachusetts**

*Medical Staff Membership is Allowed; Clinical Privileges are Implied*

Hospital licensure regulations incorporate the Medicare Conditions of Participation for Hospitals [105 CMR 130.200]. The Conditions do not limit medical staff membership to physicians.

Moreover, regulation for maternal and newborn hospital services specifically discuss staff privileges in terms of physicians, nurse-midwives, and other nurses practicing in an advanced practice role [105 CMR 130.616(c)(1)].

Nothing in law or rule addresses clinical privileges separately from medical staff provisions, but clinical privileges are implied since medical staff membership is allowed.

**Michigan**

*Medical Staff Membership is Allowed (Implied); Clinical Privileges are Implied*

Statute references the standards recommended by the American College of Surgeons for the eligibility and qualifications of hospital medical staff [Mich. Comp. Laws Ann. 331.206]. This document does not have any bearing on the practice of nurse-midwifery and its application to CNMs is questionable.

The physician-centric language continues in another law that considers the grant of hospital privileges exclusively in terms of physicians and surgeons [Mich. Comp. Laws Ann. 331.161]. Moreover, regulations state that all patients admitted to the hospital must be under the care of a physician [Mich. Admin. Code R. 325.1027(1)].

None of the cited laws specifically exclude other categories of practitioners from medical staff membership or clinical privileges, however.

Laws governing municipal health facilities corporations purposely
include “physicians and other such direct providers of health care” in the sections concerning medical staff membership and clinical privileges [Mich. Comp. Laws Ann. 331.1303].

**Minnesota**

*Medical Staff Membership is Allowed; Clinical Privileges are Implied*

The statute governing the composition of medical staff was repealed in 1985 [Minn. Stat. Ann. §147.23]. Current regulation does not restrict medical staff membership [Minn. Rules 4640.0800].

Nothing in law or rule addresses clinical privileges separately from medical staff provisions, but clinical privileges are implied since medical staff membership is allowed.

**Mississippi**

*Medical Staff Membership is Allowed; Clinical Privileges are Allowed*

Regulations note that the medical staff “shall be limited to individuals who are licensed to practice medicine, osteopathy, or dentistry in the state of MS, and such other practitioners as determined by the governing body” [Miss. ADC 15-16-1:41.7]. Non-physician practitioners are defined as capable of providing “a range of independent or interdependent health services” [Miss. ADC 15-16-1:41.7]. Clinical privileges are granted by Miss. Admin. Code 15-16-1:41.7, which states that the medical staff “shall delineate clinical privileges of non-physician practitioners.”

**Missouri**

*Not Allowed on Medical Staff; Clinical Privileges are Allowed*

Regulation specifically notes that "independent licensed practitioners are not authorized" to be members of the medical staff [19 Mo. Code Regs. 30-20.080]. Medical staff membership is limited to physicians, dentists, psychologists, and podiatrists [19 Mo. Code Regs. 30-20.086].

Regulations further note that the "governing body may include provisions within its bylaws to grant licensed practitioners clinical privileges, on an outpatient basis, for diagnostic and therapeutic tests and treatment" [19 Mo. Code Regs. 30-20.080].

*Note:* CMs would not be allowed to serve on a medical staff, although nothing in law or rule appears to limit their ability to attain clinical privileges.

**Montana**

*Medical Staff Membership is Allowed; Clinical Privileges are Implied*

Regulations state that hospitals “shall comply with the Conditions of Participations for Hospitals” [Mont. Admin. R. 37.106.401(1)]. The current Medicare Conditions do not limit
medical staff membership to physicians.

Nothing in law or rule addresses clinical privileges separately from medical staff provisions, but clinical privileges are implied since medical staff membership is allowed.

**Nebraska**  
*Medical Staff Membership is Allowed; Clinical Privileges are Allowed*

Statute states that hospitals shall not deny clinical privileges to CNMs based solely on the credential held by the practitioner. The statute also references medical staff membership and requires that applicants are informed of the status of staff membership and privileges within 120 days of applying [Neb. Rev. Stat. §71-2048.01].

