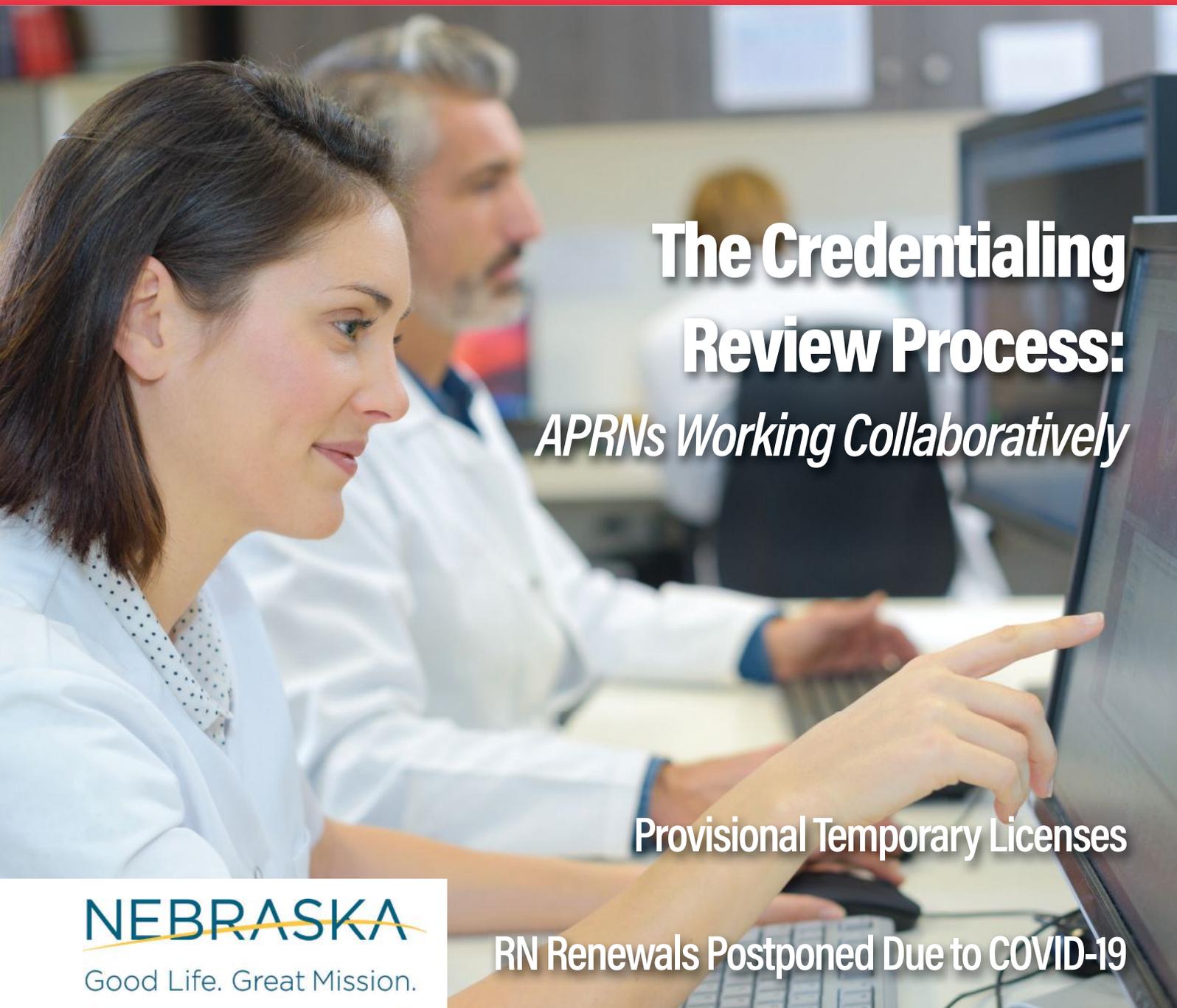


NEBRASKA BOARD OF Nursing NEWS

Volume 37 • Number 4 / Winter 2020



The Credentialing Review Process: *APRNs Working Collaboratively*

Provisional Temporary Licenses

RN Renewals Postponed Due to COVID-19

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Executive Director's Message

Ann Oertwich, RN, PhD



I would like to extend my thanks to retiring Board of Nursing Members Janet Andrew, LPN, for eleven years of service and Louise LaFramboise, RN, for five years of service. Their expertise will be missed!

This issue is celebrating the final months of the Year of the Nurse and the Midwife! And what a year 2020 has been. At this point it is highly unlikely that RNs and APRNs will renew their licenses until some point in 2021, based on the Governor's Executive Order. That date is a moving target, so please stand by and see the article on page 6. There are a variety of updates on Board of Nursing activities in this issue – kind of a wrap of all things in nursing regulation for your perusal.

Something new for you to consider is the use of DHHS Licensure Unit information in phishing scams. This news has spread inward from the coasts, but is here now, based on calls we have received. The article from NCSBN on page 15 highlights some reminders about phishing scams. In this case, the caller is indicating that the nurse's license is in jeopardy or the nurse is being disciplined, and of course is seeking money. Do not hesitate to contact the Licensure Unit if you

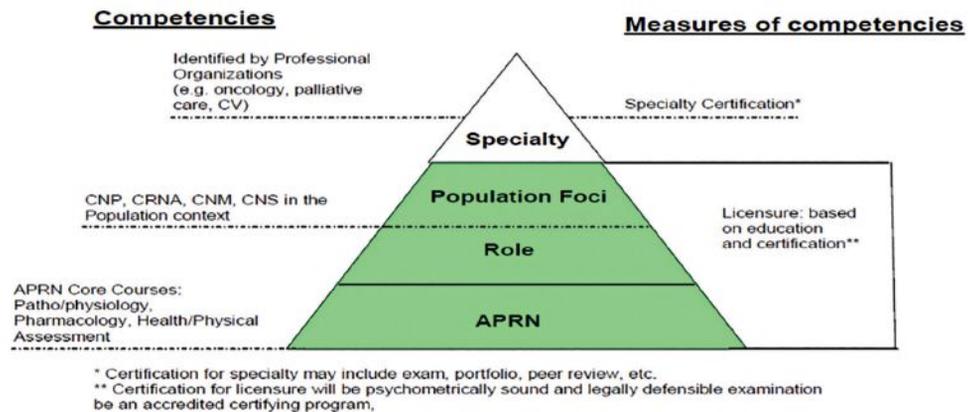
receive these calls, and also contact the Attorney General's Office to report the scam.

And finally, I would once again like to draw your attention to the Credentialing Review for Advanced Practice Registered Nurses (see article page 16). It is important that all nurses stand together to advance nursing in Nebraska. The argument going forward is that all APRNs have a common core of education, so are essentially created equally, based on the Consensus Model for APRN education and practice (2008). Therefore, full scope of practice authority should be granted to each of the four APRN roles. Currently, CRNAs and NPs have

full practice authority in Nebraska. This credentialing review effort seeks to level the playing field and include the other 4% of APRNs in NE – the CNMs and CNSs.

The diagram below is another way of framing the Consensus Model for APRN education with the common core, then focused role and population foci, followed by specialty education and certification.

The APRN Credentialing Review Committee voted to accept the APRN proposal on a 3:2 vote. The Board of Health voted 9:3 to not advance the proposal. The next vote will come from the Chief Medical Officer at DHHS. Stay tuned!



