

The APRN Consensus Model Turns 10



Study finds state-sanctioned
extortion occurring at patients'
bedsides

NursingAmerica Campaign
Launches





THE APRN CONSENSUS MODEL 2008-2018



APRN Practice
varies greatly
across states
Early 2000s



2005:
Vision paper
developed by
NCSBN APRN
Advisory
Committee



Joint
Dialogue
Group
Formed
2007



2008:
Adoption of
“Consensus
Model for
APRN
Regulation”



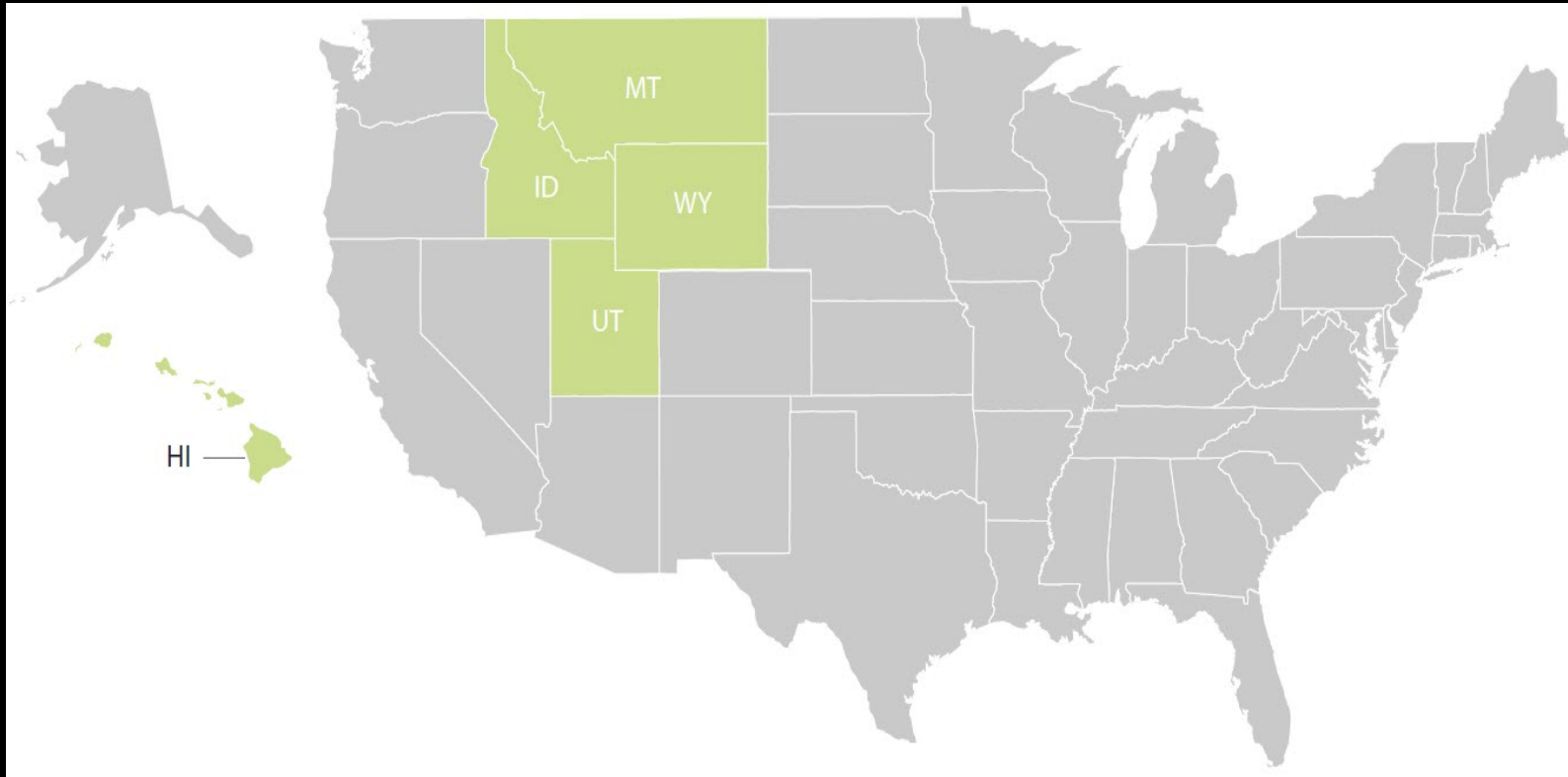
APRN Consensus Model Elements

APRN Regulatory Requirements

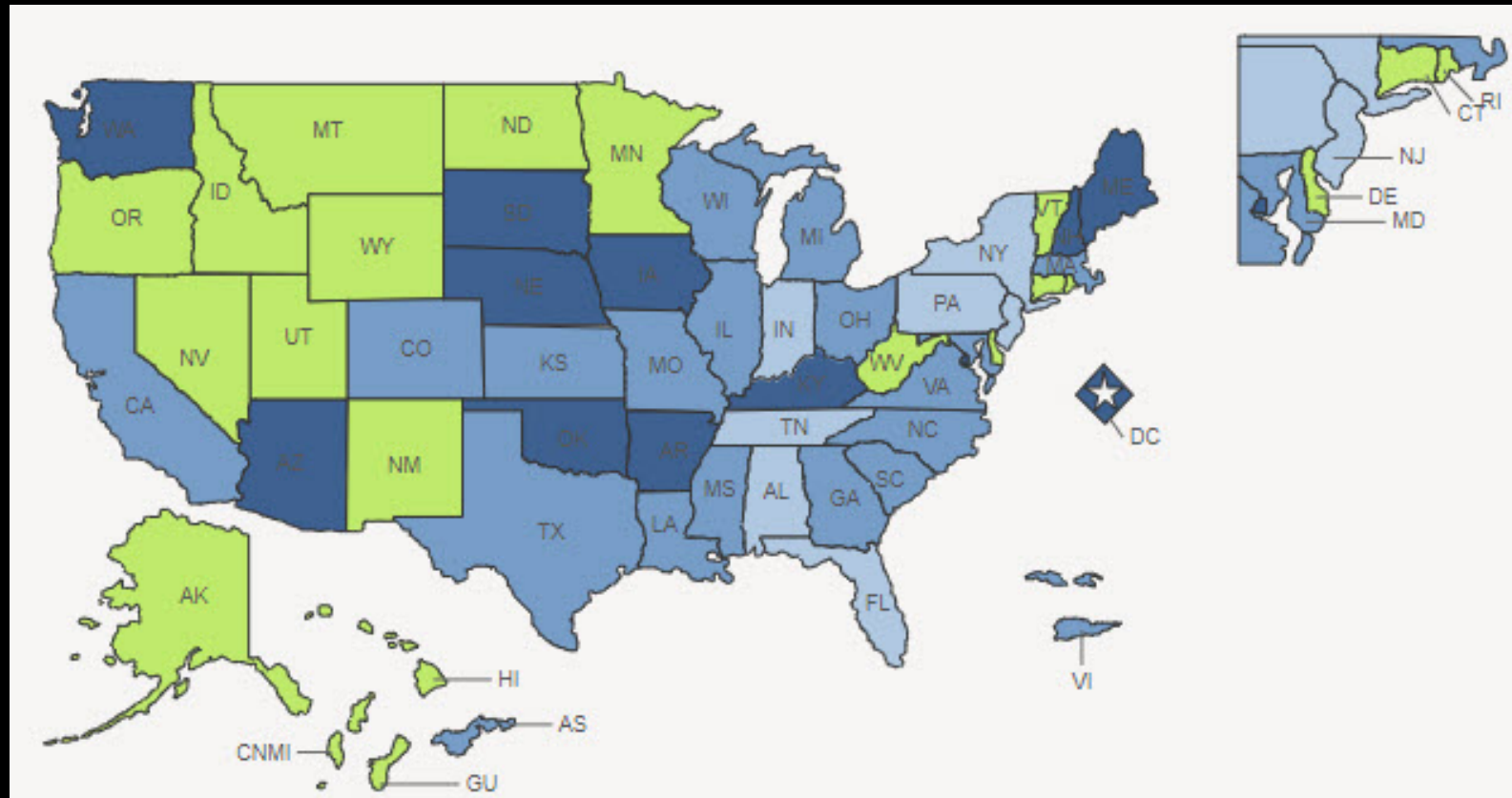
Consensus Model

Title	Advanced practice registered nurse (APRN)
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	Maintenance of national Certification
Licensure	State grants APRN “license” separate from RN license
Practice Autonomy	Independent
Prescriptive Authority	Independent: pharmacologic and non-pharmacologic

2008



2018



[Perspective](#) > [Medscape Nurses](#)

APRNs vs Physicians: Outcomes, Quality, and Effectiveness of Care According to the Evidence

Susan B. Yox, RN, EdD; Julie Stanik-Hutt, PhD, ACNP/GNP-BC, CCNS

APRNS IMPROVE
QUALITY OUTCOMES,
COST OF CARE

BY [JENNIFER THEW](#)
[RN](#) |

Advanced Practice Nurse
Outcomes 1990-2008: A
Systematic Review

AACN Statement of
Support for Clinical
Nurse Specialists

Consistent, quality outcomes over time.

