

Evolution of the APRN Consensus Model: A Brief Overview and Key Updates

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Disclosures:

Denise Buonocore- none

Wesley Davis- none

Margaret Carman- none



Objectives:

- Describe the history and regulatory elements of the APRN Consensus Model
- Demonstrate how recognizing the ENP as an APRN population improves patient safety by aligning licensure, education, certification, and scope with emergency care competencies.
- Examine how ENP population recognition reduces state-level variability and supports uniform, competency-based regulation within the APRN Consensus Model.
- Discuss how formal ENP population designation facilitates access to emergency services.



Objectives:

- **Discuss the background for a proposal to recognize Acute Care Across the Lifespan (ACAL) as a delineation of the Lifespan population in the APRN Consensus Model**
- **Examine twelve questions posed by the LACE Steering Committee which will be used to evaluate whether ACAL should be added to the current APRN Consensus Model**
- **Describe the current status of the proposal for ACAL, including a prospective timeline for submission, workgroup composition, and insights gained along the way.**



The APRN Consensus Model: History and Overview

Denise Buonocore

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Why was the APRN Consensus Model created?

To create uniformity in the regulation of APRN roles, licensure, accreditation, certification and education NCSBN

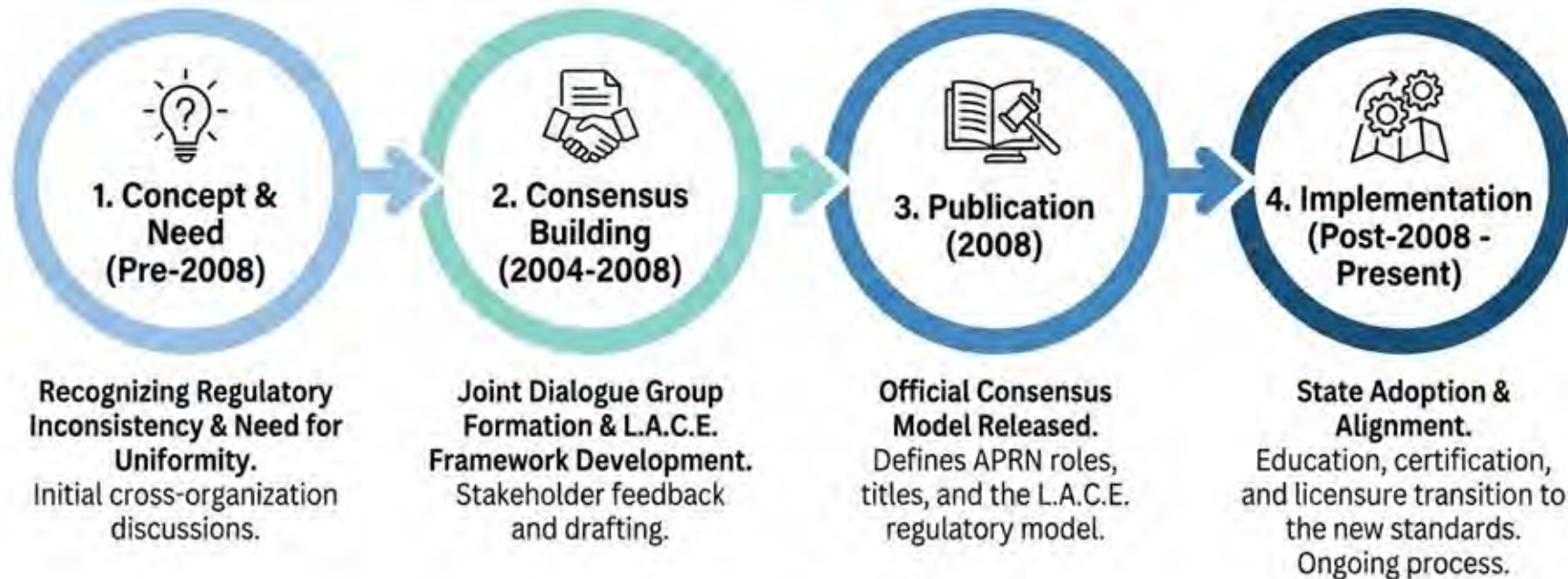


What is the APRN Consensus Model

- Describes the pathway for APRN accreditation, education, certification and licensure requirements
- Identifies & defines the 4 APRN roles and titles
- Defines the foundational APRN education requirements, and APRN role educational components
- Provides guidelines to achieve consistency among states in the regulation of APRN practice
- Requires alignment between education, certification and practice



Roadmap: Development & Implementation of the APRN Consensus Model



L.A.C.E. = Licensure, Accreditation, Certification, Education

APRN LACE Pillars



- **Licensure** by the state board of nursing
- **Accreditation** ensures quality of educational and certification programs
- **Certification** validates educational preparation for practice
- **Education** includes core and population requirements



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AI-generated image collaboratively created with Google's Gemini, accessed 2/19/2026.

7 Main Elements of the Regulatory Framework of the APRN CM

- **APRN Title**
- **APRN License**
- **Four roles- CNM, CNP, CRNA, CNS**
- **Education at the postgraduate level**
- **National accredited certification**
- **Independent practice**
- **Independent prescribing**

