

October 2, 2020

Dear Jeromy Warner:

I support the role and need for APRNs in Nebraska. I employed a CNP in my office for many years and continue to work with CNPs and Physician Assistants. I have taught Physician Assistant students from all over the country for many years, and I agree with the need for APRNs and PAs in Nebraska. However, I am opposed to independent practice for CNMs.

The APRN applicant group references a decreasing number of counties that have active OB/GYN physicians and a decrease in critical access hospitals offering obstetric services. I would argue that most if not all of those critical access hospitals should not be doing obstetrics, especially if being done by a CNM. Those hospitals may not have access to trained staff, adequate blood products, timely cesarean sections, and consultations. It takes 6 months to a year for a Labor & Delivery nurse to become comfortable with taking care of a labor patient in a hospital that does many deliveries. It would be very difficult to train Labor & Delivery nurses and to maintain competency in a hospital that is doing only a few deliveries a month. Most of the consultations a CNM would need require the obstetrician to see the patient, and many of those consultations are time sensitive. That cannot happen in a hospital that is distant from the obstetrician. There may not be time to transfer that patient who is in labor and having one of the many complications requiring immediate action. I believe you would be putting patients and babies in jeopardy if CNMs are doing deliveries in these critical access hospitals. Perhaps you should ask the obstetricians why they do not practice in those hospitals. I would make the same arguments for a free-standing birth center not attached to a hospital.

In the APRN applicant group answers to questions, you say that CNMs effectively consult/collaborate/refer to physicians. It is much harder to consult when you are remote from that physician. CNMs have less training and experience, and it takes training and experience to know when you need to consult. There is no one looking over their shoulder who can give advice. I ask my colleagues for advice on a regular basis, and I would not do that as often if I had to make a phone call. You have to know when to ask and not be afraid to ask. Many hospitals require a supervising physician to cosign notes and orders for APRNs, and APRNs cannot admit or discharge patients. I also have a concern about ongoing competency. Peer review is difficult in a larger hospital and even more difficult the smaller the medical staff gets for several reasons. Your peers are your friends, and it is very difficult to be objective when you are reviewing a friend. Peer Review is also hard in smaller hospitals because you often do not have the expertise to do adequate peer review, and it is very expensive to send out for outside review. Chart review/complaint-based discipline has not been shown to increase quality. The Nebraska DHS complaint-based system for reporting professional incompetence or danger to the public is referenced as a solution to peer review. Only the most egregious acts will get reported.

I believe that the people of the great state of Nebraska will be better served by not allowing independent practice of CNMs. You cannot give the same level of care in these critical access hospitals with less training, less experience, less availability of blood products and quick access to a higher level of

care when needed quickly. Obstetrics relies on a team of highly trained and highly experienced medical personnel working together. CNMs are a part of that team but not when working independently.

Sincerely,

A handwritten signature in cursive script that reads "Mark Davis". The signature is written in black ink and is positioned above the printed name.

Mark Davis, MD  
ACOG, ACS