FINAL Report of Preliminary Findings and Recommendations

By the

Technical Review Committee for the

Review of an Application on

Nurse Practitioners

To the

Nebraska Board of Health,

the Director of Health,

and the

Nebraska Legislature

October 29, 1993

Introduction

The Nebraska Credentialing Review Program, established by the Nebraska Regulation of Health Professions Act (LB 407) in 1985, is a review process advisory to the Legislature which is designed to assess the necessity of the state regulation of health professionals in order to protect the public health, safety, and welfare.

The law directs those health occupations seeking credentialing or a change in scope of practice to submit an application for review to the Director of Health. At that time, an appropriate technical committee is formed to review the application and make recommendations after a public hearing is held. The recommendations are to be made on whether the health occupation should be credentialed according to the four criteria contained within Section 71-6221 Nebraska Revised Statutes; and if credentialing is necessary, at what level. The relevant materials and recommendations adopted by the technical committee are then sent to the Board of Health and the Director of Health for their review and recommendations. All recommendations are then forwarded to the Legislature.

The members of the Nurse Practitioners Technical Review Committee were appointed by Mark B. Horton, M.D., M.S.P.H., Director of Health. They are listed below:

Bruce Gilmore, P.E., Committee Chairperson;
Engineer, Gilmore & Associates; Member of the
Nebraska Board of Health (Columbus)

Linda Ament, R.N., Director, Home Health Care Agency,
Beatrice Community Health Center (Beatrice)

Richard Blatny, M.D., Self-employed physician (Fairbury)

Diane Lesh, R.N., M.S.N., Associate Professor, Graduate
Faculty in the Family Nurse Practitioner Program,
University of Nebraska Medical Center, College of
Nursing (Omaha)

Priscilla Pekas, Inside Sales Manager, Marshalltown
Instruments (Hastings)

Vi See, Executive Director, Homestead Girl Scout
Council (Lincoln)

Roger Wells, P.A.C., Physician Assistant, Family
Practice Clinic (St. Paul)

Summary of Committee Conclusions and Recommendations

The members of the Nurse Practitioners Technical Review Committee recommended against the applicants' proposal to change their scope of practice by eliminating the requirement that a nurse practitioner have a practice agreement with a collaborating physician as a prerequisite to practice.

The committee members approved a motion stating that a nurse practitioner could practice in an advanced role with a collaborative practice agreement, and that the committee encourages the Nurse Practitioner Association and medical organizations to pursue discussions on how to implement such a system.

Summary of the Proposal

The applicant's proposal seeks to change the statute that regulates their profession in such a way as to eliminate the requirement for a practice agreement and to identify the scope of practice in statute including prescribing legend and controlled substances and dispensing incident to practice, which is now identified in the practice agreement. The proposal requires that the nurse practitioner complete as part of their basic nurse practitioner program or prior to licensure an advanced level pharmacology course. The proposal outlines a system for continued competency which includes a peer review process implemented by the Nurse Practitioner Advisory Council, 40 hours of continuing education, 10 of which must be in pharmacology, and 2080 hours of practice within the previous five years. The proposal seeks to require a minimum of a masters degree in nursing beginning in 1994, except that women's health and neonatal specialties will meet these requirements in the year 2000. The proposal requests to change the credential received by the nurse practitioner from a certificate to a license.

Committee Discussion on Issues Raised by the Proposal

Comments on the Current Practice Situation of Nurse Practitioners

Comments by the Proponents:

Applicant group testifiers stated that the principal problem with the current practice situation of nurse practitioners in Nebraska is the requirement that nurse practitioners must have a practice agreement with a collaborating physician in order to practice. The applicants informed the committee members that this requirement ties each nurse practitioner to the practice of a particular physician, which means that, if a given community does not have a physician, it will, in effect, be denied access to the services of a nurse practitioner as well. (Letters to the committee members from Maricarolyn Rucker, R.N.; Claretta Munger, C.P.N.P.; and Kathy Murphy, R.N.)

