

**REPORT OF RECOMMENDATIONS AND FINDINGS
ON THE PROPOSAL TO MAKE CHANGES IN APRN SCOPE OF
PRACTICE**

By the Nebraska
State Board of Health

To the Director of the Division of Public Health of the Department of Health
and Human Services, and the Members of the Health and Human
Services Committee of the Legislature

November 16, 2020

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Part One: Preliminary Information

Introduction

The Credentialing Review Program is a review process advisory to the Legislature which is designed to assess the need for state regulation of health professionals. The credentialing review statute requires that review bodies assess the need for credentialing proposals by examining whether such proposals are in the public interest.

The law directs those health occupations and professions seeking credentialing or a change in scope of practice to submit an application for review to the Department of Health and Human Services, Division of Public Health. The Director of this Division will then appoint an appropriate technical review committee to review the application and make recommendations regarding whether or not the application in question should be approved. These recommendations are made in accordance with statutory criteria contained in Section 71-6221 of the Nebraska Revised Statutes. These criteria focus the attention of committee members on the public health, safety, and welfare.

The recommendations of technical review committees take the form of written reports that are submitted to the State Board of Health and the Director of the Division along with any other materials requested by these review bodies. These two review bodies formulate their own independent written reports on the same credentialing proposals. All reports that are generated by the program are submitted to the Legislature to assist state senators in their review of proposed legislation pertinent to the credentialing of health care professions.

The Members of the Nebraska State Board of Health, 2020

Kevin Borchert, PharmD, RP

Shane Fleming, BSN, MSN, RN

Michael Hansen, (Hospital Administrator)

Diane Jackson, APRN

John Kuehn, DVM

Kevin Low, DDS

Joel Bessmer, MD

Debra Parsow (Public Member)

Daniel Rosenthal, PE

Wayne Stuberger, PhD, PT (Vice Chair)

Timothy Tesmer, MD

Joshua Vest, DPM

Douglas Vander Broek, DC

Jeromy Warner, PsyD, LP

Board of Health Meetings held to discuss the Art Therapy proposal

Meeting of the Credentialing Review Committee of the Board: Morning, November 16, 2020

The Meeting of the Full Board of Health: Afternoon, November 16, 2020

Part Two: Summary of Board of Health Recommendations

Summary of the Board's Credentialing Review Committee Recommendations

The Committee recommended against approval of the APRN proposal.

Summary of the Recommendations of the full Board of Health

The members of the full Board of Health recommended against approval of the APRN proposal.

Part Three: Summary of the APRN Proposal

The following text from the applicant group summarizes their proposal:

- Modernizing the licensure and regulation of APRNs in Nebraska:
 - i. Create a single APRN practice act
 - ii. Align scope of practice for all APRNs with the national consensus model for APRN regulation
 - iii. Position Nebraska to enter the APRN licensure compact
- What advanced practice nurses are covered under this proposal?
 - i. Certified Nurse Practitioners (CNPs / NPs)
 - ii. Certified Registered Nurses (CRNAs)
 - iii. Certified Clinical Nurse Specialists (CNSs)
 - iv. Certified Nurse Midwives (CNMs)
- What is the consensus model for APRN regulation and why is it important?

This model is the product of a four-year collaboration between the National Council of State Boards of Nursing and nurse leaders from twenty-three nursing organizations. This consensus work group recognized that APRNs would play an increasingly significant role in improving access to high quality, cost-effective care, but that, currently, inconsistent standards in APRN education, regulation, and practice limit mobility from one state to another.

- What does APRN consensus model alignment mean?

The APRN consensus model provides states with a framework and guidance to adopt uniformity in the regulation of APRNs. Consensus between the states was originally projected to have been accomplished by 2015. A numeric system is used to assign progress towards implementation of the model. Nebraska has 25 of the 28 points required to fully align with the model.

The following proposed scope of practice changes represent consensus model alignment:

- i. Full practice authority for CNMs
 - ii. Prescriptive authority for CNMs and CNSs
 - iii. Removal of Transition to Practice requirements for NPs
- Why is APRN consensus model alignment important for Nebraska?

The importance of this is that it addresses access to care needs in remote rural areas of Nebraska where access of the care of physicians has been steadily declining for many years.

This model provides an opportunity for regulatory simplification and consistency across all of the APRN specialties.

This model provides an opportunity to improve the portability of the variety of services provided by advanced practice nurses from one state to another.