From the APRN Joint Dialogue Group Report, July 7, 2008

Nebraska Board of Nursing

Meeting Schedule 2021

Nebraska Board of Nursing meetings are open to the public when the meeting is in open session. Generally, meetings go into closed session soon after the meeting starts to discuss confidential information. Meetings usually return to open session in the late morning. Estimated times for open and closed session can be found on each month's agenda. Agendas are posted at <http://dhhs.ne.gov/licensure/Pages/Agendas-and-Minutes.aspx>. To obtain more information about attending a meeting, phone (402) 471-0469 or email sherri.joyner@nebraska.gov.

Board Meeting Dates

January 14	July 8
February 11	August 12
March 12	September 9
April 8	October 14
May 13	November 4
June 10	December 9

Committee Meetings

Education Committee:

Contact
Jacci Reznicek at
Jacci.Reznicek@nebraska.gov

Practice Committee:

Contact
Kathy Hoebelheinrich at
Kathy.Hoebelheinrich@nebraska.gov

Location: meetings will be virtual until risk of COVID-19 is mitigated



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RN Renewals Postponed Due to COVID-19

Nebraska RN and APRN licenses will stay on active status until the Governor lifts the State of Emergency declared in response to the COVID-19 crisis. Renewal of these licenses will not occur until after the emergency is lifted.

When will RNs and APRN need to renew?

RNs and APRNs will be mailed a postcard renewal notice within 30 days after the emergency order is lifted. Once the cards are sent out, RNs and APRNs will have 90 days to renew. Emails will also be sent to RNs and APRNs to keep them updated on the status of the renewal situation.

Given uncertainties as to exactly when the COVID-19 emergency will be lifted in Nebraska, it is unknown when RNs and APRNs will need to renew their licenses. If you are an RN or APRN, you should make sure that your address and email information on file with the DHHS Licensure Unit is up-to-date to better ensure that you receive the renewal postcard and email notifications in a timely manner. You can update your contact information by creating an account at <https://nebraska.mylicense.com>

Expiration dates will be adjusted.

Expiration dates for Nebraska RN and APRN licenses currently reflect December 31, 2020. The expiration date will be adjusted again if the state of emergency continues past December 31, 2020.

Continuing competency will be deferred.

In previous renewal years, RNs and APRNs needed to complete their continuing competency requirements, such as continuing education and practice hours, by the October 31st deadline. For this renewal cycle, the deadline for completing continuing competency will be extended until after the COVID-19 emergency order is lifted.

Most RNs fulfill the continuing competency requirement by completing 20 hours of continuing education and 500 practice hours. Any acceptable continuing education accumulated since November 1, 2018, will count towards meeting the CE requirement. Any acceptable nursing practice hours accumulated since November 1, 2015, will count towards meeting the practice hour requirement.

The deadline for completing continuing competency requirements will occur 90 days after the renewal postcards are sent. Because it is unknown exactly when this date will be, we encourage RNs and APRNs to make a best effort to fulfil their requirements prior to December 31, 2020, if possible.

Continuing Competency Waivers

If circumstances beyond your control prevent you from completing your continuing competency requirement - even with the extended deadline - you will have the option during the renewal process of requesting a waiver. "Circumstances beyond your control" may include unavailability of coursework resulting from an officially declared state of emergency. Requests for waivers can only be submitted during the renewal process. DHHS licensing staff will not be able to pre-approve waivers before the renewal period opens.

The requirement that APRNs have a national certification in order to renew will be deferred until the 2022 renewal cycle.

2022 Renewal

The next renewal cycle will end October 31, 2022. Continuing education completed between November 1, 2020, and October 31, 2022, will count toward the 2022 renewal cycle.

Executive Orders

The waivers and deferrals described above are being instituted under the authorization of two Executive Orders signed by Governor Pete Ricketts. Executive Order 20-10, Coronavirus – Additional Healthcare Workforce Capacity, was signed on March 27, 2020. Executive Order 20-27, Coronavirus – Credentialing of the COVID-19 Workforce, was signed on June 17, 2020. More information about these Executive Orders can be found at <http://dhhs.ne.gov/licensure/Pages/Nurse-Licensing.aspx>.

Do Collaborative Practice Agreements Make APRNs Safe Practitioners?

Kathy Hoebelheinrich, MSN, APRN-NP, ANP-BC, BC-ADM
 Juan Paulo Ramirez, PhD

The Nebraska Board of Nursing as the Applicant Group for an APRN Credentialing Review in progress has advanced a proposal for APRN Consensus Model alignment (National Council of State Boards of Nursing [NCSBN], 2008) that includes the removal of mandatory collaborative practice agreement (CPA) requirements for two of the four APRN groups in Nebraska (See page 16, this issue). Statutory collaborative practice agreement requirements should not be confused with physician supervision requirements for APRNs mandated for credentialing by payers which are outside the jurisdiction of the Credentialing Review (APRN Credentialing Review Application, 2020).

Safe practice for the protection of the health care consumer from adverse outcomes is the most frequently cited concern as justification for the perpetuation and expansion of mandatory CPA requirements between advanced practice registered nurses (APRNs) and physicians (Martin & Alexander, 2019).

The purpose of this report is to:

1. Describe the frequency of licensure complaints and malpractice awards against APRNs in Nebraska, with and without CPAs as indicators of safe practice.
2. Compare the relative frequency of malpractice awards between APRNs and physicians licensed in Nebraska.

Healthcare Provider Shortages

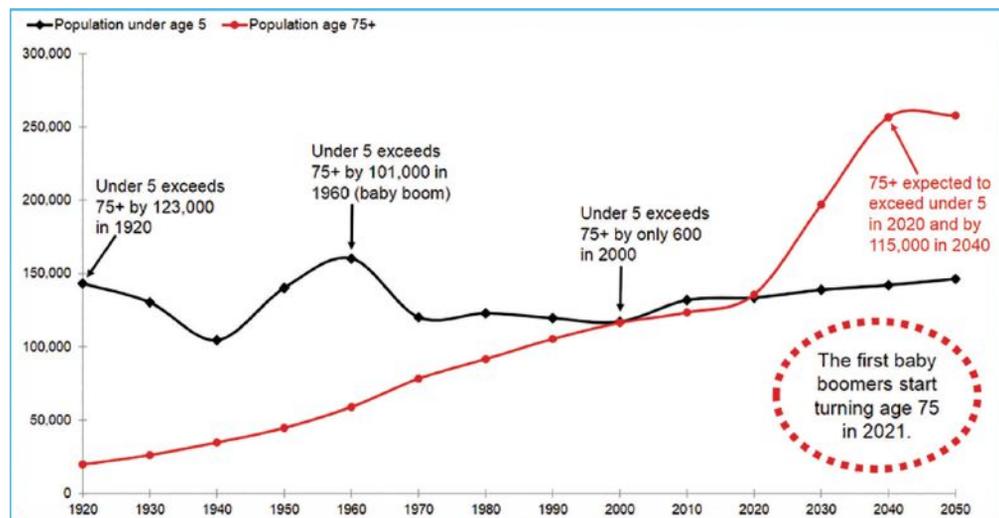
There are a multitude of challenges facing the U.S. healthcare system. Chief among these are primary care workforce shortages exacerbated by the increasing demand for health care services secondary to payer expansion. Then consider the ever growing aging and chronic disease patient population; as well as, physician retirement and the propulsion of new graduates away from primary care and into specialty practice.

The preceding are readily evident in Nebraska. Medicaid expansion, named the Heritage Health Adult Program, took effect in the state October 2020. Through the end of October, there were over 16,000 Nebraskans made newly eligible for services (Drew Preston, Nebraska Medicaid Public Information Officer).

