FINAL REPORT OF THE

FINDINGS AND RECOMMENDATIONS

BY THE

NEBRASKA BOARD OF HEALTH

ON THE NURSE PRACTITIONERS PROPOSAL

TO THE

DIRECTOR OF HEALTH

AND THE

NEBRASKA LEGISLATURE

JANUARY 24, 1994

Recommendations of the Full Board of Health on the Proposal

Chairperson Weaver asked Carl Maltas, the chairperson of the 407 Committee of the Board of Health, to present a brief summary of the work of his committee on this issue. Mr. Maltas briefly described the action taken by the 407 Committee members in applying the criteria of the credentialing review program to this proposal, and stated that this action resulted in a recommendation to the full Board not to recommend approval of the applicant's proposal. Mr. Maltas then moved and Dr. Chris Caudill seconded that the Board members approve the recommendation of the 407 Committee on the proposal.

Chairperson Weaver then asked for comments from interested parties to the proposal. Sally Jochens, R.N., and a nurse practitioner, came forward to present comments on behalf of the applicant group. Ms. Jochens submitted a document listing sources pertinent to independent practice by nurse practitioners, cost-effectiveness of nurse practitioner care, and pediatric care provided by nurse practitioners.

Ms. Jochens summarized the applicant group's positions on the issues raised by the review. Ms. Jochens informed the Board members that the applicants seek only to eliminate the technical requirement of a practice agreement, not the manner in which they practice. This testifier stated in prepared remarks, "The practice agreement has prevented nurse practitioners from being able to provide care to Nebraskans over the past ten years due to multiple and complex issues of obtaining this agreement." This testifier went on to state that the proposal would not cause new harm to the public due to the fact that nurse practitioners would continue to practice in accordance with the same high standards of care as they do now after the practice agreement is removed.

Ms. Jochens stated that the proposal would benefit the public because nurse practitioners "... could move to and return to their communities, especially the rural areas and pockets of urban need that now have a drastic deficiency in the number of practicing physicians." This testifier stated that nurse practitioners would continue the team approach to care, utilizing their excellent abilities in health screening, physical assessment, and patient history.

Ms. Jochens stated that the proposal would be cost-effective, and that The Agency for Health Care Policy and Research has documented findings that demonstrate that nurse practitioners improve access to health care services at a lower cost , particularly in rural areas. This testifier also informed the Board members that a fifty-percent decrease in hospitalization of nursing home residents was documented after the use of nurse practitioner services in one nursing home in Madison County, Nebraska. This testifier informed the Board members that studies have shown that patients of nurse practitioners spent 50 percent fewer days in hospitals compared to a control group, and that the use of nurse practitioners in primary care has reduced the use of emergency room services.

Ms. Jochens stated, "Prevention of disease and maintaining health in an accessible manner is cost-effective." This testifier asked the Board members to consider the cost-effectiveness of being able to encourage new physicians to locate in rural areas where communities often cannot subsidize a two-physician practice, but could subsidize a nurse practitioner and a physician as a team. Ms. Jochens added that eighty-five percent of the upcoming nurse practitioner graduating class at Kearney come from rural areas of the state, and plan to remain in their rural communities to practice.

Chairperson Weaver asked Sally Jochens what efforts the applicant group has made to communicate their concerns about access to nurse practitioner care to representatives of Nebraska's medical community, and commented that he had not heard of any problems regarding access to nurse practitioner care. Ms. Jochens responded that her group has focused its efforts on educating individual physicians first, but that efforts have also been made to work with the Board of Medicine and Surgery to make adjustments in the practice agreement so as to make it more palatable for nurse practitioners.

Ms. Jochens went on to state that the current practice agreement creates concerns among physicians that they will be liable for what nurse practitioners do, and that the current proposal would free them from these concerns by making it clear that nurse practitioners are soley responsible for their actions. Janel Foote responded that some physicians in her area of the state who collaborate with nurse practitioners have indicated to her that they are comfortable with the current requirement for a practice agreement.

Dr. Caudill expressed the opinion that the applicants' proposal is premature and that the applicants need to give the current practice agreement another chance. Dr. Caudill stated that the concerns about access to nurse practitioner care expressed by the applicants will eventually be addressed by the increasing awareness among physicians of what nurse practitioners have to offer, and by the new nurse practitioner education programs at Clarkson, Creighton, and Kearney.

