

Nursing Regulatory Agencies and Advocacy Organizations: What is the Difference?

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CE 1 CONTACT HOUR

Learning Outcome: Nurses will gain an increase in knowledge related to the ability to identify the differences between the NC Board of Nursing, NC Nurses Association, and their policy-related activities.

Disclosure:

The authors and planners of this CE activity have disclosed that there are no conflicts of interest related to the content of this activity. See the last page of the article to learn how to earn CE credit.

Purpose: The purpose of this article is to provide information on the differences between the North Carolina Board of Nursing, the North Carolina Nurses Association, and their policy-related activities.

Nursing Regulatory Agencies and Advocacy Organizations: What is the Difference?

Nurses may not recognize the differences between the policy-related activities of the North Carolina Board of Nursing (NCBON) and the North Carolina Nurses Association (NCNA). In this article, the NCBON and the NCNA will be compared in terms of their history, purpose, organization, and policy-related activities to provide clarity on the differences between the two organizations. Examples of the activities of the NCBON and the NCNA during the coronavirus disease 2019 (COVID-19) response in NC will be used to compare recent policy-related activities of the NCBON and the NCNA. Reflection questions are provided to encourage nurses to reflect on the history of the two organizations, the policy-related role of each organization, and potential situations in which the two organizations may interact.

Brief North Carolina History

A conversation on North Carolina (NC) nursing history should begin with a discussion of Mary Lewis Wyche. Wyche is credited with accomplishments which include establishment of the first school of nursing in NC (Rex Hospital Training School for Nurses), creation of the first professional nursing organization in NC, passage of the first nursing registration law in the United States (U.S.), and publication of the first book about the history of nursing in NC (Appalachian State University, 2020). Wyche returned to NC from an International Council of Nurses meeting in New York with the goal of creating a statewide nursing organization in NC that would improve

the profession of nursing and the delivery of patient care through nursing registration and legislative advocacy. Through her persistence and creativity, the first meeting of the North Carolina State Nurses Association [now named the North Carolina Nurses Association (NCNA)] took place on October 28, 1902 (Pollitt, 2014). As NC's first women's organization to lobby the North Carolina General Assembly (NCGA) on professional matters, the North Carolina State Nurses Association was successful in its legislative efforts when a bill was signed into law on March 3, 1903, which established a Board of Examiners of Trained Nurses of North Carolina – the first in the nation. In 1925, the NCGA repealed the statutes pertaining to the board and recreated the board under the name, Board of Nurse Examiners of North Carolina, which was later referred to in legislation as the North Carolina Board of Nursing (NCBON) [North Carolina Board of Nursing (NCBON), 2020a]. In 1965, the NCGA revised the NC Nursing Practice Act (NPA) and added a mandatory requirement for a nurse to be registered with the NC Board of Nursing in order to be employed as a registered nurse in the state (Pollitt, 2014). Additional historical information on the NCBON may be obtained from the NCBON website (NCBON, 2020a). Additional information on the history of the NCNA may be obtained from the NCNA website (North Carolina Nurses Association [NCNA], 2020e; NCNA 2020h).

Regulatory Bodies and Professional Associations

The brief synopsis above describes the creation of the NCSNA (now NCNA) and NCBON with their

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▶ REGULATORY



related history. However, it should be noted that regulatory agencies in the U.S., such as the NCBON, are separate from professional associations, such as NCNA. The roles of regulatory agencies and professional associations constantly evolve, which can lead to confusion among members of the public, and nurses, regarding the similarities and differences between the two entities (Benton et al., 2017). In an integrative review of the literature which assessed how regulatory bodies, professional associations, and trade union organizations differ and interact, Benton and colleagues (2017) noted that all three types of organizations can claim to act in the interest of the public, but the ways in which they act in the public interest are very different. In their review, Benton and colleagues (2017) noted that regulatory bodies set and enforce minimum standards, approve educational programs, and ensure continuing competence while professional associations promote standards of optimum practice. Regulatory bodies address issues from a narrow, focused lens specific to public protection. The culture within a regulatory body should be impartial and is empowered by legal and societal mandates. Professional associations address issues from a broader professional focus through advocacy that promotes the profession (Benton et al., 2017).

