



National Association of Neonatal Nurses

4700 W. Lake Avenue • Glenview, IL 60025-1485
847/375-3660 • 800/451-3795 • Fax 888/477-6266
www.nann.org • E-mail info@nann.org

In their vision paper proposing future regulation of Advanced Practice Registered Nurses (APRNs), the National Council of State Boards of Nursing (NCSBN) recognizes three categories of APRNs: nurse anesthetists (CRNAs), nurse midwives (CNMs), and nurse practitioners (NPs). The NCSBN does not propose significant changes for the regulation of CRNAs or CNMs, stating that their current approach is consistent with accepted principles of regulation. The NCSBN recognizes that CRNAs and CNMs should be educated at the graduate level, take an examination, and complete a residency specific to their practice category in order to be eligible for licensure as APRNs. The NCSBN fails to recognize that Neonatal Nurse Practitioners (NNPs) also meet these criteria, including graduate level education followed by a residency and national certification examination, making them eligible for licensure as APRNs.

The NCSBN proposal would place all APRNs who are not CRNAs or CNMs under the umbrella title of NP and is recommending a broad scope of education. The National Association of Neonatal Nurses (NANN) is opposed to this type of education for Neonatal Nurse Practitioners and believes that NNP education, like that of nurse anesthetists, is currently at the graduate level and encompasses examination and residency. The scope of practice for NNPs is well-defined and highly specialized, and includes the care of critically ill neonates from birth up to the age of two years. The graduate degree is required for entry into practice as an NNP. The scope of practice is reflected in the curricula, accreditation standards, supervised clinical experience, and in the certification examination itself. As changes in standards of practice arise, these new standards are incorporated into all aspects of NNP education and certification testing.

NNP programs consist of well-defined curriculum, certification and accreditation. The standards for NNP education are set by NANN. These standards are comprehensive and include all necessary didactic content and competencies. The master's degree content within these programs is based on the Essentials of Masters Education for Advanced Practice Nursing by AACN or the Criteria for Evaluation of Nurse Practitioner Programs by the National Task Force on the Evaluation of Nurse Practitioner Programs. All programs require accreditation by NLNAC and/or CCNE. Both accreditation and the defined curriculum are required for eligibility for certification. There is a single certification examination for all NNPs.

NNP programs have a uniform requirement of a graduate degree which will allow for multi-state privileging. NNPs complete a residency program with a mandate of completing 600 hours of clinical within the program itself. Eligibility for practice requires successful completion of an accredited NNP program curriculum, successful completion of an extensive residency, and passing the national NNP certification examination. Upon successful completion of these criteria, the NNP may obtain licensure as an APRN.

NANN is opposed to changing NNP programs to include a broadened scope of advanced practice education. This proposed type of educational program will not be narrow enough in scope to insure specific competencies in disease states related to the neonatal population. This could definitely lead to issues related to public safety, a concern addressed by the NCSBN throughout the proposed vision statement. NNPs educated at a broad level with emphasis in adult content and co-morbidities will be limited in their abilities and skills to care for critically ill neonates. The addition of a specialty program requirement to a broad scope of practice will increase the educational requirements, time frames, and costs associated with pursuing a career as an NNP. This will present an unattractive and likely cost-prohibitive option for neonatal nurses wishing to



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advance their careers, and will only add to the already critical shortage of NNPs, thus limiting public access to care and directly compromising public safety.

The NCSBN has not shown that the current regulatory model for APRNs is inadequate to protect the public. There is no evidence to indicate that existing programs do not graduate safe and competent APRNs. Certification examinations have been established as an acceptable standard for measuring APRN competence. It is concerning to think that the NCSBN no longer considers this acceptable. The proposed plan will decrease public access to specialty care providers, increase the already critical shortage of APRNs, and could ultimately negatively impact the APRN role as other types of providers fill the vacancies that this proposed plan will create.

The NCSNB needs to focus on requiring a broad scope of nursing practice at the baccalaureate level, insuring this is required for entry into RN practice. The NCSNB also needs to mandate that state boards require certification for practice and insure that programs are both accredited and follow standards set by the appropriate national association. The NCSNB must work to improve issues concerning prescriptive authority within the APRN role as well as independent practice. This paper addresses changing the educational process rather than looking to solve the problems that continue to undermine the APRN role, including prescriptive authority, reimbursement, independence, and requirements for graduate degrees and certification. These are the major issues affecting APRN practice today that need to be addressed by the NCSNB. Until these issues are effectively addressed, it is unacceptable to change the educational programs that have been shown to produce skilled and competent APRNs for over three decades.

The National Association of Neonatal Nurses appreciates the opportunity to provide feed back on this proposed initiative.