The same position is reiterated in regulation [Neb. Admin. R. & Regs. tit. 175, ch. 9, §006].

**Nevada**  
*Medical Staff Membership is Allowed; Clinical Privileges are Implied*

Regulation notes that medical staff may be composed of doctors of medicine or osteopathy, and “to the extent authorized by state law, other practitioners” [Nev. Admin. Code 449.358(2)].

Nothing in law or rule addresses clinical privileges separately from medical staff provisions, but clinical privileges are implied since medical staff membership is allowed.

**New Hampshire**  
*Medical Staff Membership is Allowed; Clinical Privileges are Implied*

Medical staff is defined as “physicians and other licensed practitioners permitted by law and hospital policies to provide patient care services independently within the scope of practice acts” [N.H. Code Admin. R. He-P 802.03(at)].

Nothing in law or rule addresses clinical privileges separately from medical staff provisions, but clinical privileges are implied since medical staff membership is allowed.

**New Jersey**  
*Medical Staff Membership is Allowed; Clinical Privileges are Allowed*

Non-physicians are a specifically listed type of practitioner in the regulation concerning medical staff qualifications [N.J. Admin. Code 8:43G-16.3].

Another regulation states that applications for medical staff membership or clinical privileges submitted by non-physicians shall be reviewed according to the same criteria and procedures that govern applications made by physicians [N.J. Admin. Code 8:43G-16.1].

**Note:** Medical staff membership and clinical privileges implicitly extend to CMs as well.
**New Mexico**  
*Medical Staff Membership is Allowed; Clinical Privileges are Allowed*

CNMs are considered to be allied health personnel by virtue of their defined status as licensed independent practitioners. Allied health personnel refers to “persons who are not physicians, podiatrists, psychologists, or dentists who may be admitted to practice in the hospital through the medical staff credentialing process” [N.M. Admin. Code 7.7.2.7(c)].

The definition of medical staff moreover specifically includes allied health personnel [N.M. Admin. Code 7.7.2.7(LL)].

**New York**  
*Medical Staff Membership is Allowed; Clinical Privileges are Allowed*

Statute specifically grants medical staff membership and clinical privileges to licensed midwives under the broad umbrella of professional privileges [McKinney’s Public Health Law §2801-b(1)]. Regulation also states that medical staff membership “shall be composed of persons practicing medicine...and may also be composed of other licensed and currently registered health care practitioners appointed by the governing body” [N.Y. Comp. R. & Regs. tit. 10 §405.4(b)(3)].

**North Carolina**  
*Medical Staff Membership is Allowed; Clinical Privileges are Allowed*

Medical staff membership is linked to clinical privileges. Medical staff is defined to mean” the formal organization...of all those individuals who have sought and obtained clinical privileges in a facility” [10A N.C. Admin. Code 13B.3001].

Regulations provide for clinical privileges for nurse-midwives. Specifically, they note that "the governing body of the facility, after considering the recommendations of the medical staff, may grant clinical privileges to other qualified, licensed practitioners in accordance with their training, experience, and demonstrated competence and judgment in accordance with the medical staff by-laws, rules, or regulations" [10A N.C. Admin. Code 13B.3702].

**North Dakota**  
*Medical Staff Membership is Allowed; Clinical Privileges are Allowed*

Licensed health care practitioner is defined to mean an individual who is licensed “to provide medical, medically related, or advanced registered nursing care to individuals in North Dakota” [N.D. Admin. Code §33-07-01.1-01].

Note: Medical staff membership and clinical privileges implicitly extend to CMs as well.
Medical staff membership is specifically noted to be composed of physicians and “other licensed health care practitioners” [N.D. Admin. Code §33-07-01.1-15(1)(f)(1)].

The regulation also contains a list of information that should be collected from licensed health care practitioners for appointment to the medical staff or the granting of clinical privileges [N.D. Admin. Code §33-07-01.1-15(1)(d)(1)].