<https://login.icohere.com/public/topics.cfm?cseq=935>

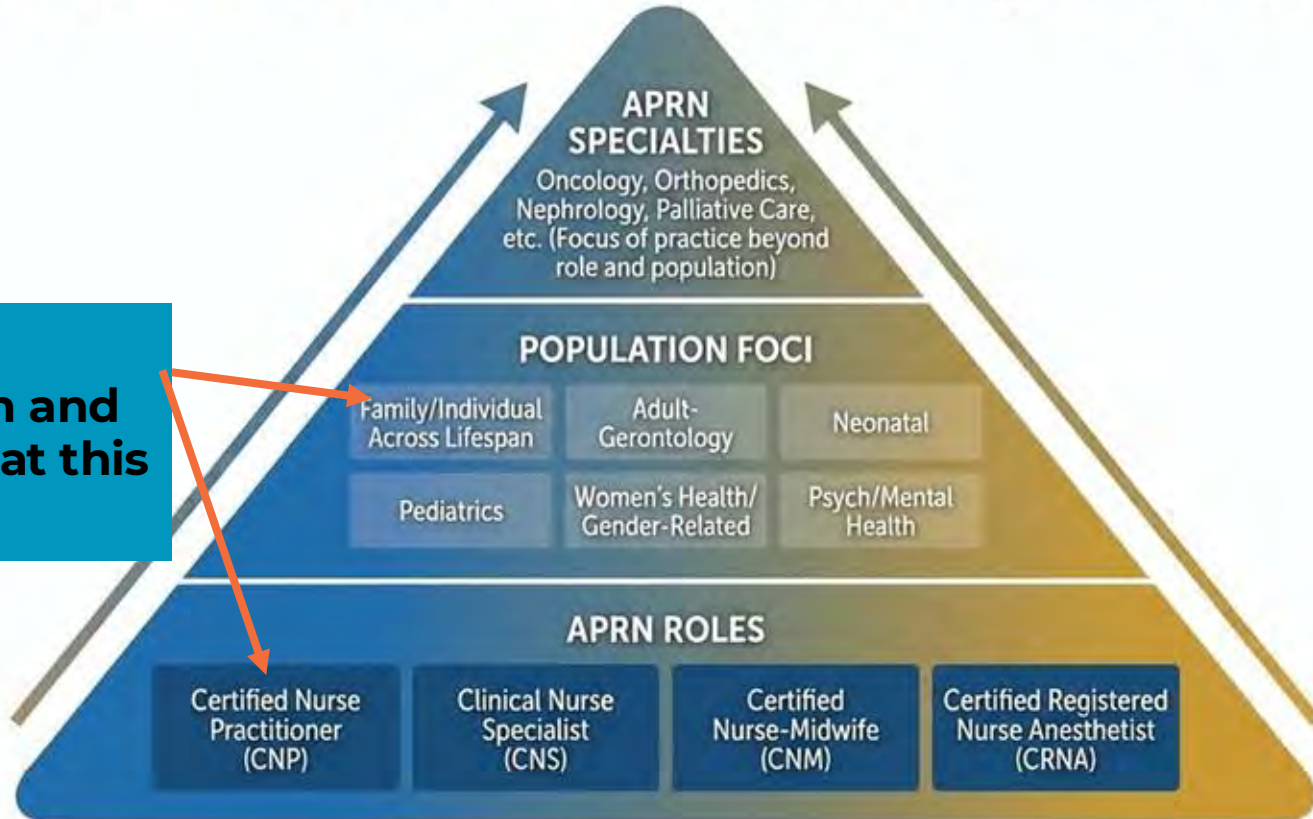


The LACE Network

- **Represents the 4 pillars plus practice**
- **Originally was a communication network**
- **Works to facilitate implementation of the CM**

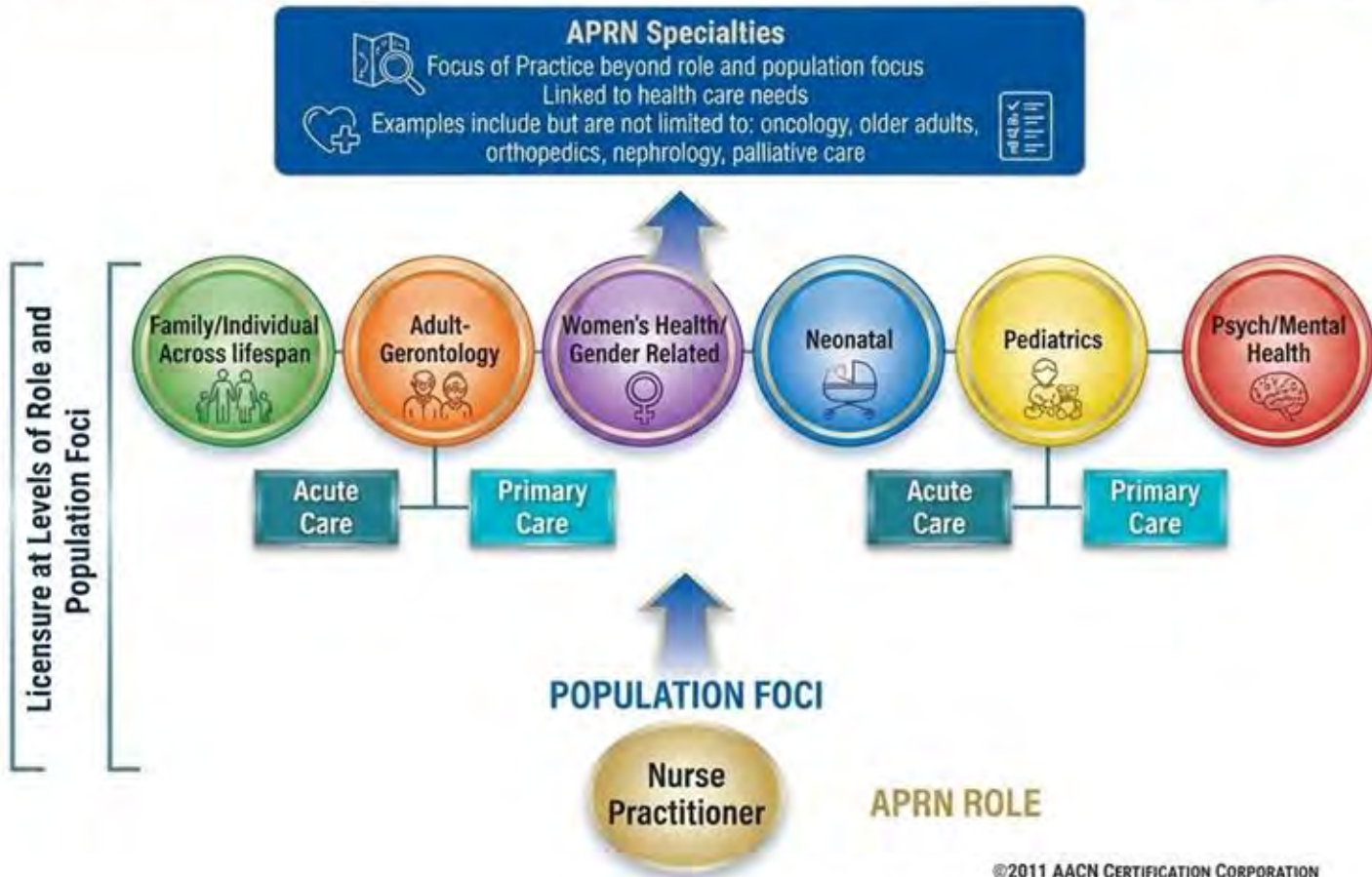


The APRN Consensus Model: Key Elements



APRN Regulation and Licensure at this Level

CONSENSUS MODEL FOR APRN REGULATION - NURSE PRACTITIONER FOCUS



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<https://www.aacn.org/certification/advanced-practice/aprn-consensus-model>

