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 15, 2013

Table of Contents

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 appoints 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 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.

The Nurse Practitioner's Technical Review Committee Members

Janet Coleman (Chairperson) **(Lincoln)**
Consumer representative, Board of Health

Jeffrey Baldwin, Pharm.D., R.P. **(Omaha)**
UNMC College of Pharmacy
Professor of Pharmacy

Tom Bassett **(Lincoln)**
Antique Appraiser and Public Speaker

Linda Douglas, Ed.D. **(Lincoln)**
Lecturer in the Department of Special Education
University of Nebraska-Lincoln Campus

Donald Naiberk, Hospital Administrator **(David City)**
Critical Access Hospital Administrator

Charlyn Shickell, Ph.D., LIMHP **(Lincoln)**
Lancaster County Mental Health Center

Marcy Wyrens, R.R.T. **(Lincoln)**
Bryan LGH Medical Center

Meetings Held

Orientation and Initial Discussion: December 14, 2012
Discussion two: January 11, 2013
Discussion three: February 1, 2013
Preliminary Recommendation: March 1, 2013
Public Hearing: March 22, 2013
Final Recommendation: April 19, 2013
Final Approval of the Report: May 15, 2013

Part Two: Summary of Committee Recommendations

The committee members recommended that nurse practitioners be permitted to practice without having a collaborative agreement with a physician.

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.

Part Three: Summary of the Applicants' proposal

The applicant's proposal would eliminate the current requirement that all nurse practitioners in Nebraska must possess a practice agreement with a physician in order to practice as nurse practitioners in Nebraska. The application would remove 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)**

Part Four: The Issues of This Review

1) How does the requirement for an integrated practice agreement impact the delivery of nurse practitioner services in Nebraska?

Applicant Comments: (Minutes of the Second Meeting, January 11, 2013; and the Applicants' Proposal, Pages 30-37)

- A nurse practitioner's need for physician consultation and referral is typically met through networks of physicians other than those with whom they have a practice agreement. These are networks that nurse practitioners develop on their own as they build their practices. Eliminating the requirement for a practice agreement would not disrupt extant working relationships between nurse practitioners and physicians.

- There is no evidence to indicate that the quality of nurse practitioner services has been positively impacted by the requirement for a practice agreement.

- The practice agreement has become a barrier to access to care:
  1) Practice agreements can be terminated by a physician at any time, for any reason;
  2) Practice agreements drive up the cost of care, in part because of practice fees charged to nurse practitioners by their overseeing physician as the price they must pay to maintain the agreement, and thus maintain their practice;
  3) The uncertainties of nurse practitioner practice under this requirement make it difficult to maintain a stable, long-lasting practice; and,
  4) The steady decline in the number of physicians in rural areas makes it more difficult for nurse practitioners to operate in those areas, given that they must have a practice agreement with a physician in order to practice at all.

Opponent Comments: (The Minutes of the Fourth Meeting, March 1, 2013; and the Transcript of the Public Hearing held on March 22, 2013, Pages 90-93, 96-98, 99-104)

- The practice agreement is beneficial, both for nurse practitioners and the public. These benefits include the following:
  1) Nurse practitioners can utilize their physician agreement partner as someone to whom difficult cases and/or cases beyond their scope of practice can be referred;
  2) Nurse practitioners can benefit from the expertise of their physician agreement partner via long-distance conferencing regarding specific cases; and,
  3) Practitioner networks such as those provided by the Integrated Practice Agreement are essential for safe and effective nurse practitioner practice. Nurse practitioners need input from other health care providers such as physicians for consultation and referral purposes, for example. Such networks represent the future of health care in all areas of care and service. Solo practice is a thing of the past for all health care professions.

- Complete citations for the sources provided to the technical review committee members pertinent to this issue can be found on the credentialing review link at http://dhhs.ne.gov/licensure/Pages/credentialing-review.aspx The following source is an example of one of these sources and was identified to assist those who want to explore this issue further:

    - **"Integrated Practice Agreement"**: This is the document that defines current nurse practitioner practice in Nebraska.

2) How would the proposal address current access-to-care issues in underserved areas of Nebraska?