[News](#) > [Medscape
Medical News](#)

Midwives Improve
Outcomes, Says Cochrane
Review

Troy Brown

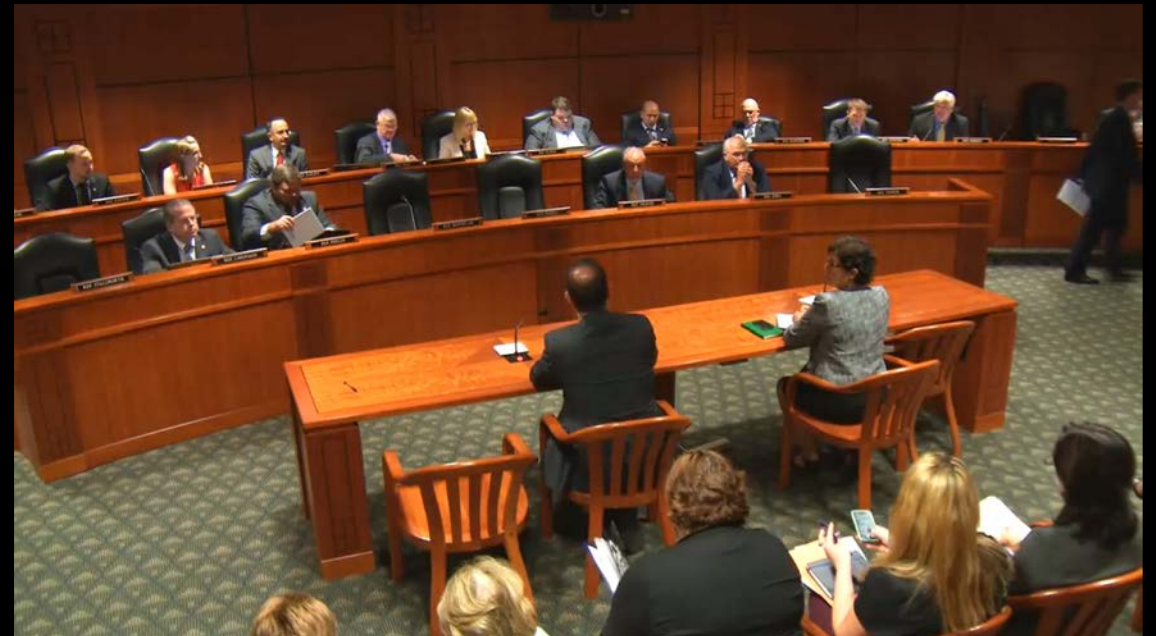
FTC: Policy Perspectives:
Competition and the
Regulation of Advanced
Practice Nurses

Physician anaesthetists versus non-physician providers of anaesthesia for surgical patients (Review) Lewis SR, Nicholson A, Smith AF, Alderson P

Impact of the Clinical Nurse Specialist Role on the Costs and Quality of Health Care

ASK THE EXPERT

A long road ahead...



Study finds state-sanctioned extortion occurring at patients' bedsides

8,700 APRNs, 31 States & Territories, 200 Stories of \$\$



ASK THE EXPERT

Clarion Ledger

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Is the nurse practitioner the answer to Mississippi's health care shortage?

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Midwife says unfair policy threatens career

The Legislative Gazette

Covering the public, policies and people of New York State government

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• Real-time Bill Status Alerts
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POLICY

Nurse anesthetists hope to expand their scope of practice, under budget bill

Written by DAVID TREGASKIS, Gazette staff writer on March 26, 2018

U.S. News & World Report

Kansas Midwives Say They Can Be of Assistance in Rural Areas

Forbes

Billionaires Innovation Leadership Money Consumer Inc

Nurse Practitioners Boost Presence By 43% In Rural America

The Tifton Gazette

Tifton, Georgia

Senate bill would expand role of rural nurses

22WWLP.com

NEWS Working for You

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Health

Scope of practice on the table in fight over health costs

Baker bill would allow optometrists, nurse anesthetists, and podiatrists more freedom to treat patients

HEALTH CARE

Scope of practice: How can we expand access to care?

