



NATIONAL ASSOCIATION OF
CLINICAL NURSE SPECIALISTS

TALKING POINTS ON REGULATION OF CLINICAL NURSE SPECIALISTS

- A graduate degree (masters or doctorate) from a program that prepares CNS is **the** credential for entry into CNS practice.
- CNSs have practiced for 50 years. During that time, there has been no evidence that CNS practice presents either actual or potential public safety concerns that would warrant a change in regulations.
- CNS specialty practice evolves in response to public need for specialty nursing care. Regulation should not prohibit the development of new specialty practice.
- Advanced Practice Registered Nurse (APRN) is an umbrella term used to denote the current four groups of advanced practice nurses – Clinical Nurse Specialists, Nurse Anesthetists, Nurse Midwives and Nurse Practitioners. The *practice competencies* of each group are distinguishable and unique. In so far as it is practice that is regulated, and the practice of each group differs one from the other, there can be no single set of or uniform regulations for APRNs that satisfy the needs of all four groups without creating barriers for one or more groups.
- Regulatory requirements for CNSs are title protection and scope of practice. Each state should include **title protection** and **scope of practice** for CNS in state regulations.
- Some regulators use certification by examination as a proxy for second license.
- A second license for a CNS who is practicing within nursing's domain of practice is redundant. Second licensure is appropriate for any APRN, including CNSs, when the practice extends beyond the domain authorized by the RN license and into another licensed scope of practice, such as medical diagnosis and treatment of disease and prescriptive authority.
- Regulation that requires a CNS to be certified by examination as a CNS in his/her specialty when there is no such exam is a major barrier and denies the public access to CNS practice in such specialties as orthopedics, rehabilitation, neurology, cardiology, pain management, to name a few. Requiring CNSs in these specialties to take what is termed as a "related exam", such as ANCC's CNS Medical/Surgical exam, does not demonstrate specialty knowledge and begs the question of the existence of such a requirement for public safety reasons.
- Appropriate regulation protects the public. It should not create barriers that prevent improved patient care through CNS practice. There is a growing body of evidence that CNSs are being economically harmed by restrictive, unnecessary and inappropriate regulations promulgated by state licensing boards.

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