Ohio
*Medical Staff Membership is not Allowed (Implied); Clinical Privileges are Allowed*

Medical staff is discussed in law as an organization of physicians, dentists, and podiatrists [Ohio Rev. Code §3727.06].

Clinical privileges are established by statute. Ohio Revised Code §3701.351 specifically states that a governing may not discriminate CNMs when considering an application for clinical privileges.

Oklahoma
*Medical Staff Membership is Allowed; Clinical Privileges are Allowed*

Regulation defines medical staff as being composed of “fully licensed physicians and may include other licensed individuals permitted by law and by the hospital to provide patient care services in the hospital” [Ok. Admin. Code 310:667-1]. CNMs are specifically included in the definition of a licensed practitioner [OK Admin. Code 310:667-1-2].

Regulation specifically grants clinical privileges to licensed practitioners, which are defined to include CNMs, by stating that they are “permitted by law and licensed by the hospital to provide care and services, without direct supervision, within the scope of the individual’s license and consistent with clinical privileges individually granted by the licensed hospital” [OK Admin. Code 310:667-1-2].

Oregon
*Medical Staff Membership is Allowed; Clinical Privileges are Allowed*

The definition of medical staff specifically notes that “other licensed health care practitioners” in addition to doctors of medicine or osteopathy may serve on the medical staff [Oregon Admin. Rules 333-505-0020].

Statute states that "the rules of any hospital in this state may grant admitting privileges to nurse practitioners..." [Oregon Rev. Stat. 441.064].

Pennsylvania
*Medical Staff Membership is not Allowed; Clinical Privileges are Allowed*

Pennsylvania regulation is very direct on the question of medical staff membership and clinical privileges.

28 Pa. Code §107.2 states that “the medical staff shall be limited to
physicians and dentists,” but that the governing body “may grant clinical privileges to other qualified, licensed practitioners.”

**Rhode Island**  
*Medical Staff Membership is Allowed; Clinical Privileges are Allowed*

Regulations in Rhode Island are very specific regarding medical staff membership and clinical privileges for advanced practice clinicians.

R.I. Admin. Code 31-4-18-13.13 states that all advanced practice clinicians “shall be credentialed through the medical staff appointment process.” The medical staff is responsible for delineating clinical privileges to advanced practice clinicians.

**Note:** Medical staff membership and clinical privileges implicitly extend to CMs as well.

**South Dakota**  
*Medical Staff Membership is not Allowed (Implied); Clinical Privileges are Implied*

Medical staff is defined as "an organized staff composed of practitioners that operates under bylaws approved by the governing body and which is responsible for reviewing the qualifications of practitioners applying for clinical privileges..."[S.D. Admin. R. 44:04:01:01].

Practitioners are defined as an individual licensed to practice medicine, dentistry, podiatry, optometry, chiropractics, optometry, physical therapy, or occupational therapy. CNMs are considered to be physician extenders [S.D. Admin. R. 44:04:01:01].

Only regulation regarding physician extenders states that if physician extenders are utilized, the hospital must develop written policies regarding the extender's role in the care of the patient [S.D. Admin. R. 44:04:05:06].

**Tennessee**  
*Medical Staff Membership is Allowed; Clinical Privileges are Implied*

The regulation discussing the composition and duties of the medical staff has a small section dedicated to the role of practitioners on staff [Tenn. Comp. R. & Regs. 1200-08-03-.02(5)].
Mid-level practitioners are defined as NPs or PAs, but inclusion of CNMs in this group can be inferred due to the presence of another advanced specialty [Tenn. Comp. R & Regs. 1200-08-01-.01].

Clinical privileges are implied due to the inclusion of CNMs on medical staff.

**Texas**
*Medical Staff Membership is Allowed; Clinical Privileges are Allowed*

Practitioner is defined to mean a health care professional licensed in Texas other than a physician, podiatrist, or dentist [25 Texas Admin. Code 133.2].