A POLITICO Pro Health Working Group report

AMA should stop trying to limit nurse practitioners

Sun., Dec. 17, 2017

By Joyce Griffin-Sobel

For The Spokesman-Review

MENU NEWS 5

WATCH

Virginia bill would elevate nurse practitioner profession

by Olivia Bailey | Tuesday, March 13th 2018

USNews

CIVIC » Best States Best Countries Healthiest Communities The Report Photos News

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Medicine Is Not a Turf War

Licensing laws may help doctors protect their territory, but they're hurting patients.

Forbes

Billionaires Innovation Leadership Money Consumer Industry

It's Time To Expand Scope Of Practice Laws

BROOKINGS

REPORT

Improving efficiency in the health-care system: Removing anticompetitive barriers for advanced practice registered nurses and physician assistants

E. Kathleen Adams and Sara Markowitz Wednesday, June 13, 2018

Greenville News

HOME NEWS SPORTS DOWNTOWN BUSINESS LIFE OPINION SUBSCRIBE USA TODAY MORE

Advance-practice nurses could soon bring care to rural S.C.

Journalist's Resource

Research on today's news topics

Nurse practitioners help fill primary care gaps



CPA FEES

- 1.)** Higher fees for APRNs practicing in ***RURAL*** areas.
- 2.)** Higher fees for APRNs managing their own ***PRIVATE PRACTICES***.
- 3.)** Higher fees for APRNs practicing ***REMOTELY***.

Establish

\$7,800

Maintain

\$6,000/YR

Maximum: \$ \$ \$ 50,000

RESTRICTIONS

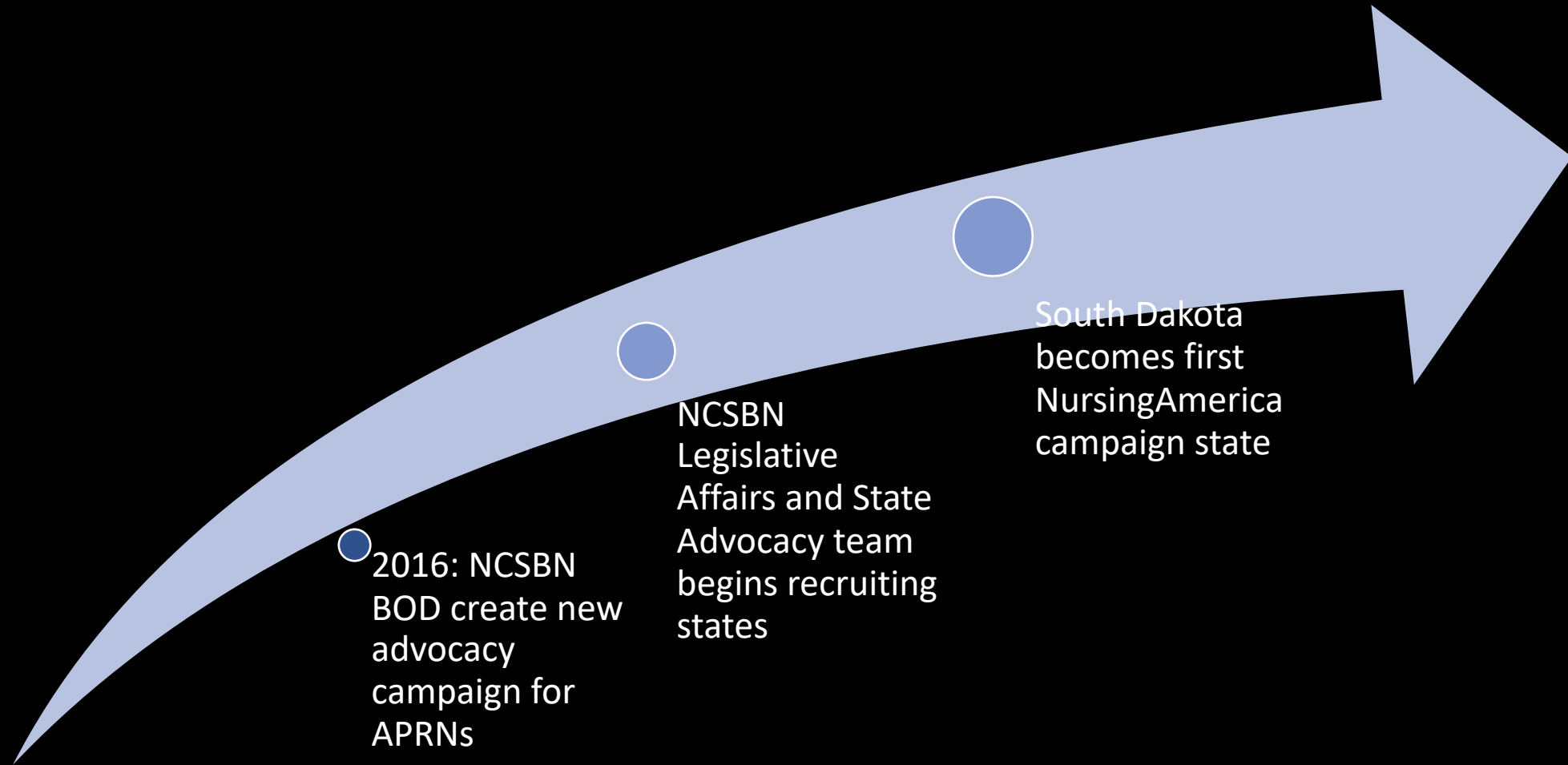
- 1.)** APRNs ***PAYING DIRECT FEES*** to establish their CPA.
- 2.)** Facilities ***PAYING FEES*** to establish their CPA.
- 3.)** Stated mandated ***MINIMUM DISTANCE REQUIRMENTS*** and ***CHART REVIEWS***.
- 4.)** Losing or needing to change a ***SUPERVISING PROVIDER***.