2020 is also the first year in the history of the state that the population 5 years old and younger was fewer than those 75 years old or more in Nebraska (Figure 1). It is projected that the 75+ age group will exceed those 5 years old and fewer by 115,000 in twenty years.

continued on page 8

Figure 1: Nebraska population of select age groups (under 5 and over 75): 1990 to 2010 with projection to 2050



Sources: 1920 to 2010 Decennial Censuses. U.S. Census Bureau; June 2013 Population Projections. UNO CPAR (presented by David Drozd at the 2020 Nebraska Data Users Virtual Conference. "Nebraska State and Local Population Trends," August 19, 2020).

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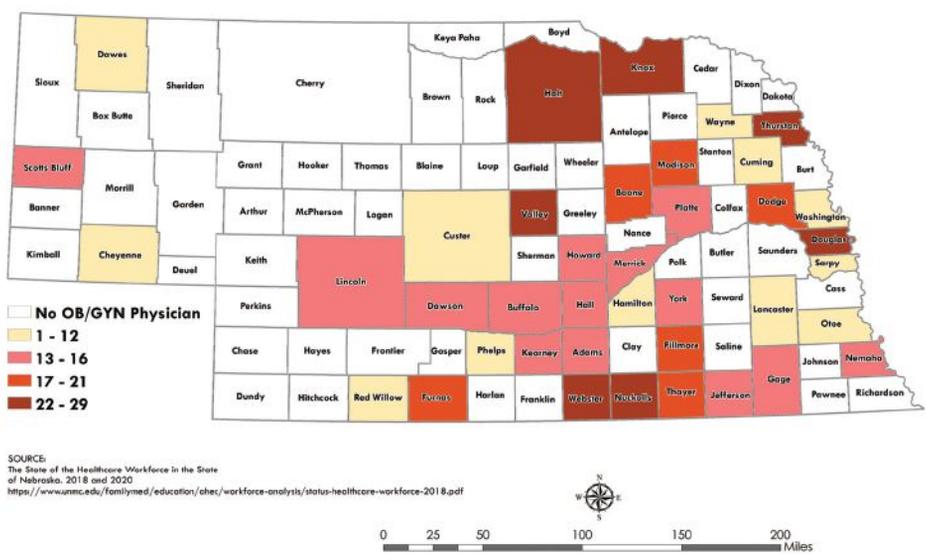
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Figure 4: Number of active OB/GYN physicians per 100,000 population by county, Nebraska, 2019



nurse specialist (CNS) scope of practice. Clinical nurse specialists are the only APRN group in Nebraska that does not have prescriptive authority which includes not just pharmaceuticals, but durable medical equipment, supplies and services. Clinical nurse specialists typically practice in interdisciplinary teams with aging and chronic disease populations. They are not able to practice to the full extent of their education and certification in this state without prescriptive authority (Cruden, G., 2020).

Nurse practitioners

In 2015, Nebraska became the twentieth state to retire the CPA requirement for an Integrated Practice Agreement between NPs and physicians (LB 107). The CPA requirement was replaced with a transition to practice (TTP) supervisory requirement for the first 2000 hours of practice by the new graduate NP (§38-2322, Nurse Practitioner Practice Act, 2019). Transition to practice requirements are a variant of CPAs, and largely viewed as legislative concessions. They are not evidence-based, i.e., there are no indicators that they contribute to effective transition and safe practice for the new

graduate. Regulatory requirements are arbitrary and highly variable between the 17 states that currently require TTPs. Nebraska requires an attestation from NP applicants that a “formal written agreement” (38-2322, Nurse Practitioner Practice Act) exists between the NP and a supervising provider.

Certified registered nurse anesthetists

(CRNAs) were the first APRN group to obtain statutory authority to practice in Nebraska. Their legislative journey for full practice authority culminated well ahead of NPs when then Governor Johanns signed a federal opt-out in 2002 authorizing practice without physician supervision and independent billing for services.

Certified registered nurse anesthetists and NPs combined represent 96% of licensed APRNs in Nebraska (Table 1). There is substantial evidence regarding the accessibility of health care services provided by CRNAs and NPs in this state (Inset 1).

Table 1: Number and Percentage of APRNs working in Nebraska

Type of APRN	Number	Percentage
Nurse Midwife (APRN-CNM)	40	2%
Clinical Nurse Specialist (APRN-CNS)	79	4%
Nurse Anesthetist (APRN-CRNA)	366	19%
Nurse Practitioner (APRN-NP)	1,480	75%
Total APRNs working in Nebraska	1,965	100%

Source: Nebraska Center for Nursing (2018)

Collaboration or Something Else?

A 2019 survey of APRNs conducted by researchers at NCSBN sought to identify variables associated with CPAs (Martin & Alexander). A primary objective was discernment of the level at which collaboration occurred between APRNs and physicians in formal CPAs. Ninety-four (94) percent of APRNs reported initiating regular discussions with physicians and other professionals in their network, not necessarily their supervising provider. Similarly, about 80% said they regularly referred more complex cases to members of their physician network or team. Conversely, only 50% of APRNs indicated that they had regular in-person contact with their formal supervising provider. About 60% said that they had regular electronic contact such as texts, emails or telephone. About 57% reported regular chart reviews. Viewed collectively, it was evident that 40% to 50% of respondents did not have regular or objective-focused contact with a formal supervising provider.

The ongoing reluctance of physicians to engage with nursing for the retirement of CPAs suggests protection of economic interests. The NCSBN study (Martin & Alexander, 2019) found that APRNs working in rural areas and APRN-managed private clinics, i.e., those with the most limited options for formal collaborative relationships owing to geography and private practice ownership, were one and a half times to six times more likely to assess fees for CPAs.

Nebraska APRNs with Full Practice Authority (FPA)

Certified Registered Nurse Anesthetists

- Practice in 99% of operating rooms (Nebraska State Legislature, 2015)
- Only anesthesia providers > 95% Critical Access Hospital (Hoebelheinrich & Ramirez, 2019a)

Nurse Practitioners (Hoebelheinrich, Ramirez & Chandler, 2019b)

- 47.8% growth in rural Nebraska 2008–2018 mirrors trend (43.2%) in other full practice authority states
- 91.1% report certification in at least one primary care practice focus compared to 88.6% nationally
- Certification rates in Psychiatric Mental Health practice are 2.8x higher than other states, (8.2% vs. 2.9% respectively)
- Provide 75-100% Emergency Department (ED) coverage in some Critical Access Hospitals (Nebraska Nurse Practitioners Credentialing Review, 2014).

A Federal Trade Commission (FTC) report pointed to a significantly larger economic picture, however, alleging physician restraint of trade by limiting competition with APRNs. The FTC noted that physician supervision and collaborative practice agreements are impediments to competition among health care providers that not only restrict APRNs' ability to practice independently, but lead to decreased access to health care services, higher health care costs, and reduced quality of care (2014).

Measuring Safe Practice

Disciplinary Complaints. The Nebraska Department of Health and Human Services (DHHS) disciplinary process for health care professionals is a complaint-based system. Reporting is a mandatory requirement for alleged behavior that affects patient safety and outcomes, including gross incompetence, patterns of negligence, unprofessional conduct and impaired practice. There are also mandatory self-reporting requirements and/or requirements for reporting by health facilities, peer review organizations and professional associations following employment termination and malpractice payments subsequent to adverse judgment, settlement or award (172 NAC 5). Tabulations of the relative frequency of the reasons for discipline recommendations are not public information so that it is unknown what portion of disciplinary action follows malpractice payments. The

public, however, can view disciplinary actions against professional and occupational licenses and form their own conclusions (DHHS, 2020).