Applicant Comments: (The Applicants' Proposal, Pages 30-37)

- Nebraska is facing the likelihood of very serious shortages in access to primary care, especially in remote rural areas. This trend will accelerate with an aging rural population and the expected retirement from practice of many current physician practitioners in rural Nebraska.

- Eliminating the practice agreement would enable nurse practitioners to establish and maintain long-lasting practices in remote rural areas of our state, some of which lack access to the services of a resident physician.

- Eliminating the practice agreement would improve the stability of nurse practitioner services in our state. Under the current situation a physician can terminate a practice agreement with a nurse practitioner at any time, for any reason, leaving the nurse practitioner in question without a job and leaving their patients without someone to provide them with services.

- Eliminating the practice agreement would make Nebraska more appealing to those nurse practitioners who might consider setting up a practice in our state. Currently, because of the restrictions associated with the practice agreement, some nurse practitioners are opting to leave Nebraska for states that do not have a requirement for practice agreement.

- Nurse practitioners currently receive direct reimbursement for their services, and eliminating the practice agreement would have no impact on their reimbursement situation or their ability to continue or establish practice.

- Some physicians charge high fees as a precondition for participation in a practice agreement. These kinds of demands are restrictive in nature and discourage the development of nurse practitioner practices in our state. The proposal would reduce the cost of nurse practitioner care by eliminating these kinds of costly charges and fees.

Opponent Comments and Comments by Some Committee Members: (Minutes of the Third Meeting, February 1, 2013; and Minutes of the Fourth Meeting, March 1, 2013; Transcript of the Public Hearing, Pages 108-109, 111)

- The applicants exaggerate access to care problems in Nebraska. Many counties that appear to have no physicians are in fact covered by physicians who travel to them from neighboring counties and provide services there in outreach clinics. Maps that supposedly show sparse physician coverage in rural Nebraska tend to be based upon the location of a practitioner's main office and overlook the fact that much of the work done by physicians in these areas is done in satellite clinics located far from their main office location.

- Nurse practitioners aren't situated any more favorably to deliver services in remote rural areas than are physicians, as is shown by maps provided by the Office of Rural Health showing the distribution of nurse practitioners, physicians, and physician assistants across the state. Both nurse practitioners and physicians tend to be located in the more urbanized areas of the state.

Research and Documentation Available on the Program Link Pertinent to Access to Care:

- Complete citations for the sources provided to the technical review committee members relevant to this issue can be found on the credentialing review link at http://dhhs.ne.gov/licensure/Pages/credentialing-review.aspx What follows is a sampling of sources relevant to this issue to assist those who want to explore this issue further, and is inclusive of sources from both proponents and opponents of the proposal:
  - **"The Rural Health Care Workforce: Opportunities to Improve Care Delivery"**: This article documents the shortage of physicians in medically underserved areas nationwide and discusses options for dealing with it including better utilization of nurse practitioners and physician assistants, for example.

  - **"Primary Care Nurse Practitioners in Nebraska,"** Center for Health Policy, UNMC College of Public Health: This article states that data from the Health Professions Tracking Service at UNMC from 2007-2011 shows that the number of nurse practitioners practicing in Nebraska grew by 33 percent during these four years to a total of 293. However, the article asserts that in order to meet the demands of an aging population and health care reform requirements the number of nurse practitioners in Nebraska will need to continue to grow in the years to come.

  - **Physician Shortages: "Primary Care Physician Shortages Could Be Eliminated Through Use of Teams, Non-physicians, and Electronic Communication"**: This article claims that better teamwork, data sharing, and more effective use of nurse practitioners and physician assistants has the potential to significantly improve access to care in a manner consistent with patient protection and safety.

  - **"Policy Implications for Optimizing Advanced Practice Registered Nurse Use Nationally"**: This article examines the idea of allowing nurse

practitioners to assume roles that take full advantage of the entirety of nurse practitioner education and training in order to address the critical shortage of primary care physicians that is occurring.