NCSBN Launches Award-Winning NursingAmerica Campaign

The Media. The States. The Stakes.



Campaign History



ACCESS

BARRIERS

RECRUITMENT

COST

ACCESS TO CARE IN SOUTH DAKOTA



Jason Frerichs @jasonfrerichs · 26 Jan 2017
Our State Senate just unanimously passed SB61 to allow nurse practitioners to fully serve our rural areas.

FRERICHS

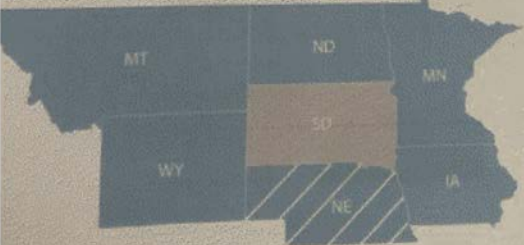
Support 61 US Sen

ACCESS TO CARE IN SOUTH DAKOTA

MODERNIZATION OF LAWS GOVERNING NURSE PRACTITIONERS AND NURSE MIDWIVES IN SOUTH DAKOTA

RURAL ACCESS

- 1 in 5 South Dakotans live in areas designated as primary care shortage areas and 43% live in rural areas.
- By 2030, South Dakota will need to increase its primary care workforce by 27% to meet demand.
- Certified Nurse Practitioners (CNPs) and Certified Nurse Midwives (CNMs) work in rural areas. CNPs and CNMs are employed in 57 of 66 counties in South Dakota.
- CNPs and CNMs often locate to health provider shortage areas but outdated South Dakota nursing laws place practice restrictions on the professionals.



THE LEGISLATION WILL:

- Modernize the 1979 SD Nurse Practice Act by adopting national standards for the regulation of CNPs and CNMs.
- Remove the collaborative agreement required for CNPs and CNMs to provide services in South Dakota.
- Align South Dakota with its neighboring states who allow CNPs and CNMs to practice without contractual restrictions.

THE LEGISLATION WILL NOT:

- Replace or alter South Dakota's health care delivery model.
- Remove scope of practice for CNPs or CNMs.

1 2 15

Lifting restrictions on CNPs and CNMs will enable families in rural South Dakota to get the much needed health care they deserve.

CONTRACTS

TELEHEALTH

NATIONAL MODEL

SHORTAGE

Susan M Rooks, CNM, MPH, Capt., USPHS (ret.).

