

January 9, 2009

Joan Stanley, PhD, RN, FAAN Senior Director of Education Policy American Association of Colleges of Nursing One Dupont Circle, NW Suite 530 Washington, DC 20036

Dear Dr. Stanley,

The American College of Nurse-Midwives (ACNM) endorses the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education July 2008, developed by the APRN Consensus Work Group and the National Council of State Boards of Nursing. ACNM is pleased to have been an active member of the development of this document during the past four years. We believe that most of the recommendations will benefit APRNs in all roles and ultimately the provision of care to the clients we serve.

We especially appreciate the consideration the group made to recognize that nurse-midwives are regulated under boards of midwifery or nurse-midwifery in some states and that this option is being explored in others. While ACNM recognizes nursing and midwifery as separate professions, we value our nursing education and are proud to be active members in all deliberations concerning the roles of APRNs. Many nurse-midwives are involved in international collaborations where nursing and midwifery are distinct professions that work closely on many important issues. We anticipate that such a model could evolve in the US and that advanced practice nursing and midwifery would continue to partner in furthering our common goals.

ACNM understands that the intent of the consensus model is to remove barriers to APRN practice, to standardize the regulation of APRNs across states, and to enhance the ability of APRNs to move from state to state. We support that intent, and would like to take this opportunity to describe two specific concerns regarding the implementation of the model:

- It is imperative that unnecessary regulations not be placed upon APRNs in a rush to seek uniformity of regulation. This is particularly important for Certified Nurse-Midwives (CNMs) in states where current regulation is effective. CNMs are currently recognized as licensed independent practitioners in nearly every state.
- Established educational standards for each APRN role must continue to be respected. For
  example, required core courses for all APRNs such as pharmacology must not be confused with
  other role specific educational standards. Current accreditation criteria for nurse practitioner
  education describe a required number of clinical hours, while accreditation criteria for nursemidwifery education describe attainment of required core competencies. These existing
  standards must remain under the purview of the specific APRN specialties.

We commend the group for recognizing the need for a new structure to carry on the dialogue among APRN licensure, accreditation, certification and education (LACE) organizations and look forward to continued active participation in the process.

Sincerely,

Mulisa Delucing Melissa D. Avery, PhD, RN, CNM, FACNM, FAAN ACNM President