- **A letter from Cathy Phillips, APRN-NP, a Psychiatric Nurse from Hastings, Nebraska**: This letter cites data indicating that nurses with advanced training are leaving Nebraska for states that have fewer restrictions on practice than Nebraska. States such as Iowa and Idaho, for example, allow nurse practitioners to practice closer to their educational and training capacity than does Nebraska. The letter goes on to state that 70 percent of qualified psychiatric nurses have left Nebraska between 1982 and 2008.

- **"Response to Questions Posed by the Members of the Technical Review Committee on December 14, 2012"**: This document cites examples of fees that some nurse practitioners have had to pay to physicians in order to get them to sign a practice agreement with them. The document makes the argument that this situation creates an undue burden on those nurse practitioners, making it unnecessarily difficult to establish and maintain a viable practice.

- **Letter from Dr. Richard Blatney, Sr., M.D., dated March 28, 2013**: This letter states that there is a shortage of board-certified psychiatrists to care for patients with acute psychotic conditions and exacerbations of their known mental illnesses. The letter states that, because of this shortage of providers, patients with acute mental illness must be hospitalized in a major city in order to receive the care they need. The letter goes on to say that there is a place for psychiatric nurse practitioners to assist psychiatrists, but that they lack sufficient education and training to practice independently, and that supervision must continue for reasons of patient safety and protection. The letter cited an example of harm to patients that occurred at a nursing home that Dr. Blatney believes was associated with care delivered by psychiatric nurses.

- **The "Virginia Care Team Law 2012" and "Laws for Nurse Practitioners – Virginia Board of Nursing Laws and Regulations"**: Both of these items describe the way nurse practitioner services are regulated in Virginia. Virginia law requires that nurse practitioners practice as part of a patient care team. Nurse practitioners practicing as part of such a team shall maintain appropriate collaboration and consultation, as evidenced in a written or electronic practice agreement, with at least one patient care team physician.

- **The "Nurse Practitioner Perspective on Requiring Team Based Care for Individual Licensure"**: This article states that nurse practitioners value the concept of team-oriented practice, but that they do not support creating statutory requirements that link a practitioner's license to membership on a care team. Such requirements interfere with the ability to be regulated based on one's preparation for safe and effective practice. They also impede transparency, accountability, flexibility, and the efficient use of practitioner time and resources.

- **The "Kaiser Commission on Medicaid and the Uninsured"**: This article asserts that by 2020 there will be a shortage of about 91,000 physicians, nationally, and that this shortage is likely to be more acute among Medicaid patients due to geographical misalignments between low-income communities and physician practice locations and low physician participation in Medicaid. The article goes on to state that one way to address the physician shortage problem is to better utilize nurse practitioners and physician assistants. The article includes a map of the United States showing which states require practice agreements for nurse practitioners and which no longer have such requirements.

- **"Appendix B" and "Appendix C"**: Appendix B describes the location of nurse practitioner practices in Nebraska. Appendix C describes the location of primary care physicians in Nebraska.

3) What are the professional liability implications of the proposal?

Applicant Comments: (Minutes of the Third Meeting, February 1, 2013)

- Nurse practitioners are already liable for the services they provide, and case law indicates that physicians are typically not sued for errors made by those nurses with whom they have a practice agreement. The only exception might be a case in which the physician became directly involved in the provision of the services in question.

- Eliminating the practice agreement would completely eliminate the possibility of any liability for nurse practitioner services on the part of physicians.

- There is no evidence to indicate that nurse practitioner liability costs increase after the practice agreement requirement is eliminated.

- Nurse practitioners are already required to have the same amount of liability insurance as physicians, and that this gives patients the same opportunities for recourse for inadequate services from insurance companies as it does for physicians.

Opponent Comments: (Transcript of the Public Hearing, Held on March 22, 2013, Page 114)

- Charges made to nurse practitioners by physicians with whom they have a practice agreement are justified by the additional liability that the physician is taking on in such a relationship. A physician's advice and consultation are benefits that the nurse practitioner must be willing to pay for as part of the cost of doing business.

- There are unscrupulous physicians who take advantage of nurse practitioners. This is something that needs to be addressed.

