

**DRAFT MINUTES
of the Second Meeting of the
APRN Technical Review Committee**

**August 25, 2020
9:30 p.m. to Noon**

(This meeting was a webex video conference)

Members on the call

**Jeromy Warner, PsyD, LP, Chair
Allison Dering-Anderson, Pharm.D., R.P.
Su Eells
Benjamin Greenfield, Perfusionist
Denise Logan, BS, RT
Wendy McCarty, Ed.D.
Mary C. Sneckenberg**

Staff persons on the call

**Matt Gelvin
Ron Briel
Marla Scheer**

I. Call to Order, Roll Call, Approval of the Agenda

Jeromy Warner called the meeting to order at 9:30 a.m. The roll was called; a quorum was present. Dr. Warner welcomed all attendees. The agenda and Open Meetings Law were posted and the meeting was advertised online at <http://dhhs.ne.gov/Licensure/Pages/Credentialing-Review.aspx>. The committee members unanimously approved the agenda for the second meeting and the minutes of the first meeting.

II. Discussion on the Proposal

Linda Stone, MS, BSN, RN, CRRN briefly summarized the key components of the proposal, beginning with a brief overview of the four professional groups that comprise advanced practice nurses, specifically, Clinical Nurse Specialists, Certified Registered Nurse Anesthetists, and Certified Nurse Midwives. Ms. Stone went on to state that these four professional groups represent about five percent of all advanced practice nurses in Nebraska. She continued by stating that these four groups currently practice under undue restrictions that the other ninety-five percent of advanced practice nursing no longer has to practice under since the passage of nurse practitioner legislation several years ago. Currently, these four professional groups are regulated under separate and distinct statutory provisions as well as distinct rules and regulations which is often the source of confusion for their employers, other health care professionals, as well as the members of the respective professions themselves.

Linda Stone went on to state that the APRN proposal seeks to establish standardization of education and training and regulation for all four of these professional groups by incorporating them under the current APRN licensure category. This course of action would have the following beneficial impacts: 1) improved "portability" of credentials, 2) improved access to advanced nursing care, 3) provide prescriptive authority for all advanced practice nurses, 4) bring an end to all practice agreements, 5) provide standardization of education and training, 6) bring an end to the requirement for a two-year transition to practice for new graduates of advanced practice nursing education and training programs, and 7) provide a common, uniform rules and regulations process for all advanced practice nurses.

Committee member Dering-Anderson asked the applicants if it is the intent of the applicant group that all advanced practice nurses be allowed to have the same prescriptive authority. Linda Stone replied in the affirmative, adding that this represents recognition that all advanced practice nurses possess the same level of education and training. Dr. Dering-Anderson replied that she remains uncertain and confused by this component of the proposal because it is not clear exactly who can prescribe what under the terms of this proposal. Linda Stone responded that the Board of Nursing will clarify this aspect of the proposal as the review process unfolds, adding that the goal of the proposal is to simplify and clarify who can prescribe what medications and why.

At this juncture Committee chairperson Jeromy Warner asked the applicants to provide data from other states—similar to Nebraska—that have approved proposals similar to the one being proposed here in Nebraska pertinent to how well these proposals are working in these states. Linda Stone responded that she would provide additional data from other states such as Wyoming, for example, which has approved a proposal similar to the one currently under review in Nebraska. Chairperson Warner repeated that he wants to see data from states that are similar to Nebraska in this regard.

Committee member Dering-Anderson asked how committee members can objectively know the difference between something that is a “barrier” to legitimate practice as opposed to something that is disallowed because it is a risk to “patient safety.” Dr. Dering-Anderson then asked the applicants to find data that can be used by the committee members to answer such a question. Linda Stone responded that the proposal includes some data on infant and maternal mortality rates that might be helpful in this regard, and that the applicants’ response document also includes some data on CNM patient care that might be helpful in this regard.

Committee member Wendy McCarty questioned the implicit assumption being made by the applicant group representatives that the answer to current infant and maternal mortality rates is to increase access to advanced practice nursing care, and then asked the applicants “can we assume this?” Not waiting for a response, committee member McCarty challenged the applicants to “show us the data that demonstrates this.” Linda Stone replied by stating that on page 28 of the proposal there is data on outcomes that might be helpful in this regard. Then, she asked Heather Swanson, a CNM, to respond to Dr. McCarty’s question. Heather Swanson stated that in New Mexico infant and maternal mortality have declined since CNMs have been allowed to provide birthing care, but that much of the available data on these issues is agglomerated at a national level rather than state-by-state.

Amy Reynoldson, speaking on behalf of the Nebraska Medical Association, asked the applicants to clarify if the goal of their proposal was to create a common licensure for all four APRN professional specialties. Linda Stone responded in the affirmative. Amy Reynoldson then commented that recent changes in the rules and regulations for advanced practice nurses have already accomplished this objective. Linda Stone responded that this assertion is not correct because the rules and regulations to which Amy Reynoldson is referring did not and could not address the discrepancies in prescriptive authority between the four advanced practice nursing professional groups. Only a statutory change could do that. Amy Reynoldson responded by stating that NMA will respond regarding the issue of prescriptive authority in advanced nursing practice in advance of the next meeting of the committee. Linda Stone replied that her group would provide more data to answer committee questions in advance of the next meeting.

Committee member Su Eells asked the applicants to clarify how the 2000-hour clinical education and training requirement works, specifically, is it a “one-time-fits-all requirement,” or, is it something that must be repeated if a given advanced practice nurse seeks to make changes in

employment and / or the services they provide? Linda Stone asked Tara Whitmore, a member of her group, to answer this question. Tara Whitmore replied that once a given advanced practice nurse has completed their 2000 hours there is no need to repeat this just because the nurse in question has decided to make changes in their employment or in the services they provide. At this juncture Dr. McCarty expressed concerns about this because it seemed to her that this means that this might allow a given advanced practice nurse to provide services they are not qualified to provide. Tara Whitmore then clarified that her comment had been misunderstood. Any advanced practice nurse seeking to make changes in their employment or services for which their current education and training is inadequate must attain whatever additional education and training is necessary to make up for the shortfall. However, this additional education and training has nothing to do with the 2000-hour clinical requirement. This additional education and training would occur outside of this particular requirement.

III. Public Comments

Dr. Jodi Hedrick, MD, OBGYN, speaking on behalf of the NMA, stated that the applicants' proposal would not result in safe and effective patient care and should be rejected by the committee. She added that the education and training of each of the four professional groups lacks a sufficient degree of commonality with one another for the proposal to work for the benefit of the public.

Dr. Schrodtt, also speaking on behalf of the NMA, expressed the desire to see a legislative version of the proposal and challenged the applicant group to create such a document for review. Only this way, he argued, can we see what the proposal would actually do if passed.

IV. Other Business and Adjournment

Program staff stated that they would send out a "doodle poll" to set the date and time for the next meeting of the committee. There being no further business, the committee members unanimously agreed to adjourn the meeting at 11:50 a.m.