The applicants informed the committee members that it is difficult for nurse practitioners to get a medical doctor to agree to form a practice agreement due to physician concerns about being liable for what nurse practitioners do. (Letter to the committee members from Rosalee Yeaworth, Ph.D.) Because of such concerns physicians attempt to maintain control of nurse practitioner practice through complex and elaborate protocols which often restrict the services that nurse practitioners can provide, and which vary greatly from one practice agreement to another. The applicants stated that this lack of a standardized scope of practice adds to the public's confusion regarding what nurse practitioners do. (Letter to the committee members from Claretta Munger, C.P.N.P.)

The applicants stated that declining numbers of medical doctors in rural areas of Nebraska compounds problems of access to nurse practitioner services under the present practice situation because fewer and fewer

doctors in rural areas means fewer and fewer nurse practitioners practicing in these areas as well. The applicants stated that the removal of the requirement for the practice agreement would at least allow for the continuance of nurse practitioner services in remote rural areas of Nebraska.

The applicants submitted maps showing medically-underserved areas in Nebraska as well as maps showing the current distribution of nurse practitioners in the state. The applicants stated that these maps reveal that many nurse practitioners already live and work in chronically underserved areas, and that eliminating the practice agreement would help to improve access to their services, especially in areas where there are no medical doctors at all. (The Transcript of the Public Hearing, pages 15-16; and the Minutes of the Fourth Meeting of the Committee, October 14, 1993) There are ten people who were unable to get practice agreements, and in one instance it took four years to get a practice agreement. (Testimony from Maricarolyn Rucker, R.N.; Claretta Munger, C.P.N.P.; Rosalee Yeaworth, R.N.; Paula Witt, R.N.; Pat Hoidel, R.N.; Thomas Cotton, M.D.; and Richard Nation) There were four persons who said increased access to health care with documentation of improved outcomes has occurred as a result of employing nurse practitioners in underserved areas. (Testimony from Maurine McTyre-Watts, M.S.N.; Claretta Munger, C.P.N.P.; Mary Kay Meagher, C.P.N.P.; and Thomas Cotton, M.D.)

The applicants stated that the elimination of the practice agreement would free nurse practitioners to go wherever their services were needed without having to be concerned about whether there is a medical doctor in a given underserved area that is willing to sign a practice agreement. Additionally, the applicants stated that under the proposal no nurse practitioner could be deprived of an opportunity to practice simply because

they could not find a physician willing to sign a practice agreement. (The Transcript of the Public Hearing, pages 14-15; and the letter to the committee members from Claretta Munger, C.P.N.P.)

The applicants stated that their proposal would clarify the liability situation vis-a-vis medical doctors. The applicants stated that the proposal would free medical doctors from being liable for what nurse practitioners do, and would as a result, remove a major impediment to effective cooperation between nurse practitioners and medical doctors. (The Transcript of the Public Hearing, page 35)

Opponent Comments on the Current Situation:

Testifiers for those opposed to the proposal acknowledged that there is indisputable evidence that access to health care is a serious problem in rural areas of the state, but stated that the applicants proposal neither provides an appropriate answer to these problems nor demonstrates reasons for these access problems. During the review process the opponents stated that they do not believe that the current practice agreement is the source of the access problems identified in the applicants' proposal, and consequently do not believe that the elimination of the practice agreement would be a solution to these problems. The opponents went on to state that the proposal represents, in-and-of-itself, a new source of potential harm to the public health and welfare.

Opponent testifiers stated that the problem of access to nurse practitioner services in rural areas is more complex than the proposal indicates, and that one must look at economic, demographic, and systemic variables to understand this problem. The opponents stated that to focus on the practice agreement as if it were the key to these problems is simplistic thinking, and that this kind of thinking has lead the applicant group to

create a proposal that constitutes a "quick fix" to the complex problem of physician shortage. (The Transcript of the Public Hearing, page 72)