North Carolina Board of Nursing

As of August 12, 2020, NC had more than 160,000 nurses – 142,147 RNs and 22,182 LPNs (NCBON, 2020b). The mission of the NCBON is to protect the public by regulating the practice of nursing (NCBON, 2020b). As discussed previously, the NCBON was created through legislation that was passed by the NCGA in 1903. Nurses in NC must maintain an active license to practice, which includes requirements for continued competence and license renewal every two years with a renewal fee (NCBON, 2020d). The NCBON is comprised of a 14-member board of directors, which includes licensed nurses and three public members. North Carolina is a leader in nursing regulation in many ways, including

its method of electing nurse members to serve on the board...the NCBON remains the only BON in the U.S. in which the nurse members are elected by nurses who are licensed to practice in the state. The Governor, Speaker of the House, and President Pro Tempore of the Senate each appoint one of the three public members on the board of directors (N.C. Gen Stat § 90-171.21). The NCBON is authorized to regulate the practice of all nurses [licensed practical nurses (LPNs), registered nurses (RNs), and advanced practice registered nurses (APRNs)] in NC through provisions outlined in the state’s nursing practice act (NPA) (N.C. Gen Stat § 90-171.19-90-171.49). Within this authority, the NCBON may adopt, amend, or repeal rules and regulations necessary to protect the public. Examples of some of the regulatory activities of the NCBON are outlined in Table 1 (located on page 12). Privette (2018) provides further, detailed information on the primary functions of the NCBON and use of the NPA in evaluating nursing practice.

Policy activities. The extent of the NCBON’s involvement in policy-related activities is focused on those activities that uphold the mission of the NCBON to protect the safety of the public. An example of a specific policy reform activity of the NCBON from the 2019-2020 legislative session is Session Law 2019-180, which updated the NPA and became effective on October 1, 2019. The updates to the NPA were made to reflect the current practice of nursing and to ensure that the laws outlined in the NPA properly facilitate the work of the NCBON in its legislated mandate to protect the safety of the public. The legislation included a revision of outdated pre-HIPAA language, formatting and definition revisions, clarification of subpoena power and disciplinary authority of the NCBON, and confidentiality protections for materials gathered by the NCBON. Another important provision within this law was the authority to create waivers to allow emergency health services to the public during a declared state of emergency (SOE). This provision allowed the NCBON to respond in an efficient manner and create

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waivers to address the nursing workforce needs during NC’s response to the coronavirus disease 2019 (COVID-19) pandemic (NCBON, 2020e).

Reflection Questions:

1. Review the provisions of the 2019 Session law that updated the NC Nursing Practice Act (Session Law 2019-180) available via the link below and reflect on how these changes are aligned with the NCBON’s mission to protect the safety of the public.
Note. The Nursing Practice Act changes begin on Part II (page 3) of the document: <https://www.ncleg.gov/Sessions/2019/Bills/Senate/PDF/S302v5.pdf>

North Carolina Nurses Association

Nurses join professional organizations for a variety of reasons which may include opportunities to network with colleagues, develop leadership skills, remain informed on professional practice issues, participate in activities that influence health policy, and/or engage in continuing

education activities (Black, 2017). The NCNA is a broad purpose professional nursing organization – it has a wide-ranging focus and related organizational activities. A specialty purpose professional nursing organization (like the National Association of Neonatal Nurses) has a more limited clinical focus and related organizational activities. As of August 12, 2020, NCNA had approximately 7,600 members. Membership in an organization like NCNA allows a nurse to support work related to the entire profession of nursing while membership in the specialty organization has a more limited focus related to the standards of the specific specialty area (Black, 2017). The NCNA states the following as the organization’s mission: “The North Carolina Nurses Association serves the changing needs of its members, addresses nursing issues, and advocates for the health and wellbeing of all people” (NCNA, 2020a). Furthermore, the NCNA asserts that it is NC’s leading professional organization for RNs; the organization works towards this mission by assisting NC nurses to remain on the forefront of issues related to nursing practice, policy, and education (NCNA, 2020a). As noted in Table 1, NCNA membership is voluntary. Members pay an annual rate to belong to the organization – rates vary according to the level of membership chosen.

