

Credentialing Review Procedure Manual (407)

Division of Public Health

July 2025

Introduction

The purpose of the Nebraska Credentialing Review Program is to establish health-related guidelines for the regulation of health professions which are either currently not regulated, or if regulated, seek to change their scope of practice. The Program advises the Nebraska Legislature regarding these kinds of credentialing issues in the State of Nebraska.

The program is prescribed by LB 407 (1985), the Nebraska Regulation of Health Professions Act (Revised 1988, 1993, 2012), now codified as Sections 71-6201 through 71-6230, N.R.S. supplement, 2012. The program is advisory to the Legislature, and action by that body is required before an occupation can be credentialed or scope of practice changed.

The goals of the Credentialing Review Program are:

- To provide recommendations to the Legislature that represent practical, and cost-effective ways to protect and promote the health, safety, and welfare of the citizens of Nebraska.
- To conduct each review in an open, thorough, and impartial manner, acknowledging and respecting the professionalism and concern for the public welfare of all parties in the review.
- To encourage representation and participation by members of the public as well as by health care providers and interest groups.
- To use the statutory criteria to focus on the public health issues inherent in each proposal, while being aware that other issues will also be considered by the Legislature.
- To maintain an open and positive atmosphere that values seeking solutions that benefit the public over political maneuvering, bargaining, and lobbying.

This manual describes the purpose of the process, expectations of reviewers and applicant group members, and the organization necessary to do so.

All communications relating to this program should be to the following staff persons:

Maggie Mills, Maggie.Mills@nebraska.gov; (402) 471-3084

Caryn Vincent, Caryn.Vincent@nebraska.gov; (402) 471-9435

The mailing address used to submit information, documents, or other materials to the Credentialing Review Program is as follows:

Maggie Mills
Public Health Policy Program Specialist
Department of Health and Human Services
PO Box 95026
Lincoln, NE 68509-5026

Program Procedures

General Timeline of Program Procedures

1. Applicant Group submits Letter of Intent with \$500.00 application fee.
2. Director of Division of Public Health sends applicant group response to the Letter of Intent
3. Applicant Group consults with DHHS Staff
4. Applicant Group communicates with stakeholders to receive feedback.
5. Applicant Group submits completed application.
6. Completed application and supporting documentation is distributed to Technical Review Committee
7. Applicant Group and Technical Review Committee meet 3-5 times to form opinion on proposal, vote, and adopt their final report.
8. Application, supporting documentation, and the final report of the Technical Review Committee are sent to the State Board of Health members prior to their meeting where they vote and adopt their final report.
9. Application, supporting documentation, final report of the Technical Review Committee, and final report of the Board of Health are sent to Director of the Division of Public Health; they create their final report with input from the Chief Medical Officer
10. All Final Reports are made available on the Credentialing Review webpage:
<https://dhhs.ne.gov/licensure/Pages/Credentialing-Review.aspx>

Specific Procedures

Who can apply?

- Any organization, interest group, or individual may submit a credentialing review application. Anyone submitting an application is referred to as an "applicant".
- Prior to submitting an application, an applicant must submit ,to the Director of the Division of Public Health, a letter of intent and a \$500.00 application fee.

Letter of Intent- Requirements

- The purpose of the letter of intent is to assist agency staff in determining whether the applicant group is eligible for review under the terms of the Nebraska Regulation of Health Professions Act.
- Professions that are already regulated by the Department of Health and Human Services are defined as eligible for review.

The Letter of Intent must contain:

- The name, address, telephone number, and email address of the applicant group and/or designated spokespersons for the group.
- A brief summary of the change in credentialing sought by the applicants.
- If the occupation does not meet the definition of an eligible occupation, information sufficient to determine whether a review should be conducted.
- The \$500 application fee; If the applicant is requesting to waive the application fee, that request, and the grounds for the request, should be submitted with the letter of intent.
- An estimated time frame for submission of the completed application.
- The Director may request additional information beyond what is provided in the Letter of Intent to

decide if the applicant group is eligible for review. The Director will notify the applicant within 15 days of receipt of the letter of intent as to whether the proposed application is eligible for review.