President, SD Affiliate of American College of
Nurse Midwives

South Dakota Affiliate American College of Nurse-Midwives



Good morning Mr. Chairman and Members of the Committee,

My name is Susan Rooks and I am an advanced practice registered nurse. I currently practice in a rural health clinic in Hot Springs. This year marks my 40th year as a registered nurse, and my 34th year as a certified nurse-midwife. I am here today to ask for your support of Senate Bill 61 on behalf of myself as a practicing clinician, and in my capacity as Chair of the South Dakota Affiliate of the American College of Nurse Midwives.

As a clinician in practice in rural and underserved areas of western South Dakota, I have collaborated with OB-Gyns, other advanced practice nurses, physicians' assistants, counsellors, and a plethora of other professionals, so that I may provide the best and safest care for my patients. All of these relationships are invaluable to the care of each our patients, including that of my current collaborating physician of record who is an excellent family practice physician with whom I enjoy a mutually beneficial professional relationship. As ours is a small rural clinic, he is my *only* collaborating physician on file with the joint boards.

The requirement to have a written collaborative agreement as a condition of my licensure does not improve access to care for my clients, nor does it guarantee their safety or quality of care. To the contrary, the agreement is cumbersome and unnecessary.

Let me share an example to illustrate my point which happened to me and in my own community:

Not long ago, a clerical error caused the delay of our collaborating physician's license renewal. Subsequently, not only did he have to stop seeing patients, but the three advanced practice clinicians, whose licenses were tied to his, were also required, by law, to stop seeing patients, despite the fact that all of our licenses were in good standing. This forced the closure of our clinic for two days. We had to hurriedly arrange for a secondary physician to "pinch hit" for us. The physician who graciously stepped up to the task for my colleagues is in a practice over 200 miles away, and has neither met, nor worked with my colleagues. In my case, I was fortunate to secure a temporary agreement with an obstetrician 60 miles away, with whom I had worked in the past. The requirement for a collaborative agreement simply does not assure physician availability when needed, and may actually restrict access to care, especially in the rural areas of our state.

In the past, in order to comply with the collaborative agreement requirement, I once had a pediatrician and another time, an internal medicine physician who signed my collaborative agreement. Neither of those collaborating physicians of record provided women's health or obstetric services, nor did they know how to provide oversight for my practice. But by law, the requirement was met. However I still sought out the appropriate collaboration with family practice physicians and obstetricians as my certification, my scope of practice, and my ethics require.

Speaking as President of the South Dakota Affiliate of the American Collage of Nurse Midwives, it is our position that safe, quality health care can best be provided when our laws and regulations permit nurse-midwives to provide care within our scope of practice while fostering consultation, collaborative management, and seamless referral or transfer of care when indicated. There is no evidence that collaborative agreements

The Media

NursingAmerica

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Together, advancing the

ATTENTION HB 1275 SUPPORTERS
A key vote has been scheduled for TUESDAY.

Ask your lawmaker to **"VOTE YES"** on HB 1275

The key to expanding access to care across Mississippi is HB 1275

What You Need to Know:

- **Where:** House Public Health and Human Services Committee
- **When:** Tuesday, January 30th
- **Action:** Members will vote on whether to advance HB 1275 out of committee.
- **Details:** The bill removes the collaborative agreement required for APRNs to provide care to patients in Mississippi. The bill will align Mississippi with a growing number of states that allow APRNs to practice without anticompetitive restrictions.

How You Can Help: Contact Your House Representative

- Go to nursingmississippi.com and click TAKE ACTION
- Ask your lawmaker to **"VOTE YES"** on HB 1275
- Let your representatives know:
 - you want the right to choose your healthcare provider
 - you support expanding access to care in MS
 - you support Advanced Practice Registered Nurses

HELP US GET TO **"YES"**
ON HB 1275



Learn more about APRNs and their cause.

Learn more and stay informed.

CLICK
HERE TO
TAKE
ACTION
NOW

NCSBN
www.ncsbn.org @NCSBN

Did you know that North Carolina falls in the bottom 1/3 for healthcare in America? It's time to help change that.

10:15 PM - 8 Nov 2017



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Healthcare in North Carolina is ranked among the lowest in the nation. You have the power to make a change.

Advanced
Practice
Registered
Nurses



Help Make North Carolina
Support APRNs

NURSINGNORTHCAROLINA.COM

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There's a way to assure everyone in North Carolina access to quality healthcare: Advanced Practice Registered Nurses.



