

Report of Recommendations and Findings

By the Nurse Practitioners Technical Review Committee

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

May 30, 2025



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Part One: Preliminary Information

The Credentialing Review Program is a review process advisory to the Legislature designed to assess the need for state regulation of health professionals. The credentialing review statute requires review bodies to 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 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 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 reports on 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.

List of members of the Nurse Practitioners Technical Review Committee:

- Jeffrey Wienke Jr., DPM, CWSP (Chair)
- Christine Chasek, PhD, LIMHP, LADC
- Ally Dering-Anderson, BA, PharmD, FaAIM, FAPhA
- Darrell Klein, J.D. B.A.
- Wendy McCarty, Ed. D
- Joshua Schlote, B.A.S., LVT, VTES
- Stacy Waldron, PhD

Part Two: Summary of Committee Recommendations

The committee members recommended approval of the applicant's proposal by a vote of four in favor with one abstention.

Part Three: Summary of the Applicant's Proposal

The applicant's proposal would, if approved, add the following Chapter (25) into TITLE 180 Rules and Regulations for Neb. Rev. Stat. §§ 71-3501 to 71-3520 (Radiation Control Act).

25-001 SCOPE AND AUTHORITY

- 25-001.01 180 NAC 25 establishes the minimum education and training requirements for nurse practitioners performing fluoroscopy. The regulations are authorized by and implemented by the Nebraska Radiation Control Act, Neb. Rev. Stat. §§ 71-3508 and the Nurse Practitioner Practice Act, Neb. Rev. Stat. §§ 38-2315.25-001.02. Upon successful completion of the approved education and training the Nurse Practitioner will be able to direct a medical radiographer, perform and utilize fluoroscopy for procedural guidance and authorized duties.

25-002 DEFINITIONS

- 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.
- Nurse Practitioner means a registered nurse certified as described in section 38-2317 and licensed under the Advanced Practice Registered Nurse Practice Act to practice as a nurse practitioner.
- Fluoroscopy means an imaging technique used to obtain real-time moving images of the internal structures of a patient through the use of a fluoroscope.
- Direct means a nurse practitioner will provide oversight while performing fluoroscopy to complete a procedure and authorized duties.

25-003 GENERAL REQUIREMENTS

- 25-003.01 Documentation of completion of required education and training must be maintained by the nurse practitioner that performs fluoroscopy.

25-004 ADMINISTRATIVE CONTROLS

- 25-004.01 Prior to the use of fluoroscopic equipment by nurse practitioner, the registrant must ensure that the nurse practitioner has successfully completed an approved educational program in fluoroscopy and received hands-on training in the use of a fluoroscope by completing at least five fluoroscopic procedures under the direct supervision of and in the physical presence of a physician or a person meeting the requirements of this Chapter.
- 25-004.02 If a nurse practitioner is utilizing fluoroscopy in an uncredentialed facility, as defined by Nebraska DHHS Health Care Facility Licensure Act 71-413, a list of the procedures performed must be supplied upon request to the Board of Radiological Health.
- 25-004.03 The registrant must ensure that the requirements of Neb. Rev. Stat. §§ 38-2317 (3) are met.

Nebraska Nurse Practitioners propose to update the Nurse Practitioner Practice Act as follows:

38-2315. Nurse practitioner; functions; scope.

- (1) A nurse practitioner may provide health care services within specialty areas. A nurse practitioner shall function by establishing collaborative, consultative, and referral networks as appropriate with other health care professionals. Patients who require care beyond the scope of practice of a nurse practitioner shall be referred to an appropriate health care provider.
- (2) Nurse practitioner practice means health promotion, health supervision, illness prevention and diagnosis, treatment, and management of common health problems and acute and chronic conditions, including: (a) Assessing patients, ordering diagnostic tests and therapeutic treatments, synthesizing and analyzing data, and applying advanced nursing principles; (b) Dispensing, incident to practice only, sample medications which are provided by the manufacturer and are provided at no charge to the patient; and 3(c) Prescribing therapeutic measures and medications relating to health conditions within the scope of practice.
- (3) A nurse practitioner who has proof of a current certification from an approved certification program in a psychiatric or mental health specialty may manage the care of patients committed under the Nebraska Mental Health Commitment Act. Patients who require care beyond the scope of practice of a nurse practitioner who has proof of a current certification from an approved certification program in a psychiatric or mental health specialty shall be referred to an appropriate health care provider.
- (4) A nurse practitioner may pronounce death and may complete and sign death certificates and any other forms if such acts are within the scope of practice of the nurse practitioner and are not otherwise prohibited by law.
- (5) A nurse practitioner may perform and utilize fluoroscopy for procedural guidance and for the performance of authorized duties upon (i) the successful completion of appropriate education and training as approved jointly by the Department and the Board of Nursing and promulgated by the Department in rules and regulations pursuant to section 71-3508. A nurse practitioner may direct a licensed medical radiographer in the use of fluoroscopy.