\$500 Application Fee

- The review will not begin until the fee has been received or waived.
- The fee will be returned if it is determined that the application is not eligible for review.
- Circumstances under which a waiver may be granted include, but are not limited to:
 - The applicant group is an agency of state government.
 - Members of the applicant group will not be materially affected by the implementation of the proposed regulation or change in scope of practice; or
 - Payment of the application fee would impose unreasonable hardship on members of the applicant group.
- If the request for waiving the fee is denied, the fee must be submitted before any further action on the application can proceed.

Consultation with DHHS Staff:

- Program staff will provide an opportunity for a consultation with the applicant group to facilitate their knowledge and understanding of the CR Program and its requirements.
- Applicants are advised not to begin preparing their proposal until after such a consultation unless they have had prior experience with the Credentialing Review (CR) Program.

Submitting a Proposal

- The applicant group should complete an application according to the instructions.
- Applicant group representatives must submit a copy of their proposal to the CR Program staff before a review of their proposal can begin.
- CR Program staff will then post the proposal on the Program webpage:
<https://dhhs.ne.gov/Licensure/Pages/Credentialing-Review.aspx>
- Applicant groups are also encouraged to share their application with relevant licensing or regulatory boards for their awareness and feedback.

Amending a Proposal

- Once a proposal has been submitted to the Technical Review Committee for review, applicants may amend the proposal at any time during the technical review phase.
- The Technical Review Committee shall review the amended version of the proposal when making final recommendations and providing its final report.

Review Timeframe

- By law, all reviews must be completed within twelve months of the date that an application is received and determined complete.
- It is program practice to seek to complete all reviews within nine months; Some reviews, particularly those with complex topics and significant opposition may take the full twelve months.

Technical Review Committees (TRCs)

Purpose:

- Technical Review Committees provide objective advice to the Board of Health and the Director as to the merits of the proposal.
- This advice must be based upon testimony, research, and data.

Committee Formation:

- It begins once eligibility is confirmed, and the \$500 fee is received or waived.
- Committee members are chosen from two groups:
 - Health Professional Pool
 - Public Member Pool
- At least some of the members will be selected because of their professional expertise in areas related to health care.
- These pools are refreshed annually via outreach to licensing boards and professional associations.
- Volunteers fill out Conflict of Interest forms reviewed by the Director of Public Health, who makes the final appointments.
- The Credentialing Review committee of the Board of Health recommends six members and two alternates to be appointed to the Technical Review Committee.
- The Board of Health votes on the recommendations
- The Director appoints the final Technical Review Committee members.

Committee Composition Rules (per N.R.S. Section 71- 6224)

Each Technical Review Committee must:

- Include six appointed members and one State Board of Health member who serves as chairperson.
- Include no more than one person within the same profession.
- Be fair, impartial, and equitable.
- Have no conflicts of interest; Members cannot:
 - Be a part of the applicant group.
 - Belong to a profession impacted by the proposal.
 - Have ties to proponents/opponents.

Review Process: Committee Meeting Phases

1. Organizational Meeting
 - Virtual meeting for Technical Review Committee members only
 - Staff provide orientation and guidance.
2. Issue Definition Meetings
 - Clarify the proposal, provide feedback, and ask questions to the applicant group.
3. Public Hearing
 - Hear formal testimony from interested parties.
4. Recommendation Meeting
 - Committee forms, votes, and discusses its recommendations.
 - Public hearing and voting may be combined with this step.
5. Final Report Adoption
 - Committee reviews and adopts the finalized written report.

The Role of Technical Review Committees in the Credentialing Review Process

Core Responsibilities:

- Technical Review Committees are responsible for conducting a thorough, objective evaluation of credentialing proposals; Their main tasks include:

Critically Review the Proposal

- Is the proposal necessary?
- Is there a need for additional information beyond what the proposal presents?
- Are there viable alternatives to the proposal?
- Could the proposal be significantly improved to protect public health more effectively or more efficiently?
- Are the criteria met?
 - Technical review committees should evaluate applications based on the criteria set forth in Nebraska Revised Statute 71-6221 to 71-6223 and further described in regulations Title 172 NAC 4.
- Are there any other recommendations to be made pertinent to the issues raised by the proposal?

