Minutes of the Fourth Meeting of the Nurse Practitioners Technical Review Committee: Public Hearing

May 28th, 2025

9:00 a.m. to 11:00 a.m.

Members Participating	Members Absent	Staff
Jeffrey Wienke Jr. DPM, CWSP (Chair)	Christine Chasek, PhD, LIMHP, LADC	Maggie Mills
Ally Dering-Anderson, BA, PharmD, FaAIM, FAPhA		Caryn Vincent
Darrell Klein, J.D., B.A.	Joshua Schlote, B.A.S., LVT, VTES	Monica Gissler-Webb
Wendy McCarty, Ed. D		
Stacy Waldron, PhD		

I. Call to Order: Roll Call, Open Meetings Law, Approval of Agenda, Approval of Minutes from 05/02/2025

The meeting was called to order at 9:05am. A roll call vote was taken. Five members were present and two were absent, there being a quorum, the meeting continued. As indicated by the Chairperson, the Open Meetings Law was posted online, and a physical copy was provided in the room. Chairperson Wienke asked for a motion to approve the agenda. The motion was made by Darrell Klein and seconded by Dr. McCarty. A roll call vote was taken to approve, and the agenda was approved. Chairperson Wienke asked for a motion to approve the minutes from the last meeting. Dr. Waldron made a motion, and it was seconded by Dr. McCarty. A roll call vote was taken to approve the minutes from the last meeting.

II. Brief overview of proposal by applicant group

Dr. Jillian Negri discussed the criteria regarding the NNP's proposal. She began by defining 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." Dr. Negri added that Nebraska's current scope of practice negatively impacts public health, safety, and welfare by reducing access to care, especially in rural areas. NPs cannot provide the same care as their colleagues, physician assistants, despite being hired in the same role such as a provider in a critical access emergency department. NPs face barriers to employment in specialized roles, and specialists

are unable to hire NPs where needed. This contributes to provider shortages, delays in procedures, unnecessary workarounds, and forces patients to travel or be transferred for specialized care.
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Dr. Negri defined the second criterion being used to assess the proposal: “Enactment of the proposed change in scope of practice would benefit the health, safety, or welfare of the public.” She added that by allowing nurse practitioners to perform fluoroscopy will enhance access to care, particularly in rural and underserved area. The expanding role will address workforce shortages, group healthcare demands, and improve recruitment of specialists to Nebraska. Enactment will improve healthcare efficiency by reducing wait times, reducing patient transfers, and easing the workload of physicians, surgeons, and radiologists.

Dr. Negri defined the third criterion being used to assess the proposal: “The proposed change in scope of practice does not create a significant new danger to the health, safety, or welfare of the public.” She added, while small, there is an increased risk of harm from higher exposure and dosages of radiation. Prolonger fluoroscopy can cause tissue burns, hair loss, and add to cumulative risk of cancer. This is an extremely rare occurrence due to the advancement in technology, smaller radiation dosages and radiation safety mechanisms in place. The mini C-arm has such low dosages, the patient, operator, and surrounding staff occurred during lifesaving procedures in interventional radiology where the chance of survival outweighs the harm from radiation. She continued that the risk of harm from fluoroscopy by nurse practitioners can be safely mitigated through education and training. This is evident by the low instance of harm from fluoroscopy in the state and twenty-two others. Nurse practitioners routinely order radiation burdening diagnostics and are aware of the potential harm/risk to patients. With additional education and training, in fluoroscopy, the risk of harm is minimized.

Dr. Negri defined the fourth criterion, “The current education and training for the health profession adequately prepares practitioners to perform the new skill or service.” She added that nurse practitioners are educated and trained in radiation safety. NPs order x-ray, CT scans, nuclear medicine studies, interventional radiology procedures and all other facets of radiation exposing diagnostics, may of which have higher levels of radiation exposure to the patient. NNP proposes a minimum of four hours of post graduate didactic education in fluoroscopy which includes: radiation safety, radiation production and characteristics, radiobiology, contrast media, and fluoroscopic unit operation.

Dr. Negri defined the fifth criterion, “There are appropriate post-professional programs and competence assessment measures available to assure that the practitioner is competent to perform the new skill or service in a safe manner.” She adds that an approved education program means the University of Nebraska Medical Center’s “Fluoroscopy Radiation Safety Training for UNMC/ The Nebraska Medical

Center" or equivalent course as approved jointly by the Department and the Board of Nursing. NNP proposed clinical training of a minimum of five fluoroscopic procedures under the supervision of a formally trained preceptor to ensure competency.