Analysis of the number of disciplinary actions based on complaints made against APRNs in Nebraska shows no significant change for the time period 2000 – June 2020 (Figure 5). During this time period, the number of disciplinary actions against NPs (1.2 cases annual average) and CRNAs (0.8 cases annual average) averaged a combined 1.0 case per year. There were no disciplinary actions against CNMs or CNSs. The number of cases for NPs dropped below the average 1.2 cases per year in 2015. The removal of the CPA requirement with physicians became effective August 31 that year. CRNAs have had full practice authority since 2002 which is nearly the entire duration of the analysis time frame. The stability (no increases) in the number

of disciplinary actions is especially remarkable since the number of APRNs licensed by the state of Nebraska more than tripled between 2006 and 2020 (Nebraska DHHS, Licensure Unit).

Malpractice Payments. The National Practitioner Data Bank (NPDB) is a confidential information clearinghouse operated by the U.S. Department of Health and Human Services that houses reports of medical malpractice payments and other adverse action taken against healthcare professionals. The NPDB serves as an alert or flagging system intended to facilitate a comprehensive review of individual credentials for licensure, employment, payer credentialing and other related activities (U.S. Department of Health and Human Services, 2020). Malpractice payments by APRNs that are reported to the NPDB are tabulated as the number of occurrences for all APRN groups combined.

The number of reported malpractice payments made by APRNs for the time period 2000 - June 2020 (see second paragraph, column 1, this page) is slightly lower (n = 31) compared to the number of APRN disciplinary cases in the state for the same time period (n = 38). The relative frequency of malpractice payments made by both APRNs, physicians and osteopathic physicians was calculated using the number of each group licensed in Nebraska during the 2015-2020

continued on page 12



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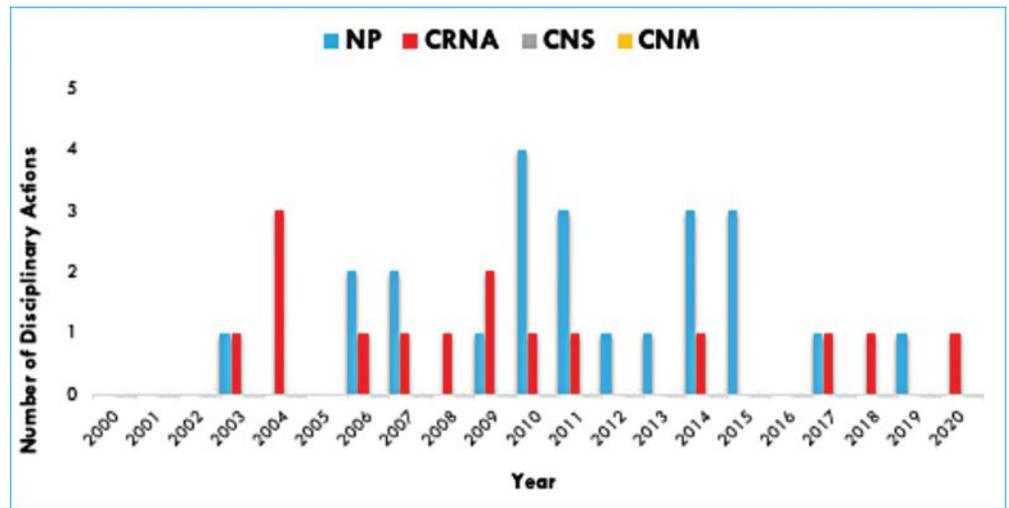
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time frame. That time frame was chosen because those are the years that licensure data was available from the DHHS licensure data base. When the relative frequency of APRN malpractice payments was compared with those made by physicians and osteopathic physicians for the same 2015-2020 time period, physicians and osteopathic physicians were nearly 8 and 3.5 times, respectively, more likely to have made medical practice payments. (Figure 6).

This analysis was performed in response to a request by a member of the Technical Review Committee for the Credentialing Review. There is no intended implication that physicians and osteopathic physicians are less safe in practice than APRNs. The NPDB data does not distinguish variables like physician specialty, or the nature of the malpractice complaint so that there are no other conclusions that may be made from this data.

The average annual number of formal disciplinary action against APRN groups licensed in Nebraska 2000 – June 2020 has been historically low, averaging 1.2 cases per year for NPs and 0.8 cases per year for CRNAs (1.0 combined average for NPs and CRNAs).

Figure 5: Number of disciplinary actions by NP, CRNA, CNS & CNM: 2000-2020



Source: Nebraska Board of Nursing.

Summary

The average annual number of formal disciplinary action against APRN groups licensed in Nebraska 2000 – June 2020 has been historically low, averaging 1.2 cases per year for NPs and 0.8 cases per year for CRNAs (1.0 combined average for NPs and CRNAs). There have been no disciplinary cases against CNMs and CNS during this time period. This is despite a tripling of the number of APRNs licensed in the state since 2006. The average number of cases for NPs has actually decreased since 2015 which is the year the CPA requirement was retired by the Legislature. There is no discernable pattern for CRNAs who have the longest tenure (2002) of full practice authority in Nebraska.

Formal malpractice awards against APRNs are reported in aggregate to the NPDB. As expected, reported cases to the NPDB (31) are below the reported number of APRN disciplinary cases in the state (38). Malpractice awards against health care professionals are only one of a wide variety of circumstances for mandatory reporting to DHHS.

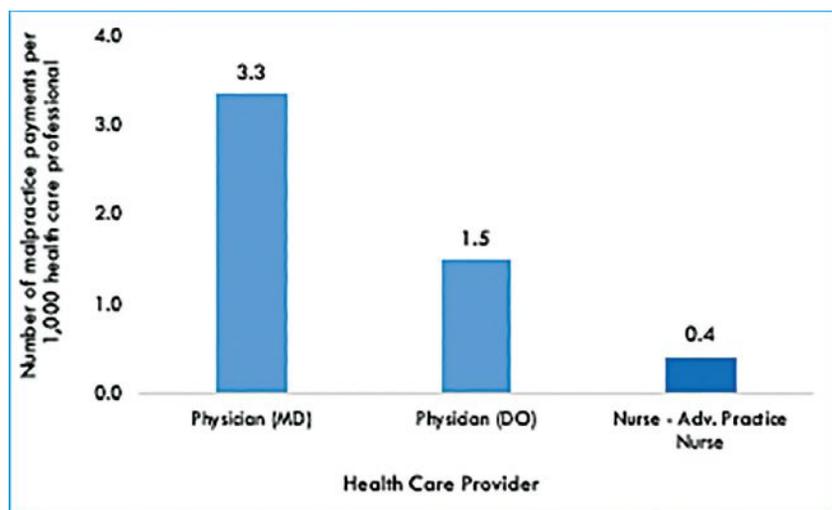
A comparative analysis of physician and osteopathic physician rates of malpractice awards reported to the NPDB (8 times and 3.5 times higher, respectively) stands in stark contrast to APRN rates for the same period, 2015 - June, 2020.

Conclusion

Findings in this report validate safe practice for APRNs based on the low number (average 1.0 case combined for NPs and CRNAs per year) and stable pattern of formal disciplinary action against CRNAs and NP licensees in Nebraska during the 2000 - June, 2020 time period. There were no reports of discipline against CNMs and CNS during this time. The relative rates of malpractice awards against APRNs licensed in Nebraska based on the cases reported to the NPDB are also low, and in stark contrast to relatively much higher rates reported for physicians and osteopathic physicians licensed in Nebraska.

