

Leadership Project: Development of a CNS Position Statement on the APRN Compact

Summary

Interest is growing to enact an Advanced Practice Registered Nurse (APRN) Compact to allow APRNs to practice across state lines under a single license (National Council of State Boards of Nursing [NCSBN], 2024a). As of May 2024, four states have enacted the APRN Compact and two are pending legislation. Seven states must enact legislation for the Compact to take effect. Several Nurse Practitioner (NP) organizations have published position statements opposing the current APRN Compact, raising concerns about practice hour requirements and limitations placed on controlled substance prescribing (ARNPs United Washington State, n.d.; American Association of Nurse Practitioners, 2023). In addition, there are issues unique to Clinical Nurse Specialist (CNS) practice that the APRN Compact fails to address such as the disparities among states that do not recognize CNSs as APRNs or do not grant CNSs prescribing authority. Yet no CNS position statement has been published to date. To address this gap, a CNS position statement on the APRN Compact was developed to give voice to the APRN Compact situation, issues unique to CNS practice, and how best to move forward.

Background

Despite several benefits of a multistate license, the proposed 2020 APRN Compact has raised concerns regarding the limitations placed on APRN practice. The APRN Compact makes no mention of the APRN Consensus Model as the standard for all party states joining the Compact, places limitations on prescribing controlled substances, and requires 2,080 APRN practice hours prior to multistate licensure (NCSBN, n.d.). Additionally, the Compact has vague language on whether NPs can practice independently in states that require physician collaboration (NCSBN, n.d.; NCSBN, 2020). The practice implications are even more unclear for the CNS. Despite these concerns, a CNS position statement has not been published to date.

Intervention

This project aimed to create a CNS position statement and provide a policy evaluation on the APRN Compact using the plan-do-study-act (PDSA) cycle for process improvement (Institute for Healthcare Improvement, n.d.). First, research was conducted on the relevant issues and practice implications for the CNS role. Next, a CNS position statement was drafted and presented at the April 2024 NWCNS Affiliate meeting of the National Association of Clinical Nurse Specialists (NACNS). A brief literature review was performed to determine the fiscal impact of CNSs to strengthen the statement through evidence demonstrating CNS-led cost avoidance and improved patient outcomes. The draft was revised based on stakeholder feedback and an updated version presented at the May 2024 NWCNS meeting. Finally, the position statement will be disseminated to the NWCNS Affiliate, NACNS, the Washington State Nurses Association, and the Washington Board of Nurses APRN Subcommittee.

Results

Research for the CNS position statement revealed significant variability in APRN practice authority between states and between APRN roles. The four APRN Consensus Model