Opponent testifiers stated that one reason why access to nurse practitioner services in Nebraska is a problem is the open-ended nature of nurse practitioner practice. The opponents stated that some physicians are reluctant to work with nurse practitioners because they are not sure what health care services nurse practitioners provide or exactly what education and training they have had to provide care. Some physicians are concerned that they would be liable for what nurse practitioners do without being able to effectively monitor and control what they do. The opponents argued that the removal of the practice agreement would worsen this situation because it would accentuate concerns about the open-endedness of nurse practitioner scope of practice without significantly allaying physician concerns about being liable for what nurse practitioners do. (The Minutes of the Fourth Meeting of the technical committee, October 14, 1993)

Some opponent testifiers informed the committee members that what is needed to improve access to care in medically-underserved areas is to support initiatives to increase the utilization of the services of all mid-level practitioners including PAs, NPs, and CNMs. These testifiers stated that the best way to do this is through the creation of satellite clinics which are based upon teams of cooperating health professionals cooperating under the direction of a supervising physician. These testifiers went on to express the concern that the current nurse practitioner proposal would be antithetical to a team approach because it focuses attention on the aspirations of one profession to achieve professional independence rather than focusing on how best to work with other health care professionals to achieve good care for those who live in medically-underserved areas. (The Minutes of the Fourth Meeting of the technical committee, October 14, 1993;

the Letter from Dr. Morris Mellion, M.D.; and the Letter from Dr. Verlin Janzen, M.D.)

A neutral testifier stated that continuation of a formal relationship between medical doctors and nurse practitioners is essential to the provision of health care in sparsely-populated areas because this helps maintain a team approach to care. (Letter from William A. Shiffermiller, M.D., member of the Board of Medicine and Surgery)

Some opponent testifiers stated that in the long run the problem of access to primary care in rural Nebraska will be solved by an increase in the number of family and general practitioners, and that health care reform will provide an impetus in this direction in the near future. These testifiers stated that there are already indications that medical students are showing greater interest in primary care than they have in the past. (The Minutes of the Fourth Meeting of the technical committee, October 14, 1993)

Comments on the Applicants' Proposal

Opponent Commentary:

Opponent testifiers expressed concerns about the implications of the proposal for the cost, quality, and access to the services of nurse practitioners. These testifiers expressed concern about what they perceive as the potential of the proposal for fragmenting rural health care systems in Nebraska. (Letter from Morris Mellion, M.D.)

Opponent testifiers expressed the concern that nurse practitioner education and training does not adequately prepare them to independently provide primary care. These testifiers informed the committee members that nurse practitioner education is of no more than two-years duration, whereas a physician prepares for seven years to be able to safely and effectively provide primary care. These testifiers informed the committee members that nurse practitioner education is heavily focused on preventive care and health care maintenance, and that it is not as heavily focused as it needs to be on underlying physical pathology, physiology, and diagnostic methodology to enable nurse practitioners to function safely and effectively as independent primary care providers. These testifiers felt that nurse practitioners are ill-prepared to deal with emergency situations that would surely arise if they were independent care givers. (Letters from Morris Mellion, M.D.; and Verlin Janzen, M.D.)

Opponent testifiers were skeptical of applicant claims that nurse practitioner services are more cost-effective than those of medical doctors, and that the proposal would promote the growth of nurse practitioner services in rural Nebraska. These testifiers stated that because general practitioners handle far more of their patient's problems themselves than do nurse practitioners, general practitioners services are more cost-

effective. Several opponent testifiers submitted information showing that nurse practitioners handle less than thirty-percent of patient problems without referring, whereas, general practitioners handle ninety to ninety-five percent of their patients' problems without having to make a referral. These opponent testifiers informed the committee that referrals drive up the cost of care and are an added inconvenience to patients, and that the best kind of primary care is that which takes care of as many patient problems as possible at the portal of entry. These testifiers felt that the best way to promote cost-savings in health care is through a team approach that provides comprehensive care at one locale through the cooperative efforts of many different kinds of providers rather than focusing on the unique roll of one particular type of provider. These testifiers felt that the current legal situation of nurse practitioners is more consistent with a team approach than would be the situation the proposal would create. (Letters from Morris Mellion, M.D.; and Verlin Janzen, M.D.)

