* Describe the differences between a board of nursing and a professional nurse association.
* Describe the board for your specific region/area.
  + Who is on the board?
  + How does one become a member of the board?
* Describe at least one state regulation related to general nurse scope of practice.
  + How does this regulation influence the nurse’s role?
  + How does this regulation influence delivery, cost, and access to healthcare?
* Describe at least one state regulation related to Advanced Practice Registered Nurses (APRNs).
  + How does this regulation influence the nurse’s role?
  + How does this regulation influence delivery, cost, and access to healthcare?
* Has there been any change to the regulation within the past 5 years? Explain.
* Include Speaker Notes on Each Slide (except on the title page and reference page)

Introduction

Board of Nursing and professional nurse association plays an important role in maintaining standards of Nursing practice

Board of Nursing oversees administering Nurse practice act and are responsible for protecting public

Many national and international nursing association across the country

Nursing Associations maintain healthy profession via education, advocacy, and research

Board of Nursing and professional nurse association both plays an important role in maintaining the standards of Nursing profession. There is a board of Nursing in each state who is in charge of administering the Nursing practice act. (Nursing State Board vs. professional organizations: Free essay example 2020) Board of Nursing regulate nursing practice. Professional license protects people from any type of harm by setting minimal standards and competencies for a safe entry-level practioners. When it comes to Nursing profession it must be regulated because if this is practice by individual who is not competent or not prepared can poses a risk of harm to the people. Whereas there are many national as well as international nursing association across the country helping in advancing nursing practice via education, advocacy, and research. They are needed to maintain a healthy profession by advocating needs of nurses and patients. (JH, Role of professional organizations in advocating for the nursing profession) Nursing association can influence the decision makers according to members interest so that they can improve the welfare of people.

Board of Nursing

Government agencies

Protection and promotion of public health

Regulate nursing practice

Set minimal qualification required by nurses

Policy development

They are government agencies who does not take part in legislative process. They work mainly for protection and promotion of public health by making sure that the nursing care is safe and competent. Nursing practice is regulated and are responsible for issuing nursing license, renewing, and taking disciplinary action if needed. They set minimal qualification required by nurses to protect the public and provide legal authorization to individual nurses for their scope of practice and educate stakeholders about nursing practice needs and advance nursing practice through policy development. (What's the difference between Nursing Boards and nursing associations?)

Professional Nursing association

Private and take part in legislative process

Members are required to pay membership fee

United voice of Nurses, advocates for nurses

Continuing education to Nurses

Professional nursing association are private and take part in legislative process. Nurses has to pay certain fees in order to be a member and get the membership benefits. They are the united voice of Nurses continuously advocating for quality nursing practice and nurses welfare. Nurses are updated of the current issues and development via magazines, bulletins, and social medias. Free or discounted continuing education are provided to its members. (What's the difference between Nursing Boards and nursing associations?)

North Carolina Board members

Consist of 14 members

Chairman: Arlene Imes, LPN

11 seats: elected nurse members

3 seats: public members

Can be reelected for second term

North Carolina Board of Nursing consists of 14 members, 11 seats are filled by Nurses whereas 3 seats are filled by public members. Current chairman is Arlene Imes LPN (Jan 2019-Dec 2022). Among the 11 seats, 8 seats are filled by RNs and 3 seats are filled by LPNS. Remaining 3 members are public members who fill the role of governor, president preterm senate and the house speaker. Once elected will serve for 4-year term and can be reelected again not exceeding 8 years. (Logic, Board members: North Carolina Board of Nursing)

Requirement to me a member in North Carolina

Current NC license

NC as a primary state of residence

5 years’ experience in Nursing

Should engage in a position that meets the criteria

To be a board member of North Carolina Board of Nursing, one should hold a current North Carolina license, primary state of residence must be the same state and that is North Carolina, should have at least 5 years of experience in Nursing and at least 3 yeas prior one should engage in a position that meets the criteria for that position. (Logic, Qualifications: North Carolina Board of Nursing)

State regulation related to general nurse scope of practice

Regulation: 122c-201, Declaration of policy under procedure for admission and discharge of clients.

Involuntary commitment to a facility for mentally ill, substance abuser and threat to self and others

Nurses can protect themselves and others via administering prescribed medication

Full access to health care during Involuntary commitment time

Financial burden to patent and family

Patient not wanting to seek medical care in future.

According to 122c-201, Declaration of policy, no one can be involuntary Committed to 24 hour facility unless he/she is mentally unwell, substance abuser and is danger to self and others. (Chapter 122C - Article 5). Nurse has to go through this type of situation where a mentally ill patient want to leave against medical advice and constantly tries to elope, there are cases when they are physically and verbally abusive to nurses. According to the law, they shall be involuntary committed to the facility because of their mental illness, if they still insist to leave or are a threat to self and others nurses can administer medication based on order to calm them down. Even though it is involuntary, patient will get all the needed treatment during this time, they have complete access to health care. Despite this it can be a financial burden to the patient. It might be a challenge to regulate their financial responsibilities for the care they had refused. Mentally ill people are at right risk for poverty because they are not capable like mentally well people, these surprise bill they got because they were IVCd will make their situation worse. All of these might result in not wanting to seek medical care when needed in future. I think its reasonable to say ask state to pay for uninsured IVCd patients. Health care organization and policy maker should try to protect them.

State regulations related to APRNS scope of practice

Regulation: 21NCAC 36.0809 prescribing authority

Medication prescribed by NPs must be included in the CPA (collaborative practice agreement)

Less autonomy for NPs

Restricted practice for APRNS

Less workforce resulting in less access and poor health outcomes.

Expensive due to higher rate of hospitalization

Both APRNS and Physicians signing the collaborative practice agreement need to be paid that can be costly for the facility

Drugs and devices that may be prescribed by the nurse practitioner in each practice site shall be included in the collaborative practice agreement as outlined in Rule .0810(2) of this Section. (Available reports) There is less autonomy in practice in state of North Carolina by NPs as it falls under Restricted practice state. (North Carolina) I think APRNs have an advance degree and possess adequate knowledge to practice independently. NPs working under physicians supervision is affecting the smooth operation of health care system and quality care. Giving full authority to NPs will result in expansion of health care access which will prevent hospitalization reducing health care cost and improve health outcomes that will benefit the people of North carolina. Facility can just pay for one provider for one care, they are not entitled to pay for both physicians and APRNS if APRNs are allowed to practice independently.

Change to the regulations:

No change to involuntary commitment law.

Save Act to grant full authority to APRNs

Involuntary commitment law first passed in June 2018 and there has been no changes since then but On March 11, 2021, save act was introduced by legislators. It’s a bill that provide independent full practice authority for APRNS. It was one of the main priority because despite advance degree APRNs are working under physicians supervision. Through the end of 2022, the bill is eligible to pass. (Save act)

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