Source: Laws 1981, LB 379, § 18; Laws 1984, LB 724, § 14; Laws 1996, LB 414, § 25; Laws 2000, LB 1115, § 44; Laws 2005, LB 256, § 57; Laws 2006, LB 994, § 96; R.S.Supp., 2006, § 71-1721; Laws 2007, LB 463, § 807; Laws 2012, LB 1042, § 2; Laws 2013, LB 243, § 1; Laws 2015, LB 107, § 5.

Nebraska Nurse Practitioners (NNP) recommends the above proposed changes as the minimum regulatory requirement by the state of Nebraska to ensure the practitioner is competent to perform/ supervise fluoroscopy in a safe manner. NNP does not recommend unnecessary regulatory burdens by the state of Nebraska as granted to other “licensed providers” under the Medical Radiography Statute.

Nebraska Nurse Practitioners recognizes each licensed facility where fluoroscopy is performed must abide by the Radiation Control Act and may have additional training requirements and/ or oversight for medical privileges of the nurse practitioner. Facility/ organizational regulation of fluoroscopy has demonstrated to be safe, effective, and with no reported harm to patients in Nebraska from any other “licensed provider.”

For facilities that are not credentialed or licensed by Nebraska Health Care Facility Licensure Act, NNP recommends an annual report of procedures performed with fluoroscopy by the nurse practitioner be submitted to the Board of Radiological Health. This would allow additional monitoring and be used to ensure public safety above the Radiation Control Act regulatory requirements.

The full text of the applicant's proposal can be found under the Nurse Practitioners tab of the Credentialing Review program link at: <https://dhhs.ne.gov/licensure/Pages/Credentialing-Review.aspx>

Part Four: Discussion on issues by the Committee Members

Applicant Comments

Karen Wenner, APRN, DNP presented the Nebraska Nurse Practitioners (NNP) proposal. She discussed the four distinct types of APRNs, Nurse Practitioners (NP), Certified Nurse Midwives, Certified Registered Nurse Anesthetists (CRNA), and Clinical Nurse Specialists. She also pointed out that CRNAs had gone through the 407 process to include fluoroscopy into their scope to which they were successful in doing. The goals of the NNP are to update the Nebraska Nurse Practitioner Practice Act, update rules and regulations relating to the Radiation Control Act, remove barriers to allow nurse practitioners to practice to the full extent of education and training, and to define Nebraska state regulated training and education requirements via the Board of Nursing and the Department to perform fluoroscopy. Fluoroscopy makes a real-time video of the movements inside a part of the body. Images are captured by passing x-rays through the body over a period. There can be higher radiation doses compared to plain x-ray, but the benefits of using fluoroscopy when needed, outweigh the risks of the radiation exposure. One fluoroscopic machine would be used in an interventional radiology room, cardiac labs, or neuro-interventional radiology, where the equipment is fixed. In this setting, the patient is on the table, and everything is done in the suite, usually involving a medical radiographer. The second fluoroscopic machine, the "C-arm," is portable and can be used throughout facilities, most used in the operating room. Often, a medical radiographer will be taking these images. The third fluoroscopic machine, the "mini C-arm", can be used in the operating room. The mini C-arm can be moved around when instrumenting, reducing fractures, with smaller doses of radiation compared to the larger one. These machines are mobile so they can be used in emergency departments or throughout clinics.