Opportunities available to NCNA members include networking with other nurses in the profession, continuing education, updates and information about professional issues through the organization’s publications, development of leadership skills through council participation, and influencing health policy through nursing and patient-care

advocacy efforts (NCNA, 2020f). Ten specialty councils and a commission on advanced practice nursing are within the umbrella of NCNA’s “broad purpose” framework. Members of NCNA drive the formation of councils and commissions, which provide opportunities for members to focus on more specialized areas of interest (NCNA, 2020g). Table 1 includes a list of other NCNA-related activities, as compared to activities of the NCBON. It should be noted that a NC nurse must be an RN to qualify for NCNA membership. Licensed practical nurses in NC have the opportunity to join the NC chapter of the National Association of Licensed Practical Nurses (National Association of Licensed Practical Nurses, 2020).

Policy activities. The NCNA’s involvement in policy-related activities includes interactions with a focus on advocacy for issues that the organization identifies as being critical to patients and the nursing profession (NCNA, 2020c). The membership of the organization determines the political platform and related activities of the organization; the current legislative, regulatory, and political platform for NCNA is available on the organization’s website (NCNA, 2020b). Most of the organization’s focus in recent years has been advocating for increased access to care, through strategies such as modernization of APRN regulations, Medicaid expansion, school nurse funding, and nursing workforce issues (C. Cowperthwaite, personal communication, August 27, 2020). One specific advocacy effort that NCNA has pursued for the past several legislative sessions is legislation to grant APRNs in NC full practice authority (NCNA, 2020d; NCNA, 2020i; The SAVE Act, 2019). If enacted, this legislation would modernize regulations for APRNs in NC to align with recommendations in a model for APRN regulation that is recognized across the U.S. – the APRN Consensus Model (National Council of State Boards of Nursing, 2020). Specifically, this proposed legislation would allow APRNs to use the full scope of their abilities, based on their education and training, to assist with NC’s needs for access to care while maintaining standards for high quality health care services and controlling costs (NCNA, 2020i).

Reflection Questions:

1. Compare the mission of the NCBON and the NCNA. Reflect on the differences in the mission statements of the organizations and how each mission statement directs the work of its organization.
2. Using the information above and within Table 1, compare and contrast the NCBON with the NCNA in terms of the foundation of each organization, membership, board of directors, and organizational activities.
3. Advanced Practice Registered Nurse full practice authority is an example of an issue in which the policy-related activities of the NCBON and the NCNA may

overlap. If enacted, the proposed legislation for APRN full practice authority would update laws for APRN regulation to align more closely with recommendations in the APRN Consensus Model. Recall that the NCNA advocates for patients and the nursing profession while the NCBON regulates the practice of nursing in order to protect the safety of the public. Based on your reading here and information available through the following additional online resources, reflect on the differences in the policy-related activities of the NCNA and NCBON related to this issue.

Work Group & National Council of State Boards of Nursing. (2008). Consensus model for APRN Regulation: Licensure, accreditation, certification, and education. https://www.ncsbn.org/Consensus_Model_Report.pdf

National Council of State Boards of Nursing. (2020). APRN consensus model. <https://www.ncsbn.org/aprn-consensus.htm>

NCNA. (2020b). The SAVE act: Key talking points: House bill 185 & Senate bill 143. <https://pubs.ncnurses.org/pub.cfm?id=75FB52D-FED7-53C1-D3DB-4CD8E3949EFA>

NCNA. (2020d). Advocacy: SAVE act. <https://ncnurses.org/advocacy/legislative/save-act/>

lack of adequate personal protective equipment (PPE) available to care for patients during the crisis. During April 2020, the North Carolina Department of Health and Human Services reached out to nurses across NC with a request for assistance in responding to the nursing workforce needs to combat COVID-19. More than 2,000 nurses, including RNs, LPNs, and APRNs answered this call (Hoban, 2020). Additionally, representatives from the NCBON and the NCNA were invited on separate occasions to provide testimony to the North Carolina General Assembly (NCGA) as the NCGA made plans for legislation to address the acute needs, next steps, and long-term response to the COVID-19 pandemic in NC. The following information will provide examples of the legislative activities of the NCNA and the NCBON during NC's response to COVID-19.