Take Action for APRNs

Your support could save lives.

NURSINGNORTHCAROLINA.COM

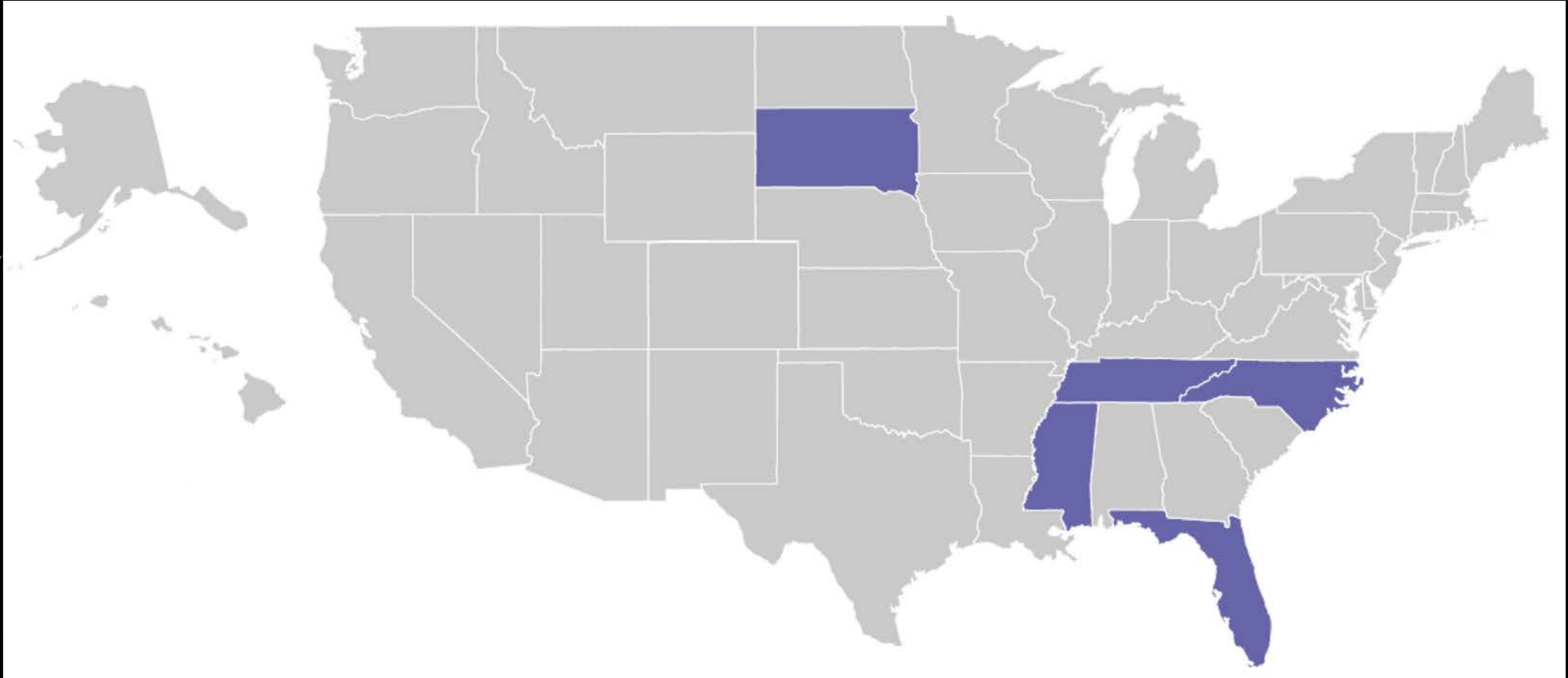
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562 Comments 311 Shares

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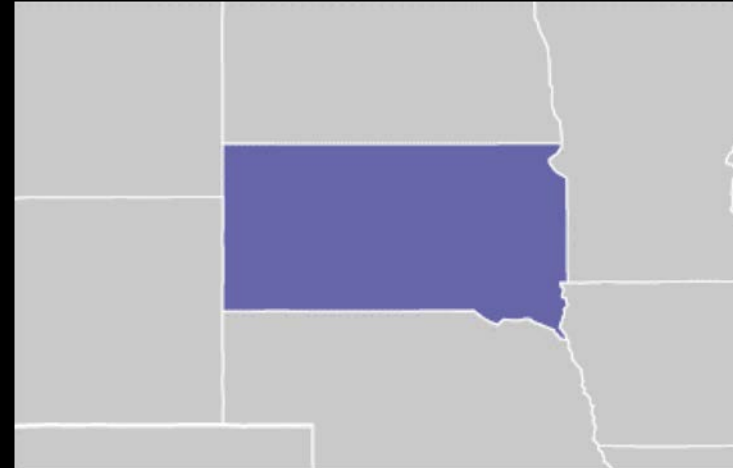
The States