Dr. Wenner explained that not all nurse practitioners work in settings that would require fluoroscopy. The specialties of nurse practitioners that would benefit from this increased scope include Orthopedic Surgery, Neurosurgery, Cardiology, Pain Management, Urology, Emergency Medicine, Fertility, Gastroenterology, Nephrology, OB/GYN, and Surgical First Assisting. In all those settings, fluoroscopy is used and with this limitation nurse practitioners cannot fulfill the full role and expectations of their job. In Interventional Radiology settings, they cannot hire a nurse practitioner as a physician extender or assistant, so those settings are limited to physician assistants. In other states, fluoroscopy is included in the scope of practice for nurse practitioners, and it is included in their education, creating a barrier for those practitioners to move to or practice in Nebraska.

Dr. Wenner made the clear distinction that most of the time when people hear fluoroscopy, they think of the more invasive procedures such as retrieving a clot from the brain, she continued that nurse practitioners are not trained to do those procedures. Dr. Wenner said that she would argue that they are trained, in the nurse practitioner core curriculum to perform radiation, and in practice they do order X-rays, CT scans, nuclear medicine procedures, and to go to Interventional Radiology to have them done.

The need for the proposal comes from barriers to accessing care, specifically in rural communities needing these specialty services. There is a lack of ability to recruit trained specialists to Nebraska and unnecessary work arounds. Other reasons include prolonged procedures, repeat sedation/ x-rays, and patients must travel for specialized procedures. Specialists cannot hire qualified nurse practitioners for the desired roles.

Potential risks identified include the prolonged use of fluoroscopy which can cause tissue damage, burns, or hair loss to the region although it is extremely rare, and several safety mechanisms are in place to avoid this, usually the result of higher doses of radiation are not used much anymore. Another risk identified is stochastic, which is an increased risk of cancer with cumulative radiation dose over time. Depending on the number of times you need to get diagnostic studies, the greater likelihood of developing cancer due to the amount of radiation your body has been exposed to.

The proposed education and training requirements include completing an approved educational program in fluoroscopy and receive hand-on training in the use of a fluoroscopy by completing at least five fluoroscopic procedures under the direct supervision of and in the physical presence of a physician or a person meeting the requirements to perform such.

Questions for the Applicant Group from the Committee

Dr. Waldron asked how we make sure to protect the public when people can rent these machines to put in their facilities. Mr. Klein said that if the scope of practice changes for the whole profession, then members of the profession will have the opportunity to be practicing outside of a facility. Dr. Wenner responded by saying that they (the applicant group) want state regulated training and requirements but not be so extensive that they would be creating a new barrier.

Dr. Waldron shared her concern about how once the scope of practice is expanded, there is no narrowing which creates risk in those setting such as “med spas.” She added, in the stories that the applicant group shared, their scope of practice is clearly defined, but in these unregulated facilities there is no clear definition of their scope. Dr. Negri responded saying that those providers’ scope of practice is defined by Advance Practice in the Nurse Practice Act. She added that you will find bad actors in all settings, and they do not support that, but it is difficult to legislate bad actors.

Mr. Klein asked, does the benefit of nurse practitioners being able to use fluoroscopy competently outweigh the predictable risk of the bad acting nurse practitioners? He also asked how much it costs to rent machines that perform fluoroscopy, and could that curb the potential bad practice if they expanded the number of people who can do it. Dr. Negri asked what procedure in a “med spa” would

require fluoroscopy. Dr. Dering-Anderson said that “med spas” are injecting water-soluble vitamins that are easily absorbed orally, all to say that they could find a way to use fluoroscopy. Dr. Wenner said that she had never heard of someone renting a C-arm, stating that they must make sure a med physicist has checked it. Additionally, under the Radiation Control Act, as soon as it is brought into a facility, you increase your regulatory requirements.

Mr. Klein asked the applicant group if they would be open to doing something similar to what the CRNAs did, and have the capacity to use fluoroscopy be part of their scope of practice as long as you are in a licensed healthcare facility, as it would address concerns.

Dr. Dering-Anderson asked why there is reluctance to fluoroscopy only being done in a facility. Dr. Negri responded saying she has colleagues working in free-standing surgical suites that are not technically licensed healthcare facilities.