North Carolina Nurses Association. The NCNA is known at the NCGA as the “voice” for nurses. With this in mind, the NC House Subcommittee on COVID-19, Health Care Working Group reached out to NCNA with a request for information from nurses on the front lines and their concerns as they cared for patients during the pandemic. NCNA president, Dennis Taylor, and chief executive officer, Tina Gordon, responded by providing a joint presentation to the committee on April 2, 2020. The NCNA gathered data for the presentation by surveying its membership; membership concerns included a lack of personal protective equipment (PPE), the availability of childcare for nurses while they were working to care for patients, fear and anxiety due to uncertainties related to COVID-19, and concerns regarding safety issues and not wanting to spread the virus (Gordon & Taylor, 2020). NCNA shared specific comments from NC nurses with legislators to “voice” the concerns from the nursing workforce related to their work in caring for patients during the COVID-19 crisis. Among the requests shared with legislators at the conclusion of the presentation was a request that legislators support the stay-at-home orders issued by the Governor to reduce the rate of COVID-19 transmission throughout the state, a request for legislators to use their influence to call for the expedited manufacture and distribution of PPE throughout the state, and a request for flexibility to allow the nursing workforce to maximize its contributions in the response to COVID-19 (Gordon & Taylor, 2020). After this presentation, the NCNA conducted a few non-scientific membership follow-up surveys. The follow-up surveys noted a decrease in the number of members who reported PPE shortages at their place of employment, although over one third of respondents still reported PPE shortages. Additionally, members responding to the surveys reported an increase in workload related to COVID-19 (Cowperthwaite, 2020).

North Carolina Board of Nursing. As mentioned previously, provisions within Session Law 2019-180 granted the NCBON the authority to create regulatory waivers

The International Year of the Nurse and the Midwife

In commemoration of the 200th anniversary of Florence Nightingale's birth, and to highlight the work of nurses and midwives globally, the World Health Organization declared 2020 as the International Year of the Nurse and the Midwife (McSpedon, 2020; Nursing Center, 2020). The International Year of the Nurse and the Midwife offers an opportunity to highlight the significance of nurses in improving access to health care for people in countries around the world (McSpedon, 2020). The critical importance of nurses and the application of Florence Nightingale's practices, including handwashing, standards of cleanliness, and learning from data have unexpectedly been brought into sharp focus during the International Year of the Nurse and Midwife due to the COVID-19 pandemic (Barnes & Barnes, 2020).

COVID-19

The World Health Organization declared the COVID-19 crisis a pandemic on March 11, 2020 (World Health Organization, 2020). Healthcare system process changes related to the care for patients during the pandemic were required due to the impact of COVID-19 patient surges and the





during a declared SOE in order to allow emergency health services to the public (N.C. Gen Stat § 90-171.49). On March 10, 2020, Governor Roy Cooper’s Executive Order 116 declared a SOE for NC. In response to the declared SOE and pursuant to the authority granted to the NCBON by the legislature, the NCBON

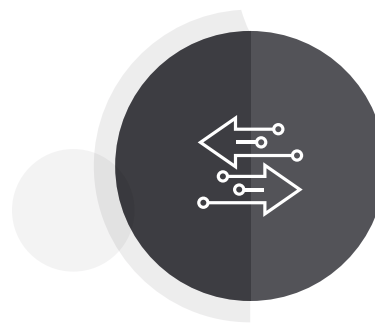
was able to efficiently create regulatory waivers to address nursing workforce-related concerns in response to the COVID-19 SOE. The NC House Subcommittee on COVID-19, Health Care Working Group reached out to the NCBON with a request for a presentation on May 14, 2020 to include updates on the activities of the NCBON in response to COVID-19. Legislators also requested information regarding the implementation of provisions from the COVID-19 Recovery Act which included temporary flexibility related to the regulations for quality improvement plans, meetings, and associated documentation for experienced nurse practitioners and physician assistants (COVID-19 Recovery Act, 2020). The presentation provided to legislators by NCBON legislative liaison, Catherine Moore, included updates on the many nursing-related waivers implemented, including waivers related to LPNs, RNs, APRNs, Medication Aides, Nurse Aide IIs, nursing education programs, and refresher courses (Moore, 2020). The list of waivers and their specific details is available on the NCBON website (NCBON, 2020c). The presentation also included updates on the collaborative efforts of the NCBON in response to COVID-19, updates on the anticipated numbers of nursing and APRN program graduates, the response to waiver implementation from the nursing workforce and educational/refresher programs, and an update on the actions of the NCBON to notify the nurse practitioners in NC of the legislation for temporary flexibility of regulations related to quality improvement plan requirements (Moore, 2020). The NCBON presentation concluded with an outline of issues for the NCGA to consider. Information included an update on the calls and reports received by the NCBON related to the safety concerns due to the lack of PPE available for patient care throughout the state and comments related to the importance of statutory provisions for regulatory waivers which facilitate an efficient response by regulatory boards during a SOE (Moore, 2020).

