

**REPORT OF RECOMMENDATIONS AND FINDINGS
ON THE NURSE PRACTITIONERS' PROPOSAL FOR A CHANGE IN
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

September 16, 2013

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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

Janet Coleman (public member)

Luisa Rounds, RN, BSN

Paul Salansky, OD (secretary)

Wayne Stuberg, PhD, PT

John Tennity, DPM

Gary Westerman, DDS

Daryl Wills, DC (vice chair)

Edward Discoe, MD

Theodore Evans, Jr., DVM

Russell Hopp, D.O.

Diane Jackson, APRN

Kenneth Kester, PharmD, JD

Dale Michels, MD (chair)

Debra Parsow (public member)

Roger Reamer, MBA (hospital administrator)

Rich Robinson, PE

Jeromy Warner, Psy.D.

Meetings Held to Review the Nurse Practitioners' Proposal

The Meeting of the Credentialing Review Committee of the Board, Held May 30, 2013

The Meeting of the Full Board of Health, Held June 17, 2013

Part Two: Summary of Recommendations on the Proposal

Summary of the Technical Review Committee Recommendations:

The technical review committee members recommended approval of the applicants' proposal. These committee members also recommended approval of the following ancillary recommendation:

There should be some form of supervision or mentorship for new nurse practitioners for the first years of their practice. The time period for such supervision or mentorship practice should be relative to the experience and demonstrated competency of the nurse practitioner in specific areas of practice.

Summary of the Recommendations of the Board of Health:

The members of the Board of Health acted to accept the advice of their Credentialing Review Committee which had been to recommend approval of the applicants' proposal. By this action the members of the Board of Health acted to recommend approval of the applicants' proposal.

The members of the Board of Health recommended approval of the following ancillary recommendations:

- There should be some form of supervision or mentorship for new nurse practitioners for the first years of their practice. The time period for such supervision or mentorship practice should be relative to the experience and demonstrated competency of the nurse practitioner in specific areas of practice.
- Additional measures of on-going competency, above and beyond current continuing education, should be developed.

Part Three: Summary of the Nurse Practitioner's Proposal

Nurse practitioner representatives stated that approval of their group's proposal would have the effect of eliminating the current requirement that all nurse practitioners in Nebraska must possess a practice agreement with a physician in order to practice as nurse practitioners. The proposal seeks the removal of the wording under Section 38-2315 of the Nurse Practitioner Practice Act that defines the current Integrated Practice Agreement. **(Introduction and Summary to the Application for Credentialing Review, By Nebraska Nurse Practitioners, December 14, 2012)**

Nurse practitioner representatives stated that no other change in current nurse practitioner scope of practice is being sought. **(Minutes of the First Meeting of the Nurse Practitioner Technical Review Committee, December 14, 2012)**

Nurse practitioner representatives stated that there are three problems with the current Integrated Practice Agreement, and these are as follows:

- 1) It is no longer relevant in our complex and rapidly changing modern health care environment.
- 2) It poses a barrier for much needed, basic health care services and innovative models of care for consumers in Nebraska.
- 3) There is no evidence or standard of care that identifies physician supervision as a valid component of the relationship between nursing and medicine to effect desirable health care outcomes.

(Introduction and Summary to the Application for Credentialing Review, By Nebraska Nurse Practitioners, December 14, 2012)

Note on Sources: Documents submitted by interested parties during the review can be downloaded from the Credentialing Review Link at <http://dhhs.ne.gov/licensure/Pages/credentialing-review.aspx>

Part Four: Discussion on the issues by the Board Members

How well does the current practice agreement work to meet the service needs of Nebraskans?

Comment was made that the current practice agreement does not work the way it was intended to, and that nurse practitioners are already independent in terms of the realities of their day-to-day practice. Little or no actual oversight is occurring under the current supervisory process, and nurse practitioners seem to receive little or no support from their practice agreement partners as regards to consultation or referral. Nurse practitioners, out of necessity, establish their own consultation and referral networks outside of their practice agreements.

Access to care implications of the proposal:

A Board member stated that access to psychiatric services is a major issue in Nebraska, and is one area where there is clearly a great need for more nurse practitioners.

Another Board member stated that access to family practice services is one area of care that can be better addressed by community-based recruiting rather than by eliminating the integrated practice agreement. Nurse practitioners are no better positioned geographically to provide care to medically underserved areas than are physicians. Like physicians, they also tend to be located in the more urbanized areas of the state.

One physician informed the Board members that other professionals, such as physician assistants, provide outreach services and do so in a way that enhances teamwork and collaborative practice among health professionals. He added that physician assistants receive more comprehensive training than do nurse practitioners.