Findings in this analysis uphold the APRN Credentialing Review proposal by the Board of Nursing for the removal of statutory CPA requirements with physicians. Physician supervision should be the sole purview of the APRN and the employer based on what oversight the APRN requires from a physician to provide safe care for a particular patient population and not a blanket statutory requirement for APRN practice. The Federal Trade Commission (FTC) recommends that CPAs are based on specific needs following scrutiny of “... relevant safety and quality evidence to determine whether or where legitimate safety concerns exist and,

-3 Figure 6: Number of medical malpractice payments per 1,000 MDs, DOs and APRNs - 2015-2020



Sources: 1) NPDB Data Analysis Tool on 10.9.20. Parameters included 2015-2020, Medical Malpractice Payments, all ranges, for APRNs, MDs, DOs in Nebraska. Accessed at <https://www.npdb.hrsa.gov/analysisistool/>; 2) Nebraska Department of Health and Human Services. Public Health. Active licenses of MDs, DOs, and APRNs (2006-2020).

if so, whether physician supervision requirements or other regulatory interventions are likely to address them. That type of scrutiny can be applied not just to the general question whether the state requires physician supervision or collaborative practice agreements, but to the particular terms of those requirements” (FTC, 2014, p. 4).

Team-based care, defined by the Institute of Medicine (IOM) is a systems approach to care and not a licensure or regulatory construct (2010). Health care has necessarily evolved from a physician-centered model of care to patient-centered care provided by a spectrum of qualified professionals (Holmes & Kinsey-Weathers, 2016). In the traditional hierarchal, physician-centered model, laws and regulations that make it illegal for a clinician to practice to the top of their education, or that require licensure or regulation as part of a team to practice needlessly impede individual licensee accountability and reduce the flexibility and efficiency of the health care workforce to meet the diverse health care needs of the public (American Association of Nurse Practitioners, 2020).

In 2010, the Institute of Medicine, now the National Academy of Medicine, released its landmark report *The Future of Nursing*,

Leading Change, Advancing Health. Key messages from this report include 1) Nurses should practice to the full extent of their education and training; and 2) Nurses should be full partners with physicians and other health professionals in redesigning health care in the U.S. (IOM, 2010, p. 4). Full practice authority for APRNs in Nebraska is grounded in ample evidence. The retirement of CPA requirements for CNMs and NPs, and prescriptive authority for CNSs for CNSs are much-needed and timely elements for the redesign of traditional health care services in this state.

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Be on High Alert for Spear Phishing Scams

Scammers target specific individuals by connecting the dots of that individual's communication sphere and current circumstances. For example: we have seen that scammers pose themselves as a business function or management to communicate with other employees and/or business colleagues to disclose their personal information, login credentials or trade secrets.



Scammers are targeting nurses by sending them official looking letters from nursing regulatory bodies (NRBs) or other state/federal agencies. These scammers know the business of the NRBs and are connecting with the nurses using messaging like “Your license is suspended or will be revoked unless you connect back with us and transfer funds to fulfill the financial obligation related to this inquiry...”

These scammers also look for nurses who may be vulnerable, such as nurses on probation, sending them fraudulent suspension/revocation notices on forged letterheads (logos swiped on an internet search) and asking the nurse to deposit funds to reverse the sanction or call a phone number in the notice. Scammers are ready for such calls and do their best to get personal information or credit card information. These scammers are not only targeting hospital systems for thousands of dollars, they have also realized that there is a vulnerable population ripe for further exploitation.

ANYTHING received needs to be scrutinized — emails, phone calls, text messages — in short, anything regarding personal information or private financial information. An individual should pause and first confirm the legitimacy of the sender. **DO NOT** call the number from Caller ID. **DO NOT** reply to the email or text received. **DO NOT** call the number indicated in the notice. **DO** call the number of the organization or entity once you have researched for yourself and know it to be legitimate; only send email or text messages to an email that you know or to a number you are aware of or have determined is legitimate from your own research.

It is imperative to educate our nurse workforce to be vigilant regarding such scams and to let them know some basics:

1. If you receive a phone call, never give out your personal information during the call. Hang up and then only call a number back that you have determined is legitimate through your research.
2. Never reply to a text message asking for you to call the number provided in the text to discuss your imminent “suspension or revocation of your license.”
3. Never reply to an email asking for personal information.
4. Never call a number provided to you in a suspect letter or email.
5. Use your own verified numbers for contacting the NRB.
6. Be vigilant! Do not discard or ignore such communication from scammers, but rather call and/or connect with the NRB to report the scam.

Resources

1. [Hawaii Department of Commerce and Consumer Affairs Warns of New Scam Targeting Licensees](#)
2. [U.S. Drug Enforcement Agency Warns Public of Extortion Scam by DEA Special Agent Impersonators](#)

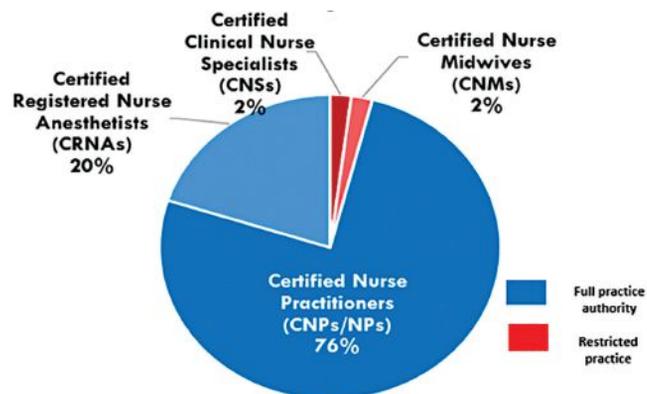
The Credentialing Review Process:

APRNs Working Collaboratively

In the previous issue of the Nebraska Nursing News, the topic of credentialing review was discussed. Just to recap, the credentialing review process, also known to some as the “407 process” is unique to the state of Nebraska. The process was established several years ago for the purpose of reviewing proposals from health care providers seeking changes to existing scope of practice or for groups seeking a new credential. The process consists of a review by an ad hoc Credentialing Review Committee established by the Board of Health, followed by a full Board of Health review, and finally reviewed by the Nebraska Chief Medical Officer of the Division of Public Health.

A credentialing review for Advanced Practice Registered Nurses began in July of this year. The Certified Nurse Midwives (CNMs), Certified Registered Nurse Anesthetists (CRNAs) and Nurse Practitioners (NPs) had all previously undergone two credentialing reviews in Nebraska. The Clinical Nurse Specialists (CNSs) have never undergone a credentialing review. The Board of Nursing introduced the proposal for the review to look at APRNs as a group, not by role alone, which has been the historical approach.

The Board of Nursing’s position is that the credentialing review will create a body of evidence that speaks to consensus for all four roles, to potentially simplify legislation, and



help create understanding of the four roles for consumers, legislators and other health care professionals.

Information about the APRN credentialing review can be found on the DHHS credentialing review page. Here is the link: <http://dhhs.ne.gov/licensure/Pages/Credentialing-Review-APRN.aspx>

<u>Accreditation, Education, Certification and Licensure</u>	Certified Clinical Nurse Specialist	Certified Nurse Midwife	Certified Registered Nurse Anesthetist	Certified Nurse Practitioner
Completion of an <u>Accredited</u> Education Program	✓	✓	✓	✓
Minimum Master’s Degree				
<u>Education</u>				
Core Content Graduate-Level	✓	✓	✓	✓
• Advanced Pathophysiology				
• Advanced Pharmacology				
• Advanced Physical Assessment				
National <u>Certification</u> from an <u>Accredited</u> Certifying Body	✓	✓	✓	✓
Certification is the formal recognition of the knowledge, skills and experience demonstrated by the achievement of standards identified by the profession				
<u>Licensure</u>				
Occurs at the Level of Role and Population Foci	✓	✓	✓	✓

The applicant group is considered the proponent in this process. Applicant group information posted on this site includes a Power Point presentation and recordings of the meetings.

The focus of the APRN credentialing review is to create evidence to support a single statute for uniform regulation of all APRNs, rather than five separate statutes that currently exist. Additionally, the review is exploring full practice authority for Clinical Nurse Specialists (CNSs) and Certified Nurse Midwives (CNM). Nurse Practitioners (NPs) and Certified Registered Nurse Anesthetists (CRNAs) have full practice authority, which accounts for 96% of all APRNs in the state of Nebraska.