The full text of the most current version of the applicants' proposal can be found under the APRN topic area on the credentialing review program link at <http://dhhs.ne.gov/Licensure/Pages/Credentialing-Review.aspx>

Part Four: Discussion and Recommendations of the Members of the Credentialing Review Committee of the Board of Health on the APRN Proposal

Board member Jeromy Warner, PsyD, chairperson of the APRN Technical Review Committee, commented on the work of his review committee by informing the Board members that this committee held five meetings and recommended approval of the applicants' proposal, although this recommendation was not unanimous. Dr. Warner went on to state that the review process for this proposal necessitated the mastery of a great deal of detailed and complex information and data about what currently are four distinct nursing professions, specifically, CNMs, CNSs, CRNAs, and APRNs, professions that the applicant group is seeking to merge into a single, unified APRN profession. Dr. Warner went on to state that it was sometimes difficult to ascertain which aspects of the education and training of these four professional groups were common among these four groups and which were not.

Board member Dr. John Kuehn, DVM, asked Dr. Warner why this review of these four professions was done vis-à-vis one, single proposal, and continuing asked, "why not four separate reviews?" Dr. Warner clarified that this was because the applicants' proposal calls for the merging of the four respective nursing professions into a single, unified APRN profession. Dr. Warner added that his committee members sometimes found it difficult to identify what aspects of education and training was common to all four groups and which were not.

Linda Stones, MS, BSN, RN, CRRN, made comments on behalf of the applicant group. Ms. Stones commented that the proposal seeks to eliminate inconsistencies in rules and regulations among the four, respective nursing groups, and that the increased uniformity of regulation that would result from this holds promise of improving access to care for Nebraskans. Ms. Stones went on to state that this proposal for updated practice is based on an APRN consensus model for creating uniformity among these four, respective nursing groups vis-à-vis education and training. Dr. Kuehn commented to Ms. Stones that he appreciates the goals of the applicant group but not the way they are going about accomplishing these goals, specifically, questioning the idea of merging these four nursing groups into one profession. Ms. Stones responded by stating that the applicants see this as a vital component to their goal of consolidating, simplifying, and streamlining the regulation for these nursing groups. She added that the establishment of a single, uniform regulatory mechanism under the guidelines of the consensus model is a requirement for Nebraska advanced practice nurses to be accepted into the nursing compact that is currently under development.

Board member Dr. Timothy Tesmer, MD, responded to Ms. Stones comments by stating that the current APRN proposal seems to contradict the current trend towards team-based care between and among the members of multiple health care providers that has gained popularity in health care in recent years. Ms. Stones responded by stating that APRNs also value a team-based approach to the delivery of health care services and that the current proposal would do nothing to interfere with this trend.

Amy Reynoldson, a spokesperson for the Nebraska Medical Association, stated that NMA is "solidly against the proposal." Ms. Reynoldson went on to state that the proposal is a safety risk for vulnerable populations because the proposed education and training for the services in question is not adequate. Ms. Reynoldson stated that the proposal does not satisfy the six criteria for scope of practice proposals and that the applicants did not provide information pertinent to criteria five and six, for example.

The Board's Credentialing Review Committee members continued their review of the APRN proposal by discussing the six statutory criteria pertinent to scope of practice proposals, as follows:

Criterion one: The health, safety, and welfare of the public are inadequately addressed by the present scope of practice or limitations on the scope of practice.

Board member Fleming stated that the proposal satisfies the first criterion by exposing the need for greater access to care in Nebraska.

Board member Vest commented that it's hard to determine if this proposal does or does not satisfy this criterion, and it's hard to know if the proposal would do any good even if it does pass.

Board member Kuehn commented that the proposal does not satisfy this criterion.

Criterion two: Enactment of the proposed change in scope of practice would benefit the health, safety, or welfare of the public.

Board member Kuehn commented that the proposal does not satisfy this criterion.

Board member Vest commented that it is not clear that all four of the nursing components of this proposal satisfy this criterion.

Board member Fleming stated that the proposal would benefit the public health and welfare.

Criterion three: The proposed change in scope of practice does not create a significant new danger to the health, safety, or welfare of the public.

Board member Vest commented that the CNM component of the proposal does not satisfy this criterion.

Board member Kuehn expressed agreement with Dr. Vest's comments regarding this criterion.

Board member Fleming commented that he sees no new danger to the public health and welfare from this proposal.

Criterion four: The current education and training for the health profession adequately prepares practitioners to perform the new skill or service.

Board member Kuehn commented that he is not confident that all of the members of the four respective nursing groups under review can satisfy this criterion.

Board member Vest commented that he is not sure that all of the members of the four nursing groups in question have the necessary education and training to satisfy this criterion.

Board member Fleming commented that he is confident that all four of these nursing groups possess the necessary education and training to practice safely under the terms of the applicants' proposal.

Criterion five: There are appropriate post-professional programs and competence assessment measures available to assure that the practitioner is competent to perform the new skill of service in a safe manner.

Board member Kuehn commented that he is not sure of the uniformity of the education and training between the respective nursing groups under review.

