October 19, 2020

Dear APRN Technical Review Committee:

Thank you for allowing me to testify before your committee. I want to start by saying I support the role and the need for APRNs in Nebraska. I employed a nurse practitioner in my office for many years, and I continue to work with nurse practitioners, nurse midwives, and physician assistants. I have taught physician assistant students from all over the country for over 25 years. I agree with the need for APRNs; however, I am opposed to independent practice for nurse midwives.

The APRN applicant group references a decreasing number of counties that have active OB/GYN physicians and a decrease in the number of critical access hospitals doing obstetrics. The report does not include Family Practice physicians who do obstetrics. The map would look much different if that important group was included. I would argue that most critical access hospitals should not do obstetrics, especially if the care is being given by a CNM. Most or all of those CAHs that have the resources and need to do obstetrics have Family Practice physicians providing that service already.

The CAH 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 and delivery nurse to become comfortable taking care of a labor patient. That is in a hospital that does many deliveries. It would be very difficult to train and maintain competency in a hospital doing a few deliveries every month. Most consultations require the obstetrician to see the patient and are time sensitive. This cannot happen in a hospital or even a birthing center distant from the obstetrician. If you ask an obstetrician about the “scary” cases they have had, they will say they were in the normal, low-risk patient and were unexpected. There is not time to transfer a patient who is bleeding or having significant fetal heart rate abnormalities. I believe you would be putting patients and babies in jeopardy if CNMs were allowed to practice independently, especially in the CAH or free-standing birth centers.

The APRN applicant group says that CNMs effectively consult/collaborate/refer to physicians. I am sure that is true some of the time. It is one thing to walk across the hall and ask the physician, who is in house for obstetrics call, a question but entirely different if you have to call a physician out of their clinic or wake them up at night. The CNM has less training and experience, and it takes training and experience to know when you need to consult. You don’t know what you don’t know. 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. Many hospitals still require a supervising physician to cosign orders and notes for APRNs, and the APRNs cannot admit or discharge patients.

I also have a concern about ongoing competency, especially in the CAH. Peer review is difficult in a larger hospital and even more difficult as the medical staff gets smaller. Your peers are your friends, and it is very difficult to be objective when you are reviewing a friend. Peer review is harder in smaller hospitals because you may not have the expertise to do adequate peer review, and it is very expensive to send a chart for outside review. Chart review/complaint-based discipline has not been shown to increase quality. The applicant group references the Nebraska DHS complaint-based system for reporting professional incompetence or danger to the public as a solution for peer review. That is not peer review and does not address ongoing competency.
I believe that it would be irresponsible to allow CNMs to practice independently. You cannot give the same level of care in the CAH with less training, less experience, less availability of blood products, and without quick access to a higher level of service when needed quickly. Obstetrics relies on a team of highly trained and highly experienced medical personnel working together. CNMs are an integral part of that team but not when working independently. Please do not allow this request for a change in the scope of practice to proceed.

Sincerely,

[Signature]

Mark Davis, MD
ACOG, ACS