APRN CM Evolution

The document recognized that there may be a need for new roles and populations as health care evolved

“An APRN role would encompass a unique or significantly differentiated set of competencies from any of the other APRN roles. In addition, the scope of practice within the role or population focus is not entirely subsumed within one of the other roles.”



Evolution of the APRN CM: Requirements



New roles or population foci may evolve over time



Encompass a unique or significantly different set of competencies



The scope of practice is not entirely subsumed within the other roles



Should be vetted and discussed within the LACE Network



Educational standards and practice competencies must exist, be consistent and be nationally recognized by the profession

Evolution of the APRN CM: Characteristics of the Process



Evolution of the APRN CM

Two new population proposals:

Emergency NP

Acute Care Across the Lifespan



A vibrant sunset scene over a large body of water. The sky is filled with soft, wispy clouds in shades of orange, red, and purple. The water reflects these colors, creating a shimmering effect. In the distance, a dark silhouette of a tree-lined shore is visible. In the foreground, a small boat with two people is visible on the water. The text "THANK YOU!" is written in a large, blue, handwritten-style font across the center of the image.

THANK YOU!



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Acute Care Across the Lifespan: Exploring the Possibilities

Margaret J. Carman DNP, ACNP-
BC, ENP-BC, CHSE, FAEN

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Acute Care Across the Lifespan: Exploring the Possibilities

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Objectives

1. Discuss the background for a proposal to recognize Acute Care Across the Lifespan (ACAL) as a *delineation* of the Lifespan population in the Consensus Model for APRN Regulation.
2. Examine twelve questions posed by the LACE Steering Committee which will be used to evaluate whether ACAL should be added to the current APRN Consensus Model
3. Describe the current status of the proposal for ACAL, including a prospective timeline for submission, workgroup composition, and insights gained along the way.



Background

- Lifespan as a population exists on the Consensus Model for APRN Regulation but is not apparent
- Initial discussions of the APRN Consensus Work Group and NCSBN APRN Advisory Committee included consideration for the ***delineation*** of both acute and primary care under lifespan (CM, pg 10)
- Left open as a future opportunity



Practice in Acute Care Settings Post APRN Consensus Model

- Patient care is increasingly acute, complex, and time-sensitive
- Many practice populations appropriate for AGACNPs, PACNPs
- FNPs have remained in acute care practices requiring lifespan
- Gradual adoption of the CM across states
 - Confusion and uncertainty regarding scope and alignment with practice
- Decreased marketability of NPs for management of acute care populations requiring lifespan
 - Adherence to populations
 - Increased numbers of Physician Assistants



Acute Care in the ED: One Example

TABLE 4
Final CPT code according to triage ESI level among encounters with emergency nurse practitioners

CPT code	ESI 1, n (%)	ESI 2, n (%)	ESI 3, n (%)	ESI 4, n (%)	ESI 5, n (%)
99281 – does not require provider evaluation	0	0	1 (<0.01)	0	0
99282 – straightforward decision making	0	0	7 (<0.01)	39 (0.02)	6 (0.05)
99283 – low level of medical decision making	0	75 (0.04)	252 (0.05)	652 (0.36)	65 (0.51)
99284 – moderate level of medical decision making	0	431 (0.25)	1704 (0.36)	889 (0.50)	53 (0.41)
99285 – high level of medical decision making	4 (0.67)	1185 (0.68)	2713 (0.57)	211 (0.12)	4 (0.03)
99291 – critical care	2 (0.33)	50 (0.03)	91 (0.02)	3 (<0.01)	0
Total	6	1741	4768	1794	128

CPT, Current Procedural Terminology; ESI, Emergency Severity Index.

Other than 99281, all CPT codes require a medically appropriate history and/or examination by a provider.¹⁷ Only includes data from encounters in which both ESI level and disposition were nonmissing (n = 8437); 9 encounters did not have ESI level data, 76 encounters did not have CPT coding, and 5 encounters had neither an ESI level nor a CPT code.

Wolf et al, 2025



The Reality

- APRNs managing ACAL populations often select FNP to cover lifespan
 - Curriculum does not match job scope
- Individuals completing dual preparation often choose FNP/AGACNP
 - Does not include peds acute care
- Overlap may occur with primary care but the need to render stabilization and acute care as needed is essential



Not Limited to Emergency Care

- If APRN scope doesn't cover lifespan, the job may go to a PA
- Examples:
 - Emergency Department
 - Burn ICUs
 - Hospitalist
 - Interventional Radiology
 - Orthopedics