Dr. Caudill and Dr. Weaver asked Ms. Jochens what a nurse practitioner would do if he/she were practicing in an area where there was no physician and patients were asking for services that only a physician provides. Ms. Jochens responded that the applicant group has no intention to practice the

way medical doctors practice, but would continue to practice as they do now. Ms. Jochens added that in the hypothetical situation described by Dr. Weaver and Dr. Caudill, we must trust the professionalism of nurse practitioners and the regulatory processes of the Advisory Council and the two Boards that would oversee nurse practitioners.

Dr. Caudill then asked Ms. Jochens how members of her profession screen complex patients, and added that this is one of the most difficult aspects of primary care. Dr. Caudill went on to state that he is concerned about the ability of nurse practitioners to do accurate triage, adding that medical doctors can provide triage at a higher level than can nurse practitioners, and can provide care with lower incidences of referral than nurse practitioners. Dr. Caudill also wanted to know whether nurse practitioners can provide continuity of care for patients that have been referred back to them by a medical doctor. Sally Jochens responded that the abilities and safety of nurse practitioner care has been documented in numerous studies. Ms. Jochens continued her comments by stating that one of the benefits of the proposal is that it would enable nurse practitioners to go into medically-underserved areas of Nebraska and get people in these areas into the health care system. Ms. Jochens stated that it serves little purpose to debate the merits of nurse practitioner triage versus that of a physician when people in underserved areas of Nebraska do not have access to a physician in the first place.

Dr. Caudill then expressed the opinion that the current practice agreement is beneficial for nurse practitioners because it creates a context within which nurse practitioners can function as part of the health care system, and that it defines their scope of practice.

Patricia McQuillan asked Ms. Jochens if eliminating the practice

agreement might facilitate interaction between a nurse practitioner and more than one physician, and thereby improve access by the public to the health care system. Ms. Jochens responded that she believes that the proposal would provide increased access to good primary care, and that it would provide the public with a greater range of choices in the area of primary care.

Margaret Allington questioned the applicants' assertion that the practice agreement is the reason why ten nurse practitioners are unable to find work. Ms. Allington stated that these practitioners could find work as RNs until an opportunity for nurse practitioner practice opened up. Sally Jochens responded by stating that the practitioners in question probably could find work as RNs, but that they would not be able to provide the same level of care as RNs as they can as nurse practitioners. Ms. Jochens informed the Board members that nurse practitioners can prescribe medications and dispense medications incident to practice, whereas RNs cannot. Board member Barbara Christensen, R.N., responded to Margaret Allington's comment by stating that nurse practitioners are RNs who have gone on to get more education and training so that they can provide a range of services that is greater than what RNs can typically provide.

Dr. Caudill asked Sally Jochens what training nurse practitioners have pertinent to prescribing drugs. Ms. Jochens responded by stating that nurse practitioners are trained to prescribe, and that the proposal would add to their preparation in this area. Ms. Jochens added that the experience of other states that have established independent nurse practitioner practice has shown that there is no harm to the public resulting from such authority. Dr. Caudill responded that few states have given nurse practitioners full prescriptive authority. Ms. Jochens responded to this by stating that the

applicant group is not asking for full prescriptive authority, but rather prescriptive authority within the scope of nurse practitioner care. Dr. Caudill expressed the concern that the proposal would not clearly define what drugs nurse practitioners would or would not be allowed to prescribe, and that there would be no effective monitoring of this aspect of nurse practitioner care.

Dr. Bennett asked the applicants why they agreed to the provision in their statute requiring a practice agreement if this concept is so obviously bad for their profession. Dr. Bennett asked, "What went wrong?" Vicky Burbach responded that the practice agreement was the result of a compromise to get their statute passed by the Legislature. Sally Jochens responded that a decade of experience with the practice agreement has shown that it is a barrier to access to nurse practitioner care. Vicky Burbach stated that the world of health care has changed since the passage of their statute in 1983, and that the concept of mobile care which has developed since 1983 has rendered the concept of a practice agreement obsolete. Ms. Burbach stated that attempting to maintain the practice agreement in the context of the realities of practice in today's world imposes an unnecessary burden on the profession. Ms. Burbach added that the practice agreement doesn't provide for effective supervision of nurse practitioners anyway.

