

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

**October 8, 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 third meeting and the minutes of the second meeting.

II. Discussion on the Proposal

Linda Stones, MS, BSN, RN, CRRN commented on the responses submitted by her group to the questions raised by the members of the technical review committee during the previous meeting. These responses included tabular information pertinent to education and training in Gerontology by advanced practice nurses, nurse midwifery education and training, a family nurse practitioner plan of study, a plan of study for nurse anesthetists, and a summary of advanced practice nursing education and training.

Ms. Stones continued her comments by stating that Patty Motel would be helping her present the requested information and related commentary about this information. Ms. Stones continued by bringing up a slide presentation to assist her in making her comments about her groups' responses to committee questions and requests for information.

Ms. Stones stated that there are four principal points addressed via the applicants' proposal and these are as follows:

- The establishment of full practice authority for CNMs and CNSs which has not as yet occurred for these two nursing groups,
- The establishment of a "consensus model" pertinent to the creation of a uniform standard of education and training for all four of the affected nursing groups defined under the proposal
- Expand access to nursing care for all Nebraskans
- Creation of a common regulated nursing licensure category under the APRN moniker for all four of these nursing professional groups.

Ms. Stones went on to state that this proposal is about helping the four percent of advanced practice nurses who were left out of the regulatory improvements made in 2015 for the vast majority of nurse practitioners by the Legislature wherein they provided full practice authority for APRNs including an end to the requirement for a practice agreement with a physician before they can practice as an advanced practice nurse. Ms. Stones commented that this four percent are important because they often care for the most needy and vulnerable patients or those that are chronically ill such as stroke victims, for example, but also pre-natal and post-natal care, as well as wound care, for example. Most of these practitioners are not allowed full practice authority under current Nebraska law.

According to Ms. Stones these practitioners—CNMs and CNSs—are as well educated and trained as the other ninety-six percent of advanced practice nurses. She went on to state that there is no good reason why these practitioners should be treated differently than other advanced practice nurses. According to Ms. Stones their education and training is on a par with other advanced practice nurses vis-à-vis their clinical background, and that they differ only in their post-graduate specialty training. Ms. Stones went on to say that the fact that their basic clinical education and training is on a par with other advanced practice nurses validates the development and utilization of the “consensus model” in the applicants’ proposal.

Ms. Stones then stated that one of the most significant benefits of the proposal for patient care is that it would allow for an integrative approach to patient care whereby the various subspecialties of advanced practice nursing could more easily work together to address patient needs in a health care playing field that would decrease barriers to providing services and increase access to care in areas where there are few if any medical doctors. Ms. Stones added that data from the state of Iowa affirms the positive connection between removing barriers to the services of advanced practice nurses and improvement in the area of neonatal care, for example. At this point Ms. Stones ended her formal presentation and asked if there were any questions from the committee members.

Committee members then began to ask the applicant representatives a series of questions about the information provided in response to their previous request for additional information, as follows:

Committee member McCarty asked the applicants: 1) if there is any way to estimate the number of Nebraskans that benefit from the services provided by this “four percent” of advanced nursing professionals, 2) is a Masters Degree necessary as a pre-requisite for entry into advanced nursing education and training or is it the result of such education and training, and 3) is there data available about disciplinary actions taken against advanced practice nurses as compared to medical doctors, for example.

Linda Stones replied to the first question by stating that as of now she is not aware of any data that would be helpful in estimating the impact of CNMs and CNSs on the needs of Nebraska patients but that she would make an effort to see what she could find such data in advance of the next meeting. Ms. Stones responded to the second question by stating that a Masters Degree is the result of the education and training under review. As for the third question she responded by stating that no such information exists as far as she knows, but that she would try to find out.