Increased
need in
rural
Settings

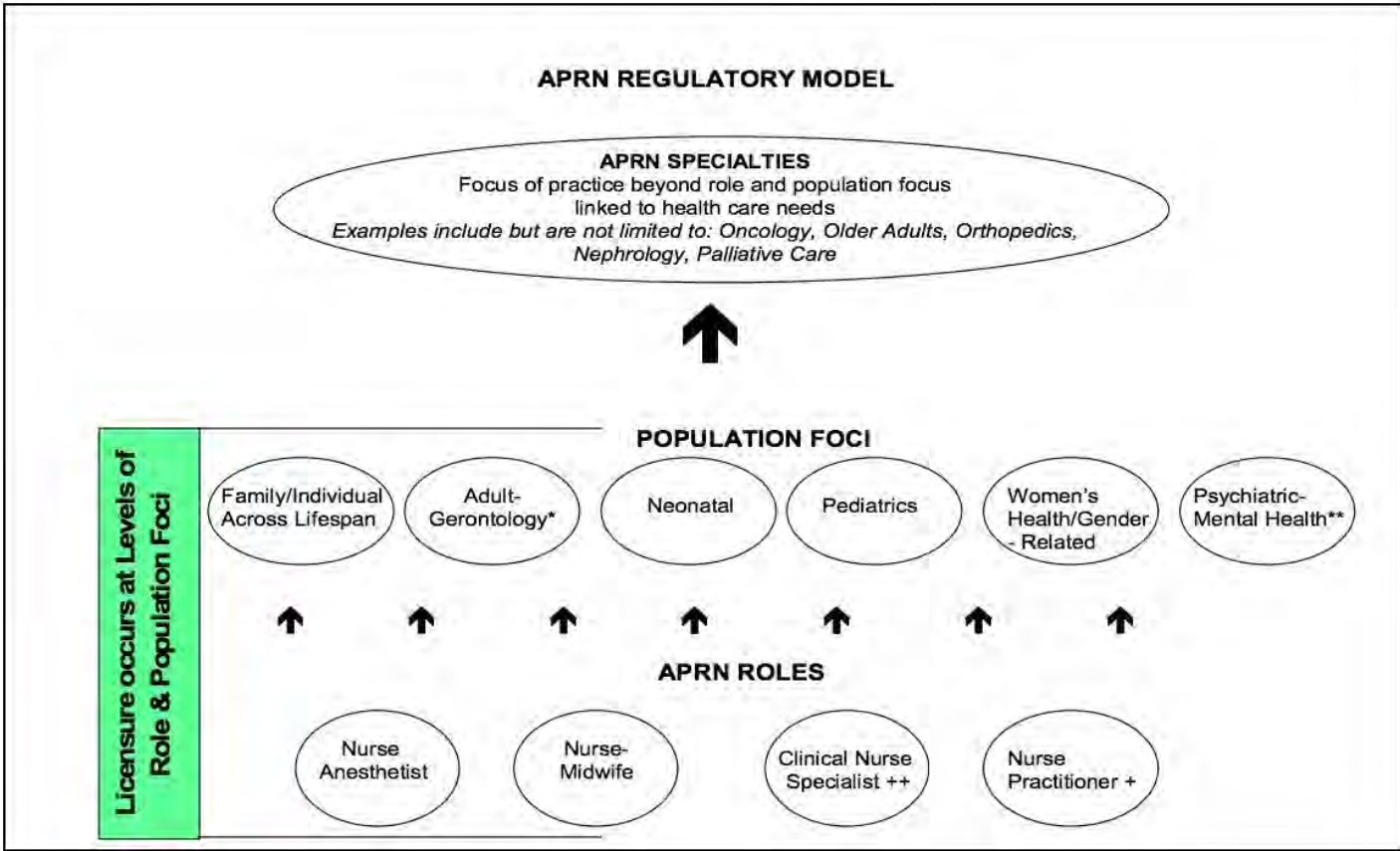


Two Paths, Two Approaches

- AAENP proposal for Emergency as a Population
- Deliberations through ENA's Advanced Practice Advisory Council
- Initial work group to consider development of a proposal for ACAL
- Final Decision: Both Emergency as a Population and ACAL are valid proposals

Proceed with a proposal

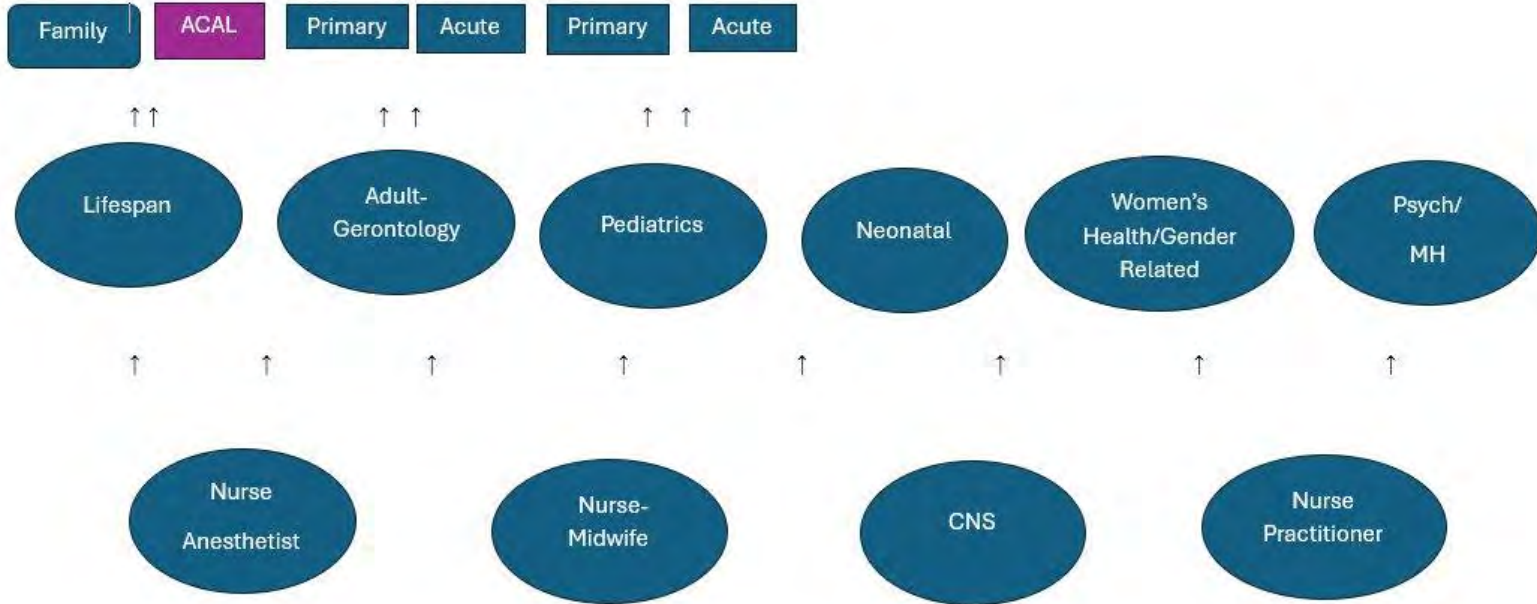




APRN Joint Dialog Workgroup, 2008



Delineating ACAL



Considerations

- “Family” is not clearly defined as a primary care population in the Consensus Model. Curriculum is clearly primary care
Existence of both a gap and opportunity
- Scope, Standards, and Competencies for Acute Care already encompass lifespan
- NP education has evolved, focusing on core competencies with population-based curriculum



