



March 31, 2006

APRN Advisory Panel
C/o Nancy Chornick, PhD RN, CAE
Director of Practice and Credentialing
National Council of State Boards of Nursing
111 East Wacker Drive
Suite 2900
Chicago, IL 60601-4277

RE: Draft Vision Paper: The Future Regulation of Advanced Practice Nursing

Dear Dr. Chornick:

The Association of Women' Health, Obstetric and Neonatal Nurses (AWHONN) is a membership organization of 22,000 nurses, with a mission to promote the health and well-being of all women and newborns. AWHONN members are registered nurses, nurse practitioners, certified nurse-midwives, and clinical nurse specialists who work in hospitals, physicians' offices, universities, and community clinics throughout the United States.

As a nursing organization that has a compliment of advanced practice registered nurses that practice in the specialties of nurse midwifery, nurse anesthesia, nurse practitioner and CNSs, we are pleased to provide comments on the *Draft Vision Paper: The Future of Regulation of Advanced Practice Nursing* which proposes a sweeping future regulatory model. We have a process through which we circulate these types of documents for comment and expert review. We found the limited time provided for comment did not allow us the opportunity to do as extensive of an analysis as we would have liked, or that is needed for a paper that suggests such far-reaching changes to the regulatory landscape. We therefore request that NCSBN consider providing a longer comment period on this document in order to ensure that organizations such as AWHONN are able to fully and completely consider the ramifications of the proposal.

We are pleased to be able to present the following comments and questions on the different sections of the Vision Paper as outlined in your executive summary:

Boards of Nursing will be the sole regulators of Advanced Practice Registered Nurses (APRNs).

AWHONN is supportive of a potential future regulatory model that would allow Boards of Nursing to be the sole regulators of APRNs. On the other hand, we are comfortable that there are situations that all disciplines should consider appropriate to be engaged in consultation and potentially limited supervision across disciplines.

That being said, we are uncomfortable with the potential political issues that could be raised in the states if these changes are pursued. Coalitions of nurses and APRNs have worked diligently over the last 20 years to move their state legislatures to a point of recognition of the role and contribution of these providers. The political negotiations, agreements and compromises that these leaders were engaged in has brought us growth in the area of autonomy and scope of practice for APRNs. Any effort to remove Boards of Medicine oversight of these providers in states that require this would likely result in renewed battles. AWHONN would be pleased to see research that demonstrates that the joint regulatory oversight of nursing and medicine creates tangible safety concerns for the citizens of the states where this joint oversight occurs.

APRN Licensure will be in the categories and titles of nurse anesthetist, nurse midwife and nurse practitioner.

AWHONN is concerned with the elimination of the clinical nurse specialist (CNS) from the category of APRN licensure. The discussion contained in the Vision Paper removed title protection from this essential category of nurse providers. AWHONN does not believe that the ability to prescribe pharmaceuticals should be the defining difference between being an APRN and another nurse in advanced clinical practice. By definition, an APRN is a nurse who is practicing at a higher-level or at an advanced clinical level and has a Master's degree. The clinical nurse specialist meets the criteria of this definition.

In addition, the proposed new nurse provider – the clinical nurse leader – has the potential to add title and role uncertainty to the nursing profession. AWHONN has not taken a position on this concept at this point in time, but it is clear that the addition of another provider, with a fairly similar “job description” as the CNS will cause consumers and other health professionals confusion. What is NCSBN's role in the implementation and evaluation of this new nurse provider?

The ability to prescribe pharmaceuticals has not been demonstrated to be the threshold for advanced clinical practice. Certainly, we acknowledge that prescriptive authority may be part of a portfolio of clinical skills utilized by a nurse functioning at an advanced practice level, but it may not be the defining skill. Take the clinical expertise needed to assess a laboring mother and attend the delivery of a baby. We would all acknowledge that the ability of a nurse midwife to assess, manage and safely deliver a baby requires advanced clinical skills. While nurse midwives do prescribe pharmaceuticals, it is the *integration* of complex clinical assessment, clinical experience, ability to interpret clinical indicators and the professional skill to make advanced clinical judgments that make a nurse midwife an expert, advanced practice registered nurse. This concept of integration of skills is clearly seen in the practice of all APRNs including the clinical nurse specialist.

The CNS plays a significant role in perinatal, neonatal and women's health specialties. The CNS role is used to maintain quality and safety and reduce medical errors in centers

that provide these essential women's health services. CNSs have the same level of education and clinical preparation, and often deal with complex clinical situations. Since CNS practice extensively in the tertiary care settings, and often function at a systems level, the designation of their scope of practice as not advanced practice may inadvertently send a message that indirectly minimizes the importance of inpatient care and patient safety. The structure advocated by the Vision Paper seems to largely value physician substitution activities as advanced practice nursing, rather than recognizing the larger field of skills, judgments and clinical interventions that fully define a nurse practicing at an advanced clinical level.

This sweeping change suggested in the Vision Paper may prove to have significant negative effects on the health care market. AWHONN is concerned that the removal of both title protection and the advanced practice designation for the CNS would likely result in vast changes in the health care market. CNSs may well lose their positions, their role and contribution to the clinical environment may be obscured and certification organizations, colleges and universities with CNS programs as well as health care facilities may find a significant economic impact.