Dr. Fitzgerald asked the applicants whether physician concerns about being liable for what nurse practitioners do is the reason why some physicians have been reluctant to sign practice agreements. Sally Jochens responded that fear of liability is a significant dimension to this problem, and added that, with independent practice, nurse practitioners can assume full liability for the care they provide.

Chairperson Weaver then asked for comments from those opposed to the

proposal. Dr. Robert Shapiro came forward to present testimony on behalf of the Nebraska Medical Association. Dr. Shapiro submitted a document entitled, "Survey of Nursing Practice Privileges" with his written comments. In comparing nurse practitioner education and training with that of a physician, Dr. Shapiro stated that "six (years) does not equal eleven (years)," and that nurse practitioners are not sufficiently trained to provide primary care independently. Dr. Shapiro stated that there is need for physician oversight of drug prescribing and dispensing by nurse practitioners.

Dr. Kellough asked Dr. Shapiro whether he is "comfortable" with the current practice agreement. Dr. Shapiro indicated that he is satisfied with it. Dr. Bennett asked Dr. Shapiro whether he would feel responsible for what nurse practitioners do under the current situation. Dr. Shapiro responded that if something "went wrong" he would be liable. Dr. Bennett then stated that nurse practitioners are professionals, and as such are responsible for their own work, even under the current practice situation. Dr. Shapiro responded that he would feel responsible for any delegated medical functions, and that a physician is always liable for such functions.

Dr. Shapiro expressed concern that the proposal would result in the creation of nurse practitioner clinics that would not be associated with other parts of the health care system, and felt that such a "cottage industry" approach would fragment care at a time when cooperation amongst professionals from different backgrounds is becoming ever more important in health care.

Dr. Polzien commented that there is a serious problem regarding access to primary care in rural Nebraska, and that in all likelihood there will not enough physicians in the state to solve this access problem in the

foreseeable future. Dr. Polzien went on to state that the applicant's proposal is needed to provide the state with an alternative means of addressing these access problems. Dr. Caudill responded that no convincing evidence has been presented to support the applicants' contention that the current practice agreement is impeding access to nurse practitioner services, and that the access problems in question are multifactorial in nature rather than due to any one single factor.

Dr. Wempe then stated that he does not believe that there is a serious access to care problem in rural Nebraska, and that this issue is the creation of the media and various politicians. Dr. Wempe went on to state that no place on earth has perfect access to care.

Dr. Bennett asked how nurse practitioner scope of practice would be defined if the practice agreement were eliminated. Dr. Weaver responded that the proposed scope is defined in the application, and that under the terms of the proposal, the scope would be specifically defined in statute for the first time. Dr. Weaver assured the Board members that the Board of Health would at some point in the process have an opportunity to review and comment on any rules and regulations developed to implement the statute.

There being no further discussion, the Board members voted on Carl Maltas' motion to approve the recommendation of the 407 Committee on the proposal. Voting aye were Wempe, Maltas, Hirschbrunner, Foote, Caudill, and Allington. Voting nay were Bennett, Christensen, Fitzgerald, Kellough, McQuillan, and Polzien. Dr. Balters abstained from voting. There being a tie, Chairperson Weaver was asked to cast a vote to decide the issue. Chairperson Weaver voted aye which gave a majority of votes in favor of the motion to approve the recommendation of the 407 Committee. <u>This vote meant that the full Board of Health recommended against the applicants' proposal.</u>

Dr. Weaver commented that he voted to approve the 407 Committee's negative recommendation because of concerns he has about nurse practitioners being tempted to practice as physicians in areas where there are no physicians if the proposal were to pass. Dr. Weaver also stated that he had not seen any compelling evidence that the practice agreement is causing access to care problems in Nebraska.

Recommendations of the 407 Committee on the Proposal

The members of the 407 Committee of the Board of Health met on November 5, 1993, to formulate their advice to the full Board of Health on the Nurse Practitioners Proposal.

Chairperson Maltas began by summarizing the review of the technical committee. Mr. Maltas briefly described the applicants proposal to eliminate the practice agreement that has governed the provision of nurse practitioner services in Nebraska for a decade. Mr. Maltas stated that the technical committee did not recommend in favor of the proposal, and that the committee advised the NPA and medical organizations to discuss how advanced nurse practitioner practice could be established within the context of a collaborative agreement.

