



# CAPNI CONNECT

## Coalition of Advanced Practice Registered Nurses of Indiana Newsletter

### A MESSAGE FROM THE PRESIDENT

By Kristy Umana, MSN, FNP-C, RN

Happy Holidays Colleagues,

I hope this time of year allows each of you to take some time to slow down and enjoy your friends and family during the holidays, all while providing high-quality health care each and every day!

Your CAPNI Board has been hard at work on your behalf advocating for APRNs. We just came off a stellar Pharmacology Conference in Region 5 this fall. If you missed it this year, be sure to sign up next fall. The annual CAPNI Conference is quickly approaching and will be Indianapolis again this year. I hope to see many of you there on Feb 28th and March 1st.

We are excited to host our second PAC party during the annual conference on Friday night on-site at the Marriott. This will be an evening of fun, music and fellowship to celebrate us! The event is open to everyone, so bring your friends and family to join along in celebration. Your ticket price is a direct donation to the Healthcare Access for Hoosiers PAC, which works on your behalf to help get us across the finish line to remove the mandated collaborative agreement in Indiana. Your ticket purchase or donation to the PAC is the easiest way to be a real change agent in health policy. I cannot think of a better way to help! We need you and we need donations. If anyone asks what you want for Christmas, why not ask them to donate to the PAC on your behalf! Register for the conference and purchase your PAC tickets [HERE](#).

I will be traveling to Texas in January for the NP State Summit. I will be able to network, learn and share with other thought leaders from around the country on

### REGISTRATION OPEN

#### January 21st: Advocacy Day

Advocacy Day at the Indiana Statehouse brings APRNs and state legislators together. As a CAPNI member, you get the opportunity to meet with your state senator and representative to discuss healthcare issues that affect your patients and your practice. Registration is free and CAPNI students are welcome, as well. We hope you will use your voice to help us in our advocacy!

#### Feb 28-March 1: CAPNI Conference

Join us for the Annual 2025 CAPNI Conference at the Marriot Indianapolis North. The conference takes place on Friday and Saturday, with hands-on workshops occurring Thursday, February 27th. Gain necessary CEUs while networking with fellow APRNs. View the packed agenda on CAPNI's website and register today! Questions? Email [admin@capni.org](mailto:admin@capni.org).

#### February 28th: PAC Party

Ready to party while supporting APRNs' efforts to achieve Full Practice Authority (FPA)? Then purchase your tickets for the PAC Party on Friday February 28th from 7-10pm at Bistro 33 (located in the conference hotel). All proceeds will go to the Healthcare Access for Hoosiers PAC dedicated to passing FPA legislation in Indiana. Friends and family welcome!

# APRN POLICY AND THE 2025 INDIANA LEGISLATURE

The General Assembly will convene for the official start of the 124th Indiana Legislative Session on Wednesday, January 8th 2025. CAPNI plans to introduce two legislative bills this session, including our continued pursuit of Full Practice Authority (FPA).

This year, CAPNI is also working with the Indiana States Nurses Association (ISNA) and the Indiana Association of Nurse Anesthetists to make changes to the Board of Nursing and bring Indiana further in line with the APRN Consensus Model. The Consensus Model is a regulatory framework from the National Council of State Boards of Nursing that calls for all states to implement these seven core elements in legislation:

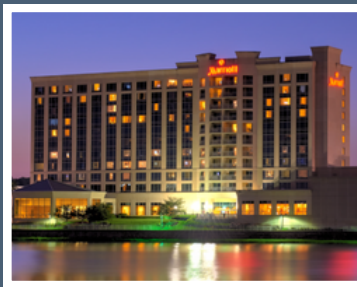
- Use of term Advanced Practice Registered Nurse (APRN)
- APRNs are defined as four roles: Certified Registered Nurse Anesthetist (CRNA), Certified Nurse Midwife (CNM), Clinical Nurse Specialist (CNS), and Nurse Practitioner (NP)
- Postgraduate nursing education is required to become an APRN (ex. MSN, DNP)
- APRNs must pass a national accredited certification exam
- APRNs hold an APRN license (in addition to their RN license)
- APRNs are granted authority to practice independently
- APRNs are granted authority to prescribe independently

In previous Indiana legislative sessions, CAPNI has achieved most of these modernized elements, including updating laws to reflect the term APRN and enforcing standards of graduate education and national certification. CAPNI has been advocating for autonomous APRN prescribing, as well, by introducing FPA bills to the legislature for over five years.