A Board member commented that eliminating the integrated practice agreement would make it easier for nurse practitioners to establish stable, long-lasting practices in medically underserved areas.

Education and training of nurse practitioners:

A Board member expressed the concern that nurse practitioner education and training is not sufficiently comprehensive for independent practice. He went on to state that coverage of necessary clinical topics is not sufficient and the amount of time spent on them is not enough to warrant independent practitioner status. He added that nurse practitioners lack sufficient education and training to accurately diagnose a patient's overall health condition.

Another Board member commented that the ancillary recommendation made by the technical review committee pertinent to the need for additional supervision or mentorship for new nurse practitioners suggests that current nurse practitioner education and training might not be adequate for independent practice.

A nurse practitioner representative informed the Board members that nurse practitioner education is population-focused with curriculum that is based upon specific populations. It is a competency based education. Students advance only when their level of knowledge and competency has reached a point where they are deemed sufficiently competent to advance.

The Impact of the Proposal on the Health Care System:

A Board member commented that hospitals would have to credential nurse practitioners once they become independent, and that this, in turn, might result in increased tension and rivalry between physicians and nursing staff, undermining the teamwork that is so important in providing safe and effective services.

Another Board member commented that there is no way to safely and effectively address the needs of medically underserved areas without teamwork among all of the affected professionals, and that the current nurse practitioner proposal seems to contradict this basic fact of contemporary health care delivery.

A nurse practitioner representative informed the Board members that nurse practitioners work collegially with many other health professionals, including physicians, in providing their care, and that they become part of informal networks of health professionals as they develop their practices.

Part Five: Recommendations of the Board of Health

Action Taken on the Proposal by the Members of the Board of Health:

The members of the Board of Health acted to accept the advice of their Credentialing Review Committee which had been to recommend approval of the applicants' proposal. Voting to accept this advice were Coleman, Rounds, Salansky, Stuberg, Tennity, Wills, Evans, Warner, Jackson, Kester, Parsow, and Robinson. Voting against accepting this advice were Westerman, Discoe, Hopp, Michels, and Reamer.

By this action the members of the Board of Health voted to recommend approval of the applicants' proposal.

Action Taken on Ideas for Ancillary Recommendations:

The members of the Board of Health acted to recommend approval of the following ancillary recommendations:

- There should be some form of supervision or mentorship for new nurse practitioners for the first years of their practice. The time period for such supervision or mentorship practice should be relative to the experience and demonstrated competency of the nurse practitioner in specific areas of practice.

Voting to recommend approval of this ancillary recommendation were Coleman, Rounds, Tennity, Wills, Evans, Parsow, Warner, Robinson, Westerman, Discoe, Michels, and Reamer.

Voting against recommending approval of this ancillary recommendation were Hopp, Jackson, Kester, Salansky, and Stuberg.

- Additional measures of on-going competency, above and beyond current continuing education, should be developed.

Voting to recommend approval of this ancillary recommendation were Coleman, Rounds, Stuberg, Tennity, Wills, Evans, Kester, Parsow, Reamer, Discoe, Michels, Westerman, Warner, and Robinson.

Voting against recommending approval of this ancillary recommendation were Jackson, Hopp, and Salansky.

Discussion by the Members of the Board of Health on Ideas for Ancillary Recommendations:

The following comments and suggestions emerged from the Board of Health discussion on the ancillary recommendations:

- The Board should recommend that nurse practitioners be required to be board certified in order to practice independently.

Comment was made that nurse practitioners are already required to satisfy national certification standards in order to become licensed, and that there is no need for additional certification requirements.

- A specified amount of 'hands on' clinical training should be required as a requirement for licensure as a nurse practitioner, and that too much of nurse practitioner education consists of 'on-line' courses.

Comment was made that nurse practitioners receive considerable clinical training via preceptorships, for example, and that no additional mandatory 'hands-on' training should be required.

- Nurse practitioner education and training needs to become more structured and standardized.

One Board member commented that nurse practitioner education and training requirements need to be 'tightened up' to make them more comprehensive and consistent.

- The expression "first years of their practice" in the text of the proposed ancillary recommendation on mentorship is too vague.

One Board member commented that the Board's role is to chart out a policy direction as regards to mentorship rather than attempt to specify an exact time frame for the completion of mentorship.

- The Board should recommend that nurse practitioner education and training occur at a doctoral level, which would address concerns about uniform standards of clinical training.

Comment was made that by 2015 a Ph.D. will be required for completion of a degree as a nurse practitioner.