Progress in Adopting The Consensus Model of APRN Regulation, Licensure, Accreditation, Certification, and Education

AACN
March 16, 2013
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Elements of LACE are on target

- Education well on the way to their required accomplishments
- Accreditation doing well with program accreditation the newness of certifying post graduate courses is getting to target
- Certification exams will be transitioned in 2012/2013
Implementation Issues Related to Licensing of APRNs

- Collecting accurate data regarding implementation by state boards of nursing [Maps Project]
- Clarification to ensure accurate interpretation of Consensus Model as states work to implement and change regulations [Model Act and Model Rules]
  - Acute vs. primary care NP differentiation and scope of practice, practice settings
  - Recognition of all four roles and populations
- Development of resources for public and state boards [www.ncsbn.org/2276.htm]
- Grandfather provisions
NCSBN’s APRN Campaign for Consensus: State Progress toward Uniformity

Consensus Model Implementation Status
This map is an overview of each state’s consensus model implementation status. Refer to the scoring grid which is the basis for the map below for additional details.
<table>
<thead>
<tr>
<th>APRN Requirements for The Maps</th>
<th>Consensus Model</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title</strong></td>
<td>Advanced practice registered nurse (APRN)</td>
</tr>
</tbody>
</table>
| **Roles Recognized**          | Certified registered nurse anesthetist (CRNA)  
Certified nurse-midwife (CNM)  
Clinical nurse specialist (CNS)  
Certified nurse practitioner (CNP) |
| **Education**                 | Graduate degree or post-graduate certificate |
| **Certification**             | National Certification |
| **Licensure**                 | State grants APRN “license” separate from RN license |
| **Practice Autonomy**         | Independent |
| **Prescriptive Authority**    | Independent: pharmacologic and non-pharmacologic |
The Legal Principle of the Grandfather Provision

- A grandfather clause allows the current status of something pre-existing to remain unchanged, despite a change in policy which applies in the future.

- The grandfather clause is a contractual or statutory provision exempting persons or other entities already engaged in an activity from rules or legislation affecting that activity.

From: Uslegal.com
A Review of Grandfather Language

- A review of the grandfather language references, excerpted from:
  - The Consensus Model of APRN Regulation, Licensure, Accreditation, Certification, and Education, 2008:
    - Boards of Nursing will institute a grandfathering (*) clause that will exempt those APRNs already practicing in the state from new eligibility requirements.
    - (*) Grandfathering is a provision in a new law exempting those already in or a part of the existing system that is being regulated. When states adopt new eligibility requirements for APRNs, currently practicing APRNs will be permitted to continue practicing within the state(s) of their current licensure.
A Review of Grandfather Language

- A review of grandfather language references excerpted from:
  - From NCSBN Model Nursing Practice Act: grandfathering definition:
    - Provision in a new law or regulation exempting those already in or a part of the existing system that is being regulated. An exception to a restriction that allows all those already doing something to continue doing it even if they would be stopped by the new restriction.
A Review of Grandfathering for Education

- States have applied grandfather provisions to those who were previously licensed or recognized with certificate based education.

- An example [Ohio]: Any person who on June 14, 1988, holds a current, valid certificate or license to practice nursing as a registered nurse or as a licensed practical nurse in this state shall, for the purposes of this chapter, be deemed to hold a license.
A Review of the Application of Grandfathering to Certification

<table>
<thead>
<tr>
<th>Certification Program</th>
<th>Ever grandfathered eligibility criterion?</th>
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<tbody>
<tr>
<td>AACN</td>
<td>Y</td>
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<tr>
<td>AANPCP</td>
<td>Y</td>
</tr>
<tr>
<td>AMCB</td>
<td>Y</td>
</tr>
<tr>
<td>ANCC</td>
<td>Y</td>
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<tr>
<td>NBCHPN</td>
<td>Y</td>
</tr>
<tr>
<td>NBCRNA</td>
<td>Y</td>
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<tr>
<td>NCC</td>
<td>Y</td>
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<tr>
<td>PNBC</td>
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</tr>
<tr>
<td>ONCC</td>
<td>Y</td>
</tr>
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</table>
Who Needs Grandfathering?

- Those already licensed in this state but not meeting all of the new eligibility requirements.
- Those newly applying to be licensed.
- Those wishing to apply for licensure by endorsement in a new state.
- Those whose role is described in the Consensus Model but were never licensed or recognized as advanced practice prior to adopting Consensus
Beliefs

There should be flexibility in evaluating the credentials of APRNs with unencumbered licenses and use the following guidelines to protect the public:

- All current APRN licensees within a state should be grandfathered.

