MINNESOTA
BOARD OF NURSING

Minnesota APRN Practice Changes

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Chapter 115, Article 11 – What Changed

Effective Date: August 1, 2026

Statutory Reference: Minnesota Statutes § 148.211, subds. 1c and 1d

What does Chapter 115, Article 11 change?

Chapter 115, Article 11 changes Minnesota's requirements for postgraduate practice by nurse practitioners (NPs) and clinical nurse specialists (CNSs) who qualify for licensure as an advanced practice registered nurse (APRN).

The legislation amends the existing 2,080-hour postgraduate practice requirement and adds a new requirement addressing postgraduate practice in certain specialties.

Is the 2,080-hour postgraduate practice requirement eliminated?

No.

The law continues to require a nurse practitioner or clinical nurse specialist who qualifies for APRN licensure to practice for at least 2,080 hours within the context of a collaborative agreement.

The APRN must provide written evidence of the required collaborative practice experience to the Board as specified in the statute.

What changed the most?

Article 11 amends Minnesota Statutes § 148.211, subdivision 1c.

The previous provision required the 2,080 hours to be completed "*within a hospital or integrated clinical setting where APRNs and physicians work together to provide patient care.*"

The amended subdivision 1c removes the general hospital or integrated-clinical-setting requirement.

Who may collaborate with the NP or CNS?

The collaborative agreement may involve:

One or more physicians licensed under Minnesota Statutes chapter 147, or licensed in another state or United States territory; or one or more APRNs licensed under Minnesota Statutes § 148.211 who have at least three years of practice. The NP or CNS and one of the collaborating physicians or APRNs must have experience providing care to patients with the same or similar medical problems.

Does the law establish a different postgraduate practice requirement for certain specialties?

Yes.

New Minnesota Statutes § 148.211, subdivision 1d, establishes a specific requirement for an NP or CNS who provides services other than primary care services or mental health services during the individual's first 2,080 hours of practice. The collaborative practice agreement must be completed in a setting where APRNs and physicians work together to provide patient care.

What does “certain specialties” mean?

For purposes of subdivision 1d, the distinction is based on the type of services being provided. Primary care services and mental health services are addressed under the general provisions of subdivision 1c. An NP or CNS providing services other than primary care services or mental health services during the first 2,080 hours is subject to the additional setting requirement in subdivision 1d.

Does Article 11 change the APRN's scope of practice?

No.

Article 11 addresses postgraduate collaborative practice requirements. It does not expand an individual APRN's education, certification, competence, or scope of practice.

APRN practice remains subject to Minnesota's Nurse Practice Act, applicable Board of Nursing requirements, the APRN's role and population focus, education and certification, and the APRN's individual competence.