In closing,

Nebraska 71-6202 known as the Nebraska Regulation of Health Professions Act states that “The Legislature believes that all individuals should be permitted to provide a health service, a health-related service or an environmental service unless there is an OVERWHELMING need for the state to protect the public from harm.”

By evidence presented in this hearing, there has not been OVERWHELMING evidence that shows the need for this Technical Review Committee to reject this application. As a matter of FACT, there was evidence presented that OVERWHELMINGLY compels this Technical Review Committee to support this application.

The application has established that the criterion have been met.

**Criterion One:**

*The health safety and welfare of the public are inadequately addressed by the present scope of practice or limitations on the scope of practice.*

- Requiring a collaborative agreement for CNM limits consumers’ access to services.
- OB/GYN physician services have decreased across Nebraska; this fact alone limits where a CNM can practice, subsequently limiting the range of services provided by a CNM, as well as access to care.
- Required collaborative agreements do not draw CNM’s to Nebraska – Nebraska is considered one of the most restrictive states for CNM practice in the country.
- There is no evidence presented that supports claims that the public will be harmed if these changes are made. To the contrary, we have evidence within our own state that there were no increased dangers in Nebraska when CRNAs and CNP were granted full practice authority.

**Criterion Two:**

*Enactment of the proposed change in scope of practice would benefit the health, safety or welfare of the public.*

- APRNs provide safe, high level care
- After reaching full practice authority in 2015, the number of NPs and range and access to psychosocial mental health services increased dramatically.
- 91% of Rural Health Clinics and 87% of Critical Access Hospitals are located within a 20-mile radius of an APRN residence.
- NPs provide 75-100% Emergency Department coverage in a number of Critical Access Hospitals.
- 22 states and 2 territories have adopted full practice authority

The application does not impose significant new economic hardship on the public, significantly diminish the supply of qualified practitioners or otherwise create barriers to service that are not consistent with the public welfare or interest. As evidence has been presented to demonstrate that this application will actually have the opposite effect. This application will increase the number of qualified practitioners and remove barriers to service that are consistent with the public welfare and
interest. Evidence must show that the benefits of supporting the status quo must clearly demonstrate how and why this situation protects the public from harm or danger. The criterion calls for you to minimize fragmentation of the health care system, it also calls on you to remove any unnecessary limitation to utilization of qualified personnel. It also calls upon you to not reduce competition.

Criterion Three:

*The proposed change in scope of practice does not create a significant new danger to the health, safety, or welfare of the public.*

- Look to our APRN-CRNA counterparts; CRNAs are the only anesthesia providers in >95% of the Critical Access Hospitals.
- 20 years of APRN data indicates no change in complaint-based discipline to any of the four groups.
- APRN malpractice cases are well below physicians and osteopathic physicians in Nebraska--nearly eight times and three and a half times less likely than physicians and osteopathic physicians respectively to have made medical malpractice payments between 2015 and 2020.

Criterion Four:

*The current education and training for the health profession adequately prepares practitioners to perform the new skill or service.*

- An approved, accredited provider of nursing education must provide core and role specific education for the APRN.
- NCSBN convened a workgroup in 2008 that aligned education, certification, and accreditation across all four APRN roles. This solid foundation was not present previously as APRNs have obtained incremental practice authority. This is the significant difference between prior applications and current day practice.

Criterion Five:

*There are appropriate post-professional programs and competency assessment measures available to ensure that the practitioner is competent to perform the new skill or service in a safe manner.*

- An approved, accredited provider of nursing certification administers the certification exam, specific to the APRN role.
- National certification is required prior to licensure as an APRN.
- Active certification is a criteria for holding an active license to practice as an APRN.
- All APRNs must meet ongoing education and practice guidelines to maintain active certification.
Criterion Six:

There are adequate measures to assess whether practitioners are competently performing the new skill or service and to take appropriate action if they are not performing competently.

- 20 years of data indicates no change in complaint-based discipline to any of the four groups.

There is public assurance of initial and continuing professional ability. You are compelled to ensure that the public play an active role in choosing their caregiver, that information about qualifications of the caregiver is important in making a choice. All APRNs have the same basic education in advance pathophysiology, advance assessment and advance pharmacology. Despite that, currently the state restricts 4% of APRNs from full practice authority, creating confusion among the public as well as other professional groups. Despite providing full practice authority to APRNs, there will still be institutional oversight or supervisory structure in place in hospitals to protect the public. We have also shown evidence that there is a national accrediting body that provides oversight to APRN educational programs and there is national level certification that assesses basic competency for each of the APRNs roles and their population. The Education and training requirements are necessary and adequate for safe and effective practice. There has been no strong evidence to the contrary.

Opponents have implied that collaboration would end if Collaborative agreements were not mandated, yet Nebraska has not seen a decline in NP and CRNA collaboration since they received full practice authority. The opponent has shown no evidence to support that claim.

Also the opponents imply that nursing will not practice as a team. Again, this is not support by any evidence. Nurses believe in team based care and will continue to support team based care. As the opponents testified, all groups have leaders – sports groups, work groups. They are correct, they do but leaders typically don’t require contractual/formal arrangements to force collaboration or to insert leadership.
We as the applicant group have presented to you in the application and through testimony that there is evidence to support this application.

I want to remind you that you are asked as part of your duties of this committee to review the evidence. The Level of Evidence is clearly articulated. The ranking order of evidence

(1) Randomized trials
(2) Comparison groups
(3) Pre and Post comparisons
(4) Correlational study
(5) Case study
(6) Anecdotal.

The effect of full practice authority in Nebraska has been tested with the CNRA and NP groups. There is evidence pre and post implementation of full practice authority for these groups (96% of APRNs in Nebraska) with no adverse outcomes. We urge the committee to review the literature, specifically looking at who has conducted the evidence and how the evidence is worded. Non physician providers is not equivalent to Advanced Practice Nurses solely.

We have provided you with strong evidence, through published evidence from non-non biased groups to assist you in your decision making process. The Institute of Medicine which is a group of prestigious scientists has led the call.

It is your duty as a member of this panel, to weigh the EVIDENCE and make a decision for the betterment of the public. We believe that when you weigh this evidence you will find that you must support this application.