



Texas Clinical Nurse Specialists

P. O. Box 30436
Austin, Texas 78755

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Nancy Chornick, PhD, RN, CAE
Director of Practice and Credentialing
National Council of State Boards of Nursing
111 E. Wacker Drive, Suite 2900
Chicago, IL 60601-4277

Dear Dr. Chornick:

Thank you for the invitation to present stakeholder comments on the NCSBN "Vision Paper". Our members have reviewed the document and provided feedback to us. We would like to offer the following comments:

We represent Clinical Nurse Specialists based in Texas and are extremely concerned about the recommendation that Clinical Nurse Specialists not be classified as Advanced Practice Registered Nurses (APRNs) in the future "vision". We believe that this represents an **unacceptable paradigm shift** that is not justified or supported by any evidence that is found in the "vision" document or any other retrievable sources. There are approximately 67,000 CNSs in the U.S. and over 1400 in Texas who provide extremely valuable contributions to health care. There is no evidence that CNSs with or without prescriptive authority are unsafe—there is **no harm data** according to the national malpractice database or published sources. While we share NCSBN's concern about the importance of patient safety and protection of the public, we believe that CNS practice in Texas and in the U.S. is safe and of high quality.

Our comments focus on four main areas:

- I. **Without recognition as APRNs and title protection, Clinical Nurse Specialists will be at grave risk for job acquisition, job security, and third party reimbursement, which will deny the public access to advanced nursing care by CNSs.**

In our state, as most in others, Clinical Nurse Specialists have title protection which is essential for practice. It is critical that this be continued and that all states do the same—we believe that the NCSBN has the ability to influence the remaining states to provide title protection for CNSs.

*Celebrate the impact of CNS practice on the health of individuals, families,
and communities, and the performance of healthcare organizations!*

Clinical Nurse Specialists have graduate degrees (masters or doctorate) from accredited programs and provide direct and indirect care services. Our practice typically focuses on one or more spheres of influence: patients/clients; nurses and nursing practice; and organization/system. When CNS practice focuses on the patient/client sphere primarily, the care is founded on advanced knowledge of a wide base which is then applied to specialty care—as the CNS who cares for patients with wounds/ostomy continence problems, cardiovascular conditions, cancer, diabetes, critical care, or other important areas. When practice targets improvements in nursing practice and the organization/system level, the emphasis is on advanced nursing practice, as well as improvement of patient safety and quality initiatives.

The Clinical Nurse Leader (CNL) demonstration project proposed by the American Association of College of Nurses has been thought to pose a potential threat to Clinical Nurse Specialists because of the overlap in some of the competencies. Because Clinical Nurse Specialists are recognized as APRNs and CNLs as generalists, a distinction made by AACN and the National Association of Clinical Nurse Specialists (NACNS), this threat has been thought to be manageable by CNSs. However, **should your “vision” become reality, you would be permitting any LVN, AD graduate, BSN, CNL, or other nurse to practice as a CNS!** This is unacceptable to CNSs.

II. We believe that there is a science of advanced nursing knowledge--it is not medicine and to confuse the two will put CNS practice as well as that of other APRNs at risk.

Your draft document suggests that regulation of advanced practice nursing is necessary because it is actually about practicing medicine—clearly a line in the sand that will harm all four APRN roles. **Making medical diagnoses and prescribing medications are not the defining characteristics of advanced practice nursing.** This would seem to negate and ignore that there is a body of knowledge that is about advanced nursing practice. The next logical step of your position is that medicine not nursing should regulate APRN practice since it is an extension into medicine. This is a very harmful premise and can be used to provide data for physician dominance and control of APRNs. The reason that “physician assistants” are so named is because they are just that—they are physician extenders. APRN practice has always been founded on advanced nursing knowledge.

III. Clinical Nurse Specialists need APRN status and title protection for more than prescribing medications.

The majority of CNSs do not prescribe medication but do practice advanced nursing with a knowledge of advanced pharmacology (as well as advanced pathophysiology and advanced health assessment). We believe that this knowledge about advanced pharmacology and pharmacotherapeutics should be part of the curricula for all APRNs including Clinical Nurse Specialists. However, many more CNSs do use their prescriptive authority to prescribe durable medical equipment for their patients/clients—examples include rehabilitation equipment, diabetes supplies (glucose testing, insulin pumps), gerontology aids versus prescribing medications.

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IV. Clinical Nurse Specialists do not wish to be grandfathered as Nurse Practitioners!

We are in great opposition to this notion of simply merging our role into that of another! CNS students currently enrolled in graduate programs in Texas are also making their voices heard in revolt to this idea. We believe that those who developed this notion are “looking through the NP lens” and that this reflects a narrow view of the CNS role. CNSs in Texas have always felt valued as members of the APRN community and do not wish to have our identity subsumed by another. At a recent meeting of the Coalition of Nurses in Advanced Practice (CNAP), one of the Nurse Midwives remarked—“I don’t care what else you call us, just don’t call us Nurse Practitioners!” This echoes our very strong sentiment. We have monitored all of the dialogue on the CNS-ListServe on this topic and there is overwhelming support in opposition to this idea proposed in the vision paper.

Thank you for the opportunity to express our views. We respectfully urge you to reconsider your recommendations about Clinical Nurse Specialists! **We must remain advanced practice registered nurses with title protection.** Please consider adding more Clinical Nurse Specialists to the Advanced Practice Nursing Committee at the NCSBN. We need stronger representation at that level to have our voices heard.

Sincerely,
Angela Clark

Angela P. Clark, PhD, RN, CNS, FAAN, FAHA
Co-Chair

Kathy Baldwin
Kathleen Baldwin, PhD, RN, CNS, GNP
Co-Chair

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