During my interview process to become a nurse practitioner, Dr. Carolyn Montoya reviewed what it meant to practice in a state with full practice authority and how New Mexico was one of the first states to adopt this practice model for NPs. Although many states have adopted the concept of full practice authority and the educational requirements for this type of practice, not all states allow this type of practice and may not fully understand or value NP autonomy (https://pubmed.ncbi.nlm.nih.gov/32015277/).

For several years the National Council of State Boards of Nursing (NCSBN) has approached NMNPC with their goal of promoting acceptance and implementation of an advanced practice registered nurse (APRN) compact in New Mexico. Although NMNPC had no input, the NCSBN expectation was that we would agree to the APRN Compact, and support passage of legislation to implement it in New Mexico. However, NMNPC has concerns that the compact presents unacceptable barriers to our NP practice. Although the concept of APRNs practicing in multiple states with one license sounds enticing, the idea as proposed in the NCSBN document is problematic. In 2018, NMNPC reviewed the original compact and provided input to our lobbyist, Linda Siegle. Ms. Siegle critically evaluated the proposed compact and NMNPC created a summary analysis.

NCSBN revised the compact in 2020, but the changes included don’t address all our concerns. A few weeks ago, the Associate Director of Legislative Affairs at NCSBN promoted the 2020 compact to healthcare stakeholders in New Mexico. Again, they did not approach NMNPC for our input.

I believe all NPs will soon work under full practice authority standards, staying close to core

continued on page 3
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The conference is on! But the fluctuating COVID-19 situation means planning has to remain flexible. Depending on the situation at the time of the conference, state guidelines or professional judgment may require a limit on-site attendance & increased virtual participation, proof of vaccination, masking, social distancing or other measures. Everyone will have the opportunity to switch to virtual attendance at any time, depending on their personal comfort level with the current risk & required mitigation measures.

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concepts of quality education with a clear definition of full practice authority in each state, following the definitions and models of the American Association of Nurse Practitioners (AANP). NPs are engaged in our communities and our patients have excellent healthcare outcomes. Obstacles to practice simply hinder our profession and can harm our patients as a result.

I urge you to read the full APRN compact proposed by NCSBN. I believe it’s not in the best interests of NPs or our patients. It would be far better for our local healthcare community, not a national organization such as NCSBN, to develop APRN policy. As the professional organization of NPs, NMNPC is engaged in this issue. I invite you to become involved by joining our team. I became an NP to become an independent provider and invest in our community’s health. As NMNPC president, I’ll continue to advocate and work with community partners and I urge you to join me. For more information about our primary concerns related to the 2020 proposed Compact, read the summary below.

Introduction To Concerns About APRN Compact

Gloria Doherty, PhD, MSN, ACNP-BC

On its face, the advanced practice registered nurse (APRN) compact is congruent with many states’ desires to advance autonomy and break down barriers for independent practice. However, New Mexico already meets and exceeds those goals as proposed in current APRN consensus model. The concerns over the APRN Compact are numerous, but our primary concerns are:

- No voice from the nursing community and its professional organizations
- Administrative concerns include that commission states need uniform rules, and our practice act grants full practice and prescriptive authorities that other states do not
- Loss of proprietary work force data
- Inability to know at any given time the number of APRNs working within our state from another home state
- As currently written, the Compact contradicts the APRN consensus model.
- No limits on cost to the state or individual
- Requirement for 2,080 hours of practice before being eligible for compact licensure
- American Association of Nurse Practitioners opposes the revised APRN Compact based on practice hours prerequisite being inconsistent with the evidence and conflicting with the Consensus Model for APRN regulation

There are reason that physicians or APRNs haven’t enacted interstate compacts in the past. Such compacts are cumbersome and rely on a non-governmental administrative body to administer. Our professional organizations at local, state and national levels do not support this compact for a variety of reasons. There are too many unknowns, and the language is vague and often contradicts itself. This could lead to interpretations that could ultimately harm the full practice and prescriptive authority we pioneered in New Mexico.

Resources
Advanced Practice Registered Nurse Compact (August 12, 2020)
Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education (July 7, 2008)

References

Watch for more information on this important topic. NMNPC will continue to follow the issue & keep our members updated.
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