- Applicants for licensure by endorsement in a new state shall endorse only into the role in which they have been practicing.
The Application of Grandfather Provisions to New APRNs

- As of a specific date designated by your board of nursing, all applicants for initial licensure must meet the requirements of Consensus.
The presently licensed APRN…

- Will be grandfathered to continue in their present practice as long as licensure and certification are maintained.
- May not switch to another population or focus of care without demonstrating competence for the requested practice.
- May not request additional authorization such as prescriptive privilege without demonstrating a current competency consistent with Consensus requirements in the area requested.
The Application of Grandfather Provisions for Those Wishing to Endorse into a New State

- Guiding principles:
  - Is it consistent with how the state has applied the criteria previously?
  - Is it fair to those already practicing in the state?
  - Are there methods to assure that the applicant can reasonably be expected to practice competently and within the scope of practice of this new state?
  - Are you part of a Compact State?
The ideal situation is a congruence between education, certification, and the practice population, but...

What if I am asking for licensure ... ?

... in a population I am working with but was not specifically educated to?
... in a population different from that which I am certified in?
... in more than one population?
... without role certification?
The 2013 Legislative Season

- The focus of APRN supportive bills;
  - Independent practice
  - Independent prescribing
  - Controlled substance authority
  - Reimbursement
  - Expanded functionality in roles
- Greater alignment with Consensus
  - Roles
  - Title
  - License
    - Even education and certification
The 2013 Legislative Season

The Focus of APRN Non-supportive Bills

- Truth in advertising
- Use of title
- Ownership of pain clinics
- Supervision

Other:
- Boards of Midwifery
Major Categories of Consensus | Have | Need
---|---|---
APRN Title | APN | All 4
4 Roles | All 4 | 0
2 Licenses | All 4 | 0
Graduate Education | All 4 | 0
Advanced Certification | All 4 | 0
Independent Practice | CRNA, CNM, CNS, CNP are collaborative | All 4
Independent Prescribing | CRNA, CNM, CNS, CNP are collaborative | All 4

2013 f/u:
- IL S 73 removed collaborative requirements all roles; does not change title. Sent to Senate comm. on licensed activities and pensions
- IL H 1052 removes collaborative agreement moved to house committee on rules;

<table>
<thead>
<tr>
<th>APRN numbers</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
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<tbody>
<tr>
<td>Total</td>
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<td>7056</td>
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<td>CNP</td>
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<tr>
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<td>988</td>
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<td>CNM</td>
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<td>CRNA</td>
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<td>1639</td>
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APRN numbers data source: [www.tnpj.com](http://www.tnpj.com), Annual Legislative Reports
<table>
<thead>
<tr>
<th>New Map Points</th>
<th>2011</th>
<th>2012</th>
<th>2013 [proposed]</th>
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<tbody>
<tr>
<td>Title</td>
<td>KS, OK</td>
<td>ID, WV</td>
<td>MI, RI</td>
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<tr>
<td>Roles</td>
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<tr>
<td>Education</td>
<td>VT</td>
<td>WV</td>
<td>MN, NY,</td>
</tr>
<tr>
<td>Certification</td>
<td>KS, NV, OK, VT</td>
<td>WV</td>
<td>NY</td>
</tr>
<tr>
<td>Licensure</td>
<td>KS, OK</td>
<td>ID, WV</td>
<td>HI, MI, MN, MO</td>
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<tr>
<td>Practice autonomy</td>
<td></td>
<td>MA, WA</td>
<td>AR, CT, IL, MI, MN, MO, MS, NV, NY, OR, RI</td>
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<tr>
<td>Prescriptive authority</td>
<td>HI, ND</td>
<td>ID, MA, ND, OH</td>
<td>AR, CT, IL, KY, MI, MN, MO, MS, NE, NJ, NV, NY, OH, OK, OR</td>
</tr>
</tbody>
</table>
2012 APRN Maps; Outlining Progression in Adopting Consensus

% states or territories with all points in category

- title
- role
- license
- education
- certification
- practice
- prescribing

National Council of State Boards of Nursing
Things We Are Working On

- APRN Compact
- APRN Nursys
- APRN Grandfather Provisions
- APRN Distance Education
- APRN Certification Exam Survey and Review
Contact information

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