Meeting Expectations

- Members are expected to attend all meetings.
- In-person attendance is always preferred
- Virtual participation is allowed if:
 - The member has a reliable internet connection.
 - Their camera remains on for the full meeting.
- Under Nebraska's Open Meetings Act:
 - At least half of all Technical Review Committee meetings must be in-person (even one virtual attendee makes a meeting "virtual")

Public Hearings

- The Technical Review Committee holds public hearings to gather:
 - Oral testimony
 - Written information relevant to evaluating whether a proposal meets statutory criteria.
- The hearings serve to:
 - Address questions or concerns raised in earlier meetings.
 - Provide a platform for stakeholder input.

Deliberation and Recommendations

- After reviewing all materials and testimony, Technical Review Committees:
 - Discuss whether the proposal meets statutory criteria.
 - Recommend modifications or clarifications that could improve the proposal.
 - Offer applicants a chance to amend the proposal in response to feedback.

Final Report

- Technical Review Committee submits a final report to:
 - The Board of Health
 - The Director of the Division of Public Health
- The report includes:

- The committee's recommendations
- A summary of how the proposal does or does not meet criteria.

The Role of Staff in Supporting the Credentialing Review Process

Information and Guidance

- Provide program information, instructions, and materials needed by the committee.
- Respond to requests for additional information from Technical Review Committee members.

Web Posting and Public Access

- Ensure materials are posted on the Credentialing Review Program website:
<https://dhhs.ne.gov/licensure/Pages/Credentialing-Review.aspx>
- Share access details with all interested parties.

Drafting Reports

- Draft and edit the Technical Review Committee's report.
- All drafts are subject to Technical Review Committee approval before submission.

Neutral Support for All Parties

- Provide equal and impartial assistance to all stakeholders involved in the review.

Advisory Role

- Guide the committee on:
 - Procedures
 - Relevant statutes and regulations
 - Evaluation criteria from Nebraska Revised Statutes and 172 NAC 4

Committee Orientation

- At the start of the review, staff provide a comprehensive orientation that includes:
 - Meeting protocols
 - Proper interaction with proponents, opponents, and stakeholders
 - Expectations for Technical Review Committee member conduct
 - Overview of the Credentialing Review process
 - Explanation of relevant laws and regulations

The Role of the Applicant Group and Opponents in Supporting the Technical Review Committees

- Applicants must provide all requested information to the Technical Review Committee, along with enough copies for each member; They should also be available to clarify or explain any part of their proposal and supporting documents.
- Applicants will have a chance to present their proposal to the committee, emphasizing key points or providing additional details; opponents will also have an opportunity to share their concerns and present their side before the public hearing.
- The committee encourages open and constructive dialogue between its members, the applicant group, and opponents while reviewing the proposal.

How the Technical Review Committee Evaluates Proposals

- The Technical Review Committee evaluates each proposal based on the legal criteria outlined in N.R.S. Section 71- 6221.
- Each committee member contributes a unique professional perspective, helping ensure a well-rounded, in-depth review, especially regarding how the proposal affects key health care issues like cost, quality, access, availability, and continuity of care.

Voting Process

- After the public hearing, members vote on each statutory criterion to decide whether the proposal meets the required standards.
- Then, the committee takes a final up-down vote to decide whether to recommend the proposal as a whole.
- The committee may also make additional recommendations if needed.

Final Report

- DHHS Staff prepares a draft report summarizing the committee's analysis and decisions; This draft is shared with committee members prior to the final meeting.
- The committee then meets to review and officially adopt the final report.

Review of Proposals by the Board of Health

The board of Health generally follows a two-phase process when reviewing proposals:

Phase 1: Credentialing Review Committee

- The Credentialing Review Committee (a subcommittee of the Board of Health) conducts the initial review.
- The applicant group gives a brief overview of the proposal.
- The committee reviews:
 - The application and supporting documents.
 - The Technical Review Committee's final report
- The applicant group and opponents may address the Technical Review Committee's findings.
- The committee votes on whether the proposal meets each statutory criterion, and then gives an overall recommendation to the full Board of Health
- This preliminary report is advisory only- its purpose is to assist the full board in making a final decision.

Phase 2: Full Board of Health Review

- The full Board of Health reviews the:
 - Technical Review Committee's report
 - Preliminary recommendation from the Credentialing Review Committee
 - Any public input or feedback
- The Board may discuss and vote on each statutory criterion, but ultimately takes one final vote to issue an overall recommendation.
- If the Board vote is tied, the recommendation may be listed as neutral.
- The Board may also include additional recommendations, if desired

Final Report and Role of the Board of Health

- A written report is created and formally adopted based on the Board's review and discussion.
- The Board of Health brings a broad, informed perspective, drawing from:
 - Its members' professional expertise in health care
 - Knowledge of current health care trends

- A comparative and historical perspective on similar proposals
- This unique insight helps ensure that every proposal is reviewed in a thoughtful, comprehensive way.

