October 19, 2020

Nebraska Department of Health and Human Services Licensure Unit
Attn: Credentialing Review
PO Box 94986
Lincoln, NE 68509-4986

Dear Members of the APRN Technical Review Committee:

On behalf of the American Academy of Family Physicians (AAFP), which represents 136,700 family physicians and medical students across the country, I write in strong opposition to the application for credentialing review submitted by the Nebraska Board of Nursing. This application would dismantle the proven, physician-led team-based approach to quality health care that patients expect, and it would fail to provide minimum training, education, and competency requirements to ensure an appropriate standard of care. Furthermore, this application would do little to address the demonstrated health care shortage in your state’s rural and underserved areas.

We recognize the importance and contributions of all members of the health care team, including all providers listed in the Board of Nursing’s APRN proposal. All clinicians work best as part of an integrated team led by a physician to ensure proper care is delivered to all patients, who overwhelmingly agree that the best way to secure positive health outcomes is through a physician-led team-based approach.¹ By large margins, patients overwhelmingly believe physicians should have primary responsibility for handling their health care and leading the health care team.

Unfortunately, the application put forward by the Board of Nursing would undermine this proven model by moving away from an integrated team approach and further fragment care delivery in several ways:

- Specifically, removing the 2,000-hour transition-to-practice (TTP) supervisory requirement for nurse practitioners would deprive these clinicians of valuable physician supervision and could threaten patient safety. A family physician spends nearly 9,000 hours in lectures, clinical study, lab, and direct patient care during four years of medical school and an additional 12,000-16,000 clinical hours over three years of residency. Nursing programs may last for just two or three years with as little as 500-700 hours of clinical experience. Nurse practitioners, while essential components of any health care team, lack the meaningful direct patient care experience and education achieved during residency training that is critical in providing quality and comprehensive independent primary care to patients. TTP supervision is essential to guarantee that nurse practitioners receive the training necessary to ensure patient safety.

- The application would also extend prescriptive authority to certified nurse midwives and clinical nurse specialists without subjecting them to any additional education or training.

beyond existing requirements. These requirements fall far short of those currently required of physicians, which similarly could expose patients to unnecessary risk.

- The application would also remove any limits on practice authority for certified nurse midwives. Midwifery programs are not set up to train midwives to practice independently, as many essential components of a physician’s education, including some clinical judgment and medical decision-making skills, may not be included in this course of study. Team-based care is essential during delivery, and especially during complex deliveries, to ensure proper and sufficient care for patients.

The application claims this would address the rural primary care shortage, when in reality, family physicians disproportionately practice in rural areas; in fact, while family physicians comprise just under 15 percent of the nation’s physician workforce, 42 percent of all patient physician visits are with family physicians. Altogether, family physicians are more concentrated in rural America than any other specialty; 22 percent of all family physicians practice in these areas. Our physicians understand firsthand the frustrations of the primary care shortage in these areas – shortages that would not be properly addressed should this application be accepted. In fact, according to the Board of Nursing’s own application, a majority of clinical nurse specialists practice in specialty care. While we support efforts to strengthen and sustain the physician-led team-based model of care in rural and undeserved areas across Nebraska, solutions like allowing additional clinicians prescriptive authority fail to address the underlying shortage. Instead of spending time supporting solutions that only have a passing benefit to primary care, the AAFP is committed to supporting solutions that strongly support primary care in rural and underserved areas and the patients who benefit.

The AAFP believes that to address the primary care shortage, it is critical to support and expand the physician-led team-based care model in rural and underserved areas. To that end, the AAFP is strongly supportive of a number of initiatives, including allowing for the expansion of telehealth, encouraging the adoption and expansion of loan forgiveness programs, and increasing funding for community-based residency training programs, such as the Teaching Health Center Graduate Medical Education (THCGME) Program.

The AAFP is committed to pursuing solutions that increase primary care access while at the same time prioritizing patient health and safety. Unfortunately, the application for credentialing review submitted by the Nebraska Board of Nursing fails to address either goal; therefore, we strongly encourage you to reject it. We stand ready to work with the Review Committee to consider reforms to sustain and expand the physician-led team-based model of care to ensure that all patients have access to quality care, no matter where they live. Should you have questions, please contact Eric Waskowicz, Manager, Center for State Policy with the American Academy of Family Physicians, at ewaskowicz@aafp.org.

Sincerely,

Gary L. LeRoy, MD, FAAFP
Board Chair

3 AAFP, Career Options in Family Medicine, https://www.aafp.org/students-residents/medical-students/explore-career-in-family-medicine/career-practice-options.html