Chairperson Maltas then asked representatives of the applicant group to come forward to present comments to the 407 Committee members. Sally Jochens, R.N. and nurse practitioner, came forward to speak for the applicant group. Ms. Jochens briefly described what nurse practitioners do and how nurse practitioners are trained. Ms. Jochens informed the 407 Committee members that the emphasis of nurse practitioner practice is on health promotion, disease prevention, health maintenance, and health screening. Ms. Jochens stated that the greatest amount of a nurse practitioner's time is devoted to assessing the risk of potential health problems, educating people regarding health problems, and on how to prevent health problems in the future. Ms. Jochens stated that any deterioration in a patient's condition or the diagnosis of a complex health care problem by a nurse practitioner initiates a referral by the nurse practitioner to an appropriate medical practitioner for treatment.

Ms. Jochens informed the 407 Committee members that becoming a nurse

practitioner requires that a person obtain an undergraduate degree in nursing, have passed a state Board of Nursing exam, and have a license as an R.N. Ms. Jochens stated that an R.N. must then complete an advanced training program that includes a preceptorship. Ms. Jochens informed the 407 Committee members that under the terms of the proposal, all newly licensed nurse practitioners will be required to have a master's degree, and have documentation of thirty-hours of pharmacology. Ms. Jochens stated that nurse practitioners will continue to be required to pass the national certifying exam.

Ms. Jochens went on to state that the applicant group seeks to change state statutes so as to eliminate the technicality of being required to have a practice agreement with a specific physician in order to practice. This testifier stated that practice agreements for nurse practitioners do not provide for mandated on-sight supervision, chart review, or co-signing of charts. This testifier informed the 407 Committee members that if the proposal were passed nurse practitioners would continue to work in cooperative relationships with medical doctors and other health care professionals to provide advanced nursing care.

Ms. Jochens addressed the question of whether there is harm to the public from the current practice situation of nurse practitioners by stating that the current requirement that nurse practitioners have a practice agreement with a specific medical doctor creates a barrier to access to the services of nurse practitioners. Ms. Jochens submitted statistics to the 407 Committee members which illustrated the need for improved access to basic primary care in Nebraska, and referenced data provided by other testifiers pertinent to access to care during the review process. Ms. Jochens stated that removal of the requirement for a practice agreement for

nurse practitioners would help to alleviate the problem of access to primary care in Nebraska.

Pertinent to the cost-effectiveness of the proposal, Ms. Jochens referred to several studies which documented the cost-effectiveness and improved patient outcomes associated with nurse practitioner care.

Ms. Jochens informed the 407 Committee members that a significant number of nurse practitioners have not been able to find physicians willing to sign a practice agreement, and as a result have not been able to establish a practice. The removal of the requirement for a practice agreement would enable these practitioners to set up practices, and thereby provide badly needed services to the public.

Ms. Jochens stated that it is not the goal of her group to attempt to be substitutes for physicians, as some opponents have charged; nor is it the goal of her group to abandon a collaborative, team approach to care, but rather to function in the team as autonomous practitioners. Ms. Jochens stated that nurse practitioner practice is most effective, safe, and efficient when provided as part of a health care team.

Dr. Duane Polzien asked whether there is any evidence of problems with independent nurse practitioner practice in other states that have already established such practice. Ms. Jochens responded that there have been no reports of new liability or of additional risk to patients from other states that have established independent practice for her profession. Ms. Jochens stated that in Oregon medical doctors have become very supportive of the idea of independent nurse practitioner practice.

Carl Maltas asked whether a scope of practice for nurse practitioners is defined, and if so, where it is defined. Ms. Jochens responded that the scope is defined in the practice agreement rather than in statute. Ms.

Jochens went on to state that there are six different types of practice agreements, and that the scope of practice varies from one type of practice agreement to another. Ms. Jochens added that the criteria governing the various types of practice agreements are established by the Nurse Practitioner Advisory Council and approved jointly by the Board of Nursing and the Board of Medicine and Surgery.

