

Advanced Practice Registered Nurse (APRN) Credentialing Review

Clinical Nurse Specialist (CNS)—Certified Nurse Midwife—(CNM) Nurse Practitioner (NP)
Certified Registered Nurse Anesthetist (CRNA)

Executive Summary -- October 8, 2020

Full Practice Authority for CNSs and CNMs

The proposal – create a single statute for regulation of all four advanced practice registered nurse (APRN) roles, removing regulatory barriers to practice for 4% of Nebraska’s APRNs. Under the proposal Clinical Nurse Specialists (CNSs) and Certified Nurse Midwives (CNMs) would join Certified Registered Nurse Anesthetists (CRNAs) and nurse practitioners (NPs) with full practice authority in this state. Full practice authority means that CNSs and CNMs will not have a mandatory practice agreement requirement and will be able to prescribe medications and treatments under the authority of their license. The proposal also calls for removal of the transition to practice (TTP) requirement for new graduate NPs.

Consensus Model

The model for state implementation is the 2008 Consensus Model for APRNs. Historically, state sovereignty has dictated that each state has its own approach and incremental legislation for licensure of APRNs. After more than 40 years, all four groups came together and created the Consensus Model, which standardizes APRN accreditation, education, certification and licensure. Twenty-four (24) states have full practice authority for all four APRN groups. There is no one model for change. Workforce and patient outcomes are as varied as the states themselves. No state has ever reversed full practice authority for APRNs.

Standardized Accreditation, Education and Certification for all Four Roles

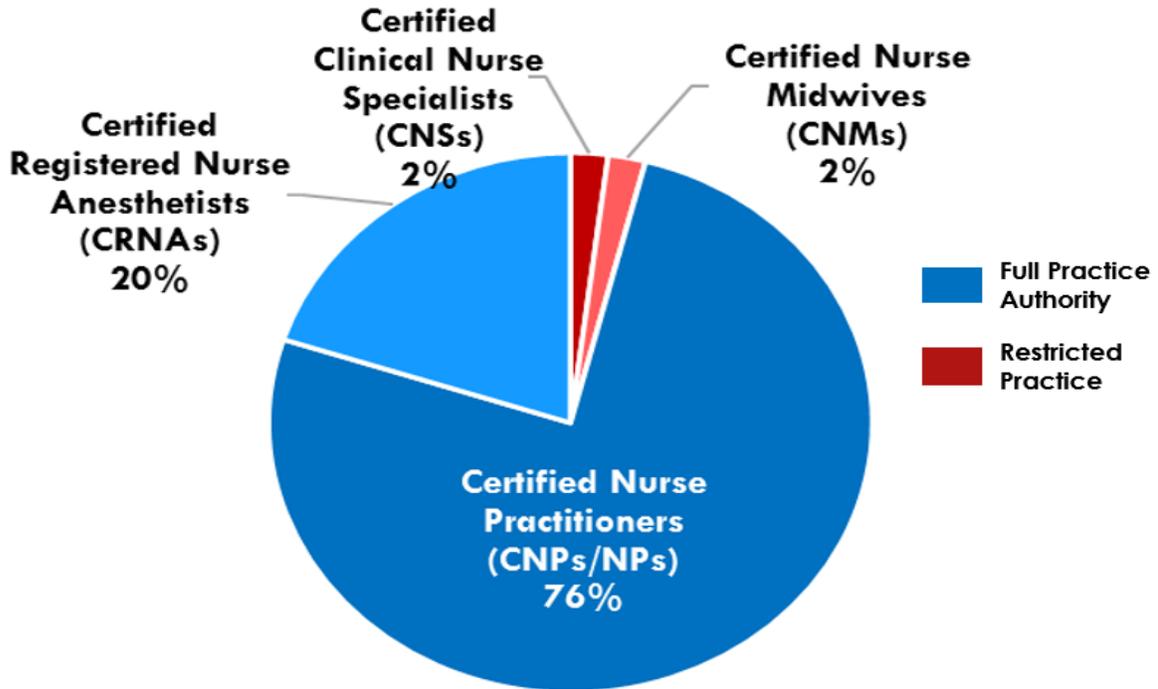
The reason that one statute can work is consistency – consistency in standards set nationally in evidence-based standards for advanced practice nursing education. All APRN roles are prepared for full practice authority through **accredited nursing education core courses** (advanced pathophysiology, pharmacology, and physical assessment) created by the Consensus Model, as well as role and population-specific clinical hours and coursework. **Certification** by an accredited certifying body upon completion of education, based upon competency for the specific role is required for initial and ongoing licensure. **Licensure** authorizes APRN practice.