Dr. Negri defined the sixth criterion, "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." She continued, saying employers/ healthcare facilities have guidelines and processes for evaluation of the nurse practitioner. Competency is evaluated for hospital/ facility privileges and at each renewal cycle which is typically every two years. Facilities where fluoroscopy is performed must abide by the Radiation Control Act which has several mechanisms for monitoring competency and patient safety. Collaboration with physicians and other healthcare providers/ specialists is a requirement of professionalism and provision of safe patient care. In specialty areas where fluoroscopy is typically utilized there is physician/ surgeon supervision, collaboration, and oversight. If there is a question of competency, several reporting mechanisms exist through employers, Nebraska Board of Nursing, DHHS, and the Office of Radiological Health.

Heather Chambers, Director of Advanced Practice for CHI, commented on the difficulties hiring nurse practitioners in Western Nebraska where the physician assistant colleagues are allowed to use fluoroscopy, but NPs are not. She stated that fluoroscopy is being used in emergency departments, orthopedics, urology, interventional radiology, where nurse practitioners are assessing and assisting physicians. Dr. Chambers continued, that fluoroscopy is also being used in women's health and fertility clinics. She said while it has been great having physician assistants to be able to perform certain fluoroscopic procedures, they have not been able to hire nurse practitioners into certain roles and have had to hire physician assistants instead because of this difference in scope.

III. Proponent Testimony

There was no proponent testimony.

IV. Opponent Testimony

There was no opponent testimony.

V. Neutral Testimony

Paul Hendersen from the Nebraska Medical Association (NMA) spoke on the letter of neutrality submitted by the NMA. He began by thanking the nurse practitioners for their collaboration with the NMA. Mr. Hendersen mentioned that they had not gotten a full picture of what the training would look like and what is required of those nurse practitioners in the twenty-two other states where they are allowed to perform

fluoroscopy. In the letter, the training of some of these other states was explained, and the NMA felt that that kind of training would be appropriate in Nebraska. He also acknowledged that the training defined in the proposal would satisfy the criteria for this Credentialing Review.

Patty Motl, member of the Nebraska Board of Nursing, Chair of the Nursing Practice Committee, and Radiology nurse at Children's Hospital for 25 years, testified in a neutral capacity. Ms. Motl began by saying that the Nebraska Board of Nursing maintains a neutral position regarding the proposal to allow Nurse Practitioners (NPs) to utilize fluoroscopy in clinical practice within the state of Nebraska. In alignment with its mandate to protect the public while supporting a regulatory framework that is proportionate and not overly burdensome, the Board offers the following considerations. In terms of patient safety, Ms. Motl said that the central concern is not merely the equipment being used- such as fluoroscopy- but rather the procedures being performed. While equipment choice is important, the appropriateness and safety of procedures within a provider's scope of practice must remain the primary focus. For example, ultrasound should always be considered as an alternative when feasible. Its safety profile- lacking ionizing radiation exposure- makes it an optimal tool in many settings. When properly applied, ultrasound can enhance procedural accuracy and patient outcomes without the risk associated with radiation.

In terms of the regulatory perspective and competency, the Board concurs with the applicant's statement that NPs may or may not receive formal education in fluoroscopy during their graduate programs. Therefore, fluoroscopy privileges must hinge upon demonstrated competency, appropriate training, and a clear delineation of procedures that fall within the individual NP's scope of practice and population foci. The regulatory precedent set by Certified Registered Nurse Anesthetists (CRNAs) using fluoroscopy provides a viable framework for NPs. The following CRNA-based regulatory elements could be considered foundation for NP fluoroscopy credentialing:

1. Completion of an approved radiation safety course as a prerequisite.
2. Development of policies or advisory opinions outlining specific procedures where fluoroscopy use is appropriate and within NP scope.
3. Peer-review competency validation, with initial oversight by a qualified provider during a set number of procedures.

To ensure safe integration of fluoroscopy into NP practice, the following minimum standards are recommended:

1. Examination or assessment documenting the NP's understanding of radiation physics, safety, and regulatory guidelines.

2. Practice environment standards that safeguard patients, providers, and all clinical personnel from unnecessary exposure.
3. Evidence-based policies ensuring the use of fluoroscopy only in procedures where it provides clinical benefit at a low risk and aligns with the NP's defined scope of practice.

Ms. Motl ended by saying that this proposal opens an important discussion on the role of advance practice nurses in using diagnostic and interventional imaging tools. However, it must be grounded in a broader evaluation of procedural scope, competency assurance, and safeguards to protect the public. The Board supports further exploration of this proposal under the principles of patient safety, provider accountability, and right-touch regulation.

Carmen Chinchilla spoke on behalf of the Nebraska Radiological Society. She said that she wanted to echo the concerns of the NMA to ensure that the training is adequate and ensuring patient safety with that training. From the NMA's letter, Ms. Chinchilla wanted to place importance on the guidelines that Colorado has implemented which follow very closely to those of the American College of Radiology including 40 hours of didactic education and 40 hours of clinical experience.

