Dear committee members:

My name is John Massey and I am the chair of the Board of Medicine and Surgery and here to testify on behalf of the Nebraska Board of Medicine and Surgery.

The Board of Medicine and Surgery wishes to express our concerns regarding this proposal based upon our experience and work as an entity that is charged with safeguarding the patients that are cared for by clinicians in the state of Nebraska. We take our primary responsibility to ensure the safety of Nebraskans in receiving medical care very seriously and we believe that the state has a reputation for providing excellent care to its citizens in all areas and we want to preserve this going forward. The vast majority of medical care is provided in a safe, professional and ethical fashion and in those rare instances when clinicians depart from best practice, they place patient safety and wellbeing at risk.

It is our opinion that this proposal by the Board of Nursing would serve to exacerbate those risks and we therefore wish to express our concerns.

Several common themes emerge when physicians and other providers begin to provide care in a less safe or ethical fashion.

First, a clinician who functions as a solo practitioner often has fewer resources and collegial interactions that ensure development of protocols and commonly defined standard operating procedures which continually demonstrate both best practice and how to avoid care provision outside of best practice. All clinicians benefit from the development of collaborative arrangements with other providers and when there is a lack of collaborative arrangements, potential problems can more readily ensue.

Research shows that individuals who practice in this type of setting tend to be more likely to prescribe opioids in a problematic fashion. Research also shows that nurse practitioners prescribe opioids at a much higher rate than primary care physicians and providers in rural settings without a collaborative setting prescribed at higher rates than those who provide care in a more team-oriented situation. It is our concern that this proposal could place patients at risk inadvertently via an increase in opioid prescribing, especially for those individuals in more rural areas.

Second, any clinician that begins to function at their limit of competence and training, when they have only had a bare minimum of experience or training in the variety of complications that can arise has an elevated risk of developing further complications or exposing patients to unnecessary risks. This is because experience and competence can only be gained with repeated exposure to any contemplated care. Providing care at the extreme end of your competence increases the risk of adverse outcome. The Board of Medicine and Surgery strives to ensure that physicians who provide care only do so to a standard that meets the care provided by other comparable clinicians. In essence, physicians in general practice who perform a procedure must do so at the same level as someone who specializes in that particular area of medicine.

It is the Board of Medicine and Surgery’s concern that this proposal could create situations where medical care is being provided by a nurse specialist in a fashion incompatible with their training and medical care knowledge and without the oversight of the Board of Medicine and Surgery. Patients do not know that the Board of Medicine and Surgery is not watching over what APRNs do and yet patients expect that the care is delivered at that same standard.
It is our position that the Board of Medicine and Surgery is in the best position to oversee that provision of medical care is done in a fashion which ensures patient safety. However, because APRNs are not governed by the Board of Medicine and Surgery, we have concerns about how we are to carry out our duty of overseeing the provision of care in the state. Therefore, we must oppose this application because it will permit APRNs to provide medical care without the rigorous standards other clinicians providing the same care must uphold.

We are aware that access to care remains a pressing issue in the state of Nebraska. We want to improve access of care for citizens in the state. As an example of providing appropriate oversight, the Board of Medicine and Surgery has an excellent working relationship with the Physician Assistant Committee at the state level and our collaborative relationship extends to our participation with the PA Committee and providing oversight of the clinical work of physician's assistants. This has been an excellent working relationship and we have been able to cohesively demonstrate concern for the safety of patients while ensuring appropriately that physician assistants enjoy a wide range of opportunities to care for their patients without cumbersome limitations while practicing within their scope of training.

Lastly, Board of Medicine and Surgery believes that there are better ways for the Board of nursing to advocate for best practices for clinicians in the state than this proposal.

Sincerely,

John Massey, MD

Chair Board of Medicine and Surgery.