



NEBRASKA ACADEMY OF FAMILY PHYSICIANS

*"Promoting, supporting, and serving our
members as they strive to improve the
health of all Nebraskans."*

October 6, 2020

Members of the APRN Technical Review Committee:

I am writing to you on behalf of the Nebraska Academy of Family Physicians (NAFP). The NAFP represents over 1,200 members in the state of Nebraska. We appreciate your leadership and volunteering your time on this critically important review committee for our state. After reviewing the APRN 407 application, the NAFP is in opposition to this application.

The NAFP strongly supports team-based care. This model of delivery provides optimal care and outcomes for patients in Nebraska. It allows multidisciplinary teams to work collaboratively while focusing on the safety of our patients. Family Physicians believe that APRNs play a valuable role on the healthcare team when working in collaboration with physicians and the rest of the team. As part of the team-based approach, physicians should lead those health care teams to reduce risk to patients and liability. In a world where modern medicine is more complicated than ever, it makes sense to strengthen collaboration, not weaken it.

One of the key aspects of patient safety is provider education. We acknowledge the APRNs' training at both the bachelors and graduate level. However, this application does not explicitly state what scope of practice changes are being sought, and the assumption is that scope of practice is going to be full, or similar to the scope of practice of medicine. Therefore, it leaves us with great concern regarding the latitude of independent practice this application is potentially seeking. In addition, this application is asking for removal of all collaborative agreement requirements and restrictions on prescribing drugs. We oppose this request. Physician oversight ensures patient safety by having a collaborative approach with APRNs to provide support and review complex issues when they arise. Family Physicians have more than 16,000 hours and seven-to-11 years of postgraduate clinical education and training to enable them to address complex patients' health care needs.

Furthermore, the NAFP opposes removing the 2,000-hour transition-to-practice (TTP) requirement with a physician. The NMA opposition letter sent last week, which we concur with, very nicely articulates the reasoning behind the TTP. There does not seem to be any clear benefit to rural Nebraska, access to care, or patient safety to remove the TTP.

Consider the following scenario. This application would allow for no oversight for nurse midwives delivering newborn babies. As Family Physicians, many of us have experienced extraordinarily complex deliveries, even some that were healthy pregnancies all the way through until delivery. Complex child births can happen at any moment during pregnancy and through delivery, in those instances, you must call upon your training and experience to prevent adverse effects to the child and mother, or worse yet mortality. Team-based care is critical to support providers and provide the best care possible to patients.

Another important aspect of this application is the claim that it would increase access to care, particularly in rural areas. Family physicians are particularly invested in the state of rural healthcare, as we are often the frontline healthcare professional in rural areas. We are also keenly aware of the unique challenges, limited resources, and demographics of our patients that make rural healthcare so unique and often times

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more challenging. This application is requesting reducing and removing collaborative agreement requirements and restrictions on prescribing drugs. The premise for this proposal is to align with a national compact and to streamline licensing and credentialing requirements. This is stated in the proposal, and in our opinion, does not put the safety of Nebraskans as the main priority, as it should be. Moreover, many rural health centers in Nebraska have already adopted policies to not employ advanced practice providers without collaboration with physicians due to the appropriate setting and level of back up needed to guarantee patient safety. Therefore it is highly questionable whether rural areas would see an increase in access to care related to this bill.

For these reasons, the NAFP opposes this proposal and we urge the credentialing committee to do the same.

Sincerely,

Steven M. Williams, MD
President of the NAFP