Review of Proposals by the Director of the Division of Public Health

- The Director of Public Health must prepare a report on the proposal under review.
- This report is based on the statutory criteria and includes the Director's formal recommendation.
- The Director's review includes an administrative analysis of the proposal and is used to inform the Legislature.
- The report also considers:
 - The potential fiscal impact of the proposal
 - How the proposal would affect existing regulatory and administrative systems

Program Procedures in Directed Reviews

Directed Reviews

- Directed reviews are initiated by:
 - The Director of Public Health and the Chairperson of the Legislative Health and Human Services Committee, or
 - The Chairperson, in consultation with the Legislative Committee members
- This type of review is used only when no appropriate person or group is available to develop and defend a credentialing application.

How Directed Reviews Differ:

- There is no applicant group and no submitted proposal.
- The Technical Review Committee acts as a task force responsible for developing the proposal itself.
- In this process, the statutory criteria serve as background information to help shape the proposal; Later, other review bodies will vote on whether the proposal meets each criterion.

Review by the Board of Health and Director:

- The Board of Health and the Director of Public Health review the proposals developed through a directed review in the same way they handle standard proposals.

Timeframe for Review

- All Credentialing Reviews, including Directed Reviews, must be completed within 12 months of the review's official start date.

Critical Review of Issues

- Each issue considered must undergo a thorough, critical evaluation as outlined in the review manual's defined process.

Criteria and Evidence

Purpose of Statutory Criteria

The statutory criteria serve as a tool for objectively evaluating proposal submitted through the Credentialing Review Process.

Their main purpose is to help determine whether there is a genuine public need to:

- Regulate a currently unregulated health profession, or
- Change existing regulations for a profession already under oversight.

This ensures that any new or revised regulation is truly necessary to protect public health, safety, and welfare.

Evaluation of Proposals for Initial Credentialing of the Members of Unregulated Health Professionals Currently Allowed to Engage in Full Practice

- **Criterion 1** – Unregulated practice can clearly harm or endanger the health, safety, or welfare of the public.
- **Criterion 2** – Regulation of the health profession does not impose significant new economic hardship on the public, significantly diminish the supply of qualified practitioners, or otherwise create barriers to service that are not consistent with the public welfare and interest.
- **Criterion 3** – The public needs assurance from the State of initial and continuing professional development.
- **Criterion 4** – The public cannot be protected by a more effective alternative.

Evaluation of Proposals for Initial Credentialing of Health Professionals Prohibited from Full Practice

- **Criterion 1** – Absence of a separate regulated profession creates a situation of harm or danger to the health, safety, or welfare of the public.
- **Criterion 2** – Creation of a separate regulated profession would not create a significant new danger to the health, safety, or welfare of the public.
- **Criterion 3** – Creation of a separate regulated profession would benefit the health, safety, or welfare of the public.
- **Criterion 4** – The public cannot be protected by a more effective alternative.

Evaluation of Proposals for Change in Scope of Practice

- **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.
- **Criterion 2** – Enactment of the proposed change in scope of practice would benefit the health, safety, or welfare of the public.
- **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.

- **Criterion 4** – The current education and training for the health profession adequately prepares practitioners to perform the new skill or service.
- **Criterion 5** – 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.
- **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.

Detailed information regarding the interpretation and application of each of these criteria is contained in the rules and regulations governing the Credentialing Review Program. Reviewers should reference Section .003 of Title 172 Chapter 4 NAC for detailed guidance on interpretation and application of these criteria when developing recommendations on proposals.

Use of Evidence in the Credentialing Review Process

Review bodies should carefully evaluate all evidence presented for or against a proposal, using their professional knowledge and judgment to assess its relevant and reliability in relation to the statutory criteria.

Priority Should Be Given To:

- Unbiased sources focused on protecting the public.
- Evidence backed by statistical or scientific data.
- Peer-reviewed studies, when available

If strong scientific evidence is lacking or not applicable, review bodies should look for reliable published sources that directly relate to the criteria and support broader conclusions.