Committee member Allison Dering- Anderson made reference to a letter from the American Medical Association submitted to the committee members very recently which, among other things, included a discussion about the “consensus model” and the nursing “compact model”. Dr. Dering-Anderson asked Ms. Stones to clarify the difference in meaning between these two terms

vis-à-vis the context of the current advanced nursing proposal. Ms. Stones responded by stating that the compact is about an association of states nursing associations that have come together to break down barriers to the movement of advanced practice nurses between their respective states for the purpose of improving access to care. The consensus model refers to educational and training standards that the nursing compact is seeking to implement across-the-board among the various states that have joined the nursing compact.

Dr. Dering Anderson then asked Ms. Stones to respond to criticism from the Medical Association letter referenced above regarding possible negative impacts of expanding the prescriptive authority of advanced practice nurses vis-à-vis the opioid abuse issue. Ms. Stones replied that she was not prepared to answer this question until she had more time to look into it, indicating that she would do this and be prepared to respond to this question at the next meeting.

Committee member Ben Greenfield asked the applicants whether the prescriptive component of the applicants' proposal might do more harm than good because it might be too broad-based to protect the public from a potential "rogue" practitioner who might prescribe beyond the scope of their professional competency. Mr. Greenfield went on to comment that just because a provider is licensed to prescribe a certain category of medications doesn't necessarily mean that they are competent to do so. Ms. Stones responded by stating that the Board of Nursing deals with these kinds of issues all the time, and that it has authority to discipline providers who exceed their education, training, or professional experience regardless of what their licensed scope might be.

Chairperson Warner asked Ms. Stones if she has any data that could be used to compare disciplinary actions taken against independent nurse practitioners and non-independent nurse practitioners. Ms. Stones indicated that she did not have such data but that she would make an effort to look for it before the next committee meeting.

Committee member Denise Logan asked Ms. Stones about apparent differences between the members of the four advanced practice groups under review vis-à-vis radiology. Ms. Stones responded by stating that the Board of Nursing would handle this kind of discrepancy in education and training the same way it manages discrepancies in the ability to prescribe certain kinds of medications, to wit, each nurse would be expected to only provide services and / or functions that they are competent to provide, and that those of ignore this caveat do so at their peril.

III. Public Comments

Dr. Jodi Hedrick, MD, expressed support for a team-based approach to delivering care and stated that the best way to get this kind of care is in the context of a clinic headed by a physician medical director and which includes a wide variety of health care providers including advanced practice nurses. This is the best way to get the collaborative, integrative, team-based approach that the applicant groups seems to value.

Committee member Dering-Anderson asked Mr. Schrodtt why CRNAs were not included in the letter written by the Medical Association wherein an alternative to the proposal was delineated. Mr. Schrodtt responded by stating that provisions pertinent to CRNAs seemed not to be substantially different under the terms of the proposal than they are right now.

Mr. Schrodtt asked the applicants how the proposal would improve the lives of the so-called “four percent” if it were to pass. Patti Motel responded that the proposal would make it easier for them to find work in other states. Linda Stones stated that passing the proposal would encourage institutions such as UNMC to expand their training programs for these particular professional groups thereby encouraging more nurses to take their careers in those directions, adding that this kind of progress has already been noticed in states that have already passed a version of this proposal.

Mr. Schrodtt commented on assertions made earlier in the meeting by an applicant representative, to wit, that executive orders from the Trump Administration lifting certain restrictions for advanced practice nurses have had the effect of improving access to care for underserved populations are misleading, considering that these actions are likely to be reversed once the pandemic is over and thus are not good indicators of what life would be like if the proposal were to pass. Dr. Dering Anderson responded that right now we cannot be so sure that the changes brought about by these orders are going to go away even when the pandemic is over, adding many of these changes might very well become permanent.

Amy Reynoldson commented that NMA would like to see a legislative version of the proposal very soon so that they could formulate a well-thought-out response to the proposal that is more than just a knee-jerk reaction to it.

IV. Other Business and Adjournment

There being no further business, the committee members unanimously agreed to adjourn the meeting at 11:50 A.m. The next meeting will be the public hearing.