Dr. Negri clarified that the requirement of 40 hours of clinical experience could be watching somebody else perform these procedures. She added that it matters more to the applicant group that the practitioner can perform the procedures which is why they required the five supervised procedures. Dr. Negri added that they believe it is more important to be able to prove that they can do these procedures safely themselves rather than watch someone else perform a safe procedure.

Mr. Hendersen said that from his understanding, the 40 hours of clinical experience in Colorado's guidelines, it is 40 hours of hands-on supervised experience. Ms. Chinchilla jumped in and said from the perspective of the Nebraska Radiological Society, that same requirement is 40 hours supervised by a radiologist or medical physicist.

Dr. Wenner added that they thought including the five procedures was more beneficial to learning because a practitioner could be in a prolonged case that lasts ten hours and suggested that would not be appropriate to count towards those 40 hours considering the amount of time where fluoroscopy was actually being used. Dr. Negri reiterated that they would rather have a practitioner perform five fluoroscopic procedures safely and supervised rather than watching someone perform the procedures. Dr. Wenner researched those 40 hours for other states and what would qualify for those required hours and took that into consideration but found the five hands-on procedures to be more effective.

Amy Reynoldson from the NMA suggested that in the time before the next legislative session, to do some research on how these other states implement this through statute and what they are doing for their training and education. She suggested that some of the states have specific statutory language outlining the requirements. Ms.

Reynoldson continued that the NPs are asking for more than the CRNAs which is why the NMA thinks they need to look deeper into the training and education. Dr. Negri replied saying they understand but that they are asking to do the same thing as the physician assistants and their education is four hours beyond their master's degree. Dr. Negri added, that because the physician assistants are under the scope of the physician, there is not a requirement. At Nebraska Medicine, the physician assistants take the same course that the CRNAs take, stating that it is a more facility-based requirement.

Heather Chambers jumped in saying that at CHI the physician assistants must take the same training as the physicians. Stating that there is a training every two years that they must complete and pass a test to prove competency. Dr. Negri added, that this is what was recommended from the stakeholders at different facilities that the applicant group worked with.

Patty Motl chimed in, talking about when discussing critical access hospitals compared to bigger institutions, she said she goes back to the equipment. She stated that the equipment could be very different at a critical access hospital compared to a larger institution and defining how they are educated in that piece of equipment.

Dr. Wienke asked the NMA what is required for an orthopedic surgeon to be able to perform fluoroscopy. Mr. Hendersen replied saying that orthopedic surgeons have supervised residencies with thousands of hours of experience after medical school.

Dr. Dering-Anderson jumped in saying ultimately, it is not the responsibility of the technical review committee to determine the specific training, and rather have it approved by the Board to determine that it is appropriate to be able to perform fluoroscopy safely and competently.

Mr. Klein added, he is going to ignore that the language provided in the application expressly recognizes UNMC because from what he has heard, no one can get definitive information from UNMC as for what they are doing. Continuing, he said he will just be looking at the proposed change to the statute rather than the rules and regulations suggestions. Mr. Klein said that the limit on fluoroscopy was based on the determination by the Department and the Legislature, that at the time the medical radiographers were being credentialed, that the following people could do fluoroscopy, and so, they were listed in there as already having it within their scope of practice indicating there are no restrictions other than what might have applied to their scope of practice at the time. The whole focus at that time was on medical radiographers and the fact that the Legislature did not want medical radiographers to participate in interpretive fluoroscopic procedures. He agreed that there is a low bar for the people who were "grandfathered" into the statute that allows them to perform fluoroscopy, and what happens there is distinction between what you are allowed to do under your scope of practice and what you are competent to do.

VI. Questions from Technical Review Committee

Dr. McCarty asked what would validate this person that says they have this training in their program. Dr. Negri answered saying from their proposed legislation perspective only, regardless of what they have had in their professional program, they would be required to do the approved education via the Board of Nursing, clarifying that it is supplemental to their professional education. Ann Oertwich and Patty Motl added that that will also happen in the institutions because they will be required by the State.

Dr. Waldron clarified that the practitioner would be taking a course, showing someone that they have demonstrated understanding through supervision, and then no examination to demonstrate since those two in combination would be the demonstration of understanding. Dr. Negri clarified that the competency is the examination. Dr. Wenner added that what they are proposing is just the minimum, and like Dr. Chambers had mentioned, facilities will have their own specific ongoing radiation safety or in-services. Dr. Waldron asked if it is a stand-alone individual office, the responsibility goes on the individual who owns the machine. Dr. Negri and Dr. Wenner said yes.

VII. Public Comment

There was no public comment.

