

**DRAFT MINUTES
of the First Meeting of the
APRN Technical Review Committee**

**July 30, 2020
9:30 p.m. to Noon**

(This meeting was a webex video conference)

Members on the call

**Jeromy Warner, PsyD, LP, Chair
Allison Dering-Anderson, Pharm.D., R.P.
Su Eells
Benjamin Greenfield, Perfusionist
Denise Logan, BS, RT
Wendy McCarty, Ed.D.
Mary C. Sneckenberg**

Staff persons on the call

**Matt Gelvin
Ron Briel
Marla Scheer**

I. Call to Order, Roll Call, Approval of the Agenda

Jeromy Warner called the meeting to order at 9:35 a.m. The roll was called; a quorum was present. Dr. Warner welcomed all attendees. The agenda and Open Meetings Law were posted and the meeting was advertised online at <http://dhhs.ne.gov/Licensure/Pages/Credentialing-Review.aspx> . The committee members unanimously approved the agenda for the first meeting.

II. Discussion on the Credentialing Review Process

Credentialing Review Program staff provided a brief overview of the credentialing review process and then asked if there were any questions about how the review process works. There were no questions.

III. Initial Discussion on the Proposal

Applicant group representative Linda Stone, MS, BSN, RN, CRRN, presented a brief overview of their proposal, identifying the following as the objectives of their proposal and then providing clarification of some terms used in the summary:

- Modernizing the licensure and regulation of APRNs in Nebraska:
 - i. Create a single APRN practice act
 - ii. Align scope of practice for all APRNs with the national consensus model for APRN regulation
 - iii. Position Nebraska to enter the APRN licensure compact
- What are advanced practice registered nurses (APRNs)?
 - i. Certified Nurse Practitioners (CNP / NPs)
 - ii. Certified Registered Nurses (CRNAs)
 - iii. Certified Clinical Nurse Specialists (CNSs)
 - iv. Certified Nurse Midwives (CNMs)

- What is the consensus model for APRN regulation?

This model is the product of a four-year collaboration between the National Council of State Boards of Nursing and nurse leaders from twenty-three nursing organizations. This consensus work group recognized that APRNs would play an increasingly significant role in improving access to high quality, cost-effective care, but that, currently, inconsistent standards in APRN education, regulation, and practice limit mobility from one state to another.

- What does APRN consensus model alignment mean?

The APRN consensus model provides states with a framework and guidance to adopt uniformity in the regulation of APRNs. Consensus between the states was originally projected to have been accomplished by 2015. A numeric system is used to assign progress towards implementation of the model. Nebraska has 25 of the 28 points required to fully align with the model.

The following proposed scope of practice changes represent consensus model alignment:

- i. Full practice authority for CNMs
- ii. Prescriptive authority for CNMs and CNSs
- iii. Removal of Transition to Practice requirements for NPs

- Why is APRN consensus model alignment important for Nebraska?

The importance of this is that it addresses access to care needs in remote rural areas of Nebraska where access of the care of physicians has been steadily declining for many years.

This model provides an opportunity for regulatory simplification and consistency across all of the APRN specialties.

This model provides an opportunity to improve the portability of the variety of services provided by advanced practice nurses from one state to another.

Dr. Warner asked the applicants how many nurses they represent. Linda Stone responded by stating that there are approximately 3000 APRNs in Nebraska. Ben Greenfield asked the applicants if they know of any opposition to what they are proposing. Linda Stone responded that the Nebraska Medical Association has concerns about the proposal particularly as it relates to nurse midwifery practice.

Linda Stone commented that the proposal seeks to streamline the regulatory process for all four advanced practice nursing groups so as to improve efficiency, portability of services, regulatory consistency, and accessibility of services for patients.

Dr. Dering-Anderson commented about the complexity of current regulatory rules defining which advanced practice nurses can or cannot prescribe certain medications, stating that it is very

difficult for a pharmacist to determine whether a given advanced practice nurse is allowed by law or rule and regulation to prescribe certain, specific medications. She expressed the hope that the credentialing review of the current proposal will provide at least some assistance to those tasked with determining which medications advanced practice nurses can / cannot prescribe. Linda Stone responded that this is one of the issues that the proposal is intended to address.

Linda Stone continued her comments on those aspects of advanced practice nursing that the proposal seeks to improve by stating the proposal also seeks to establish greater uniformity of education and training among all advanced practice nursing groups, as well as to assist in determining exactly what services each of the four respective advanced practice nursing professions does best. Ms. Stone informed the committee members that the national regulatory model group has already developed a more streamlined, simplified, and consistent regulatory model for advanced practice nurses, and that some other states have already implemented aspects of this model. Ms. Stone continued by commenting that the proposal if it passes would also eliminate most if not all current practice agreements between advanced practice nurses and physicians.

Dr. Warner asked whether the proposal would have the result of eliminating at least some of the regulatory boards that currently regulate some of the four advanced practice nursing professions. The applicants responded that it's too early to know whether or not this kind of scenario might play out if the proposal were to pass.

Sue Eells asked the applicants whether or not physicians play an essential role in the clinical training of recent APRN graduates. Linda Stone responded that other health professionals can play that role as well including other APRNs, for example.

Dr. Warner asked if there is any evidence from other states that have passed similar legislation as outlined in the proposal regarding any increase in the number of complaints against APRNs. Linda Stone responded that she has not seen any such evidence.

Allison Dering-Anderson made the observation that the applicants' proposal seems to preserve the identity of the four core groups within the APRN community but yet wants to standardize how they are educated, trained, and regulated which seems contradictory and raises the question why have four separate APRN groups if they're all to be trained, educated, and regulated the same?

Dr. Warner then asked is this four proposals or one proposal? An applicant representative responded by stating that there are four APRN statutes but there is only one APRN credentialing proposal.

A CRNA representative indicated that the applicants need to clarify what exactly each of the four APRN component groups would be allowed to prescribe and expressed the desire to see all the prescriptive details of the proposal.

At this juncture Committee chairperson Warner opened up the meeting to comments from other interested parties including those who have concerns about the proposal.

Dr. Jodi Hedrick, MD, OBGYN, speaking on behalf of the Nebraska Medical Association expressed opposition to the proposal for the following reasons:

- 1) There is no public need for this proposal
- 2) The safety standards inherent in the proposal are inadequate
- 3) The educational and training standards are not sufficient to protect the public

Dr. Hedrick went on to state that the proposal also fails to satisfy the credentialing review criteria.

Dr. Hedrick also stated that the NMA opposes consolidating the four APRN professional groups into one profession, adding that this idea seems to have been advanced to review without input from the members of the four nursing professional groups in question. Dr. Hedrick commented that improving efficiency, access, and educational and training standards can be accomplished without pursuing the extreme option of getting rid of four well-known advanced nursing professions in order to get these things done.

Dr. Dering-Anderson asked Dr. Hedrick why she considers the idea of regulating all APRNs under the auspices of a single regulatory act to be unacceptable when, as everyone knows, physicians have been regulated under the auspices of a single regulatory act in Nebraska for more than a century. Dr. Hedrick indicated that she did not perceive these two regulatory examples as being analogous.

Dr. Warner then asked the applicants for more information on how well the proposal has worked in other states where similar proposals have passed. He also asked the applicants for more information on how many of the members of the four affected nursing professions are supportive of the ideas in this proposal.

IV. Public Comments

There were no additional public comments at this time.

V. Other Business and Adjournment

Program staff stated that they would send out a “doodle poll” to set the date and time for the next meeting of the committee. There being no further business, the committee members unanimously agreed to adjourn the meeting at 11:05 a.m.