



Emergency Nurse Practitioner (ENP): Specialty versus Population Talking Points

Background: Healthcare dynamics shift according to patient & population needs, pushing ENPs to adapt to the varying levels of complexity in emergency care settings.

Changes in Delivery of Emergency Care

- More patients are seeking emergency, urgent, & convenient care services each year.
- Crowded emergency departments require innovative care delivery models and more staff.
- Unscheduled care is no longer confined to the walls of the ED. Patients can now access care through telemedicine, in-home services, and via EMS.
- Patients treated in emergency departments are becoming more complex.
- There is a shortage of emergency-trained providers, especially in rural communities.
- Increasing costs of delivering emergency care & reimbursement challenges are driving the need for cost-reduction measures.
- The increased frequency of natural disasters, man-made disasters, and public health emergencies are stressing an already overwhelmed healthcare system.

NPs in Emergency Care

- Over 26,500 NPs work in emergency settings, representing a 25% increase from 2019 to 2022.
- ENPs provide medical screening exams, manage emergency medical conditions, and deliver stabilization treatment in accordance with the Emergency Medical Treatment & Active Labor Act (EMTALA).
- Across the U.S., especially in rural areas, NPs are managing more complex patients that require advanced decision making and additional procedures.
- The majority of NPs who provide emergency care lack formal academic preparation and certification.
- NPs play a crucial role in disaster preparedness and response, a core ENP competency.

Barriers to NPs Working in Emergency Care

- NPs are credentialed at the population/licensure level.
- Boards of nursing do not regulate the ENP specialty; many do not acknowledge specialty certifications such as the ENP-C at all.
- Employers often require multiple population-level certifications to maintain ED employment to circumvent state licensure ambiguity, ultimately limiting the available workforce.
- Hospital credentialing and privileging paperwork might only reflect the scope of practice based on licensure (role/population) and may overlook essential emergency privileges.
- PAs currently outnumber NPs in emergency care, attributed mainly to the simplicity of licensing, certification, and credentialing.

Rationale for ENP as a Population

- State Boards of Nursing are requesting standardization of licensure for NPs in emergency care.
- National practice analyses (2016 & 2021) describe the unique roles of ENPs as a distinct population.
- Transitioning ENP from a specialty to a population does not alter current ENP practice.
- According to EMTALA, NPs are qualified medical providers who must be able to conduct medical screening exams, manage emergency medical conditions, & stabilize patients across the lifespan.
- Payors/Insurers mandate that an APRN's educational background and certification specialty correspond with their scope of practice and that the practice location match the population focus and, if relevant, the specialty or area indicated on their license.
- A 2022 SWOT analysis concluded that the evolving ENP specialty deserves regulatory legitimization.

Satisfaction of Consensus Model Criteria for Population

- **Nationally recognized competencies**
 - Authored collaboratively by AAENP & ENA (2021)
 - Endorsed by NONPF (2022)
 - Built upon the Emergency Care Scopes & Standards for ENP Practice (2016)
- **Nationally recognized educational standards**
 - Existing ENP academic programs demonstrate curricular alignment with competencies, certification, and practice through AAENP's validation process.
- **Accredited professional certification exam, available through AANPCB since 2017**
- **New population is not subsumed within another (existing) population**
 - Crosswalk analysis of existing NP populations demonstrates that few of the ENP knowledge, skills, and abilities are contained within existing populations

Clinical Nurse Specialists

- In collaboration with the Emergency Nurses Association's Workgroup "ED as a Population Implications for the Clinical Nurse Specialist," NACNS recommends NOT moving forward with Emergency as a Population as they concluded that the unintended consequences for CNSs outweighed the benefits and would potentially hinder CNS Practice. The Workgroup cited the following rationale:
 - The costs of developing a new certification exam would be prohibitive.
 - There are a limited number of CNSs to sustain a new certification exam.
 - There is a high probability of losing a current CNS certification (especially pediatric or neonatal) if emergency becomes a population.
- The Workgroup reiterated that CNSs are Advanced Practice Registered Nurses who provide advanced practice nursing interventions such as prescriptive authority and require title and practice protection.

Next Steps

- To maintain relevancy in today's healthcare, ensure sustained access to emergency care & promote patient safety, ENPs must be appropriately educated, recognized, and utilized within the clinical care team.
- AAENP is leading efforts to transition the ENP from specialty NP recognition to an NP population on the current Consensus Model.