



## Talking Points for National Council of State Boards of Nursing (NCSBN) Vision Paper: The Future Regulation of Advanced Practice Nursing

These *Talking Points* were prepared by the National Association of Clinical Nurse Specialists (NACNS) in response to the National Council of State Boards of Nursing's (NCSBN) *Vision Paper* on the future regulation of advanced practice nursing. Information about NACNS is available at [www.nacns.org](http://www.nacns.org). Information about NCSBN is available at [www.ncsbn.org](http://www.ncsbn.org).

### Background

- On February 17, 2006, NCSBN circulated a draft of *Vision Paper: The Future Regulation of Advanced Practice Nursing* to the nursing community with a request for feedback.
- NCSBN is a voluntary organization. The members of NCSBN are individual state boards of nursing. While the members are regulatory bodies, NCSBN itself has no statutory or regulatory authority.
- Implementation of any or all of NCSBN's *Vision* can occur only through action by individual states. In many states, change in regulation can be implemented by state boards of nursing, while some states require action by the state legislature.
- NCSBN owns, maintains, and gains revenue from the Registered Nurse (RN) licensure examination (NCLEX). NCLEX is used by all member state boards of nursing. Therefore, NACNS views member state boards as party to the NCSBN *Vision* and subject to the influence of NCSBN.
- NACNS has defined appropriate regulation of Clinical Nurse Specialists (CNS) as including title protection and scope of practice with the requirement of graduation from a nationally accredited graduate program that prepares the graduate for practice as a CNS. This level of regulation can be accomplished through **registration and does not require a second license**. For more information about CNS regulation, go to [www.nacns.org/model\\_language.pdf](http://www.nacns.org/model_language.pdf)
- In all states, the Nurse Practice Act outlines the scope of practice authorized by the Registered Nurse license and includes two domains (areas or types of activities) – the **autonomous** domain of nursing which authorizes the nurse

to independently act in accordance with professional judgment, and the **delegated** domain in which the nurse is authorized to implement medical regimes.

- NACNS views the requirement for second licensure as appropriate ONLY for nurses who practice outside the autonomous domain and delegated domain of nursing practice – for example, nurses whose practice includes independently deriving medical diagnoses, prescribing pharmacologic treatments, and performing surgical interventions. (For more information about prescriptive authority for CNSs, go to [www.nacns.org/nacns\\_Pharmacology\\_wp\\_9\\_06\\_05.pdf](http://www.nacns.org/nacns_Pharmacology_wp_9_06_05.pdf))
- On multiple occasions since 1995, NACNS has presented and discussed regulatory mechanisms and model regulatory language for CNSs with NCSBN. NACNS model language has been adapted for CNS regulation in several states. In addition to being available on the NACNS web site, the model language was published. See:
  - Lyon BL, Minarik PA.(2001) National Association of Clinical Nurse Specialists model statutory and regulatory language governing clinical nurse specialist practice. *Clinical Nurse Specialist*, 15(3), 115-120.
  - National Association of Clinical Nurse Specialists (2004). Model rules and regulations for CNS title protection and scope of practice. *Clinical Nurse Specialist*, 18(4), 178-179.

## Talking Points

- NACNS acknowledges that NCSBN's *Vision* paper is consistent with NACNS's position that it is unwarranted over-regulation to require a second license for CNSs who do not practice outside the scope of practice of the Registered Nurse license.
- NACNS is alarmed that NCSBN's *Vision* paper does not reflect a regulatory understanding of **nursing** practice at a basic or advanced level. Evidence of the lack of understanding is the following:

NCSBN's argument is built on the FALSE PREMISE that the legal scope of Registered Nurse (RN) practice does not authorize RNs to **independently** diagnose and treat health conditions that require and are amenable to nursing interventions/ therapeutics. Recognition of this autonomous/independent scope of practice was first established in the New York Nurse Practice Act in the early 1970s – all other states followed. The legal scope of RN practice contained in nurse practice acts also encompasses implementation of **delegated acts** - specifically implementation of the medical regimen.