The Results

South Dakota

- SB 61
 - Eliminated collaborative agreement for CNPs
 - Eliminated collaborative agreement for CNMs
 - Removed BOM oversight of CNPs and CNMs
- Map points:
 - + 4



The Results

Florida

- HB 1337
 - Recognize CNS as APRN
 - Gave prescriptive authority to CNS
 - Changed title from ARNP to APRN
 - Required licensure of APRNs separate and distinct from RN
- Map Points:
 - + 9



California needs more mental health professionals – and the shortage will get worse, experts say

POLITICS

Affordable Care Act Sign-Ups Dip Amid Uncertainty and Trump Attacks

Veterans of the Obama administration said President Trump’s opposition to the health law and his efforts to undermine it had taken a toll.

Closing the Primary Care Gap

As the nation braces for a physician shortage, will nurse practitioners and physician assistants fill the gaps?

RESEARCH BY MARTY STERNIAK



Friday 1, 2010

Filling Critical Gaps in Primary Healthcare: Advanced Practice Registered Nurses Meeting the Challenge

By Katherine L. Kraines

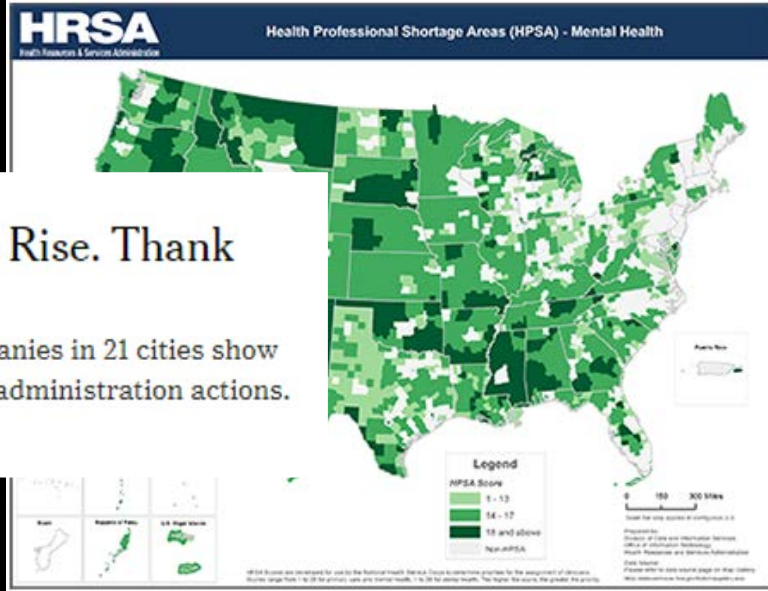
For many health care providers, meeting the needs of patients is a daily if not an hourly challenge. Increasing regulation, a plethora of new technologies and informat

The Stakes

THE UPSHOT

Obamacare Premiums Are Set to Rise. Thank Policy Uncertainty.

Preliminary rate requests from insurance companies in 21 cities show big increases linked to their fears about Trump administration actions.



A Larger Role for Midwives Could Improve Deficient U.S. Care for Mothers and Babies

According to a new study, states that give midwives a greater role in patient care achieve better results on key measures of maternal and neonatal health.

by Nina Martin, Feb. 22, 10:43 a.m. EST

POLITICS

A Top Republican Vows a Vote on Health Care, but Uncertainty Reigns

It was not clear how long a delay caused by the absence of Senator John McCain would last, and detractors said they would use it to mobilize more opposition.

A Larger Role for Midwives Could Improve Deficient U.S. Care for Mothers and Babies

According to a new study, states that give midwives a greater role in patient care achieve better results on key measures of maternal and neonatal health.

by Nina Martin, Feb. 22, 10:43 a.m. EST

Healthcare Shortage



ch means an
ggle to keep
istics below

Number of people living in HPSA