Anecdotal Evidence:

- Personal stories and individual experiences are valid but limited.
- They cannot independently justify policy changes.
- Such evidence should only be used to support or illustrate more objective, data-driven findings.

Instructions on Creating a Reviewable Proposal

General Instructions

- A complete application must include:
 - A cover page
 - A narrative section with all required information listed in this section.
 - Any supporting documents can be added as appendices to the narrative.
- Applications that are incomplete or missing a signature will not be reviewed.

- Submit one electronic copy of the full application to the Department.
- If you need help completing the application, contact the Division of Public Health, Organizational Advancement at:
 - Phone: (402) 471-3084
 - Email: Maggie.Mills@nebraska.gov

Narrative Section: Informational Requirements

1. Structure of Questions

- The narrative is divided into two parts:
 - Part A (Questions 1-19): Basic information about the applicant group and proposal
 - Part B (Question 1-9): In-depth discussion of the issue(s) the proposal addresses

2. Purpose of the Narrative

- The narrative and supporting documents should clearly explain:
 - The current situation of the occupation in Nebraska
 - The specific changes being proposed.
 - The justification for those changes
 - The potential impact if the changes become law.

3. Statutory Language

- Include propose statutory amendment language to show how your changes could be written into Nebraska law.

4. Formatting and Organization

- Answer each item in the order listed.
- Restate each question (with its number) in the narrative and format so it stands out (e.g., underline or bold)
- Place your response directly after the question.

5. Supporting Data

- Use factual and verifiable information whenever possible.
- Cite your data sources.
- Clearly label any opinions, conclusions, or value judgments as such

6. Clear and Focused

- Keep the narrative focused on summary-level information.
- Put detailed or lengthy supporting material in an appendix and reference them in the main narrative.

7. Non-Applicable or Missing Information

- If a question does not apply, briefly explain why.
- If information is not available, note this and explain why, if known. Try to provide it later, if possible.

8. Multiple Levels of Practitioners

- If the proposal affects more than one level of practitioner, respond separately for each level- when applicable.

9. Document Format

- The proposal should be in a continuous format- avoiding blank pages or large empty spaces.
- Use standard 8.5" x 11" paper.
- Number pages consecutively throughout the document.
- An electronic copy is strongly encouraged, preferably in Microsoft Word format for easy review

and reproduction.

10. Complete Information

- It is the applicant group's responsibility to include all information needed for the Technical Review Committee to:
 - Complete a full review.
 - Make well-informed recommendations.
- If needed, the committee may request additional information during the review process.

11. Stakeholder Engagement

- Before submitting the proposal to DHHS, it is strongly encouraged to:
 - Meet with relevant stakeholder groups.
 - Consult with licensing or regulatory boards.
- This step promotes collaboration, improves transparency, and helps ensure a smoother review process.

Questions Comprising an Application for Credentialing Review

Description of the Applicant Group and its Proposal

1. Applicant Group Information

- Provide the following for each applicant group:
 - Name, address, phone number, email, and website.
 - National parent organization, if applicable
 - Group composition, including the number of members in Nebraska.
 - The group's relationship to the occupation addressed in the proposal.

2. Related Organizations and Stakeholders

- List any relevant organization in Nebraska. For each, provide:
 - Name, title, address, phone number, email, and website.
- Organizations may include:
 - Members of the same or similar occupation
 - Employers of the occupation
 - Practitioners in related or collaborative roles
 - Educators or training programs
 - Licensing or regulatory boards affected by the proposal.
 - Public or consumer groups familiar with the occupation
 - Other relevant interest groups

3. Current Scope of Practice (If credentialed in Nebraska)

- Describe its current scope of practice as defined in Nebraska statutes.
- If you are requesting changes, describe the proposed changes and include suggested statutory language.
- This description is considered the core of the proposal.

4. Proposed Scope of Practice (If Not Credentialed in Nebraska)

- Describe the proposed credential and scope of practice.
- Explain the functions and procedures to be reviewed.
- Describe how the proposal would be administered.