12 Questions: An Exploration

- How does the proposed change align with the Consensus Model?
- What are the implications for the current roles, populations, and LACE pillars?
- What exists currently (curriculum, regulation...)
- Where is there overlap, and how is this unique?
- How will this serve the greater good?
 - Patients and Families
 - Individual APRN practice
 - Advancing the Profession

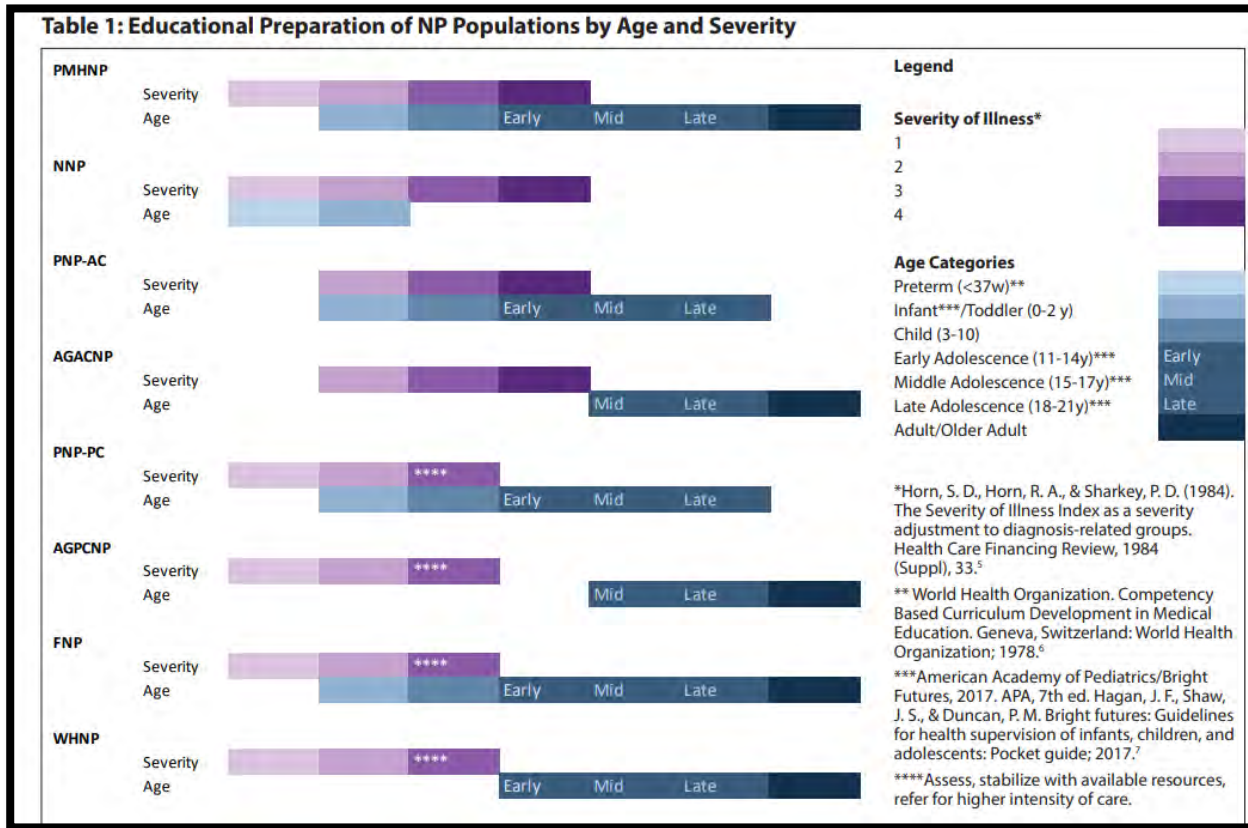


Where We Are At

- Currently on Question #7
- Acute Care Across the Lifespan (ACAL) would provide a more broad option for acute patient care, similar to the FNP for primary care
- Mechanisms should be in place to assure that practice covers lifespan
 - Recertification
 - Practice hours
 - Education/CE
- Age and acuity should align with NONPF's NP competency Implementation Guide



Defining Age & Acuity



Conclusions

- Recurring theme: The proposed changes would have the same impact as any other addition to the Model
- Provides a streamlined path for education, certification, licensure
- Improves marketability
- Opportunity to ensure preparation aligns with certification & licensure



Conclusions (cont'd)

- ACAL programs will require
 - Representative clinical experiences
 - More hours than other programs
- Future work:
 - Defining the bounds of curriculum
 - Establishing recommendations for clinical time
 - Expectations for continued competency/certification



Overlap and Collaboration

- ACAL scope *will* overlap with the FNP and other populations
- Distinct need for ACAL
- Highlights the importance of consultation and collaboration
- Potential for development of:
 - ACAL CNS programs
 - Dual ACAL CNS/CNP programs



Imagine....



<https://sl.bing.net/egVmzP6Hg6K>

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Summary

- The Time has Come
 - ACAL would fill a specific need for safe, effective patient care
 - Create a streamlined path for providing ACAL
 - Eliminate employer, legislator, and public confusion
 - Provides a platform for specialty practice
- Lifespan exists as a population on the Consensus Model. This is a proposal to develop a delineation that was identified at the time the model was developed.
- The 12 questions posed represent a 360-degree view of how this change might affect APRN practice.
- The priority is safe, effective patient care
- Proposal of ACAL will only be the start of the work



Thank You

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APRNs in Emergency Care: Does Regulation Reflect Reality?