- The Virginia model should be used as a starting point for reforming the way Nebraska handles practice agreements between physicians and nurse

practitioners. The practice agreement concept needs to be improved so that it provides nurse practitioners with the full benefit of physician advice and counsel.

Research and Documentation Available on Professional Liability:

- Complete citations for the sources provided to the technical review committee members relevant to this issue can be found on the credentialing review link at http://dhhs.ne.gov/licensure/Pages/credentialing-review.aspx What follows is a sampling of sources relevant to this issue to assist those who want to explore this issue further:
  - **"Nurse Practitioner 2012 Liability Update"**:
    According to this document the most frequent allegations made against nurse practitioners involve failure to diagnose and delays in making a correct diagnosis, failure to provide proper treatment and care, and medication prescription errors. Analysis of data reveals that those nurse practitioners employed in adult medical and primary care and family practice specialties are the most likely to have claims made against them.

  - **"Collaborative Physician Liability for Nurse Practitioner Practice"**:
    This document describes analysis of circumstances under which a physician in a collaborative relationship with a nurse practitioner could be held liable for the actions of the nurse practitioner in question. It describes four critical legal elements that must be proven for such liability to be established. These four legal elements are 1) the clinician had a duty of care to the patient, 2) the clinician breached the standard of care, 3) the patient was injured, and, 4) the breach of the standard of care was the proximal cause of the patient's injury.

  - **"Nurse Practitioner Claim Report"**:
    This document describes how liability data is collected and the analytical methods that are used to arrive at conclusions based on the data. Analysis includes such things as claims by insurance type, comparison of nurse practitioner average paid indemnity, analysis of severity by specialty / location / category, as well as of illness / injury related data, diagnosis related data, treatment related data. The article goes on to discuss risk control recommendation processes and risk control self-assessment check lists for nurse practitioners.

  - **"18-Year Review of Outcomes"**:
    This study provides evidence supporting an expanded role for APRN-NPs. The study concludes that nurse practitioners provide safe, effective, high-quality care. The study argues that nurse practitioners should play a greater role in the provision of health care. It goes on to say that current restrictions on nurse practitioner practice should be modified to allow for this expanded role.

  - **"Quality of Nurse Practitioner Practice"**:
    This is an annotated bibliography of eighteen studies on the quality of nurse practitioner care across the United States.

- **"AP Nurse Outcomes 1990-2008"**:
  This systematic review of nurse practitioner outcomes supports the idea that nurse practitioners provide safe, effective, and high quality care. It supports the idea that nurse practitioners in partnership with physicians play a major role in health care. Health professionals need to move forward with more collaborative models of care delivery if national health goals are to be realized. The study clarifies that advancement of nurse practitioners should occur within the framework of collaborative practice with physicians.

- **The "Virginia Care Team Law 2012" and "Laws for Nurse Practitioners – Virginia Board of Nursing Laws and Regulations"**:
  Both of these items describe the way nurse practitioner services are regulated in Virginia. Virginia law requires that nurse practitioners practice as part of a patient care team. Nurse practitioners practicing as part of such a team shall maintain appropriate collaboration and consultation, as evidenced in a written or electronic practice agreement, with at least one patient care team physician.

4) What are the quality-of-care implications of the proposal?

Comments by Opponents and Others with Concerns about the Proposal:

- Concern was expressed about the impact of the proposal on newly credentialed nurse practitioners if the practice agreement were eliminated. Currently, they practice under protocols until they have had 2000 clock hours of experience before they must acquire a practice agreement. **(The Applicants' Proposal, Page 17)** What would happen to these protocols if the practice agreement were eliminated?

