

Position Statement

Clinical Nurse Specialist (CNS) Full Practice Authority

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Background

The 2008 Advanced Practice Registered Nurses (APRNs) Consensus Model created a structure establishing licensing, accreditation, certification, and education (L.A.C.E) requirements for four APRN roles, including clinical nurse specialists (CNS). *The Institute of Medicine's The Future of Nursing: Leading Change, Advancing Health* report recommends removing scope of practice barriers for APRNs to assist in filling the current shortage of primary and advanced care providers (National Academy of Sciences, 2021). CNSs are prepared as advanced care providers through accredited educational programs, professional certification, and licensing. Full practice authority (FPA) for CNSs nationwide aligns practice scope with expanded education and training.

NACNS' Position

The National Association of Clinical Nurse Specialists (NACNS) endorses full practice authority (FPA) for Clinical Nurse Specialists (CNS). CNSs are Advanced Practice Registered Nurses (APRN) prepared to provide direct patient care including evaluating and diagnosing, ordering and interpreting diagnostic tests, and initiating, ordering and managing treatment including prescribing medications and collaborating with interdisciplinary team-based care.

Education

CNSs receive formal, specialized graduate education consistent with the scope of CNS practice through a graduate degree or post-graduate certificate program. CNS educational programs are expected to meet national standards for CNS education, established by the National Association of Clinical Nurse Specialists (NACNS). Education must be consistent with APRN Consensus Model recommendations, which includes separate course in advanced pathophysiology, advanced physical assessment, and advanced pharmacology and a minimum of 500 clinical hours of supervised clinical practicum.

Accreditation

CNS programs must be accredited by an agency officially recognized by the US Secretary of Education as a national accreditation agency for the purpose of ensuring the quality and integrity of graduate-level programs. Examples of approved accrediting agencies include the Commission on Collegiate Education in Nursing (CCNE) and the Commission for Nursing Education Accreditation (CNEA).

Certification

CNS graduates are expected to obtain professional validation of competency by becoming certified in the population foci consistent with educational preparation (neonatal, pediatrics, or

adult-gerontology). Certification exams are established by professional nursing organizations representing the body of knowledge consistent with the specialty role and area of practice.

Licensing

Currently, CNSs are licensed independent practitioners (LIP) in 24 states. To expand the number of advanced nurse providers, CNSs should be recognized as LIPs in all 50 states. Recognizing CNSs as LIPs will expand the public's access to health care by increasing access to CNS services.

Title Protection

Title protection ensures that unqualified persons cannot fraudulently represent themselves to the public as an “Advanced Practice Registered Nurse (APRN)” or a “CNS.” Under title protection only persons meeting the nationally established standards for CNS education and practice can use the title “CNS.”

Recommendations Next Steps/Call for Action

Individual CNSs, NACNS Affiliates, State-level APRN advocacy groups, and other individuals and groups committed to improving public access to nursing services should collaborate to remove statutory barriers to full practice authority for CNSs, which includes title protection and prescriptive authority as licensed independent providers.

Conclusion

Full practice authority for CNSs will allow CNSs to practice to the full extent of their education and training. Title protection and full practice authority for CNSs is consistent with APRN practice described by the APRN Consensus Model and advocated for by the Future of Medicine (National Academy of Sciences, 2021). Without full practice authority the public is being denied access to CNS services. State-level legislative and regulatory action is needed to grant title protection and full practice authority, including prescriptive authority, to CNSs in all 50 states.

Refer to the National Council of State Boards of Nursing website for the latest data.

References

1. Advanced Practice Registered Nurse (APRN) Consensus Work Group (2008). Consensus model for APRN licensure, accreditation, certification and education. Retrieved from: <https://nacns.org/advocacy-policy/advocacy-resources/state-publicpolicy-resources/>
2. National Academies of Sciences, Engineering, and Medicine. (2021). The future of nursing 2020–2030: Charting a path to achieve health equity. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25982>.
3. National Association of Clinical Nurse Specialists. (2021). 2021 national association of clinical nurse specialists' position statement on prescribing for the clinical nurse specialist. Accessed October 8, 2022, from <https://nacns.org/advocacy-policy/positionstatements/national-association-of-clinical-nurse-specialists-position-statement-onprescriptive-privilege-for-the-clinical-nurse-specialist/>
4. (n.d.). NCSBN. Retrieved October 8, 2022, from <https://www.ncsbn.org/nursingregulation/practice/aprn/campaign-for-consensus/aprn-consensus-implementationstatus/cns-independent-practice-map.page>