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APRNs in Emergency Care: Does Regulation Reflect Reality?

At the end of this presentation, the participant will:

- Demonstrate how recognizing the ENP as an APRN population improves patient safety by aligning licensure, education, certification, and scope with regulation.
- Examine how ENP population recognition reduces state-level variability and supports uniform, competency-based regulation within the APRN Consensus Model.
- Discuss how formal ENP population designation facilitates access to emergency services.



Emergency care is the only place in healthcare where the APRN must evaluate and stabilize **any patient, of any age, with any condition, immediately upon presentation.**

What current APRN population is educated, certified, and licensed for that responsibility?



Current APRN Population Framework vs. Emergency Care

Does regulation reflect reality?

Current APRN Population Model



Age- & Acute/Primary Care
Defined Populations



Condition-Specific Populations



Predictable Age Groups in Practice
Settings



Ages/Needs Help Define Scope
Boundaries

Regulation Structured Around
APRN Roles & Populations

Framework \neq Clinical Reality



Emergency Care Reality



Patient Defines Population by
Presentation



Unpredictable Age Groups



Unpredictable Needs & Conditions



Cannot Decline Care Based on Age
or Complaint



Federally Mandated & Regulated by
EMTALA

ENPs are Currently Certified as a
Specialty

Emergency APRNs must diagnose and stabilize any patient, of any age, with any condition who presents for care, yet no existing APRN population is educated, certified, and licensed for that responsibility.

Acuity Level	Age	Chief Complaint
3	29 y.o.	Abdominal Pain
4	2 y.o.	Sore Throat
2	1 month	Fever
3	12 y.o.	Abdominal Pain
4	46 y.o.	Finger Laceration
5	30 y.o.	Blood Glucose Check
1	79 y.o.	Unresponsive
3	19 y.o.	Vaginal Bleeding
4	67 y.o.	Refill BP Meds
2	16 y.o.	Suicidal Thoughts
2	58 y.o.	Suspected Overdose
3	81 y.o.	Blurred Vision
4	9 month	Nasal Discharge
5	1 y.o.	Nasal Discharge

Emergency Medical Treatment & Active Labor Act

Does regulation reflect reality?

Federal Law Defines Emergency Care Responsibility



Any Patient

All patients who present for care



Any Age

Applies from neonates to geriatric patients



Any Condition

Regardless of complexity or acuity

EMTALA Clinical Process



Medical Screening Examination

Evaluate undifferentiated symptoms; determine if emergency condition exists



Stabilizing Treatment

Initiate diagnostics and treatment to stabilize the patient



Appropriate Disposition

- discharge
- hospital admission
- transfer to higher level of care

Stabilization Means More Than Basic Resuscitation

- differential diagnosis
- diagnostic testing
- condition-specific treatment
- ongoing clinical management until disposition

Not simply CPR or calling for assistance

Emergency APRNs are responsible for possessing the educational preparation and clinical competencies necessary to diagnose and stabilize any patient who presents, regardless of age, condition, or acuity.

Age & Acuity Responsibility vs Universal Responsibility

Does regulation reflect reality?

PRIMARY CARE SETTING



Responsibility defined by Age, Acuity, & Needs

- Age & Needs-Limited Management
- Conditions/Needs Outside the Population Scope are Referred
- Stabilizing Care often Limited to BLS

Example:

Patient with Chest Pain

Initial Assessment



Referral to ED

INTENSIVE CARE SETTING



Responsibility defined by Age, Acuity, & Needs

- Care Supported by Specialty Teams
- Age-Limited Management
- Definitive Care Provided Based on Patient Needs and Age

Example:

Patient with Complex & Acute Needs

Initial Assessment



Consult Specialty Service

EMERGENCY CARE SETTING



Responsibility defined by EMTALA & "Whoever presents for care"

Not Limited By:
Age
Condition
Acuity

Must provide stabilizing care to all ages & conditions that includes:

- Medical Screening Exam
- Medical Decision Making
- Ongoing Management until Discharge, Admit, Transfer

Undifferentiated symptoms may appear, but responsibility can be transferred

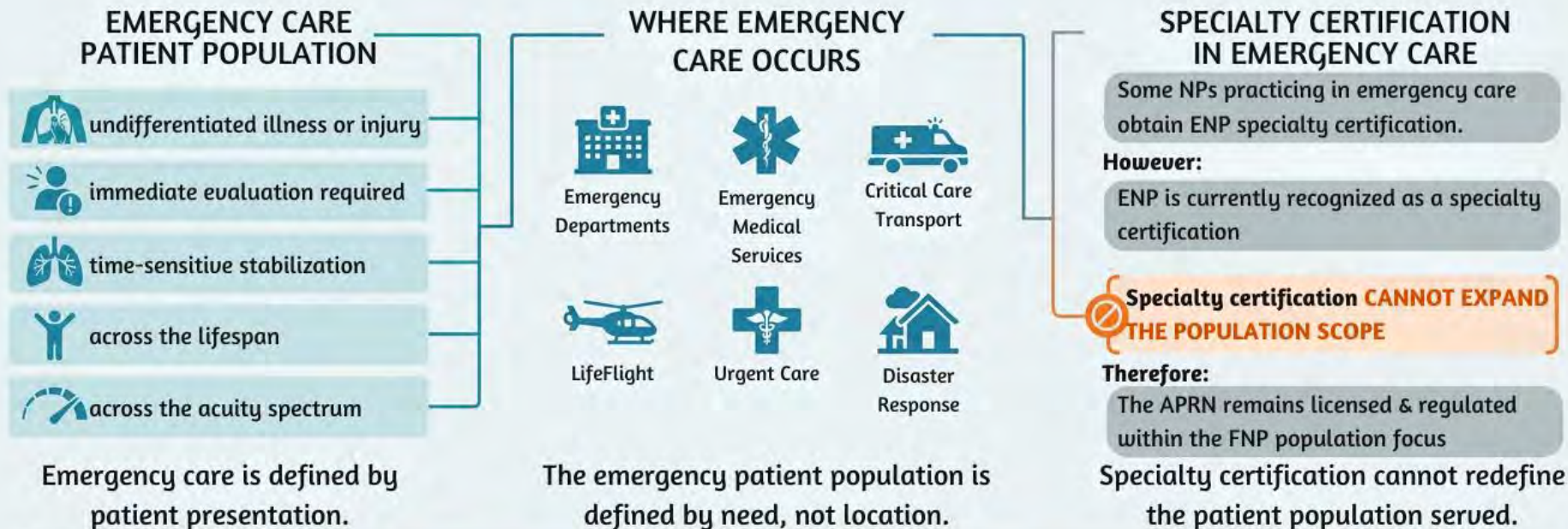
Responsibility must be immediately assumed

Current APRN Populations: Defined by Age & Needs

Emergency Patient Population: Defined by Patient Presentation

Emergency Care Patient Needs vs Specialty Certification

Does regulation reflect reality?