Dr. Chris Caudill asked whether the Advisory Council would provide oversight of the activities of nurse practitioners. Vicky Burbach, staff person with the Bureau of Examining Boards of the Department of Health, responded that the Advisory Council would be involved in matters of oversight only if there were reports of problems with a specific practitioner. Dr. Caudill state that currently the collaborating physician maintains oversight. Ms. Burbach responded that the collaborating physician and the nurse practitioner work together to define the specifics of their own arrangement, including provisions for oversight. Dr. Caudill then asked whether this provides for the enforcement of consistent regulations for nurse practitioner care. Ms. Jochens replied that this arrangement does not provide such consistent regulations throughout the state, and that this is one reasons why her group wants to make a change in how nurse practitioners are regulated.

Carl Maltas asked how nurse practitioners would function vis-a-vis hospitals if they had independent practice, and whether they could get clinical privileges without physician endorsement. Ms. Jochens responded that nurse practitioners would not need physician endorsement for any of the services they are trained to provide, and that in Oregon, for example, independent nurse practitioners have received hospital privileges.

Mr. Maltas then asked how nurse practitioners would do X-rays or

ultrasounds under independent practice. Ms. Jochens responded that nurse practitioners can order X-rays and ultrasounds, but that under the current practice situation, these must be done under a physician's name in order to get reimbursement. Ms. Jochens added that in other states that have established independent nurse practitioner practice, nurse practitioners receive direct reimbursement for their services.

Dr. Mark Kellough and Janel Foote asked the applicants about difficulties some nurse practitioners have had getting a practice agreement. Ms. Jochens responded that there are currently ten nurse practitioners out of a total of 54 currently in Nebraska who have been unable to get a collaborative practice agreement, and this is because of concerns that physicians have regarding being held liable for what nurse practitioners do, and the lack of awareness among many physicians in Nebraska about the qualifications and abilities of nurse practitioners.

Dr. Richard Fitzgerald observed that one of the maps included in the applicants' proposal shows that the overwhelming majority of nurse practitioners are located in the urban areas of Nebraska, and that there are only two nurse practitioners in all of the western half of the state. Dr. Fitzgerald then asked the applicants to comment on this apparent geographical imbalance in the distribution of their members. Ms. Jochens responded that 85 percent of nurse practitioner students are from rural areas and that many have expressed their intent to stay and practice in rural areas.

Ms. Jochens stated that the applicants want to go into underserved areas and establish networks of health care providers. Ms. Jochens stated that her group hopes that medical doctors would follow them into these areas. Carl Maltas expressed skepticism about this idea given the physician

shortage that already exists, and stated that physicians are already "spread very thin" in rural areas of the state. Ms. Jochens responded that nurse practitioners can pave the way for medical doctors in remote rural areas by identifying patient needs, and thereby freeing medical doctors to perform more other tasks.

Janel Foote asked the applicants whether the requirement for a master's degree for all nurse practitioners might be too restrictive. Ms. Jochens responded that an extension would be given through the year 2000 to nurse practitioners in programs that have not yet established master's degree programs, and that this kind of flexibility will help to address concerns about restrictiveness.

Dr. Caudill then asked the applicants to inform the 407 Committee members regarding the preparation that a nurse practitioner possesses in order to recognize serious health problems. Dr. Caudill expressed skepticism regarding the ability of nurse practitioners to recognize health problems that they do not treat. Sally Jochens responded that it is part of nurse practitioner training to screen for serious health care problems.

Dr. Caudill then asked whether it is the intent of the applicant group to do what a general practitioner would do. Ms. Jochens replied that it is not the intent of her group to practice as medical doctors, and that the code of ethics and professional guidelines of her profession does not allow nurse practitioners to practice beyond the scope of their education and training.

Dr. Caudill then expressed skepticism regarding applicant group assertions that the practice agreement is the reason why some nurse practitioners can't find work, and instead theorized that this might actually be, at least in part, due to the fact that many hospitals and other

health care professionals such as PAs are already doing preventive care and health maintenance.

Janel Foote asked the applicants why the option of educating physicians about the abilities and services of nurse practitioners was not given more of a chance. Ms. Jochens responded that her group has tried this approach for ten years and has made little, if any, progress.