VIII. Technical Review Committee discussion, action on six criteria and Up/Down vote on proposal

Mr. Klein said that his votes are going to be on the parts of the application that talks about what they want to do with statute. He also stated at the last Board of Pharmacy meeting he was approached by Department legal counsel, and they were concerned with the word “direct”, regarding the direction of the medical radiographer. Mr. Klein continued, saying that he thinks the concern is that if scope of practice is expanded for nurse practitioners, they cannot direct a medical radiographer by saying to go to the fluoroscope and interpret it. He also added that he echoes the concerns of the NMA and the Board of Nursing and acknowledges that the applicant group has been responsive to concerns.

Dr. Wenner asked if they have a concern with the wording of the CRNA language since they have “in conjunction” and “supervision” with. Mr. Klein said no and that may have been a misstep of the Department.

Criterion #1: The health, safety, and welfare of the public are inadequately addressed by the present scope of practice or limitations on the scope of practice.
Mr. Klein moved that they find this criterion met, seconded by Dr. Dering- Anderson.

Discussion on Criterion #1:

Mr. Klein said that he is looking at the expansion to access. He said cost going down is speculative, but access will increase. With discussed educational standards there will be quality improvement.

Voting Yes: Dering-Anderson, Klein, McCarty, Waldron
Voting No*:* None
Chairperson Dr. Wienke abstained from voting.

Criterion #2: Enactment of the proposed change in scope of practice would benefit the health, safety, or welfare of the public.

Mr. Klein moved that the committee find this criterion met, seconded by Dr. Waldron.

Discussion on Criterion #2:

Dr. Dering-Anderson thanked the applicant group. She said when the committee asked for information about radiation, radiation build up, etc. there were committee members who had previous knowledge and those who did not and having that data will be helpful in moving this proposal to the unicameral.

Voting Yes: Dering-Anderson, Klein, McCarty, Waldron
Voting No*:* None
Chairperson Dr. Wienke abstained from voting.

Criterion #3: The proposed change in scope of practice does not create a significant new danger to the health, safety, or welfare of the public.

Mr. Klein moved that the committee find that this criterion met, seconded by Dr. Dering-Anderson.

Discussion on Criterion #3:

Mr. Klein wanted to note that he believes there is a slight increase in risk, but it is not significant enough to outweigh the benefit.

Voting Yes: Dering-Anderson, Klein, McCarty, Waldron
Voting No*:* None

Chairperson Dr. Wienke abstained from voting.

Criterion #4: The current education and training for the health profession adequately prepares practitioners to perform the new skill or service.

Mr. Klein moved that the committee find this criterion met, Dr. McCarty seconded the motion.

Discussion on Criterion #4:

Mr. Klein said he thinks that the proposal is saying that additional education and training is needed. He added, by voting yes to this criterion would be saying that nurse practitioners right now are receiving enough education and training to perform fluoroscopy without additional requirements.

Dr. Dering-Anderson said that this proposal says before any nurse practitioner does independent fluoroscopy, they will have been educated, and they will have demonstrated it, but the question is poorly asked but clearly asked. Saying that the question is, does this education and training happen right now, and the answer is no, not in Nebraska.

Dr. Waldron said she agrees with them based on the way the question is asked.

Voting Yes: None
Voting No*:* Dering-Anderson, Klein, McCarty, Waldron
Chairperson Dr. Wienke abstained from voting.

Criterion #5: There are appropriate post-professional programs and competence assessment measures available to ensure that the practitioner is competent to perform the new skill or service in a safe manner.

Dr. Dering-Anderson moved that the committee find this criterion met, seconded by Mr. Klein.

Discussion on Criterion #5:

There was no discussion on this criterion.

Voting Yes: Dering-Anderson, Klein, McCarty, Waldron
Voting No*:* None
Chairperson Dr. Wienke abstained from voting.

Criterion #6: 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.

Mr. Klein moved that this criterion is met, seconded by Dr. Dering-Anderson.

Discussion on Criterion #6:

There was no discussion on this criterion.

Voting Yes: Dering-Anderson, Klein, McCarty, Waldron
Voting No*:* None
Chairperson Dr. Wienke abstained from voting.

Action taken by the committee members on the proposal as a whole by way of an up/down roll call vote as follows:

Dr. Dering-Anderson moved that this Technical Review Committee support the proposal, seconded by Dr. Waldron.

Discussion on the proposal as a whole:

Dr. McCarty said that with anything like this, there will be no perfect verbiage or document. Looking at it as a whole is important.

Dr. Waldron said that she thinks the cooperation and collaboration that the applicant group has made with all stakeholders has been incredibly important and will help not only with the statute but the rules and regulations too.

Mr. Klein said that he hopes the standards, if this is passed in legislation, might serve as best practice for other professions that are currently performing fluoroscopy. At some point, hoping they will match the best standards.

Voting Yes: Dering-Anderson, Klein, McCarty, Waldron
Voting No*:* None
Chairperson Dr. Wienke abstained from voting.

IX. Public Comment

There was no public comment.

X. Adjournment

The meeting was adjourned at 10:02 a.m.