Because ENP certification is currently a specialty layered onto the FNP population focus, it does not change the underlying population scope of practice, which remains the FNP population focus.

Current APRN Population Foci vs. Emergency Care Responsibilities



Wilbeck, J., Davis, W. D., Cromer, P., Henson, A., Hicks, C., Kim, J., Love, R., Stanik-Hutt, J., Staebler, S., & Teague, M. (2025). Crosswalk analysis of existing nurse practitioner populations and emergency nurse practitioner competencies: An executive summary. *Advanced Emergency Nursing Journal*, 47(4), 353–364.

Family Nurse Practitioner



Strengths

- ✓ lifespan patient care
- ✓ primary care expertise
- ✓ health promotion
- ✓ chronic disease management
- ✓ minor injury treatment

Limitations in Emergency Care

- ! emergency diagnostic complexity
- ! advanced resuscitation skills
- ! procedural breadth

Adult-Gerontology Acute Care NP



Strengths

- ✓ complex & critical illness management
- ✓ inpatient care
- ✓ hospitalized adult populations
- ✓ designated adult-only EDs

Limitations in Emergency Care

- ! obstetric emergencies
- ! pediatric/neonatal emergencies
- ! procedural breadth across the lifespan

Pediatric Acute Care NP



Strengths

- ✓ complex & critical illness management
- ✓ inpatient care
- ✓ hospitalized pediatric populations
- ✓ designated pediatric-only EDs

Limitations in Emergency Care

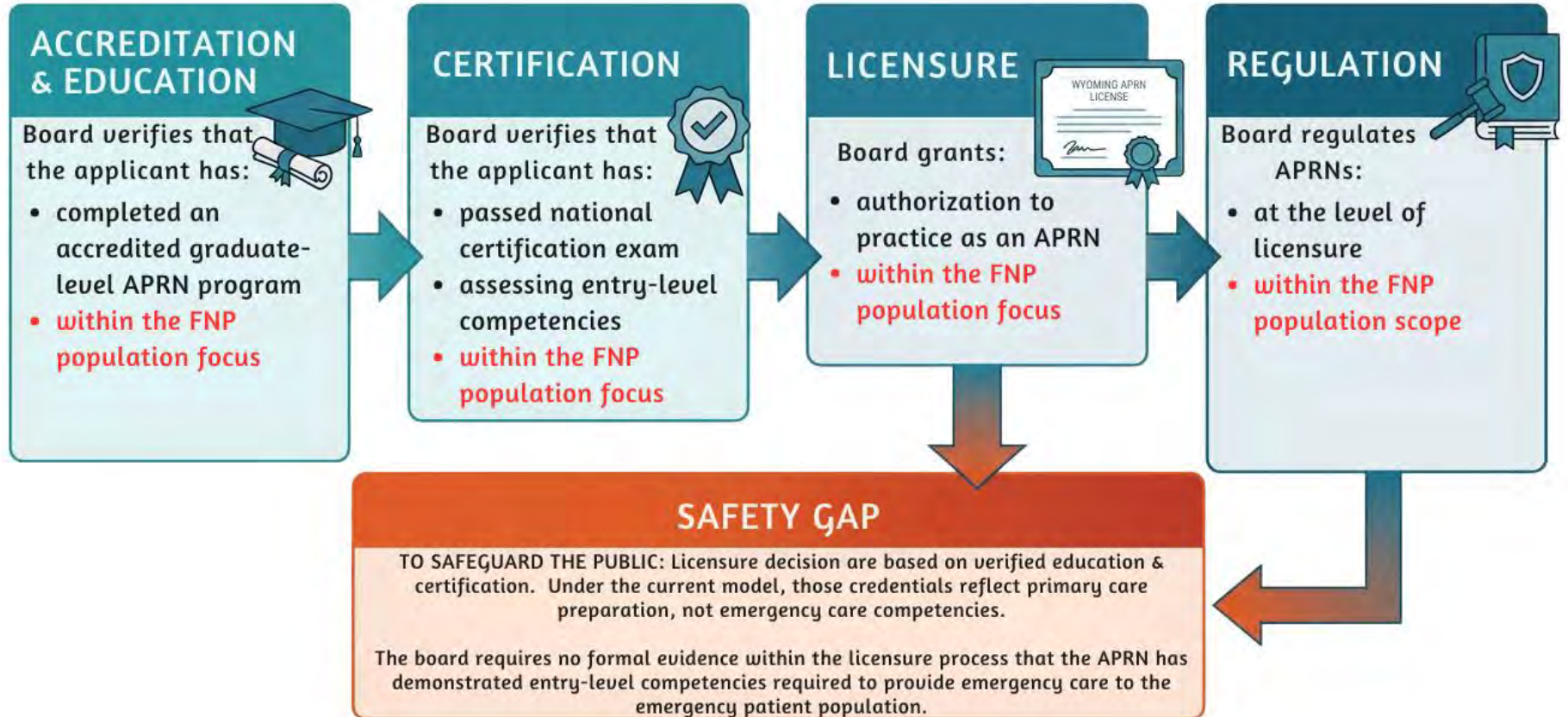
- ! adult emergencies
- ! procedural breadth across the lifespan