Mr. Klein asked what the applicant group envisions when using the term supervising? Dr. Wenner responded by saying it is supervising the medical radiographer. For example, in an emergency department, if they are using the larger C-arm, the medical radiographer would be operating it, and the nurse practitioner would be supervising.

Dr. Waldron asked if the states that allow nurse practitioners to use fluoroscopy have the same amount of independence that nurse practitioners in Nebraska do. Dr. Negri said yes, in all the identified states they have the same full practice authority.

Dr. Wenner answered a question regarding critical access to emergency rooms and how this would improve. She discussed how there are multiple sites where a nurse practitioner is the sole provider in the emergency department however, they cannot perform fluoroscopy when necessary.

Dr. Waldron asked why this could not be clarified in their Practice Act. Dr. Negri said it can but originally thought it would be clearer to add it to the Medical Radiography statute. Dr. Waldron asked why. Dr. Negri responded by saying it would be difficult to add it to the Practice Act because then it would just become a litany of things they could do.

Dr. Waldron asked if in smaller/ more rural towns that lack access to a provider or direct supervisor, what if there was a way for a nurse practitioner to talk to someone in some capacity to guide the provider through administering these services in those unlicensed office spaces after they have completed the additional education and training. Dr. Negri responded saying the Nebraska Nurse Practitioners has a mentorship group within the organization, but they would not consider making that part of the law.

Dr. Dering-Anderson asked if there was anyone else besides the medical radiographer that the nurse practitioners are looking to direct. Dr. Wenner said no, just the medical radiographers.

Dr. Chasek asked if the nurse practitioners’ advanced degree currently includes training in fluoroscopy and if not, what is the additional education or training, they are suggesting. Dr. Negri said

it is not currently in their advanced degree curriculum, and they are proposing the additional four-hour education and five hands-on procedures under supervision.

Mr. Klein asked what the fluoroscopic use for fertility treatments is. Dr. Negri responded by saying when they do intrauterine injections, they will require the use of fluoroscopy for some of the procedures based on where they are trying to go inside the uterus. Dr. Wenner added that it could also be used to make sure there is no obstruction from the ovaries to the uterus, saying that they will use contrast to make sure that is why a patient may not be able to conceive.

Mr. Klein said that some states require the passage of the ARRT (American Registry of Radiologic Technologists) and asked what the applicant group's thoughts were on that, and if that was something they would consider adding to their proposal. Dr. Negri answered saying that the applicant group had considered it but eventually ruled it out because it would be exclusive to nurse practitioners and not any other discipline that uses fluoroscopy. She added that it also requires consistent certification which is a costly venture. Continuing, she said it would be a challenging thing for them, representing nurse practitioners for the state, to advocate for an additional cost to providers. Dr. Dering-Anderson asked if they had to keep retaking a test. Dr. Negri responded, saying no you do not have to keep taking the test, but you must continually pay to be recertified and track your continuing education hours. Dr. Wenner added that she thinks it would be a great exam for someone who is going to work in Interventional Radiology because they would be performing many more procedures. Dr. Negri said the ARRT is not exclusively fluoroscopy, it is all radiation modalities, and what they want is education limited to what is appropriate and necessary.

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.

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.

Comments from Other Interested Parties

The applicant group had multiple letters of support.

At the public hearing there were no proponents nor opponents.

At the public hearing there were three neutral testifiers.

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.

Additional Information

The applicant group reached out to professional medical associations who could be affected by this expanded scope of practice to receive and incorporate feedback into their proposal. They have modified language and their approach to address concerns from the Technical Review Committee members.

Feedback that was incorporated from the technical review committee into the final language included the following:

- Changing their proposal from updating the Nebraska Medical Radiography statute and being listed as a "licensed practitioner" to updating the Nurse Practitioner Practice Act and adding a chapter to rules and regulations under the Radiation Control Act
- Defining the term direct in proposed statutory language
- Using more definitive language to explain the nurse practitioner's role in using fluoroscopy
- Detailed information on current education possessed by nurse practitioners and proposed supplemental education and training on fluoroscopy to allow a nurse practitioner to perform it.

All sources used to create Part Four of this report can be found on the Credentialing Review program link at:

<https://dhhs.ne.gov/licensure/Pages/Credentialing-Review.aspx>

Part Five: Formulation of Recommendations on the Applicant's Proposal

Committee members votes are based only on the statutory language with the understanding that rules and regulations will have separate action

Committee action on the Six Statutory Criteria as they pertain to this proposal.