Chairperson Maltas then asked for comments from those opposed to the proposal. Dr. Robert Shapiro, President of the Nebraska Medical Association, testified that the current practice agreement is more than a technical formality and should be retained. Dr. Shapiro stated that the problem of some nurse practitioners not being able to establish practices needs to be solved, but that eliminating the practice agreement is not the way to do it.

Dr. Shapiro drew the attention of the 407 Committee to a document attached to his written comments entitled, "Survey of Nursing Practice Privileges," which he said shows that nurse practitioners are truly independent in only seven states.

Dr. Shapiro stated that nurse practitioners do not have the training to be "physician substitutes." Dr. Shapiro stated that nurse practitioners with a baccalaureate degree and two years of additional training, or a master's degree and one year of additional training do not have the same level of training as family physicians. Dr. Shapiro stated that family physicians have four years of undergraduate preparation, four years of medical school, and a three-year residency.

Dr. Shapiro stated that nurse practitioners play a useful role in extending and enhancing medical services, and that keeping physicians ultimately responsible for nurse practitioner services is the best way of

ensuring quality of care.

Dr. Polzien then asked Dr. Shapiro how he proposes to solve the problem of access to nurse practitioner services if the current proposal is not the way to do this. Dr. Shapiro responded that no one informed the Nebraska Medical Association that there is a problem in this area, and that NMA first heard about this when notified about the current proposal. Dr. Shapiro stated that there is a need for NMA and NPA to work together to solve this problem. Dr. Polzien asked whether NMA is working now to solve this problem. Dr. Shapiro responded that NMA has established an ad hoc committee to study this problem.

Dr. Dale Michels, M.D., then presented additional opponent testimony. Dr. Michels presented the viewpoint that locations with nurse practitioners working in them will find it more difficult to recruit family practice physicians if the proposal were to pass due to the concern among physicians that independent nurse practitioners would be competitors, not colleagues. Dr. Michels went on to state that if nurse practitioners go into rural areas as independent practitioners, these areas will have greater difficulty in obtaining a physician.

Dr. Michels expressed skepticism regarding applicant assertions that nurse practitioners are less expensive than medical doctors. Dr. Michels stated that while the initial visit might be less expensive, the overall pattern of nurse practitioner practice would not be less expensive and could actually be more expensive than that of a medical doctor. This testifier went on to state that independent nurse practitioners would refer problems too difficult for them to handle to medical specialists, and that the fees of medical specialists are frequently higher than are those of family physicians.

Dr. Michels then stated that one of the greatest concerns in medical care is the evaluation of what is known as the "undifferentiated patient." Dr. Michels stated that this is the patient who has numerous symptoms, none of which are very specific. Dr. Michels stated that these patients are difficult patients to evaluate, and stated that in his opinion, nurses are not sufficiently trained to handle such patients. Dr. Michels concluded his testimony by stating that what is needed is the integration of nurse practitioners into the health care team, not their independence from it.

The 407 Committee members then moved on to discuss the four criteria as they relate to the nurse practitioner proposal. Dr. Polzien moved and Dr. Fitzgerald seconded that the proposal satisfies the first criterion which in this case asks whether there is significant harm to the public in the current practice situation of nurse practitioners. Dr. Caudill stated that he perceives the current practice agreement as a positive factor in the regulation of nurse practitioners because it provides a mechanism for monitoring and supervision.

Regarding the issue of access to nurse practitioner services, Dr. Caudill stated that problems of access in health care are usually multi-factorial rather than being due to a single factor.

Dr. Polzien responded to Dr. Caudill's comments on the monitoring of nurse practitioners by asking Dr. Caudill why the Nurse Practitioner Advisory Council could not be trusted to maintain oversight of nurse practitioners. Dr. Caudill responded that it seemed to him that this body is too remote from day-to-day nurse practitioner practice to provide effective oversight. Dr. Caudill went on to state that in the absence of effective oversight, he would be concerned that nurse practitioners would practice beyond their scope, and attempt to do what general practitioners

do.

Dr. Polzien responded to Dr. Caudill's comments on effectiveness of oversight by stating that, as he understands it, physicians can't be effectively monitored either, but that we still treat them as if we expect them to practice ethically and within the scope of their training. Dr. Polzien went on to ask, "Why not trust nurse practitioners" to practice ethically and within the scope of their training? Dr. Caudill responded by stating that an undesirable regulatory situation vis-a-vis one profession does not justify the creation of an equally undesirable regulatory situation vis-a-vis another profession.

