

Advanced Practice Registered Nurse (APRN) regulation in North Carolina

There are four types of APRN:

1. -Nurse Practitioner (NP)
2. -Certified Registered Nurse Anesthetist (CRNA)
3. -Certified Nurse Midwife (CNM)
4. -Clinical Nurse Specialist (CNS)

As of March 1, > 9,800 actively practicing APRNs in NC

APRN regulation varies in NC—

- NPs jointly regulated by BON and Medical Board
- CNMs regulated by Midwifery Joint Committee
- CRNAs and CNSs regulated solely by BON

APRN regulation varies throughout the U.S.-

22 states plus DC allow full scope of practice, without the requirement for physician supervision
No state has ever rescinded legislation that granted full practice authority to APRNs

APRN scope is based on education, training and national certification-

- National consensus model established national standards for licensure, accreditation, credentialing and education (2008)
- Goal of standardization was to ensure quality, protect consumers and provide clarity for practitioners
- Scope is limited to role and focused population, irrespective of physician supervision
- Variation in regulation proves very confusing for military spouses and others moving from state to state

You may hear arguments that APRNs do not have the level of education and clinical experience as physicians and therefore are not as safe without physician supervision.

- APRN education is more narrowly focused on role and population; not broad based like that of the physician
- This assertion is based on conjecture and anecdotal evidence, NOT empirical data
- Decades of data demonstrate that APRNs are safe and competent practitioners
- Many non-nursing organizations support full practice authority as a way to remove barriers and increase access to quality, cost effective healthcare:

- ❖ **Institute of Medicine**
- ❖ **National Governor's Association**
- ❖ **National Conference of State Legislatures**
- ❖ **Federal Trade Commission**
- ❖ **John Locke Foundation**
- ❖ **AARP**