Opponent testifiers responded to comments in a study by the Office of Technology Assessment which indicated that nurse practitioner services were more cost-effective than those of physicians by stating that OTA data was generated prior to recent Medicare reimbursement changes for providers, that the OTA data lacked an appropriate case-mix, and that it preceded the development of sophisticated measures on patient outcome. (The Transcript of the Public Hearing, page 67)

Opponent testifiers stated that applicant group claims that nurse practitioners can deliver more cost-effective care by virtue of smaller medical liability premiums are also flawed because as nurse practitioners acquire the same kind of responsibilities as medical doctor the cost of their liability insurance will increase significantly. (The Transcript of the Public Hearing, page 67)

Opponent testifiers argued that the proposal if passed could actually decrease access to nurse practitioner services in rural areas of Nebraska. These testifiers informed the committee members that a recent study on nurse practitioners in the state of North Carolina indicates that independent practice has resulted in an exodus of nurse practitioners from the rural areas of that state to the cities and suburbs. These testifiers stated that those factors that have made urban practice attractive for nurse practitioners in North Carolina will also make it attractive to nurse practitioners in Nebraska once they become independent practitioners. (The Transcript of the Public Hearing, page 66)

Comments and Responses by the Proponents:

Testifiers for the applicant group informed the committee that the members of their profession possess the education and training to practice independently and to have prescriptive authority. These testifiers informed the committee members that nurse practitioners are RNs that possess many years of experience, and in addition, have advanced academic and clinical preparation in a specialized area of care. There were 15 research articles referenced in the Appendices of the application pertinent to the cost-effectiveness and qualty of care by nurse practitioners. These testifiers informed the committee that the basic professional preparation of a nurse practitioner includes advanced instruction in pharmacology which includes the pharmacodynamic properties of medications, the potential for adverse drugs reactions, drug therapy, methods of drug management during both initial and chronic use of medications, and prescribing medications. Applicant group representatives informed the committee members that nurse practitioners acquire many years of experience in administering drugs and monitoring patient reactions to drugs. The applicants informed the

committee members that nurse practitioners are trained not to prescribe any type of medication that is beyond their area of expertise. (The Transcript of the Public Hearing, pages 12-13)

One applicant testifier stated that because of their extensive experience in dealing with patient's problems, and the way they interact with patients, nurse practitioners are more likely to detect a patient's health care problems than are most other health care providers. (The Transcript of the Public Hearing, page 20) Members of the public informed the committee members that nurse practitioners spend more time with patients than do medical doctors and make an extra effort to help the patient. (Letter from Sharon Lohrman to the committee members; and the Transcript of the Public Hearing, page 48)

Applicant testifiers responded to opponent comments on nurse-practitioner education by stating that nurse-practitioner education is focused on developing skills in the area of preventive care and health maintenance rather than in the treatment of complex health problems, and that this accounts for the shorter duration of their education and training as compared to that of physicians. These testifiers informed the committee members that they are not trained to perform invasive procedures such as minor surgery or radiography, and that nurse practitioners are trained to refer when invasive procedures are indicated. (The Transcript of the Public Hearing, pages 18 and 71)

Applicant testifiers responded to opponent comments on the supposed need for the continuation of medical supervision within the context of the current practice agreement by informing the committee members that the extent of actual monitoring of nurse practitioners by medical doctors under current requirements varies greatly depending on the comfort level of the collaborating physician. The applicants informed the committee members that

the current statute does not specify an amount of time that a nurse practitioner must spend with a collaborating physician, nor is there a legal requirement for a collaborating physician to sign the charts of a nurse practitioner. The current statute simply requires availability of nurse practitioners for consultation and direction related to a delegated medical function. The applicants illustrated the haphazard nature of their current regulatory situation by stating that some physicians insist on direct supervision of nurse practitioners, while other physicians are satisfied with the equivalent of general supervision; some physicians do actually insist on reading every chart, while others read only a sample of them and others don't read any at all. (The Transcript of the Public Hearing, page 18) The applicants stated that this illustrates that current statutes mandating a practice agreement for nurse practitioners have not created a uniform or standardized regulatory environment for this profession, nor have they established a clearly-defined scope of practice.