The consequence of NCSBN's argument built on this false premise is to undermine the **independent practice** of nurses and thus the legal authority of all RNs to practice NURSING in any setting including in private practice.

- NCSBN is arguing that the criterion for 'typing or discipline labeling' of an activity is determined by the person/group who has knowledge to do it. NCSBN is advocating that when a nurse independently diagnoses a disease or performs an

invasive/surgical procedure such as a lumbar puncture then the activity is legally nursing's to do. Likewise, if a nurse makes a medical diagnosis and implements a medical treatment such as prescribing a medication, this act is nursing practice because a nurse is doing it. Therefore, by extension, these acts that are not currently in the scope of practice for registered nurses should be considered nursing practice and legally protected under the label advanced practice registered nurse and shall be the defining boundaries of nursing practiced at an advanced level. As an argument, this approach fails to advance the practice of nursing – the independent diagnosis and treatment of health conditions that require and are amenable to nursing interventions/ therapeutics. Furthermore, this encroachment tactic is a legally untenable strategy that threatens the safety of the public.

- NCSBN's *Vision* paper attempts to redefine advanced nursing practice. In reality, the nursing profession is responsible for defining nursing practice and advanced nursing practice by delineating the scope of practice, standards, and requirements for educational preparation to meet those standards.
- Unilateral redefinition of nursing and advanced practice nursing by an organization whose mission is advisory to nursing regulators is unacceptable.
- NCSBN proposes to define advanced practice *nursing* as practice outside the RN scope, which is the rationale for a second license.
- NCSBN perspective of "independent" nursing practice and "expanded" nursing practice falls outside the RN scope and envisions CNS practice as neither expanded nor independent. This perspective negates practice within the RN scope of practice at an advanced level, a defining characteristic of CNS practice.
- The recognition of CNSs as Advanced Practice Registered Nurses (APRN) is essential for existing 3<sup>rd</sup> party reimbursement for **nursing** services and for what is anticipated to be future reimbursement for many additional "advanced" nursing care services such as the emerging ABC type codes.
- The proposed definition leaves advanced practice nursing open to national scrutiny by the medical profession at a time when organized medicine is calling for a national initiative to examine (and presumably limit) all providers whose scopes of practice extend into the domain of medical practice.
- The proposal provides administrative ease for regulatory boards. While a simple solution for future regulation of advanced nursing practice may appeal to regulators, the proposal is not substantiated by evidence that public protection requires the suggested regulatory change.
- NCSBN's *Vision* paper proposes that NCSBN develop and administer an advanced practice licensure exam – an exam that NCSBN will own, maintain, and from which NCSBN will gain substantial revenue.
- NCSBN's *Vision* proposes to re-title as "nurse practitioners" graduates of CNS programs who are functioning in the patient sphere of influence and prescribing medications in accordance with individual state regulations for CNSs. This action

conflicts with the premise that, for the protection of the public, educational programs must match scope of practice.

## Conclusion

NCSBN's failure to understand that CNSs are advanced practice nurses undermines the independent practice of nursing at an advanced level. The unconscionable essence of the NCSBN *Vision* paper includes:

- 1) The definition of advanced nursing practice as a nurse practicing in the medical domain;
- 2) The statement that CNS practice can **only** be considered "advanced nursing" if it includes practicing in the medical domain;
- 3) The premise that CNSs whose practice extends into the medical domain should be considered nurse practitioners and not CNSs, and;
- 4) The belief that CNSs who practice advanced nursing within the RN scope of practice are not advanced practice registered nurses (APRN) and do not need title protection.

### **Clinical Nurse Specialists must be recognized as Advanced Practice Registered Nurses (APRN).**

The public must continue to have access to the advanced nursing care that CNSs provide, whether that care is delivered to individuals or communities/populations. Title protection and scope of practice are essential to assure the public access to the specialized advanced nursing care CNSs provide.

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