



January 9, 2009

Dear ACNM Member:

Since the 1990's, advanced practice nursing organizations have been working together to bring together common elements in the regulation of advanced practice registered nurses (APRNs). Four specific roles have been identified as APRNs: Certified Registered Nurse Anesthetists, Certified Nurse-Midwives, Certified Nurse Practitioners, and Clinical Nurse Specialists. The *Alliance for APRN Credentialing* was created in 1997, and ACNM has consistently participated in meetings of this group. During the past four years, a small work group of representatives from the APRN Alliance and from the National Council of State Boards of Nursing has worked to develop model standards for the Licensing, Accreditation, Certification and Education of APRNs, referred to as the LACE Model. ACNM has been actively involved in this process.

The document produced by this group, entitled *Consensus Model for APRN Regulation*, was distributed to advanced practice nursing organizations in July 2008. Some of you may have already heard about it because many state boards of nursing are considering changes to their current regulations based on the document. Many APRN associations and education programs are also discussing the document. The complete document, including a list of the organizations that have endorsed it, can be found at <http://www.aacn.nche.edu/Education/pdf/APRNReport.pdf>.

The intent of the document is to describe a future model that will eliminate barriers to APRN practice that occur whenever an APRN moves from one state to another, encountering a different set of licensing regulations that govern her/his practice. The document describes foundational or basic requirements for licensing, accreditation, certification and education (LACE) of all APRNs, including certified nurse-midwives. The National Council of State Boards of Nursing has endorsed the document. However, each state's board of nursing will decide whether or not they will implement the recommendations as Board's seek to modify the regulations governing the practice of APRNs.

The ACNM Board of Directors voted to endorse the document at its September 2008 meeting. During the four years of work on the document, many concerns that ACNM brought to the table were addressed, most notably the statement that all APRNs would be regulated solely by state boards of nursing. An important footnote was added to that statement providing an exception where CNMs are regulated by boards of midwifery or nurse-midwifery. Nurse-midwives are currently regulated by boards of nursing in 38 states and the District of Columbia, and are regulated jointly by boards of nursing and boards of medicine in five states. Regulation of CNMs/CMs in the remaining seven states is by boards of midwifery/nurse-midwifery in two states, boards of medicine in two states, and departments of health in three states. Thus, in the vast majority of states, boards of nursing regulate the practice of nurse-midwifery. In many states, midwives work well with their boards of nursing; in others, the relationship may be

challenging. The ACNM Board believes that it is in our best interest to continue working collegially with other APRN groups and state boards of nursing wherever possible.

Another concern that ACNM expressed was the decision that the official title for all APRNs would legally be APRN CNM, APRN CRNA, APRN CNP, APRN CNS. Although many CNMs already use APRN as part of their legal title because of their state licensure, many are in states where they are not expected to use any title other than CNM. The workgroup sought a legal opinion on this matter and was informed that mandating a title conferred by a national certifying agency (e.g. AMCB) also be required by a state licensing agency was problematic and not recommended. Thus we agreed to drop that concern. Please see ACNM's letter of endorsement that also details the concerns that we have documented.

Throughout its development, versions of the Consensus Model document have been consistently reviewed by the ACNM BOD, ACNM Division of Education, Accreditation Commission on Midwifery Education (formerly ACNM Division of Accreditation), as well as by the American Midwifery Certification Board. ACNM members have attended the meetings of the APRN workgroups over the years, and have contributed to the development of the LACE Model. The process by which the model was developed is described in the document itself on pages 16-19. Please review the document carefully.

ACNM's long history of national program accreditation and national certification of graduates has served us well. Please work within your state or chapter to assure that there is CNM representation on every state board of nursing!

Our sincere thanks to all of the CNMs who have participated over the years, and especially Peter Johnson, Barbara Camune, Elaine Germano, Margie Beal, Diane Boyer, and Nancy Hanson, former ACNM Associate Director of Education.

If you have any questions, please feel free to contact the ACNM Education Projects Manager, Elaine Germano, at egermano@acnm.org or the ACNM Division of Education Chair, Barbara Camune at bcamune@uic.edu.