The applicants stated that their proposal would, for the first time in Nebraska, create a clearly-defined scope for this profession with clearly-defined standards of practice that are uniformly enforceable. The applicants stated that the practice agreement once signed has little or no impact on the practices of either the nurse practitioner or the physician, and that the elimination of this superfluous requirement would in no way harm the public health and safety. (The Transcript of the Public Hearing, pages 48-49)

The applicants stated that the removal of the practice agreement would be a great benefit to the public because such action would eliminate a barrier to practice for nurse practitioners, and would enable them to establish practices whenever and wherever they are needed. The applicants informed the committee members that under the current situation it

frequently takes months or years to find a physician who is willing to sign a practice agreement, and that in some instances nurse practitioners have been unable to establish a practice because they have not been able to find a physician willing to sign a practice agreement. (The Transcript of the Public Hearing, pages 30-31 and 48-49)

The applicants responded to opponent concerns regarding the possible impact of the proposal on the geographical distribution of nurse practitioner services in Nebraska by stating that nurse practitioners are already living and working in rural Nebraska and that many of them have established families in rural communities. The applicants informed the committee members that preference is given in nurse practitioner training programs to students who live and work in rural areas so as to increase the chances that they will stay in rural Nebraska. (The Transcript of the Public Hearing, pages 16-17) Another applicant testifier commented on this same subject by stating that the establishing of independent practice for CRNAs has not produced an exodus of CRNAs from rural Nebraska to urban areas of the state. (The Transcript of the Public Hearing, pages 36-37)

Applicant group testifiers responded to opponent assertions that the proposal would not address physician concerns about being liable for nurse practitioners by stating that nurse practitioners already have their own malpractice insurance, and that the proposal would make nurse practitioners solely liable for their own actions. The applicants added that information they have from the State of Oregon which has established independent practice for nurse practitioners indicates that medical doctors there are very supportive of independent nurse practitioner practice, and that nurse practitioners in that state have been give hospital privileges. (The Minutes of the Fourth Meeting of the technical committee, October 14, 1993)

The applicants responded to some of the opponent comments on the cost-

effectiveness of nurse practitioner services by stating that there can be no doubt that making it possible for nurse practitioners to practice in counties that currently have no physicians would be cost-effective for those who live in such chronically-underserved areas. (The Minutes of the Fourth Meeting of the technical committee, October 14, 1993)

Applicant testifiers responded to opponent comments on the potential of the proposal to fragment services in rural areas by stating that under the terms of the proposal nurse practitioners would, as they do now, function as members of a health care team, referring to other providers when indicated, and using referral networks that, in many instances, are already in place. The applicants stated that nothing in the current proposal would mitigate against the concept of a team approach to health care in rural areas. (The Transcript of the Public Hearing, page 34)

Committee Conclusions and Recommendations

At their fourth meeting the committee members formulated their recommendations on the proposal. The discussion at this meeting focused on the proposed scope of practice for nurse practitioners. Some committee members expressed concern that there is a need for the applicants to more clearly define the limits of the proposed nurse practitioner scope of practice so as to provide assurance that this proposed scope is safe. These committee members also expressed concern about how nurse practitioners would be monitored under the terms of the proposal. One committee member expressed skepticism regarding the ability of the proposed nurse practitioner advisory committee to maintain control over what individual nurse practitioners actually do, and stated that he sees the apparent "open-endedness" of the proposal as a source of potential harm to the public. This committee member stated that comments by the applicants to the effect that they have no intention of providing services that exceed their education and training do not provide the public with adequate assurance that some individual nurse practitioners might not go beyond what they are qualified to do. This committee member stated that the applicants need to specifically define the limits of their proposal vis-a-vis minor surgery, radiography, and prescriptive authority, for example, as well as more clearly define how any limits to the scope would be monitored and enforced.