All Advanced Practice Registered Nurses must complete the same core elements of education and certification prior to receiving a license as an APRN in a specific role. The education and certification must be obtained from accredited providers of both education and certification. Accreditation is the process where an objective, external group examines and evaluates an educational program, institution, or certifying body to ensure that it meets the standards published by the accrediting entity. For each of the four APRN roles, the requirements are uniform across all roles, as depicted in the table on the previous page.

The APRNs in Nebraska who currently have full practice authority include the CRNAs and NPs. The CRNAs have had full practice authority in Nebraska for the past 18 years. CRNAs provide anesthesia in every hospital in the state. CRNAs are the only anesthesia provider in greater than 95% of the Critical Access Hospitals across the state. Following implementation of full practice authority for NPs in 2015, there has been a 47.8% growth in Nurse Practitioners in rural areas. There has also been a dramatic increase in NPs providing psychiatric-mental health services across the state. The CRNAs and NPs represent 96% of all APRNs in the state.

All APRNs receive advanced nursing education from accredited nursing programs and all receive the same core graduate-level content of advanced pathophysiology, advanced pharmacology and advanced physical assessment. All APRNs must successfully pass a nationally accredited certification exam prior to licensure. APRNs are licensed

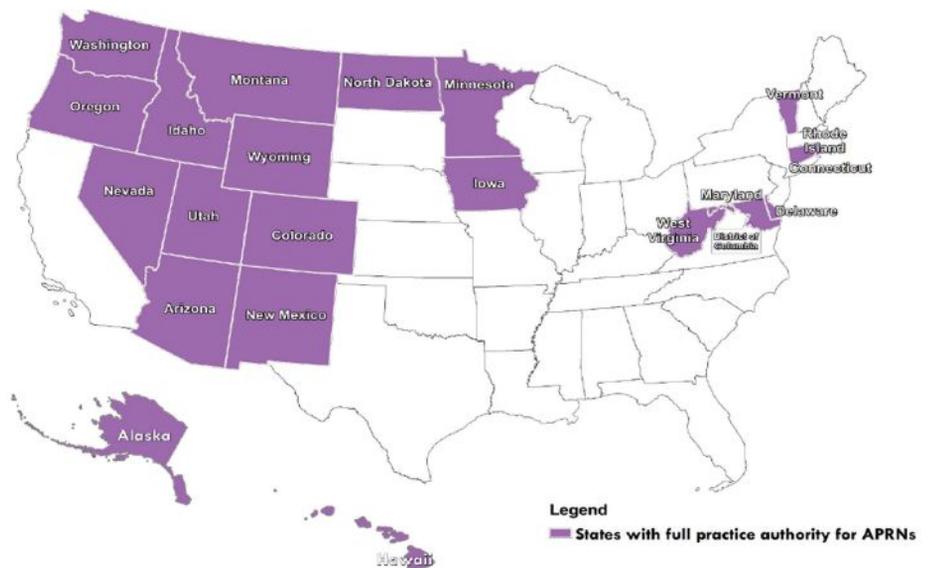


for the specific role and population foci. Certified Nurse Midwives and Clinical Nurse Specialists meet all of the same licensure requirements as their NP and CRNA colleagues, and yet they are not allowed to practice to the full extent of their education and training.

States with Full Practice Authority for all APRNs

All APRNs are prepared for full practice authority. Twenty-two states and two territories currently have full practice authority for all APRNs.

When full practice authority is granted to APRNs, the number of APRNs in those states increase with migration of APRNs to rural areas and underserved populations. This is an important issue for access to care, especially in rural states like Nebraska. Please take a moment and check out the Credentialing Review website, listed on the previous page, to read more about this exciting credentialing review.





Provisional Temporary Licenses



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All provisional temporary licenses will expire on December 31, 2020. Provisional temporary licenses will no longer be issued for graduating nurses awaiting the NCLEX exam.

Provisional Temporary Licenses were issued for all graduating nurses as a result of the Executive Order 20-10, Coronavirus-Additional Healthcare Workforce Capacity signed on March 27, 2020. At that time, NCLEX testing sites were closed

and graduates were unable to take the NCLEX exam. Executive Order 20-27, Coronavirus-Credentialing of the COVID-19 Workforce was signed on June 17, 2020 and calls for the provision of a temporary license to be active until examination results are received or until December 31, 2020.

NCLEX testing sites are currently open and running at the same capacity as prior to the COVID-19 Pandemic.

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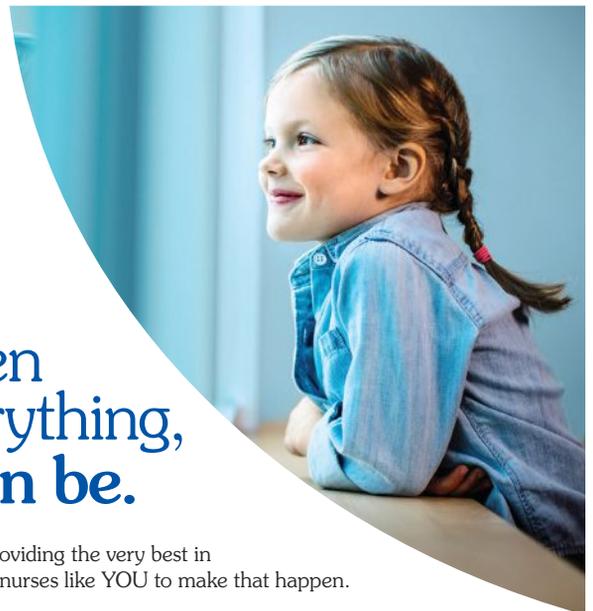


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Two Nurses Selected for *Inspire* – Celebrating Women’s Leadership Awards

This year is the 200th birthday of Florence Nightingale. 2020 will undoubtedly be remembered as a transformational year for the nursing profession. While the pandemic has rearranged nearly every aspect of health care and the workplace as the health care workplace, the impact on nurses who represent 80 percent of the healthcare workforce worldwide may be the most profound.

As the Year of the Nurse and Midwife draws to a close, it is noteworthy that a nurse, Pat Lopez, and a nurse-midwife, Karen McGivney-Liechti, were selected from among 200 nominees as award recipients of the annual *Inspire* – Celebrating Women’s Leadership awards. *Inspire* awards celebrate women who positively influence and motivate the Lincoln community through their leadership in: healthcare, business, entrepreneurship, government service, nonprofits, philanthropy, founders, and as future business leaders. The *Inspire* awards are presented by the Lincoln Journal Star in partnership with the University of Nebraska and Union Bank & Trust

Pat Lopez

Lincoln-Lancaster County Health Department (LLCHD) Director, Pat Lopez, MSN, RN, was named Woman of the Year before a socially distanced *Inspire* Awards audience on September 16, 2020, at the Lincoln Embassy Suites. Pat’s name has become synonymous with the effort to lead the public health response to the global pandemic in Lincoln and Lancaster County. In the true form of a public health nurse, she has worked tirelessly to make sure the public is informed about COVID-19 to help them keep their families, as well as the community, healthy.