Key Conclusion

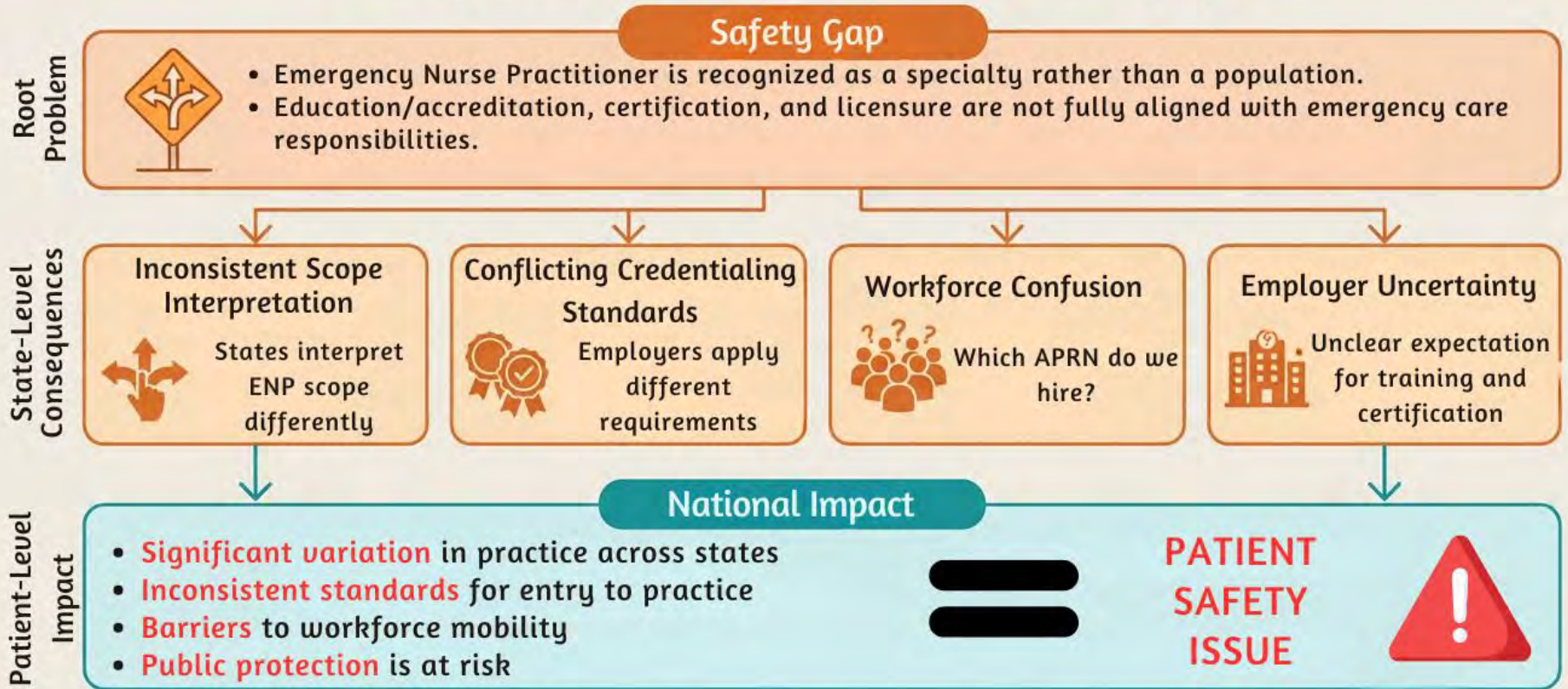
No existing APRN population focus prepares clinicians to manage:

- all ages
- undifferentiated illness/injury across the lifespan
- all acuity levels
- stabilizing management across the lifespan

FNP Licensure Process: An Emergency Care Safety Gap



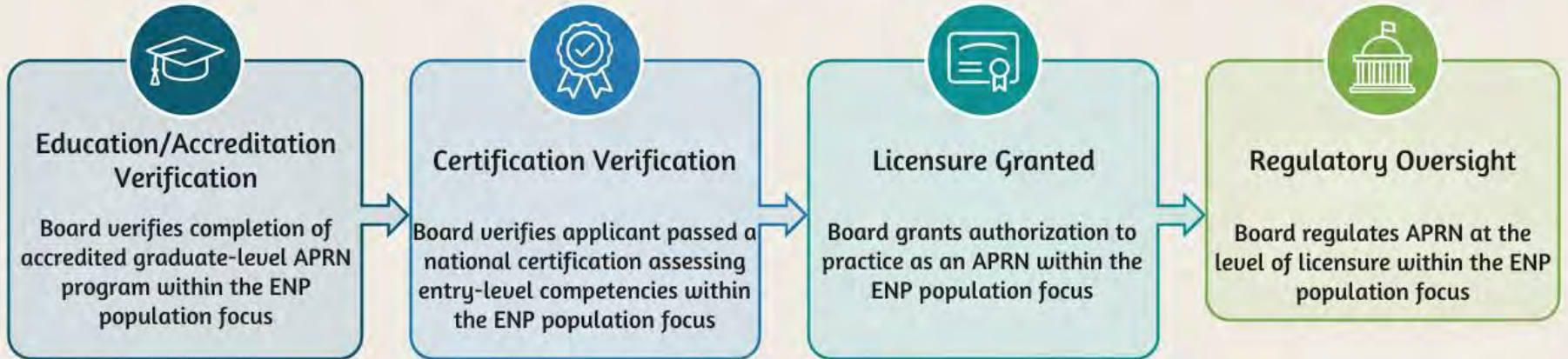
Consequences of the Current Regulatory Gap



When emergency care is regulated only as a specialty, the result is inconsistent regulation, workforce confusion, and variation across states, undermining the standardization goals of the APRN Consensus Model.

Recognizing the ENP as an APRN Population Restores LACE Regulatory Alignment

When the ENP is recognized as an APRN population, boards verify that the applicant has demonstrated entry-level emergency care competencies before granting licensure.



Regulatory Alignment

This structure aligns with the APRN Consensus Model (LACE) and supports:

- ★ public safety
- ★ role clarity
- ★ interstate portability
- ★ regulatory oversight tied to evidence-based preparation

Effective regulation
occurs only when LACE
aligns with the patient
population served.



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