In 2025, CAPNI will be seeking legislation to introduce an APRN license in Indiana. Currently, CNMs are the only APRN role that have an APRN (CNM) license in the state. NPs, for example, work under their RN license and can apply for prescriptive authority once they meet the necessary requirements. However, not all APRNs have prescriptive authority, which makes it difficult to track workforce data. Having an APRN license, in addition to an RN license, will define the APRN profession further. Indiana can then join the majority of other states that have set standards in education, certification, and licensure for APRNs, truly distinguishing APRNs from other nursing roles in the state. CAPNI is working with the Professional Licensing Agency on the development and implementation of this licensure.

As a part of this legislation, CAPNI and ISNA are requesting two additional members be added to the Board of Nursing to help staff the necessary work of this Board. One of these two additional members must be an APRN, which would increase the mandate of APRNs on the Board to a total of two (there is currently only a mandate of one APRN member on the Board of Nursing). This will ensure good dialogue and representation of each level of nursing on the Board (ie. LPN, RN, APRN). **The last page of this newsletter can be printed as an educational handout for CAPNI's 2025 legislative bill.**

## CAPNI Annual Conference



Register today for the annual CAPNI conference taking place at the Marriot Indianapolis North starting

February 27th. Renowned speaker Dr. Wendy Wright will present two general sessions and three breakout sessions on Friday, February 28th, that you won't want to miss! Other sessions cover a variety of topics, including artificial intelligence in healthcare. Learn more about nutrition, leadership, legal updates, reimbursement, care of LGBTQI+ patients, mental health treatment, pediatric pharmacology, migraine management, pulmonary care, and more! See CAPNI website for full agenda.

After a long day of learning, join us on Friday night for socialization and networking at the PAC party. Money raised will help Indiana achieve Full Practice Authority for APRNs!

**STAY INVOLVED. STAY INFORMED.**



# CAPNI MEMBER SPOTLIGHT

## Stacie Housholder, FNP-BC

CAPNI Professional Member

CAPNI Region 10 - Fort Wayne, IN

### **Nurse Practitioners Can Help Solve Health Care Access**

*Published in the Indiana Business Journal on 08.16.24*

As a nurse practitioner with more than 12 years of experience and 19 years as a nurse, I've dedicated my career to providing quality health care to my community. But despite my extensive training and commitment, I've faced significant barriers in my efforts to serve my patients to the best of my ability.

These obstacles are a direct result of outdated state regulations that limit the ability of advanced practice registered nurses like me to practice independently. It's time for Indiana to grant full practice authority to APRNs, and my story illustrates why this change is so crucial.

After years of teaching and working in various health care settings, including starting a telemedicine program for a large health system, I was eager to bring accessible, high-quality care to my community. That is why I and a fellow nurse practitioner decided to open our own practice here in our community. However, I quickly encountered a significant roadblock: finding a collaborating physician.

In Indiana, state regulations require NPs to have a formal agreement with a collaborating physician to practice independently. While this rule is maintained under the guise of "collaboration," the reality is much different, as the physician only examines a small percentage of patient prescribing charts retroactively and never has any interaction on the patient's care plan.

Many physicians are restricted by their employers from entering such agreements, and others are simply unavailable. When I set out to open my practice, no physicians in the area were available. As a result, I had to resort to an out-of-state, online physician collaboration service, incurring costs as high as \$800 per month per APRN provider. This financial burden is unnecessary and hinders my ability to serve my patients. Adding insult to injury, these fees send money out of state.

Fort Wayne is a suburban area with pockets of rural communities. Our region lacks enough primary care providers, making it difficult for residents to receive timely and comprehensive care. Larger medical systems in the area have recently stopped accepting various insurances and eliminated cash-pay options. Without accessible primary care, chronic conditions remain unmanaged, leading to higher rates of hospitalization and long-term health problems.

This isn't just a rural problem; suburban and urban areas are equally affected. The need for telehealth and alternative care options has never been more apparent, yet the regulatory framework in Indiana prevents APRNs from being a part of the solution. My practice focuses on providing cash-pay options and integrative health services, filling a critical gap. However, the financial and logistical challenges imposed by the current regulations make it difficult to sustain and expand these services.

Granting full practice authority to APRNs would allow us to use our extensive training and



## NPs Can Solve Access: Cont'd

experience to provide high-quality care without the burdensome and unnecessary physician collaboration agreements. This change is not about reducing the role of physicians but about optimizing our health care workforce to meet the growing demands of our state. APRNs are fully capable and ready to take on more responsibility, as evidenced by our extensive education, clinical training and proven track record in states where full practice authority has already been implemented. I urge the Indiana General Assembly to pass legislation granting full practice authority for APRNs. This move will empower health care providers like me to open and operate our practices independently, increasing access to much-needed care for underserved communities across our state.

It's time to put patient care first and unlock the full potential of our health care providers. The health of Indiana depends on it.

-Stacie Housholder

## Message from the President cont'd

ways to improve our APRN professional organizations.

