I am Dr. Kelley Hasenauer, DNP, APRN-NP. Good morning and thank you for allowing me to speak on behalf of Nebraska Nurse Practitioners in favor of the Nebraska Board of Nursing’s proposal to pursue Advanced Practice Registered Nurse (APRN) Consensus alignment for licensure of Nurse Practitioners, Nurse Anesthetists, Nurse Midwives, and Clinical Nurse Specialists in Nebraska.

From 2011-2016, I served as the APRN representative on the State Board of Nursing. As you are well-aware, the sole purpose of the State Board of Nursing is to foster the professional practice of nursing and protect the public from unprofessional, improper and incompetent actions. My purpose in addressing you today is to explain how the evolution of full practice authority for nurse practitioners (NPs) has enabled my practice to grow and provide much needed services to women in my Nebraska community. I will also provide you with a snapshot perspective as a practice owner regarding how full practice authority has not been demonstrated as detrimental to APRNs as safe health providers.

I have been a licensed as a NP in Nebraska since 2001 when I graduated with a master’s of science in nursing from the University of Nebraska Medical Center. I am board certified as a family nurse practitioner and have practiced in primary care for the last 19 years. In 2012, I completed my doctorate of nursing practice degree. Later that year, myself and a physician colleague opened Platte Valley Women’s Healthcare in North Platte.

In 2014, my physician colleague and business partner chose to leave the North Platte Community and our practice. I was left with a large patient clientele and 6 staff members to fend for. If this physician hadn’t been willing to continue to sign the mandated Integrated Practice Agreement, staff would have been out of work, and approximately 2000 patients would have been without a primary care provider.

In August 2015, state legislation eliminated the requirement that NPs have an Integrated Practice Agreement (IPA) with a physician. This allowed my clinic to continue providing primary care services and employment opportunities when the physician who held my IPA retired. In 2016, A 2nd Nurse practitioner was the first to join my practice without the burden of a practice agreement requirement. She has been a valued healthcare provider in our community since that time, providing high-quality primary care for women across the lifespan.

Over the last 8 years, my clinic has expanded to include a Women’s Health Nurse Practitioner, a Psychiatric-Mental Health Nurse Practitioner, and a Mental Health Therapist. Our practice is supported by 9 additional employees. Together, we help to meet the primary care and mental health needs of rural southwest Nebraska through approximately 6000 visits per year.

Our clinic also serves as a preceptorship site for 2-3 nurse practitioner students each year. Through the experiences of hiring a new-graduate NP and precepting dozens of NP students, I would like to speak frankly regarding the current transition to practice (TTP) requirement for new graduate NPs to have supervised practice for their first 2000 hours in the workforce. Please understand that this requirement is just a written piece of paper between a licensed NP and another NP or physician. This current regulation was inserted into the current Nebraska NP practice act without any evidence that TTPs are necessary to improve patient care or outcomes. Nurse Practitioners are already RNs with thousands of
hours of direct patient care experiences prior to entering graduate school to become NPs. Additional supervision time after graduation has not been shown in any study to alter patient care outcomes and can certainly limit access to much needed primary care providers in our state, particularly in rural areas, such as the one where I practice.

I would also like to speak to concerns over Malpractice claims since NPs have attained full-practice authority in Nebraska. I can attest that Malpractice premiums for my clinic have not significantly increased over the last 8 years that I’ve owned Platte Valley Women’s Healthcare. I assure you that if the cost of insuring providers increases, one of the first ways to recoup those costs would be increased premiums. In response to a committee member question regarding how malpractice rates for APRNs compares to that of physicians in this state, a Nebraska Center for Nursing analysis that APRNs were nearly eight times and three and a half times less likely than physicians and osteopathic physicians respectively to have had medical malpractice payments between 2015 and 2020. Details are posted on the DHHS Credentialing Review website.

In summary, full practice authority for NPs in this state has enabled my practice grow and increase much needed services in my community. The decline in malpractice litigation rates for APRNs in this state follows the implementation of full practice authority for NPs, the largest group of APRNs.

The proposed APRN consensus model is designed to ensure that public safety is protected by holding ALL Nebraska APRNs to the same high standard of Education, Accreditation, Certification, and Licensure requirements. Compliance with the Consensus Model means that each individual APRN practices in alignment with core education and certification competencies, and ultimately licensed scope of practice for a particular role and patient population.

The goal is to assure safe and competent individuals to practice as APRNs to benefit the health of the citizens of Nebraska.

I’m happy to take any questions you might have for me at this time.

Sources: