

TESTIMONY OF THE
AMERICAN NURSES ASSOCIATION
OCTOBER 20, 2004

ON

CHAPTER 221. Advanced Practice Nurses, 22 TAC §221.2 and §221.7.

Thank you for allowing me to testify before the Texas Board of Nurse Examiners on behalf of the American Nurses Association (ANA) and the 2.7 million registered nurses in the U.S it represents. The American Nurses Association is the largest and second oldest professional nursing organization in the country and has long been regarded as the most respected provider of nursing standards for professional practice. Given our established reputation and our significant work in standards and the scope of practice for all nurses, including specialty and advanced practice areas, we wish to testify about our grave concerns related to the undesirable and restrictive proposed changes to Chapter 221. Advanced Practice Nurses, 22 TAC §222.2 and § 221.7. These changes are designed to limit the number of advanced practice specialties recognized by the Texas Board of Nurse Examiners.

The existing entry level accredited nursing education programs prepare candidates to attain minimal competencies and thereby become eligible to sit for the nursing licensure examination. Similarly, the professional preparation of the advanced practice registered nurse (APRN) includes prescribed courses of study that build upon the registered nurse's professional and educational experiences and enhance the development of advanced assessment, diagnostic, intervention, and evaluation capabilities and skills.

Consider these characteristics of today's health care environment:

- An aging population with resultant multiple co-morbidities
 - Increasing complexity of diagnostic and treatment protocols, therapies, and guidelines
 - Ever changing healthcare delivery system with burdensome and confusing rules, regulations, and reimbursement mechanisms;
 - Mounting demands for evidenced-base practice informed by the most current research;
- and

- Evolving requirements for professional accountability; and positive patient outcomes, especially at the advanced practice registered nurse level.

The implication: Nursing cannot afford to remain wedded to the concept of generalist level practice.

Savvy healthcare consumers demand clinical expertise when they consult their registered nurse, clinical nurse specialist, or nurse practitioner for assistance in their healthcare decision-making. For example, consider the exquisite demands to remain knowledgeable of current research and literature placed upon the nurse working in the increasingly complex field of genetics.

The American Nurses Association and the specialty nursing organizations have an established mechanism that helps ensure a specialty practice has met specific criteria to thereby protect the patient consumer and the respective nurse providing specialty nursing care. The ANA program for recognition of a nursing specialty involves careful assessment of the defined scope and standards of practice of the specialty against designated criteria. [See *Recognition of a Specialty, Approval of Scope Statements and Acknowledgement of Nursing Practice Standards*, (ANA, February 2004) for further details.] Each scope of practice statement and the accompanying standards of practice must be reviewed at least every five years and may be re-examined more frequently if the specialty's evolving practice environment merits such earlier action. These foundational specialty documents provide specific parameters for all the nurses, including those in advanced practice roles. Additionally, the scope and standards of specialty practice also provide guidance for educators for curriculum development, credentialing bodies such as the American Nurses Credentialing Center (ANCC), and legislative, regulatory, and legal entities.

Imposition of constraints on the types and numbers of nursing specialties authorized within a state could be construed as restraint of trade, not unlike the major battles the APRNs engage in regularly when dealing with biased federal and third-party reimbursement programs and recognized coding systems that do not include diagnoses, interventions, and outcomes germane to nursing practice. Similarly, the proposed language that mandates a delineation of a small number of recognized specialty nursing categories will hamper the recognition of APRNs as

effective clinicians and accepted partners in defining new healthcare delivery mechanisms so critical at this time and in discussion for future healthcare reform initiatives.

We agree that state boards of nursing and other regulatory bodies are tasked with protecting the public interest, to protect citizens from harm that can or will be caused by the failure or the inability of the licensed professional to practice competently within his/her scope of practice. State licensure boards have authority to promulgate rules, but the courts have deemed that there must be a rational relationship between the rule and the responsibility of the board. The data from the Texas malpractice and discipline data report to the National Practitioner Data Bank and the Health Integrity Practice Data Bank, however, do not suggest that advance practice registered nurses are a predominant constituency in scope of practice disciplinary decisions. Therefore, restriction on the number of distinct specialty practice areas seems unwarranted.

We recommend that the broader existing language of §221.2 be retained, thereby allowing existing and emerging specialties to be categorized administratively, if necessary, under the appropriate specific APRN category of certified registered nurse anesthetist, certified nurse-midwife, nurse practitioner, or clinical nurse specialist. This would preclude discussions about specialty or subspecialty designations that could inappropriately identify and restrict the scope of practice and populations served. Please remember that parameters for professional practice and accountability are carefully outlined in the three foundational documents for nursing: *Nursing's Social Policy Statement, 2nd Edition* (ANA, 2003), the *Code of Ethics for Nurses With Interpretive Statements* (ANA, 2001), and *Nursing: Scope and Standards of Practice* (ANA, 2004). Further explication is available in specialty practice scope and standards documents.

Do not inappropriately constrain all nursing practice, especially at the advanced practice registered nurse level. Do not prevent nurses from their rightful leadership role in specialty practice and the delivery of quality healthcare services. Do not enact the proposed changes in regulatory language.

Thank you for the opportunity to testify on this most important issue.