- This becomes the core of the proposal, supported by your application materials.
5. Functions and Legal Limitations
 - Detail the typical functions performed by practitioners.
 - Note any statutory limitations and explain their origin, if known
 6. Overlapping Occupations
 - Identify any other occupations that perform similar functions.
 7. Unique Functions
 - Describe what functions are unique to this occupation.
 - What distinguishes it from those listed in Question 6?
 8. Supervision Relationships
 - Identify occupations that:
 - Supervise this group.
 - Are supervised by this group.
 - Describe how supervision works in each situation.
 9. Autonomy in Practice
 - What actions or procedures can be done without supervision or orders?
 - How autonomous is the occupation?
 10. Workforce Estimates
 - Approximately how many individuals in Nebraska:
 - Perform this occupation's functions?
 - Present themselves as members of the occupation?
 - Are they currently credentialed, and to what extent?
 11. Education and Training
 - Describe the general education and training of practitioners.
 - Include any required internships or fieldwork.
 - How is this training typically acquired?
 - If the proposal includes new training requirements, explain what they are and how they will be provided.
 12. Work Setting and Employers
 - List typical work settings (e.g., hospitals, clinics, private practices)
 - Identify common employers, especially for those not self-employed.
 13. Population Served
 - Do practitioners serve the general population, or specific groups (e.g., seniors, pregnant people)?
 - Specify the target populations, if applicable
 14. Response for Service Use
 - What are typical reasons someone would use the services of this occupation?
 - Are there specific illnesses, conditions, or needs that require their services?
 15. Referral Patterns
 - Describe referral patterns:
 - To this occupational group

- From this group to others
- Include the common reasons for referral.

16. Prescription or Order Requirements

- Is a prescription or order from another licensed health provider required for services to be performed?

17. Continuing Competence

- How is the ongoing competence of practitioners evaluated?

18. Credential Renewal

- What are the requirements for renewing credentials?

19. Regulation in Other Jurisdictions

- List other U.S. jurisdictions (states, territories, D.C) where this occupation is regulated.
- Summarize the typical scope of practice in those locations.

Additional Questions Applicant Group Must Answer

1. Public Health Need

- What problems or public health needs does this proposal aim to address?

2. Consideration of Regulatory Options

- If the proposal involves regulating a profession not currently regulated in Nebraska, you must evaluate the feasibility and impact of each of the following methods. For each, describe whether it could work for your profession and how it would protect the public:
 - Inspection requirements
 - Injunctive relief (court orders to stop unsafe practices)
 - Regulating the business instead of individual providers
 - Regulating supervisors of the providers
 - Registration of providers
 - State certification of providers.
 - State licensure of providers.

3. Public Benefit

- What is the public benefit of regulating this profession or changing its scope of practice?

4. Risk Assessment

- What is the potential risk to public health or welfare if this proposal is approved?
- What might the risks be if it is not?

5. Competency Assurance

- How would the state assess and ensure competency of individuals practicing under the proposed changes?

6. Third-Party Reimbursement

- What is the current and anticipated role of insurance or third-party payers in covering services from this profession?

7. Other Jurisdictions

- How do other states or jurisdictions regulate this profession?
- Provide any available data on:
 - Complaint rates
 - Disciplinary actions
 - General regulatory outcomes

8. Cost Implications

- What are the expected costs of regulating this profession?
 - For the State of Nebraska for the public
 - For the providers
- Consider how registration, certification, or licensure would impact the cost of services.

9. Additional Information

- Is there any other information that would help the Technical Review Committee understand your proposal better?

Appendix A: Criteria in Plain Language Worksheet

Criteria in Statutory Language	Simplified Language
<p>1. <u>The health, safety, and welfare of the public are inadequately addressed by the present scope of practice or limitations on the scope of practice.</u></p> <ul style="list-style-type: none"> - The cost of the services in question is prohibitive for some members of the public under the current limitations on scope of practice. - Access to the services in question is very difficult for some members of the public under the current limitations on scope of practice. - The quality of the services in question is adversely impacted under the current limitations on scope of practice. - The range of services of the profession under review is too limited under the current scope of practice raising concerns about consumers having to access the services of other providers who practices are not as accessible or whose services are more costly. - Actual harm or danger to the public health and safety is occurring because of the absence of the proposed scope of practice. 	<p>Voting YES means:</p> <ul style="list-style-type: none"> • The proposal that is being presented will aid in improving the health, safety, and welfare of the public. <p>Includes but not limited to:</p> <ul style="list-style-type: none"> - Cost - Access - Quality - Avoiding harm or danger <p>Voting NO means:</p> <ul style="list-style-type: none"> • There is no reason for this proposal; there is nothing that enhances the health, safety, and/or welfare of the public.
<p>2. <u>Enactment of the proposed change in scope of practice would benefit the health, safety, or welfare of the public using the follow criteria:</u></p> <ul style="list-style-type: none"> - The enactment of the proposed changes in scope of practice would produce widespread benefits for the public, and the amount and extent of the benefits would outweigh any potential harm or danger to the public that might be caused by enactment of these changes. - <u>Documentation of benefits to the public must be sufficient to show that there is a realistic expectation of their occurrence following enactment</u> of the proposed changes in scope of practice, and that they would be of significant 	<p>Voting YES means:</p> <ul style="list-style-type: none"> • The proposal has proven that there will be improvement to the public's health, safety, or welfare. <p>Includes:</p> <ul style="list-style-type: none"> - The range of benefits supersedes any harm to the public which has been sufficiently documented from the increased scope of practice. <p>Voting NO means:</p> <ul style="list-style-type: none"> • There is not sufficient evidence to prove the benefits outweigh the potential harm.

