

To Whom This May Concern:

This letter is written on behalf of nurse practitioners (APRNs) working in the state of Nebraska. It has come to my attention that APRNs are not licensed to order or operate fluoroscopy in the state. This deficiency in the law causes two significant problems. The first is that many APRNs, especially those who trained or worked elsewhere and immigrated to the state, are unaware of the restriction to their practice. The second problem is that APRNs who are aware of the fluoroscopy restriction are either compelled to conceive inefficient workarounds which jeopardize patient care to comply with the law; or they are functionally impaired in their care of patients.

From my own experience working in trauma centers in Nebraska, (RWMC in Scottsbluff and GSH in Kearney), X-ray techs are not always available to run fluoroscopy. They might be doing double duty, running between multiple operating rooms simultaneously trying to use fluoroscopy, or they may be called from an operating room to attend a trauma in the emergency department, leaving the OR without anyone besides the surgeon to run the fluoroscopy machine. A nurse practitioner/first assistant who can operate a C-arm facilitates smooth and efficient OR flow, shortens OR time, improving patient safety.

Another scenario which requires APRN use of fluoroscopy in the OR is when a mini C-arm is employed. X-ray techs generally do not attend cases in which a mini C-arm is used. When a surgeon's hands are busy, the surgeon may not be available to operate the mini C-arm. A nurse practitioner/first assistant who can operate the device is an invaluable asset for all reasons noted in the previous paragraph.

Increasingly, emergency departments around the state are staffed by APRNs. Fracture reduction and splinting are common and necessary functions of emergency department providers. The ability to immediately confirm a fracture reduction fluoroscopically, while a patient remains anaesthetized, is essential to minimizing drug use, minimizing drug and fracture complications, and expediting patient flow through an emergency department.

Most critical access hospitals do not have 24/7 X-ray tech coverage. If APRNs cannot use fluoroscopy, they either have to call in an X-ray tech for a plain X-ray, (increasing expense and delaying care); or they have to hope their reduction is adequate; or refer the patient to another facility for care. In either case patient care is jeopardized. If APRNs are allowed to practice independently in the state, they need access to the same diagnostic tools other providers can employ. To that end, regulations in the state of Nebraska need to be updated to allow APRNs to be trained in and to use fluoroscopy in their respective fields of practice.

Sincerely,

Jeffrey T. MacMillan, M.D.