- Health care facilities require on-going assessment of each nurse practitioner to ensure continuing competency. The question was asked whether solo practitioners undergo the same kind of scrutiny**. (Minutes of the Third Meeting, February 1, 2013)**

- Concern was expressed that solo practitioners would no longer be members of a provider network if the proposal were to pass. This could be a major concern in remote rural areas where there are few physicians available for consultation. **(Minutes of the Fourth Meeting, March 1, 2013)**

- Comment was made that solo practice is no longer consistent with the way health care is now provided. Every practitioner needs to be part of a network of providers in one manner or another. **(Transcript of the Public Hearing, Held on March 22, 2013, Pages 110-111)**

Applicant Comments on Quality of Care:

- The applicants indicated that new nurse practitioners would continue to be gradually phased into practice after the practice agreement is eliminated, but that they were not sure, at this time, exactly how that would be done. Some

committee members stated that this uncertainly regarding how new nurse practitioners would be transitioned into practice under the terms of the proposal raises concerns about the proposal. **(Minutes of the Fourth Meeting, March 1, 2013)**

- Comment was made that continuing education and recertification are ways that the quality of nurse practitioner education and training are maintained. Nurse practitioner continuing education is focused and targeted so as to tailor it to the needs of nurse practitioner specialties. Periodic retesting is another approach that is used in some nurse practitioner programs. **(Minutes of the Third Meeting, February 1, 2013)**

- The applicants stated that solo practitioners must conform to the same standards of practice as do those who practice in facility-based practices. Periodic recertification can address these concerns. **(Minutes of the Third Meeting, February 1, 2013)**

Research and Documentation Available on Quality of Care:

- Complete citations for the sources provided to the technical review committee members relevant to this issue can be found on the credentialing review link at http://dhhs.ne.gov/licensure/Pages/credentialing-review.aspx. What follows is a sampling of sources relevant to this issue to assist those who want to explore this issue further, inclusive of sources from both opponents and proponents of the proposal:
  - **"18-Year Review of Outcomes"**:
    This study provides evidence supporting an expanded role for APRN-NPs. The study concludes that nurse practitioners provide safe, effective, high-quality care. The study argues that nurse practitioners should play a greater role in the provision of health care. It goes on to say that current restrictions on nurse practitioner practice should be modified to allow for this expanded role.

  - **"Quality of Nurse Practitioner Practice"**:
    This is an annotated bibliography of eighteen studies on the quality of nurse practitioner care across the United States.

  - **"Advanced Practice Nurse Outcomes 1990-2008"**:
    This systematic review of nurse practitioner outcomes supports the idea that nurse practitioners provide safe, effective, and high quality care. It supports the idea that nurse practitioners in partnership with physicians play a major role in health care. Health professionals need to move forward with more collaborative models of care delivery if national health goals are to be realized. The study clarifies that advancement of nurse practitioners should occur within the framework of collaborative practice with physicians.

  - **"Nurse Practitioners as an Underutilized Resource for Health Reform: Evidence-Based Demonstrations of Cost-Effectiveness"**:
    This paper combines economic analysis and reviews of published literature to show how the goals of healthcare reform can be met by

allowing nurse practitioners the independence to provide their services directly to patients in a wide variety of healthcare settings. This paper presents evidence that nurse practitioners can provide care that is of equal or even better quality at lower cost than that provided by other health care providers.

- **"Nurse Practitioners are in – and Why You May Be Seeing More of Them"**:
  Predictions for a shortage of family practice physicians are adding to the impetus for a broader role in the nation's health care for nurse practitioners. This article explores the arguments pro and con regarding this trend, and what each side of this issue has at stake. In general, the article concludes that regardless of whose argument is best it is clear that those opposing change are unlikely to emerge victorious in the current political climate wherein thirty million more persons are soon to be clamoring for more health care services as healthcare reform becomes implemented.

- **"Substitution of doctors by nurses in primary care (Review)"** :
  Twenty-five articles on care provided by nurses were reviewed, relating to sixteen studies. In seven of these studies nurses were assigned the responsibility for first contact and ongoing care for all patients. Outcomes varied, but in general, no appreciable differences were found between doctors and nurses in health outcomes for patients, process of care, resource allocation, or cost. These findings suggest that appropriately trained nurses can produce as high a quality of care as can primary care doctors. However, this conclusion should be viewed with caution given that in only one of these studies was an attempt made to assess equivalence of care between doctors and nurses.