Evidence

Full practice authority follows a substantial body of outcome evidence including chronic disease management for CNSs, as well as lower intervention rates and improved birth outcomes for CNMs. There is also evidence that Nebraskans will benefit from access to health care services provided by these two APRN groups. The prevalence of chronic disease will follow our aging population. The closure of obstetric practices and hospital delivery services in rural Nebraska in recent years coincides with an upward trend in infant mortality. Discipline data from Nebraska supports that APRNs are safe health care practitioners, with discipline cases actually decreasing after the removal of the practice agreement requirement for NPs in August of 2015.

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The ask: full-practice authority for 4% of the Nebraska APRNs.



	CNM	CRNA	CNS	NP
▶ National certification	Yes	Yes	Yes	Yes
▶ Accredited APRN Ed	Yes	Yes	Yes	Yes
▶ Full practice authority	No	Yes	^No	Yes
▶ Practice agreement	Yes	No	No	No
▶ Prescriptive authority	*Yes	Yes	^No	Yes
▶ Transition to Practice (TTP)	No	No	No	Yes

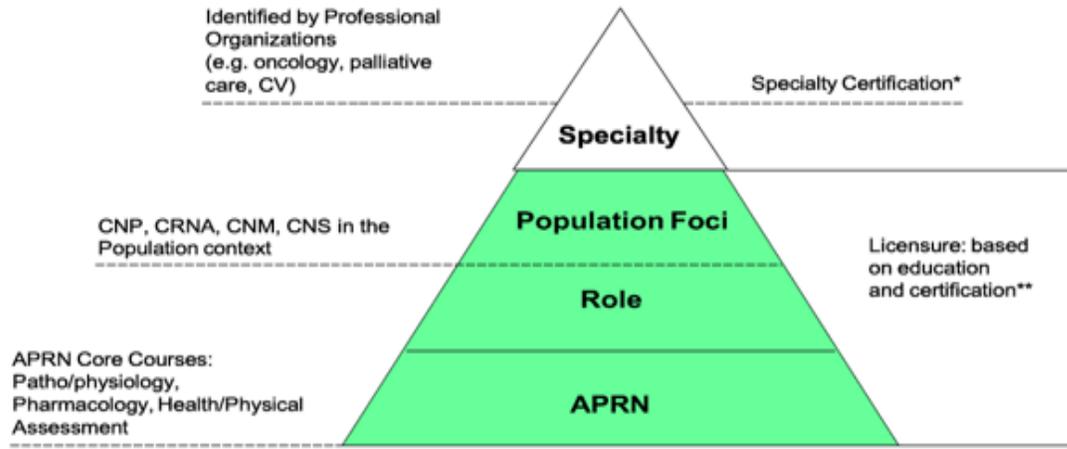
* Limited by practice agreement
^ Statute currently silent

Full practice authority for all is now possible through the 2008 Consensus Model for APRN accredited education, certification, and licensure. All APRNs are created equal at the core level.

This 407 application is to convert the “red” items on this chart to be consistent for all 4 groups.

Competencies

Measures of competencies



<i>Accreditation, Education, Certification & Licensure</i>	Certified Clinical Nurse Specialist	Certified Nurse Practitioner	Certified Nurse Midwife	Certified Registered Nurse Anesthetist
Completion of an Accredited Education Program Minimum of a Master’s Degree	√	√	√	√
Education Core Content Graduate-level Advanced Pathophysiology Advanced Pharmacology Advanced Physical Assessment	√	√	√	√
National Certification from an Accredited Agency Certification is the formal recognition of the knowledge, skills and experience demonstrated by the achievement of standards identified by the profession.	√	√	√	√
Licensure Occurs at the Level of Role and Population foci	√	√	√	√

This model brings a consistency amongst the four roles that was never present as the roles evolved incrementally and state by state. Attached are examples of curricula for each of the 4 roles that provide examples of plans of study.