Chairman Warner and Members of the APRN Technical Review Committee,

Thank you for the opportunity to comment on the ongoing Credentialing Review process for advanced practice registered nurses in Nebraska. Founded March 15, 1978, as an independent not-for-profit organization, NCSBN was initially created to lessen the burdens of state governments and bring together nursing regulatory bodies to act and counsel together on matters of common interest. It has evolved into a leading voice for nursing regulation. NCSBN’s membership is comprised of the nursing regulatory bodies across all 50 states, the District of Columbia, and four U.S. territories — American Samoa, Guam, Northern Mariana Islands and the Virgin Islands.

As experts in nursing regulation, NCSBN led efforts to create the 2008 Consensus Model for APRN Regulation. The model established needed uniform standards for regulation of advanced practice registered nurses (APRNs). Prior to adoption of the model, APRN regulation and practice varied greatly across the country. The regulatory model included the essential elements of licensure, accreditation, certification and education and was endorsed by 48 organizations representing each of the four APRN roles and other nursing stakeholders. The standards ensure uniformity in the qualifications and scope of practice of APRNs across all jurisdictions and provide healthcare consumers with knowledge of the standards and regulatory structure of APRNs as safe and quality providers. The uniformity provided by the model also enhances mobility of the APRN workforce and increases access to care for patients across the United States.

The Consensus Model identified four APRN roles: certified nurse midwife (CNM), clinical nurse specialist (CNS), certified nurse midwife (CNM) and certified registered nurse anesthetist (CRNA). All four roles are licensed by the board of nursing under the title of advanced practice registered nurse (APRN).

APRNs are educated at the graduate or post-graduate certificate level in one of the four roles and in at least one of six population focus areas: family/individual across the life span, adult-gerontology, pediatrics, neonatal, women’s health/gender-related or psych/mental health. APRN education programs must be within nationally accredited graduate programs. Obtaining and maintaining national certification is the formal recognition of the APRNs knowledge, skills and experience and demonstrates the achievement of standards identified by the profession.

The remaining elements of the consensus model codify the evidence-based research that finds APRNs have the advanced education and expertise, knowledge and skills to safely provide quality care for patients independent of a state-mandated supervisory relationship with a physician or any other health care provider. Similarly, independent prescriptive authority is
essential to APRN practice and is appropriate based on the education and certification of all four APRN roles.

Nebraska has adopted many elements of the Consensus Model already including; the APRN title, licensure, required graduate education and national certification for all four roles and independent practice for CRNAs and CNPs. The application for credentialing review, if accepted, would align Nebraska with the Consensus Model by removing barriers to enable CNMs to practice without a collaborating physician, grant prescriptive authority to the CNS role that is consistent with their education and certification, and remove the unnecessary transition to practice period imposed on the CNP role. In addition, the application looks to streamline the duplicative and unnecessary individual practice acts and create a uniform APRN practice act addressing all four roles.

NCSBN supports the proposal before the APRN Technical Review Committee to advance Nebraska’s alignment with the APRN Consensus Model.

Sincerely,

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