- **Letter from Dr. Richard Blatney, Sr., M.D., dated March 28, 2013**: This letter states that there is a shortage of board-certified psychiatrists to care for patients with acute psychotic conditions and exacerbations of their known mental illnesses. The letter also states that, because of this shortage of providers, patients with acute mental illness must be hospitalized in a major city in order to receive the care they need. The letter goes on to say that there is a place for psychiatric nurse practitioners to assist psychiatrists, but that they lack sufficient education and training to practice independently, and that supervision must continue for reasons of patient safety and protection. The letter cited an example of harm to patients that occurred at a nursing home that Dr. Blatney believes was associated with care delivered by psychiatric nurses.

5) What is the education and training of nurse practitioners?

Applicant Comments:

- Educators informed the committee members that clinical practicum hours range from 500 to 650 hours in nurse practitioner training programs in Nebraska, with about one thousand total clinical hours for doctoral programs. Some programs are available on-line. Some grade on performance, some use written tests. Typically, a grade of at least a 'B' is required. Continuing education must be focused on core competencies. All programs must be nationally accredited, and some clinical training requires national certification. **(Minutes of the Third Meeting, February 1, 2013)**

Opponent Comments:

- The committee members were informed that the minimum number of clinical hours for a physician is about twelve thousand hours, and that some physicians acquire sixteen thousand hours of clinical experience before entering practice, whereas most nurse practitioners have a mere one thousand clinical hours or less when entering practice. This discrepancy is a concern if nurse practitioners become completely independent because a total of one thousand clinical hours or less is not sufficient for a practitioner to practice safely and effectively as an independent practitioner. **(Minutes of the Third Meeting, February 1, 2013)**

Research and Documentation Available on the Education and Training of Nurse Practitioners:

- Complete citations for the sources provided to the technical review committee members relevant to this issue can be found on the credentialing review link at http://dhhs.ne.gov/licensure/Pages/credentialing-review.aspx. What follows is a sampling of sources relevant to this issue to assist those who want to explore this issue further, inclusive of sources from both opponents and proponents of the proposal:
  - **"Clinical Outcomes: The Yardstick of Educational Effectiveness"**: This article makes comments comparing physician and nurse practitioner education and training. It asserts that, although there are differences between these two professional categories in education and training, there is no evidence to suggest that one is superior to another in terms of patient outcomes or the safety and quality of care provided.

  - **"Sample Curricula: Creighton University School of Nursing Program of Study—Master of Science in Nursing, Adult Acute Care Nurse Practitioner—Doctor of Nursing Practice, Adult Nurse Practitioner"**: A list of graduate courses by year and semester and degree program.

  - **"Education and Certification of Advanced Practice Nurse Practitioners"** :
    This paper presents aspects of nurse practitioner education and training including accreditation processes, description of graduate and undergraduate programs, clinical hour requirements, competency

assessment processes, the primary care certification process, and recertification for nurse practitioners.

- **"Do You Know Your Doctor?"**:
  This table compares the education and training of the following professions: medical doctors, osteopaths, audiologists, optometrists, nurse practitioners, nurse anesthetists, naturopaths, podiatrists, psychologists, and midwives.

- **"Educator Perspective"**:
  This letter briefly describes the history of the nurse practitioner movement. It also summarizes core components of nurse practitioner education and training, including board certification specialty training available to nurse practitioners. The article comments on qualities and characteristics of this education and training that cut across the variety of specialty programs such as the following: its emphasis on inter-professionalism, team-based care, inter-professional autonomy and mutual respect across professional lines.

- **"CU Undergraduate Nursing Curriculum"**: a description of course requirements by semester over a four year time period.

- **"Cramer Testimony"**: includes tables showing the nursing graduate curricula at the University of Nebraska Medical Center.

- **Letter from Dr. Richard Blatney, Sr., M.D., dated March 28, 2013**: This letter states that there is a shortage of board-certified psychiatrists to care for patients with acute psychotic conditions and exacerbations of their known mental illnesses. The letter states that, because of this shortage of providers, patients with acute mental illness must be hospitalized in a major city in order to receive the care they need. The letter goes on to say that there is a place for psychiatric nurse practitioners to assist psychiatrists, but that they lack sufficient education and training to practice independently, and that supervision must continue for reasons of patient safety and protection. The letter cited an example of harm to patients that occurred at a nursing home that Dr. Blatney believes was associated with care delivered by psychiatric nurses.