Dr. Caudill then stated that nurse practitioners, because they are not adequately prepared to be independent primary care providers, could misdiagnose patient's health care problems, and thereby do more harm than good. Dr. Polzien then asked Dr. Caudill how much training a practitioner would need in order to be a primary care provider, and asked, "... is there a standard?" Dr. Polzien went on to say that at some point in the regulation of any health care profession we have to trust the professionalism and integrity of the practitioners in question, and added that policy makers need to recognize that there is a limit to what the state can do to protect the public from harm. Dr. Caudill responded by stating that the state has a responsibility to do all it can to protect the public from harm.

The voting on criterion one was as follows: Voting aye were Fitzgerald, Kellough, and Polzien. Voting nay were Caudill and Foote. Chairperson Maltas abstained from voting. The motion carried.

Dr. Polzien moved and Dr. Fitzgerald seconded that the proposal satisfies the second criterion which in this case asks whether the proposal

would create significant new harm to the public health and welfare. Dr. Caudill stated that there is clearly potential for additional harm to the public if the monitoring and oversight provided by the practice agreement is eliminated. Janel Foote expressed concern that the proposal did not clearly define what the limits of the scope of practice would be if the practice agreement were eliminated.

Dr. Kellough asked what nurse practitioners would and would not be able to prescribe under the proposal, and asked whether there would be a formulary. Sally Jochens responded that what nurse practitioners can and cannot prescribe would be defined in rules and regulations, and would be defined in terms of the specific type of nurse practitioner training possessed by a given nurse practitioner.

Dr. Caudill expressed concern that the proposal is too open-ended regarding prescriptive authority and that there seems to be no limit as to what drugs could be prescribed. Dr. Kellough expressed the same concern, and stated that there is a need for a formulary to clearly define what can and cannot be prescribed by nurse practitioners. The voting on the second criterion went as follows: Voting aye were Fitzgerald and Polzien. Voting nay were Caudill, Foote, and Kellough. Chairperson Maltas abstained from voting. The motion failed. By this vote the 407 Committee members decided not to recommend in favor of the proposal.

Dr. Polzien moved and Dr. Fitzgerald seconded that the proposal satisfies the third criterion which asks whether the proposal would benefit the public health and welfare. Voting aye were Fitzgerald, Kellough and Polzien. Voting nay were Caudill and Foote. Chairperson Maltas abstained from voting. The motion carried.

Dr. Polzien moved and Dr. Fitzgerald seconded that the proposal

satisfies the fourth criterion which in this case asks whether the proposal would be the most cost-effective means of addressing the access problems identified in the application. Dr. Caudill stated that independent nurse practitioners would refer patients to other more expensive providers seventy-percent of the time, and that because of this, health care provided by independent nurse practitioners would drive up health care costs. Dr. Caudill also stated that independent primary care by nurse practitioners would also result in duplication of tests, and tests that are not indicated.

Dr. Polzien stated that access to care is the issue most important to him in this case, not the costs of care per se. Dr. Fitzgerald stated that he could not see what "other means" there would be, other than the proposal, to address the problem of access dealt with in the application.

The voting on criterion four was as follows: Voting aye were Kellough and Polzien. Voting nay were Caudill, Fitzgerald, and Foote. Chairperson Maltas abstained from voting. The motion failed.

The 407 Committee members made the following ancillary recommendations:

> Dr. Caudill moved and Janel Foote seconded that the 407 Committee members endorse the first ancillary recommendation in the report of the technical committee which stated that advanced nursing practice can occur within the context of a collaborative agreement, and advised representatives of medicine and nurse practitioners to discuss how this could be done. Voting aye were Caudill, Foote, Fitzgerald, Kellough, and Polzien. There were no nay votes. Chairperson Maltas abstained from voting. The motion carried.
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> Dr. Polzien moved and Janel Foote seconded that the 407

Committee members endorse the second ancillary recommendation of the report of the technical committee which called for the appointment of a pharmacist to the Nurse Practitioner Advisory Council, except that this should be done only if the proposal were to become law. Voting aye were Caudill, Fitzgerald, Foote, Polzien, and Kellough. There were no nay votes. Chairperson Maltas abstained from voting. The motion carried.