Her nominator for the Woman of the Year Award said that when the search for a permanent Health Director in 2019 did not produce a good fit for LLCHD, Pat, then the temporary interim Health Director, agreed to stay longer until the right person was found to take the helm. She agreed with a couple of conditions – that she scale back her hours to continue her consulting work with other local health departments across the state and that she be given a week off in March 2020 for a family trip to Disneyland. Then the pandemic struck, and, as the hours she worked skyrocketed and travel shut down, she and her family didn’t make that planned vacation. Pat has given every ounce of her energy, time, and expertise to

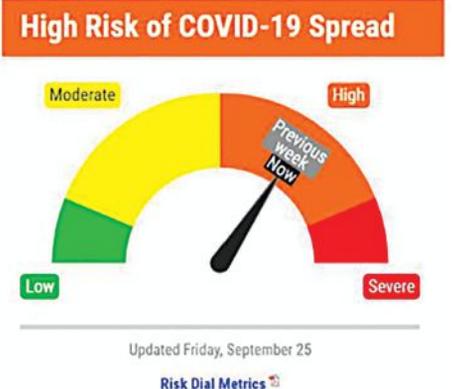


guide both the Lincoln community and the entire state through the uncharted waters of a global pandemic.

Pat was formally appointed the Health Director in August, 2020. Through her time as interim and now the permanent health director, Pat has led a coordinated response to the pandemic in our community, convening leaders of our health care

system, medical profession, public and private K-12 schools, colleges and the university, cultural centers, elder care facilities, employers, non-profits, and local and state elected leaders. Her on-going communication with systems leaders has played a pivotal role in keeping people informed and safe, and in preventing our hospitals from becoming overburdened.

She has been instrumental in both city and county efforts to mitigate the spread of the disease. The COVID risk dial, created by LLCHD has been



(Source: City of Lincoln)

used to help guide the community and has subsequently been adopted by numerous other organizations (inset). She also implemented county-wide preventive health measures, including a mask mandate, albeit controversial and highly politicized, that followed proven science to reduce spread of the

virus. As Pat says, “Every nurse knows that simple and common-sense infection control interventions are not necessarily popular, but they work.”

Pat has continued to be a champion of those who have been disproportionately impacted by COVID-19, particularly our elderly, racial/ethnic minority populations, and those who are economically disadvantaged. Her work to bring increased testing and resources to these populations was recognized and appreciated.

Pat has had a long and distinguished career in public health in Nebraska, including 30 years of prior employment at LLCHD, multiple consulting roles in public health, a leader of public health accreditation efforts for local health departments, and so much more. Pat is a trusted resource in public health for nurses and other health professionals, elected officials, educators, and the general public. Through her successful career, Pat has always celebrated the fact that she chose to become a nurse, and that choice has impacted the health of thousands of our citizens.

Karen McGivney-Liechti

Karen McGivney-Liechti, MSN, APRN-CNM, CHI Health Birth Center is also no stranger to nursing colleagues in the state. McGivney-Liechti was the Excellence in Healthcare award winner. The award recognizes a Lincoln area woman working in health care who has made a difference in the lives of other women and girls. Karen was integral in the creation of the CHI Birth Center, *The Good Life Place*. One of the programs that she was able to bring to Nebraska was *Centering Pregnancy*, created to decrease premature birth and low birth weight outcomes. McGivney-Liechti also advocated for nitrous oxide to be brought to Lincoln as pain relief measure for laboring women. She has made multiple trips to Haiti and worked with midwives there.

Her nominator said, “She cares deeply for her patients and as I know from personal experience, she will answer a 2 a.m. call on her day off to coach and guide a patient through the miracle of birth in a way that is both nurturing and empowering. Karen is a woman who shows up for women.”

Karen humbly acknowledged her family, teachers and mentors for her journey over the last 25 years as a nurse and nurse-midwife, “My mother...an excellent nurse; Jearlyn Schumacher and Nancy Peterson who mentored me into midwifery. I wish to thank St. Elizabeth where my nursing career grew and transformed...the leadership at Physician Network who navigates my crazy ideas. I always have crazy ideas and they can usually help me make them happen. And finally, I wish to thank our Father in heaven. It must have been really hard shoving me back towards nursing when I thought being a forest ranger would be a hoot, or pulling me to remain in labor and delivery when I thought my work couldn't possibly be meaningful or worthwhile because I loved my job and lastly, I wish to thank our Father for teaching me to take His small whispers and send it on to the right people...and then just trust...and wait.”

Congratulations Pat and Karen from all of us in the Nebraska nursing



community who have had the privilege of knowing and working with you. There is no better time than 2020 to proudly celebrate you and celebrate our profession!

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Practice Committee Update

Advisory Opinions

The Board of Nursing has approved the following recommendations by the Practice Committee for Advisory Opinions:

Analgesia/Anesthesia

<http://dhhs.ne.gov/licensure/Documents/AnalgesiaAndAnalgesiaByCatheter.pdf>

The definition of provider was revised for consistency with the 2020 Association of Women's Health, Obstetric and Neonatal Nurses (AWONN) guidelines. "Provider means qualified anesthesia provider as described by the American Society of Anesthesiologists (2020) and the American Association of Nurse Anesthetists (2019) and/or authorized by state law to administer analgesia/anesthesia by catheter techniques."

CPR: Accountability to Perform

<http://dhhs.ne.gov/licensure/Documents/CPRNurseAccountabilityToPerform.pdf>

Opening statement added, citing the American Nurses Association (ANA) Code of Ethics nurses' "professional ethical duty to provide care."

Deployment of Vascular Closure Devices

Retired in favor of the Scope of Practice Decision-Making Framework.

Safe Practice: Fitness to Practice

<http://dhhs.ne.gov/licensure/Documents/SafePracticeFitnessToPractice.pdf>

Reaffirmed as written.

Safe Practice: Nursing Roles and Assignment

<http://dhhs.ne.gov/licensure/Documents/SafePracticeNursingRolesAssignments.pdf>

Reaffirmed as written.

Sub-Anesthetic Ketamine

<http://dhhs.ne.gov/licensure/Documents/SubAnestheticKetamine.pdf>

Reaffirmed as written.

Team-Based Nursing

<http://dhhs.ne.gov/licensure/Documents/TeamBasedNursingCareServices.pdf>

Revisions as follows:

Nursing care services can be effectively delivered by teams of licensed and unlicensed health care professionals. Compliance with nursing statutory and regulatory scope of practice provisions requires informed understanding and application to facilitate lawful practice relationships between nurses, other licensees and unlicensed staff. "Individual

nurses are accountable for recognizing when a particular role or task does not align with scope of practice or licensure authority."

"Certification credentials are voluntary." [for Medical Assistants]

"Licensed practical nurses may only utilize direct methods of supervision (172 NAC 99-104.01C)."

Verbal Orders

<http://dhhs.ne.gov/licensure/Documents/VerbalOrders.pdf>

"Computerized Order Entry (CPOE)" is used as the descriptor for the preferred method of order entry by licensed practitioners (prescribers). Text orders are not included in the definition of verbal orders. Medical scribes performing verbal order entry are functioning in a medical support role and are outside the jurisdiction of a nursing advisory opinion. Nurses scribing verbal orders for licensed practitioners may be held accountable for recommendations in this advisory.

Wound Debridement

<http://dhhs.ne.gov/licensure/Documents/WoundDebridement.pdf>

Revised to more clearly distinguish between the responsibilities of the provider and nurses. "Wounds must be periodically reevaluated by the provider for progression of healing and modifications made as necessary in the medical plan of care."

Licensed nurses with specific training, demonstrated competencies and ongoing competency assessment, and policies and procedures in place for the practice, may engage in wound debridement methodologies that do not require sharp instrumentation "when there is no urgent clinical need for drainage or removal of devitalized tissue (National Pressure Ulcer Advisory Panel, 2014)."

It is the opinion of the Nebraska Board of Nursing that nonsurgical techniques, termed *Conservative Sharp* debridement may only be performed by Registered Nurses (RNs) with extensive "nursing" knowledge and training in anatomy and sharp debridement techniques."