Part Five: Technical Committee Actions

Committee Actions on the Six Scope of Practice Criteria:

The committee members took action on each criterion by voting on whether the proposal satisfies the criterion or not. Committee actions on each criterion were as follows:

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.

Action taken: A majority of committee members agreed that the proposal satisfies this criterion. Voting yes were Baldwin, Naiberk, Shickell, Wyrens, Bassett, and Douglas. There were no nay votes. Ms. Coleman did not vote.

Comments from the committee members:

- Nurse practitioners have a history of quality care and that it matches the quality of care provided by physicians.
- There is a great need in Nebraska for more nurse practitioners to meet the service needs of underserved populations, especially in rural areas of our state.

Criterion Two: Enactment of the proposed change in scope of practice would benefit the health, safety, or welfare of the public.

Action taken: A majority of committee members agreed that the proposal satisfies this criterion. Voting yes were Wyrens, Bassett, Douglas, Naiberk, Baldwin, and Shickell. There were no nay votes. Ms. Coleman did not vote.

Comments from the committee members:

- There is a great need for more nurse practitioners in Nebraska, particularly in the area of mental health care.

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.

Action taken: A majority of committee members agreed that the proposal satisfies this criterion. Voting yes were Baldwin, Naiberk, Shickell, Wyrens, Bassett, and Douglas. There were no nay votes. Ms. Coleman did not vote.

Comments from the committee members:

- The current oversight mechanism is a failure.
- No testimony was presented to indicate that nurse practitioner care is less effective or more costly than is physician care.
- The harm stems, not from the proposal, but from the current situation in which qualified nurse practitioners are left unable to practice because they could not find a physician to sign a practice agreement with them.

Criterion Four: The current education and training for the health profession adequately prepares practitioners to perform the new skill or service.

Action taken: A majority of committee members agreed that the proposal satisfies this criterion. Voting yes were Douglas, Bassett, and Baldwin. Voting no were Wyrens, Naiberk, and Shickell. Ms. Coleman voted yes to break the tie.

Comments from the committee members:

- The education and training of nurse practitioners is adequate to satisfy this criterion.
- Concern was expressed about the ability of new nurse practitioners to practice independently, and that there is a need for greater assurance of competency from these practitioners.
- Nurse practitioners are not trained to the level of physicians.
- Many graduating nurse practitioners leave Nebraska because of the restrictions on practice in our state, and that passing this proposal would help to turn this around.

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.

Action taken: A majority of committee members agreed that the proposal satisfies this criterion. Voting yes were Bassett, Baldwin, and Douglas. Voting no were Shickell, Naiberk, and Wyrens. Ms. Coleman voted yes to break the tie.

Comments from the committee members:

- One committee member commented that he was comfortable with the proposal in this regard.

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.

Action taken: A majority of committee members agreed that the proposal satisfies this criterion. Voting yes were Baldwin, Douglas, Naiberk, and Bassett. Voting no were Wyrens and Shickell. Ms. Coleman did not vote.

Comments from the committee members:

- Independent practice for this group could result in less oversight and interaction with physicians.
- The Advanced Practice Board should be able to assess who is practicing competently and who is not**.**

Committee Action on the Entire Proposal:

The committee members took action on the entire proposal after they have completed their actions on the six criteria.

Action taken: A majority of committee members agreed to recommend that the proposal be enacted by the legislature.

Voting yes were Baldwin, Naiberk, Shickell, Wyrens, Bassett, and Douglas. There were no nay votes. Ms. Coleman did not vote.

Comments from the committee members:

- The committee members indicated that they had no additional comments beyond what they had already stated earlier in the voting procedures.

Ancillary Recommendations:

The committee members discussed ideas for ancillary recommendations.

Action taken: A majority of committee members supported the idea that 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. This idea was unanimously approved by the committee members.

Comments from committee members:

This ancillary recommendation arose out of concerns expressed by some members of the Committee regarding the potential impact of the proposal on newly credentialed nurse practitioners who are beginning to enter the practice.