amount and extent. Evidence from other jurisdictions in which the profession has practiced with the proposed change in scope of practice is preferred.	
<p>3. <u>The proposed change in scope of practice does not create a significant new danger to the health, safety, or welfare of the public. The review body must use the following to determine if this criterion is met:</u></p> <ul style="list-style-type: none"> - Evaluation of physical, emotional, economic, or social danger to determine whether any evident danger would be created by the proposed change in scope of practice and significant enough to outweigh the benefits of implementing the proposed change in scope of practice. - Evaluation of danger is based on the highest level of evidence available 	<p>Voting YES means:</p> <ul style="list-style-type: none"> • The proposal will not change the amount of danger the public is faced with or pose a new threat (physically, emotionally, economically, or socially). <p>Voting NO means:</p> <ul style="list-style-type: none"> • A new significant danger has arisen from the proposed change in scope of practice
<p>4. <u>The current education and training for the health profession adequately prepares practitioners to perform the new skill or service. The review body must use the following to determine if this criterion is met:</u></p> <ul style="list-style-type: none"> - Analysis of the current education and training must show that it adequately prepares the practitioners in question to perform the new skill or service being proposed in a safe and effective manner. - Evidence must be presented to demonstrate that the current education and training is adequately and appropriately accredited. 	<p>Voting YES means:</p> <ul style="list-style-type: none"> • There is adequate preparation in the current required education for this profession to safely perform the proposed skill or service. <p>Includes:</p> <ul style="list-style-type: none"> - Analysis of the current education requirements for the health profession <p>Voting NO means:</p> <ul style="list-style-type: none"> • The current education or training for the applicant group's profession is not adequate to prepare practitioners to perform the proposed skill or service.

<p>5. <u>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. The review body must use the following to determine if this criterion is met:</u></p> <ul style="list-style-type: none"> - There are programs in place and the programs show that they are adequate to ensure that the practitioners are able to perform the new skill or service being proposed in a safe and effective manner. - Evidence that demonstrates programs comply with acceptable standards. - Evidence presented that demonstrates programs are available and at a cost that is not prohibitive. 	<p>Voting YES means:</p> <ul style="list-style-type: none"> • There are programs or assessments to ensure competency of the professional to perform said skill or service safely. <p>Includes:</p> <ul style="list-style-type: none"> - Evidence of programs and performance measures that are aligned with safe practice. - Evidence of available and reasonably priced programs for practitioners <p>Voting NO means:</p> <ul style="list-style-type: none"> • There are not programs or assessments to ensure competent and safe practice to perform the proposed skill or service OR the programs available are too financially burdensome.
<p>6. <u>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. The review body must use the following to determine if this criterion is met:</u></p> <ul style="list-style-type: none"> - Practitioners of the proposed new scope of practice must be subject to the complaint, investigation, and discipline provisions of the Uniform Credentialing Act - If the proposed new scope of practice will be implemented through the issuance of a new credential, and appropriate continuing competency requirements are established for the credential 	<p>Voting YES means:</p> <ul style="list-style-type: none"> • There are measures to ensure practitioners are performing the new skill or service competently AND steps to take if they are not. <p>Voting NO means:</p> <ul style="list-style-type: none"> • There are not measures in place to ensure competent performance of the new skill or service OR no actionable steps to take if the practitioner is not performing them competently