AWHONN appreciates the consideration given in the Vision Paper to the possibility of grandfathering CNSs. If the Vision Paper goes forward without re-consideration of the CNS as an advanced practice registered nurse, it would be essential to offer a grandfathering provision to these providers. Would NCSBN be able to provide more details on how this grandfathering would occur?

Boards of Nursing will approve APRN programs for purposes of licensure.

This is an interesting concept. Before we could provide any opinion on this, AWHONN is interested in knowing:

- What process would the Boards of Nursing undertake to approve APRN programs?
- Would there be a cost association with this approval process?
- Would this replace the current program certification that a school must undertake to be recognized by the American Association of Colleges of Nursing and the National League for Nursing?
- How would NCSBN defend its suggestion to the state boards to enter into professional regulation rather than continuing to remain a public regulator?
- What are the components or features of a program that would achieve approval?
- Would these approval criteria be universal across the states?
- Would Boards of Nursing in different states approve programs for the purposes of licensure in other states?
- Would schools be given the opportunity to meet the approval criteria if they are not initially approved?

All programs leading to APRN licensure, including the clinical practice doctorate and post master's degree programs, will meet established educational requirements.

AWHONN believes that it is essential that all programs of study meet established educational requirements. Before making a statement in support or opposition of this goal, we would need to research the impact of this issue on our members. Given the newness of the concept of the clinical practice doctorate and the short response time given for this paper, we are not willing to comment further on this issue. We do look forward to monitoring the discussions in the nursing community as it relates to this issue.

Requirements for licensure as a nurse practitioner will include successful completion of a core nurse practitioner licensure examination and a residency program.

AWHONN does not have a stated position in support or opposition to the existence of a residency program or the requirement for a core nurse practitioner licensure examination for nurse practitioners. With regard to the residency, an appropriately designed residency might have the effect of lending the new graduate an opportunity to accomplish more in-depth clinical experience within defined supervisory parameters. While there are advantages to the concept, AWHONN is unclear as to the economic impact of the establishment of a residency for nurse practitioners.

- We hear reports that there are limited clinical sites available for student's at all educational levels. Will this be a barrier?
- The traditional residency program as established by our medical colleagues includes financial remuneration for the resident during their residency. Will this be available for the resident nurse practitioner?
- How long of a residency program and how will this be arranged/accredited?
- What would be the financial impact of the implementation on the nurse practitioner education? And if this economic model is more fully considered, what would be the impact of the establishment of this residency on the supply/demand for nurse practitioners?
- How would the residency lengthen entry-into-practice?

When considering the development and the administration of a core nurse practitioner licensure examination, it is challenging to fully assess AWHONN's views without further details. Some of our questions include:

- Is there current evidence that APRNs that practice in a specialty area without a core examination are unsafe?
- What would be the content of this core examination?
- When viewing the practice areas of women's and newborn's health, in particular the practices of nurse practitioners in the NICU, well newborn and perinatal and labor and delivery practice settings, there is concern that such a core examination would not offer any assurance to the public of that provider's safety.

- What would be the fee charged for this examination?

Evidence of continued competency will be required for purposes of licensure renewal.

AWHONN does not have a stated position specifically in support or opposition of continued competence for licensure renewal. AWHONN does maintain that nurses, like all professionals have a duty to maintain and further develop their professional expertise. It is important to note that AWHONN supports the pursuit of clinical knowledge through the provision of high-quality and evidence based content through our many continuing education offerings. We were pleased to note that NCSBN's Vision Paper indicated that portfolio might be one accepted method of documentation of continued competency. AWHONN will be interested in being part of any discussions that would further define the requirements for continued competency.

Fully licensed APRNs will be independent practitioners. After licensure there will be no requirements for supervision.

As with the first issue, AWHONN is supportive of a potential future regulatory model that would allow APRNs to be independent practitioners with no requirements for supervision. One would hope that this would be the natural evolution for all advanced practice registered nurses. In addition, it is expected that this evolution would be based on an ever growing body of evidence that demonstrated the safety and cost-effectiveness of these providers to society.

That being said, we have serious concerns that promoting this in a document that would reframe the current regulatory framework would result in significant tensions and political battles within the states.

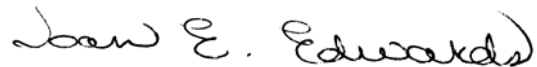
- Is NCSBN poised to engage in legislative and regulatory battles on the federal level and in the states in order to achieve this goal?
- How will NCSBN deal with the current federal requirements for supervision?
- Is NCSBN planning to work with the nursing community to gauge the political likeliness of this initiative in each state?
- Has there been a "professional cost/benefit analysis" of this concept. In other words, is there more to loose than gain by actively, and outwardly pursuing this goal?

The Advanced Practice Compact will be the regulatory model used to effect mutual recognition of advanced practice registered nurses.

AWHONN is already on the record stating our concerns with the compact for mutual recognition of state licensure

Thank you for the opportunity to provide comments on this Vision Paper. We respectfully request that you would extend your deadline for comments on this extensive proposal in order to allow a more complete discussion of the aspects of the document within the nursing community. Any change this significant requires serious deliberation by all parties. We would suggest that without such deliberation, NCSBN runs the risk of generating widespread concern in the health community. AWHONN is interested in being part of any ongoing discussions regarding this proposal. If you have any questions concerning these comments, do not hesitate to contact Ann Walker-Jenkins at 202-261-2402.

Sincerely,

A handwritten signature in cursive script that reads "Joan E. Edwards".

Joan Edwards, MSN, RN
President