# Advanced Practice Provider Scope of Practice in Urology: A Review of State Legislation, 2017–2026

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## Background

Urology has one of the oldest surgical workforces; the average urologist was 52.5 years old in the 2018 AUA census. In that census, 72.5% of urologists worked with an advanced practice provider (APP), and APPs contributed the equivalent of about 41% of a urologist FTE.

Nurse practitioners and physician assistants now perform many office procedures, and states continue to loosen supervision requirements.

## Objective

To review recent state scope-of-practice changes for NPs and PAs and how they apply to urologic care.

## Methods

We reviewed enacted legislation in selected states, AUA policy documents, and legal and trade press, current as of October 6, 2026.

## Implications for Urology

- The workforce shortage is used to argue for more subspecialists and for broader APP scope.
- Practice models now differ by state and can change in a single legislative session.
- Procedure-specific laws, such as Oregon's vasectomy bill, expand scope without broad independent-practice legislation.

## Findings

In 2018 AUA census data, APPs reported performing cystoscopy, Testopel injection, prostate biopsy, vasectomy, intravesical onabotulinumtoxinA, hydrocele aspiration, and circumcision. Cystoscopy and Testopel injection were the most common.

*Table 1. Selected state scope-of-practice changes affecting NPs and PAs.*

| State | Year | Change | Applies to |
|---|---|---|---|
| Oregon | 2017 | NPs may perform vasectomy (HB 2103); third state after WA and AK | One procedure |
| Oklahoma | 2025 | Governor's vetoes overridden; NPs and PAs with 6,240 supervised hours gain independent prescribing (HB 2298, HB 2584) | Prescribing; PA practice agreements |
| California | 2026 | Physician-to-PA supervision ratio raised from 1:4 to 1:8 (AB 1501) | All settings |
| New Jersey | 2026 | Joint protocol removed for NPs with more than 5,000 hours (S2996) | Primary care and behavioral health |
| New York | 2026 | Independence for NPs with more than 3,600 hours extended to July 2030 | Temporary statute |

## Professional Positions

The AUA supports APPs in a formally defined role supervised by a board-certified urologist, within applicable state law.

Urologists remain divided. Some favor training APPs in flexible cystoscopy to extend access; informal surveys show many are uncomfortable with APPs performing it independently.

## Policy Recommendations

1. Support standardized training and credentialing for each office procedure APPs perform.
2. Support laws that keep a urologist in a defined supervisory role for invasive procedures.
3. Fund registry data comparing outcomes and access for APP- and urologist-performed procedures.
4. Prepare state urologic societies to respond early to procedure-specific bills.

## Open Questions

- Will the AUA revise its position as more states pass independence laws?
- Will procedure-specific bills replace broad independent-practice legislation?
- How will malpractice coverage and payer rules adapt?

## References

1. Brand TC, et al. Current state of advanced practice providers in urological practice. Urol Pract. 2022;9(1):1-7.
2. AUA Consensus Statement on Advanced Practice Providers. 2015.
3. Cal. AB 1501 (2025); Okla. HB 2298 and HB 2584 (2025); Or. HB 2103 (2017); N.J. S2996 (2026).
4. Newitt P. The NP scope-of-practice policy whiplash. Becker's ASC Review. Jul 28, 2026.