Board member Vest expressed his agreement with Board member Kuehn.

Board member Fleming said that all four nursing groups satisfy this criterion.

Criterion six: There are adequate measures to assess whether practitioners are competently performing the new skill or service and to take appropriate action if they are not performing competently.

Board member Kuehn commented that it is not clear if all four nursing groups under review satisfy this criterion.

Board member Vest commented expressed agreement with Board member Kuehn on this criterion.

Board member Fleming commented confidence that all four nursing groups satisfy this criterion.

Credentialing Review Committee Recommendations on the APRN proposal

The Board's Credentialing Review Committee members formulated their recommendations on the APRN proposal by taking a Yes / No vote on the proposal as a whole, as follows:

Board member Fleming voted yes.

Board members Vest, Kuehn, and Warner voted no.

By this action the Board's Credentialing Review Committee recommended against approval of the APRN proposal.

Part Five: Recommendations of the Members of the Full Board of Health on the APRN Proposal

Discussion on the APRN proposal by the members of the full Board of Health:

Board member Jeromy Warner, PsyD, chairperson of the APRN Technical Review Committee, restated some of the comments he made previously during the morning meeting of the Board's Credentialing Review Committee. He commented on the work of his review committee by informing the Board members that his committee recommended approval of the applicants' proposal by a narrow margin. Dr. Warner reiterated that the review process for this proposal necessitated the mastery of a great deal of detailed and complex information and data about the four nursing professions under review, specifically, CNMs, CNSs, CRNAs, and APRNs. Dr. Warner reiterated that it was sometimes difficult to ascertain which aspects of the education and training of these four professional groups were common among these four groups and which were not.

Linda Stones, MS, BSN, RN, CRRN, restated comments she made during the morning meeting of the Board's Credentialing Review Committee. Ms. Stones commented that the proposal seeks to eliminate inconsistencies in rules and regulations among the four, respective nursing groups, and that the increased uniformity of regulation that would result from this holds promise of improving access to care for Nebraskans. Ms. Stones went on to state that this proposal for updated practice is based on an APRN consensus model for creating uniformity among these four, respective nursing groups vis-à-vis their education and training.

Board member Tesmer asked the applicants what compact they are referring to in their proposal, the one that came to an end in 2015 or some other one. Linda Stones responded that the compact the proposal is referring to dates back to 2008 and pertains only to advanced practice nurses. Ms. Stones went on to say that a state must comply with compact standards in order to be accepted as a member and that the current APRN proposal would establish such standards if it were to pass. Dr. Tesmer responded that in his view the four nursing groups in question are too different to be merged into one unified profession. He added that it is unclear whether Nebraska patients need this proposal or that it would actually improve access to care in our state.

Linda Stones went on to state that Nebraskans would benefit from this proposal because it would finally establish that all advanced practice nurses in our state would be allowed to practice to the top of their education and training. Furthermore, all advanced practice nurses in our state would finally be free to expand the geographical range of their practices so as to reach and treat patients in remote rural areas of our state, thereby improving access to care in these areas. Dr. Tesmer asked Ms. Stones if facilities in remote rural areas of our state could handle additional APRN services. Ms. Stones responded by stating that the delivery of services is only one dimension of the access to care issue in our state and that monitoring, for example, is also a vital dimension that would also benefit from passing the proposal.

Dr. Tesmer stated that some hospitals in our state require collaborative agreements for advanced practice nursing services and that the current proposal does not address these realities.

Dr. Mark Davis, MD, commented that oversight of nursing services is essential for the protection of the public and the proposal does not take this into account.

Dr. Travis Teetor, MD, commented that hospitals prefer anesthesiologists to CRNAs but that the latter are cheaper under current rules for reimbursement and so CRNAs predominate over anesthesiologists.

Recommendations of the members of the full Board of Health on the APRN proposal:

The members of the full Board formulated their recommendations on the APRN proposal as a whole by taking a roll call vote on the recommendations of their Credentialing Review Committee on this proposal. The results of this Committee's vote was a three-to-one vote against approval of the APRN proposal. Program staff clarified that if a Board member wants to vote to support the proposal they would have to vote "no" so as to reject the negative recommendation of this Committee. On the other hand, if a Board member wants to oppose the applicants' proposal they would have to vote "yes" so as to accept the negative recommendation of this Committee.

The voting of the members of the full Board of Health went as follows:

Voting "no" to reject the negative recommendation of the Board's Committee were Jackson, Stuberg, and Low.

Voting "yes" to accept the negative recommendation of the Board's Committee were Bessmer, Borcher, Hansen, Kuehn, Fleming, Tesmer, Vander Broek, Vest, and Warner.

By this vote the Board members voted to accept the negative recommendation of the Committee and thereby recommend against approval of the APRN proposal.