The Nebraska
Board of Nursing

PO Box 94986
301 Centennial Mall South
Lincoln, NE 68509
Phone: (402) 471-4376
Fax: (402) 742-1163

February 28, 2020

Dr. Gary Anthone
Chief Medical Officer, Nebraska DHHS
301 Centennial Mall South
Lincoln, NE 68509

Dear Dr. Anthone:

The Nebraska Board of Nursing is requesting a credentialing review for Advanced Practice Registered Nurses (APRNs). The Board of Nursing and APRN Board were supportive of LB 730, introduced in January of 2019 by Senator Walz, which introduced APRN Consensus Model language. Due to a number of issues and opposition, the bill was not moved out of HHS Committee. Senator Howard, chair of the legislative Health and Human Services (HHS) Committee, requested a credentialing review by the Certified Nurse Midwives in order to consider the legislation.

The APRN Consensus model bill was an attempt to condense the five separate APRN statutes into one statute with one scope of practice. The five statutes and individual sets of regulations have created regulatory inefficiency for DHHS and are confusing to the public, as well as the licensed practitioner.

There are four groups cumulatively represented by APRN licensure, including the Certified Registered Nurse Anesthetist (CRNA), Certified Nurse Midwife, Clinical Nurse Specialist, and Certified Nurse Practitioner. Each of the four groups that hold APRN licensure began as separate roles and legislated their paths separately in Nebraska. The CRNA group was the first to obtain statutory authority to practice in 1981. Their practice act and defined scope has changed little since that time. Board regulation was initially under the Board of Medicine, but changed to the APRN Board in 1996. The APRN-CRNA requirements for education and certification are most consistent with the requirement of the APRN Consensus Model. Segue Compact

The NP and CNM groups were the next to legislate their role in 1984. Both groups were regulated by the Board of Medicine and had written practice agreements. Both groups came under the regulation of the APRN Board in 1996. The NP group put forward several legislative initiatives in subsequent years and successfully retired the requirement for a collaborative practice agreement with physicians.

The CNM's have been less fortunate legislating changes to their scope of practice. They are regulated by the APRN Board since 1996, but must still have a practice agreement that is specifically with an obstetrician (extremely limiting, based on the geographical concentration of OB/GYNs in NE). The CNM's education and certification are in alignment with national standards and the other three groups.

The CNS gained statutory recognition in 2005. The statute provided for the role, but is silent on prescriptive authority. Regulation was placed under the APRN Board.

Legislative restrictions are in place due to the cumbersome nature of having five separate APRN statutes and each being tweaked or changed incrementally over the past 39 years. Each group has worked tirelessly to change their individual scope to be in alignment with national standards, but some have been unsuccessful. This proposal is about alignment of scope with the national APRN Consensus Model.

In 2018, Senator Carol Blood introduced the APRN licensure Compact. This bill was tabled because it created alignment of scope between the four groups, which is exactly the same reason why LB 730 failed in the current session. In response to Senator Howard's request for another credentialing review for the CNMs, the Board of Nursing looked at the history of credentialing reviews (407) for APRNs.

History of 407 Reviews:	APRN-NPs (2013, 1994)
	APRN-CRNAs (2007, 1990)
	APRN-CNMs (2006, 1994)
	APRN-CNS have not completed 407

Noting that the CNS group had never been through a credentialing review, and that the CNM group had been through two prior, the Board of Nursing agreed that the only prudent option is to proceed with a credentialing review for APRN licensure as a group, with all four different roles being part of that group. This credentialing review will demonstrate that APRNs are alike in education, training, certification, and scope, creating evidence necessary to support a successful APRN Consensus Model bill in the future.

After 39 years of incremental work, APRN licensure represents four roles within one level of licensure, with accredited education, national certification, and standards of practice that are well defined. Currently, there are currently 594 CRNAs and 2035 NPs in Nebraska. This means that 2659 APRNs have full practice authority in Nebraska. That leaves six percent (46 CNMs and 89 CNSs) with practice restrictions. APRNs must be viewed as one group with different practice roles and population foci and allowed to practice to the full extent of their education and training.

It is the intent of the Nebraska Board of Nursing to provide evidence for a single APRN statute and scope of practice for all APRNs in Nebraska. Alignment with the APRN Consensus Model for Regulation positions Nebraska for entry into the APRN Compact which promotes provider mobility across state lines and improves access to essential health care services for Nebraskans.

Sincerely,

Patricia Motl BSN, RN

Patti Motl, BSN, RN
Chair, Nebraska Board of Nursing