Reflection Questions:

1. Review the information above and the slides for the presentations given by NCNA and the NCBON to the NC House Subcommittee on COVID-19, Health Care Working Group. Reflect on the differences in the information provided by the two organizations and the consistency between the mission of each organization and the information provided to the legislative committee by representatives of each organization.
 - Gordon, T., & Taylor, D. (2020). North Carolina Nurses Association comments to the NC House Select Committee on COVID-19, Health Care Working Group. <https://www.ncleg.gov/documentsites/committees/house2019-199/Health%20Care%20Working%20Group/04-02-2020/V.-1.%20NCNA%20%20Presentation%20Slides.pdf>
 - Moore, C. (2020). North Carolina Board of Nursing comments to the NC House Select Committee on COVID-19, Health Care Working Group. <https://www.ncleg.gov/documentsites/committees/house2019-199/Health%20Care%20Working%20Group/05-14-2020/IV.%20Moore-NCBON.pdf>
2. Consider your previous thoughts related to the purpose of the NCBON, the NCNA, and their related activities. Reflect on the ways in which the information provided in this article enhanced your knowledge of the organizations and their related activities/functions.

Conclusion

This article compared the NCBON and the NCNA in terms of their history, purpose, organization, and policy-related activities. Examples of the activities of the NCBON and the NCNA during the COVID-19 response in NC were used to compare recent



legislative activities of the two organizations. Reflection questions were provided to encourage nurses to reflect on the history of the two organizations, the policy-related role of each organization, and potential situations in which the two organizations may interact. Nurses can use this information to enhance their knowledge of the differences between the NCBON, the NCNA, and their policy-related activities.

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INSTRUCTIONS

Read the article, online reference documents (if applicable), and reflect on questions listed under the Reflection Questions section.

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The following disclosure applies to the NCBON continuing nursing education article entitled “Nursing Regulatory Agencies and Advocacy Organizations: What is the Difference?”.

Participants must read the article, online reference documents (if applicable), and reflect on questions listed under the Reflection Questions sections of this article in order to be awarded CE contact hours. Verification of participation will be noted by online registration. Neither the author nor members of the planning committee have any conflicts of interest related to the content of this activity.

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TABLE 1. North Carolina Board of Nursing and North Carolina Nurses Association Comparison		
	North Carolina Board of Nursing	North Carolina Nurses Association
Website	https://www.ncbon.com/	https://www.ncnurses.org/
Mission	Protect the public by regulating the practice of nursing.	Serve the changing needs of its members, address nursing issues, and advocate for the health and well-being of all people.
Organization/ Foundation	Established by the North Carolina General Assembly in 1903. A regulatory agency composed of elected nurses, appointed citizens, and staff.	Founded in 1902. Professional membership association composed of registered nurses.
Fees	Nurses in NC must renew their license every two years. The current license renewal fee is \$100 every two years.	Membership in this organization is voluntary. Members pay an annual rate to belong to the organization; rates vary according to the level of membership chosen.
Board of Directors	Board of Directors consisting of 14 members. Three members are publicly appointed: (1) from NC House of Representatives (1) from NC Senate and (1) from Governor. Remaining members are elected by the licensed nurses in NC.	Board of directors elected by the membership of the organization.
Activities	<ul style="list-style-type: none"> Sets standards and approves educational programs leading to licensure. Licenses registered nurses and licensed practical nurses. Maintains the registry for nurse aide IIs. Develops rules and issues interpretations to further define the practice of nursing as set forth in the Nursing Practice Act Participates in the Nurse Licensure Compact for multi-state regulation of RNs and LPNs Offers programs for licensure remediation and practice enhancement. Investigates complaints and disciplines nurses. 	<ul style="list-style-type: none"> Promotes standards of nursing practice, nursing education, and nursing services.. Acts/speaks for the nursing profession in NC with regard to legislation and health policy. Promotes and protects the economic and general wellbeing of nurses Nursing state spokesperson to the allied professional community, governmental groups, and the public.
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