Regulation states that "the medical staff shall be composed of physicians and may also be composed of podiatrists, dentists, and other practitioners appointed by the governing body" [Tex. Admin. Code 133.41].

Clinical privileges can be inferred based on the medical staff provisions, but they are more explicitly awarded in statute. Texas Health & Safety Code 241.015(d) states that privileges may be granted based on the APN having a collaborating or sponsoring relationship with a physician.

**Utah**
*Medical Staff Membership is Allowed (Implied); Clinical Privileges are Implied*

Statute notes that every hospital shall have an organized medical staff “of not fewer than three members” [18 Vermont Stat. Ann. §1905]. Additional clarification of membership is not found in law or rule.

The statute also references the Joint Commission’s standards, which currently do not disallow CNMs from serving on a medical staff.

Clinical privileges are not explicitly addressed in law or rule. CNMs are implied to have privileges due to their ability to serve on medical staffs.

**Virginia**
*Medical Staff Membership is not Allowed (Implied); Clinical Privileges are Allowed*
Medical staff is defined as “a formal organization of physicians and dentists” [12 Va. Admin. Code 5-410-10; 12 Va. Admin. Code 5-410-210].

Staff privileges are defined in a much looser manner without reference to credentials. Specifically, staff privileges means “the authority to render medical care in the granting institution within well-defined limits, based on the individual’s professional license and the individual’s experience, competence, ability and judgment [12 Va. Admin. Code 5-410-10].

Statute requires hospitals to consider applications from CNMs for clinical privileges [Va. Code Ann. §32.1-134.2].

**Washington**

*Medical Staff Membership is Allowed (Implied); Clinical Privileges are Implied*

Medical staff means "physicians and other practitioners appointed by the governing body" [Wash. Admin. Code 246-320-010]. The term “practitioner” is not explicitly defined in law or rule, but one can infer that the regulation encompasses NPs due to their classification as mid-level practitioners.

Nothing in law or rule addresses clinical privileges separately from medical staff provisions, but clinical privileges are assumed since medical staff membership is assumed.

**West Virginia**

*Medical Staff Membership is Allowed (Implied); Clinical Privileges are Implied*

Regulation defines medical staff as being “composed of one or more licensed physicians and [which] may include other practitioners [W.Va. C.S.R. 64-12-11].

Mid-level practitioner is defined to include PAs, CNSs, and NPs, but not CNMs [W. Va. C.S.R. 64-12-2]. It is fair to infer that CNMs should be included in this group, however, due to the inclusion of other advanced practice specialties.

Nothing in law or rule addresses clinical privileges separately from medical staff provisions, but clinical privileges are assumed since medical staff membership is implied.

**Wisconsin**

*Medical Staff Membership is not Allowed (Implied); Clinical Privileges are Allowed*

Regulation repeatedly limits medical staff membership to “individuals who are currently licensed to practice medicine, podiatric medicine, or dentistry” [Wis. ADC s DHS 124.12 and Wis. Admin. Code s DHS 124.02].

CNMs can gain clinical privileges by being credentialed as a member of allied health personnel, which are individuals who are not physicians, podiatrists, or dentists who are
admitted to practice in the hospital [Wis. Admin. Code s DHS 124.02].

Note that it is unclear how far these privileges may extend, as regulation also notes that "the governing body shall establish a policy which requires that every patient be under the care of a physician, dentist, or podiatrist" [Wis. Admin. Code s DHS 124.05].

**Wyoming**

*Medical Staff Membership is Allowed (Implied); Clinical Privileges are Implied*

Statutes do not specifically comment on the composition of medical staffs or the grant of privileges. The authority to promulgate such rules is given to the Department of Health [Wy. Stat. § 35-2-908].

Regulations do not define the composition of medical staffs [Wy. Rules and Regs. Health HQ Ch. 12, s. 7].

Nothing in law or rule appears to limit clinical privileges to specific types of practitioners.