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.

Mr. Klein moved that the committee 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.

Jeffrey Wienke Jr., DPM, CWSP (Chair)	ABSTAINED
Christine Chasek, PhD, LIMHP, LADC voted	NOT PRESENT
Ally Dering-Anderson, BA, PharmD, FaAIM, FAPhA voted	YES
Darrell Klein, J.D., B.A. voted	YES
Wendy McCarty, Ed. D voted	YES
Joshua Schlote, B.A.S, LVT, VTES voted	NOT PRESENT
Stacy Waldron, PhD voted	YES

Criterion two: 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.

Jeffrey Wienke Jr., DPM, CWSP (Chair)	ABSTAINED
Christine Chasek, PhD, LIMHP, LADC voted	NOT PRESENT
Ally Dering-Anderson, BA, PharmD, FaAIM, FAPhA voted	YES
Darrell Klein, J.D., B.A. voted	YES
Wendy McCarty, Ed. D voted	YES
Joshua Schlote, B.A.S, LVT, VTES voted	NOT PRESENT

Stacy Waldron, PhD voted

YES

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.

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.

Jeffrey Wienke Jr., DPM, CWSP (Chair)

ABSTAINED

Christine Chasek, PhD, LIMHP, LADC voted

NOT PRESENT

Ally Dering-Anderson, BA, PharmD, FaAIM, FAPhA voted

YES

Darrell Klein, J.D., B.A. voted

YES

Wendy McCarty, Ed. D voted

YES

Joshua Schlote, B.A.S, LVT, VTES

NOT PRESENT

Stacy Waldron, PhD voted

YES

Criterion four: 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 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.

Jeffrey Wienke Jr., DPM, CWSP (Chair)

ABSTAINED

Christine Chasek, PhD, LIMHP, LADC voted

NOT PRESENT

Ally Dering-Anderson, BA, PharmD, FaAIM, FAPhA voted

NO

Darrell Klein, J.D., B.A. voted

NO

Wendy McCarty, Ed. D voted

NO

Joshua Schlote, B.A.S, LVT, VTES voted

NOT PRESENT

Stacy Waldron, PhD voted

NO

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 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.

Jeffrey Wienke Jr., DPM, CWSP (Chair)	ABSTAINED
Christine Chasek, PhD, LIMHP, LADC voted	NOT PRESENT
Ally Dering-Anderson, BA, PharmD, FaAIM, FAPhA voted	YES
Darrell Klein, J.D., B.A. voted	YES
Wendy McCarty, Ed. D voted	YES
Joshua Schlote, B.A.S, LVT, VTES voted	NOT PRESENT
Stacy Waldron, PhD voted	YES

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.

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

Discussion on Criterion #6:

There was no discussion on this criterion.

Jeffrey Wienke Jr., DPM, CWSP (Chair)	ABSTAINED
Christine Chasek, PhD, LIMHP, LADC voted	NOT PRESENT
Ally Dering-Anderson, BA, PharmD, FaAIM, FAPhA voted	YES
Darrell Klein, J.D., B.A. voted	YES
Wendy McCarty, Ed. D voted	YES
Joshua Schlote, B.A.S, LVT, VTES voted	NOT PRESENT
Stacy Waldron, PhD voted	YES

Action taken on the proposal as a whole.

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

Discussion on 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.

The Committee members acted the proposal via an up/down roll call vote as follows:

Jeffrey Wienke Jr., DPM, CWSP (Chair)	ABSTAINED
Christine Chasek, PhD, LIMHP, LADC voted	NOT PRESENT
Ally Dering-Anderson, BA, PharmD, FaAIM, FAPhA voted	YES
Darrell Klein, J.D., B.A. voted	YES
Wendy McCarty, Ed. D voted	YES
Joshua Schlote, B.A.S, LVT, VTES voted	NOT PRESENT
Stacy Waldron, PhD voted	YES

The result of this roll call vote was four committee members voting to support the proposal. This means that the members of the Nurse Practitioners Technical Review Committee recommended approval of the Nurse Practitioners' proposal.