Other recommendations by the Practice Committee

From time to time, the Practice Committee makes a practice recommendation that is not rendered as a formal advisory opinion.

Medication Reconciliation

Medication reconciliation is the responsibility of the licensed practitioner (prescriber). Facilities/employers may identify tasks that may be completed by nurses for collecting information, recording etc., but it is the licensed practitioner that is ultimately accountable for authenticating the information in the patient record. Only licensed practitioners have the authority to modify allergy and problem lists. Immunization records could potentially have duplicate information that might be identified and corrections made by a nurse consistent with facility policy and procedure.

Nursing Regulation Updates

All Nebraska nursing regulations are approved and up to date, with the exception of 172 NAC 97. The Nebraska Board of Nursing has been working diligently on regulation revisions since Governor Ricketts put forward Executive Order No. 17-04 (back in 2017). The directive was to streamline all regulatory processes to avoid duplication and separate statutory and regulation language. The list of nursing regulations updated includes the following sections of Title 172 Professional and Occupational Licensure.

Chapter	Title	Date
97	Approval of Programs of Professional Nursing in Nebraska	Public Hearing 11/16/2020
98	Advanced Practice Registered Nurse Licensure	Amended 9/19/2020 (combines all 5 chapters of APRN regs into 1 chapter)
99	Provision of Nursing Care	Amended 10/5/2020
100	Advanced Practice Registered Nurse (NP)	Repealed 9/19/2020
101	Practice of Nursing	Amended 10/5/2020
102	Practice of Licensed Practical Nurses-Certified	Repealed 10/4/2020
103	Practice of Certified Registered Nurse Anesthetists	Repealed 9/19/2020
104	Practice of Certified Nurse Midwives	Repealed 9/19/2020
107	Clinical Nurse Specialists	Repealed 9/19/2020

It should be noted that regulatory streamlining not only applies to regulations, but also to statutory language and further guidance documents. Statutory cleanup is a work in progress, while guidance documents can now be developed, vetted and posted to compliment the newly amended regulations. This has been a daunting task, but much overdue, as many sets of regulations dated back to 2004. The link to all nursing regulations is <http://dhhs.ne.gov/licensure/Pages/Nurse-Licensing-Regulations-and-Statutes.aspx>

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Please note that errors or missing information on the application or sending application/payment to wrong address will result in rejection of your application. You will not be notified of rejection. Please carefully read instructions and review your application for accuracy. For questions, email DHHS.Center4Nursing@Nebraska.gov.

Once 250 prepaid plates are collected, the process to manufacture the license plates is approximately four weeks. You will be notified when your plate is ready to be picked up at your local DMV.

Licensure Actions

The following is a list of licensure actions taken between April 16, 2020 to July 20, 2020

Additional information regarding the actions identified below is available on our website at dhs.ne.gov/lookup by searching for the licensee. After opening the license record, click "View History Document(s)" to find documents relating to the action. Documents may also be requested by e-mailing DHHS.NursingOffice@nebraska.gov.

Licensee	Date of Action	Action	Violation
Bice, Belinda M. RN 57951	08-17-20	Assurance of Compliance	<i>Not Applicable</i>
Osborne, Jesse R. RN 73794	09-04-20	Censure & Coursework	Failure to keep and maintain adequate records of treatment or service. Falsification or intentional unauthorized destruction of patient records. Failure to maintain an accurate patient record. Failure to report loss of nursing employment in accordance with state mandatory reporting law.
Slepica, Amy C. RN 86091	09-04-20	Voluntary Surrender	Disciplinary action against license in another state. Failure to report disciplinary action against any credential taken by any jurisdiction.
Gauthier, Faith R. RN 81735	09-16-20	Censure & Coursework	Failure to safeguard patient's dignity or right to privacy.
Hirtzel, Sharon K. RN 63086	09-24-20	Assurance of Compliance	<i>Not Applicable</i>
Flint, Charleen R. RN 43002	10-06-20	Censure, \$1,000 Civil Penalty & Coursework	Failure to follow policies or procedures implemented in the practice situation to safeguard patient care. Failure to safeguard patient's dignity or right to privacy. Failure to report loss of nursing employment in accordance with state mandatory reporting law.
Ludwig, Wendy J. LPN 20837	10-06-20	Censure & Coursework	Failure to follow policies or procedures implemented in the practice situation to safeguard patient care.
Nauenburg, Andrea R. RN 64681	10-06-20	Probation 2 years	Dishonorable conduct. Violation of Uniform Controlled Substances Act. Misappropriating medications, supplies or personal items of a patient or agency.

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Koob, Cheryl Ann RN 69905	10-20-20	Revocation	Disciplinary action against license in another state. Failure to report disciplinary action against any credential taken by any jurisdiction. Failure to report loss of nursing employment in accordance with state mandatory reporting law. Failure of a licensee, who is the subject of a disciplinary investigation, to furnish the Board or its investigator with requested information or requested documents.
Schwindt, Emily M. RN 80200	10-20-20	Probation 1 Year	Misdemeanor conviction that has a rational connection with fitness to practice the profession. Abuse of, dependence on, or active addiction to alcohol, any controlled substance, or any mind-altering drug.
Williams, Barbara J. LPN 21319	10-20-20	Revocation	Felony conviction that has a rational connection with fitness to practice the profession. Committing any act which endangers patient safety or welfare



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If you do not have access to the Internet, please contact the Licensure Unit for information or questions concerning:

Nursing

General Issues

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or

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Complaint Filing/Mandatory Reporting Investigations Division

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Nursing Practice Consultant

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Nursing Education Consultant

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(402) 471-4917

Advanced Practice Nursing Licensing (APRN-NP, APRN-CRNA, APRN-CNM, APRN-CNS)

JoAnn Russell
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Registered Nurse Licensing

RN Licensure Based on Exam (NCLEX)
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RN Licensure Based on Endorsement

Melinda Stretch
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Licensed Practical Nurse

Licensing (LPN)
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kimberley.lewis@nebraska.gov

RN and LPN Name and Address Changes

(402) 471-4376

General Issues

dhhs.nursingoffice@nebraska.gov

Nursing Support

Medication Aide Renewals, Applications, and Name or Address Changes

Phone: (402) 471-4322
Email: DHHS.nursingsupport@nebraska.gov
Fax: (402) 742-1151

Dialysis Patient Care Technician

Dialysis Patient Care Technician Statutes/Regulations

Dan Taylor, RN, Nurse Consultant/Supervisor
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Dialysis Patient Care Technician, Applications, and Name or Address Changes

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Email: DHHS.nursingsupport@nebraska.gov
Fax: (402) 742-1151

Nurse Aide

Nurse Aide Statutes/Regulations and Practice Standards

Dan Taylor, RN Nurse Consultant/Supervisor
(402) 471-4969
Daniel.Taylor@nebraska.gov

Nurse Aide employment registration and termination, Transferring Nurse Aide to another state, Transferring Nurse Aide to Nebraska (Interstate Endorsement), New Nurse Aides on Registry, Nursing Students, Foreign Trained Nurses, and Lapsed or Inactive RNs/LPNs, Nurse Aides-Intermediate Care Facility - Developmentally

Disabled, and Nurse Aide Name and/or Address Changes

Phone: (402) 471-4322
Email: DHHS.nursingsupport@nebraska.gov
Fax: (402) 742-1151

Paid Dining Assistant

Paid Dining Assistant Statutes/Regulations and Practice Standards

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Course Applications, Paid Dining Assistant Applications, and Name and Address Changes

Phone: (402) 471-4322
Email: DHHS.nursingsupport@nebraska.gov
Fax: (402) 742-1151

General

Mailing Labels

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