



TO: Idaho Legislature  
House of Representatives Health & Welfare Committee  
Idaho Senate Health & Welfare Committee

January 27, 2022

Subject: Board of Nursing Legislation to Eliminate the Advanced Practice Registered Nurse (APRN)  
Advisory Committee to the Board of Nursing

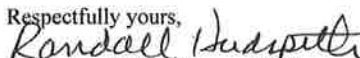
I am writing in my role as Executive Director of the Idaho Center for Nursing, as a currently licensed APRN (Nurse Practitioner) in Idaho, and as a former Chairman of the Idaho Board of Nursing. The Idaho Center of Nursing is the umbrella organization that manages nursing professional organizations in Idaho and works closely with the Board of Nursing. We can say that we represent the estimated 26,000 licensed nurses in Idaho.

**The Idaho Center for Nursing and Idaho nurses SUPPORT the Board's proposed legislation to eliminate the APRN Advisory Committee.**

I was a member of the APRN Advisory Committee for 9 years, and I know its function and its outcomes well. The genesis of this committee was a 1998 change in the Nurse Practice Act (NPA) that removed the involvement of the Idaho Board of Medicine from Nurse Practitioner regulation, at the IBOM's own request, and placed sole regulatory responsibility at the Board of Nursing. To mitigate concerns by the Idaho Medical Association, that wanted to maintain oversight and supervision of nurses, this committee was formed as compromise language associated with the NPA revision. In 2003, physician supervision of APRNs was removed from statute, but the APRN committee was sustained. Today there are 3,577 APRNs (Nurse Practitioners, Anesthetists, Nurse Midwives, and Clinical Nurse Specialists) licensed in Idaho, including 2,116 Nurse Practitioners, which was the original APRN group of concern that resulted in the APRN Committee formation. Almost 50% of all primary care in Idaho is provided by a Nurse Practitioner.

When reviewing the issues that are discussed by the APRN Committee that advance to the full BON, advice and recommendations to the BON are minimal. Today, BON decisions regarding practice and education are guided by policy and national standards. Disciplinary issues are rare for APRNs and most commonly relate to drug diversion, which is not an issue addressed by the APRN Committee. Thus, over the years the APRN Committee has evolved and does not significantly contribute to board decisions. If the BON desires to address specific APRN issues there is a mechanism to call a special workgroup for this purpose. Thus, the ICN supports the legislative request to abolish the APRN Committee of the BON.

Respectfully yours,

  
Randall S. Hudspeth, PhD, MBA, MS, APRN-CNP, FAANP  
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February 6, 2022

Senator Jim Patrick  
P.O. Box 83720  
Boise, Idaho 83720-0081

Dear Senator Patrick,

On behalf of the over 1,800 licensed Nurse Practitioners (NPs) in the state of Idaho, we are writing to you today in support of S1244, the proposed changes to section 54-1417 of Idaho code. S1244 will replace the current Advanced Practice Registered Nurse (APRN) committee with an as-needed, consulting volunteer committee. These changes would reduce redundancies and cost to the Board of Nursing, while preserving the safeguards to utilize consultation services as needed. It would also allow NPs to better practice at the top of their licensure while removing barriers to NP care.

The Advanced Practice Registered Nurse (APRN) Committee, at its inception, was created to provide direction to the Board of Nursing from the perspective of a variety of medical providers and practice experts. Yet, since its creation, the committee has not provided any significant benefit to Idaho NP practice. In 2004, Idaho was the first state in the nation to allow NPs to practice at the full capacity of their license and training without physician supervision. In more than 100 studies on care provided by both nurse practitioners and physicians, not a single study has found that nurse practitioners provide inferior services. Nurse Practitioners provide evidence-based, safe, cost-effective and high-quality care for Idahoans. The Idaho NP workforce has grown by nearly 30% in the past two years, most significantly in the rural areas of the state, and now account for nearly half of the primary care workforce in Idaho. There are seven communities that rely on an NP as the sole access to medical care. Our organization, as well as the Idaho Association of Nurse Anesthetists and the Idaho Center for Nursing, are well-established organizations that represent the APRNs in the state and collaboratively work together to allow timely, cost-effective health care access to Idahoans. The Board of Nursing can rely on these organization to provide expert advice on all APRN issues.

The 2020 Future of Nursing Report by the National Academy of Medicine (previously known as the Institute of Medicine) boldly states: "Nurses at all levels and in all settings face multiple practice barriers to advancing health equity beyond those limiting scope of practice. For the country to achieve health equity for all, nurses need environments that allow them to fully leverage their skills and expertise across settings including those that expanded scope of practice, telehealth eligibility, insurance coverage, and payment parity for services nurses provide." The changes proposed in S1244 would reduce further barriers to NP care, and so we ask for your vote in favor of S1244.

Sincerely,

*Sarah Curtright*, DNP, APRN, NP-C  
NPI President

*Colleen Shackelford*, DNP, APRN, NP-C  
NPI Legislative Chair