We of course continue to offer **FREE** CEUs on-demand on the CAPNI website. Be sure to take full advantage of your membership perks. Speaking of perks, if any DNP student needs research opportunities, CAPNI is a great resource for you to outreach to APRNs for your research purposes.

We are getting ready to go into the next legislative session and CAPNI has exciting news! We are submitting legislation regarding separate licensure for APRNs. This will allow us to gather concrete data to demonstrate what a great impact APRNs have made in the state of Indiana. This licensure bill will allow the state to gather accurate data on how many APRNs are actually practicing in the state and in what capacity. We, of course, will continue to submit a bill to retire the old mandated practice agreement again this year. Watch our updates closely as we work diligently behind the scenes to make this a reality.

We just held elections and I would like to congratulate all the newly elected board members and welcome back board members fulfilling second terms. CAPNI is growing and we need new people to become involved to keep the energy projected forward. If you have any desire to become involved in any way, we have a committee or spot for you! Please reach out to me personally to become more involved or contact [admin@capni.org](mailto:admin@capni.org).

As we wrap up 2024, thank you all for your membership, your involvement, and mostly the high-quality care you provide your patients every day. May each of you find blessings in your work and your practices. I wish you all Happy Holidays and look forward to a fantastic 2025.

Your CAPNI President,  
Kristy Umana MSN- FNP-C





# 2025 Indiana Legislature

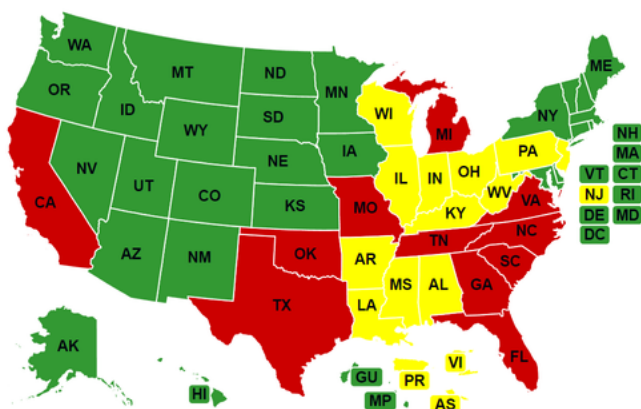
## THE COALITION OF ADVANCED PRACTICE REGISTERED NURSES OF INDIANA

**APRN Consensus Model** was published in 2008 by the National Council of State Boards of Nursing. It is a regulatory framework that provides guidance for US jurisdictions to adopt uniformity in the regulation of Advanced Practice Registered Nurse (APRN) roles, licensure, accreditation, certification, education, and practice. It calls for all states to implement these core elements in legislation (see Indiana Scorecard).

**APRN Licensure** is necessary for accurately tracking healthcare workforce data in Indiana. Indiana is one of only two states in the country that does not have a separate APRN license. Currently APRNs practice under their RN license and can apply for an endorsement on that license to get prescriptive authority. It is estimated there are over 10,000 APRNs providing high-quality healthcare to Hoosier patients.

**APRN Independent Prescribing** has been recommended to the Indiana legislature for many years. Indiana currently requires APRNs to maintain a practice agreement (legal contract) with a physician, dentist, podiatrist, or optometrist in order to write prescriptions. Statute requires the other discipline to review 5% of charts after patient care has been provided. This arrangement does not ensure true collaboration of professionals nor has it been found to improve health outcomes. It creates unnecessary practice barriers for APRNs to care for patients, limits access, and increases costs.

Increased access to APRN care through elimination of this regulatory barrier is present in 27 states, Washington DC, 2 US territories, and the VA Health system. It is supported by 50 years of research, the Department of Health & Human Services, Department of Justice, Federal Trade Commission, National Academy of Medicine, Robert Wood Johnson Foundation, AARP, Americans for Prosperity, Indiana Chamber, Indiana Farm Bureau, Hoosiers for Affordable Healthcare, Indiana Behavioral Health Commission, and more!



## Indiana Scorecard

### APRN Consensus Model Core Elements

Use of term Advanced Practice Registered Nurse (APRN) - legislation passed in 2018

APRNs are defined by four roles: Certified Registered Nurse Anesthetist (CRNA), Certified Nurse Midwife (CNM), Clinical Nurse Specialist (CNS), and Nurse Practitioner (NP)

APRNs must complete graduate nursing education (Master's or Doctorate) from a nationally accredited program - legislation passed in 2018

APRNs must pass a nationally accredited certification exam - legislation passed in 2018

APRNs must hold an APRN license in addition to their RN license - legislation introduced in 2025

APRNs are granted authority to practice & prescribe independently - legislation introduced in 2017, 2019, 2020, 2022, 2023, 2024, 2025