The applicant group representative on the committee responded to these comments by stating that the proposed nurse practitioner advisory council would have the authority to enforce guidelines, and that this council would operate under the authority of both the Board of Medicine and the Board of Nursing. The applicant representative also stated that the proposed scope of practice would differ from the current scope only in that it would

eliminate the practice agreement and would put nurse practitioners prescriptive authority in statute from the practice agreement. This representative stated that nurse practitioners would not be allowed to do minor procedures or radiography unless they received specific competencies in these areas, and that these would be beyond the typical scope of nurse practitioner licensure.

One committee member expressed concern regarding the ability of nurse practitioners to recognize the symptoms of serious health care problems. This committee member stated that nurse practitioners are trained in preventive care under a nursing model rather than under a medical model, and expressed concern that this kind of training would not adequately prepare nurse practitioners to independently diagnose complex health care problems of their patients. The applicant representative responded that nurse practitioners are well versed in screening for health problems and are sufficiently trained to make an appropriate referral. This representative added that the applicant group is not attempting to substitute nurse practitioner services for those of medical doctors in remote rural areas, and that nurse practitioners would continue to provide the same kinds of services that they currently provide, and would do so within the same kinds of referral networks as they do now. The only difference would be that nurse practitioners could locate their practices where they are needed, when they are needed, without the unnecessary complication of the practice agreement.

One committee member then stated that he did not believe that the practice agreement is the source of the problem of access to the services of nurse practitioners. This committee member stated that in his opinion the source of these problems lies in the legitimate concerns that medical doctors have regarding what nurse practitioners are doing, and whether or

not their services can be monitored and controlled. This committee member went on to state that the proposal would not alleviate these concerns, but rather would accentuate them due to the fact that independence for nurse practitioners would make their services even more difficult to monitor and control. This committee member stated that independent practice for nurse practitioners would not necessarily mean that medical doctors would no longer be liable for what nurse practitioners do. This committee member stated that if a nurse practitioner has to refer because of some unforeseen problem, the problem would then become the responsibility of the physician who accepts the referral. This physician would then assume liability for this patient if the physician would at a later date refer the patient back to the nurse practitioner.

The applicant representative responded by stating that they have presented evidence that shows that the practice agreement is the problem, and cited the maps of physician and nurse practitioner distribution to support this viewpoint. One committee member responded to this by stating that the maps do not demonstrate very clearly the applicants contentions regarding access to care, and stated that the applicants need to present more statistical evidence to support their contentions. This committee member added that there is no way to know whether persons living in remote rural areas are even aware of the services provided by nurse practitioners, or whether they would be willing to utilize their services even if they are aware of them.

One committee member expressed concern about nurse practitioners who would establish free-standing clinics in remote rural areas where there are no physicians. This committee member asked whether nurse practitioners in these situations might not be perceived by local residents as being able to provide the same functions as a physician, and if so, what implications this

would have for public health and safety.

The applicant representative informed the committee members that nurse practitioners have an excellent record vis-a-vis malpractice, and that national statistics demonstrate that they have one of the lowest incidences of malpractice. One committee member commented that the statistics cited in this proposal indicate that there are greater incidences of malpractice for nurse practitioners than for registered nurses, and that this suggested to him that independent practice might be the factor in explaining this variation. The applicant representative responded that this variation probably does not indicate anything of statistical significance because of the numbers in question are so minuscule.

The committee members then decided that they were ready to vote on the first criterion which in this case asks the committee members to determine whether there is harm to the public inherent in the current practice situation of nurse practitioners. Diane Lesh moved that the proposal satisfies the first criterion. Linda Ament seconded the motion. Voting aye was Lesh. Voting nay were Ament, Blatny, Pekas, See, and Wells. Chairperson Gilmore abstained from voting. By this vote the committee members determined that the proposal does not satisfy the first criterion, and that they were not going to recommend in favor of the proposal. Comments by committee members indicated that a majority of the committee members were not convinced that the practice agreement is a source of harm to the public. One committee member stated that access to care is an issue that spans many health professions, not just nurse practitioners, and that the reasons for such access problems are complex, and multi-factorial.

Priscilla Pekas moved that the proposal satisfies the second criterion which in this case asks the committee members to determine whether the proposal creates significant new harm to the public. Vi See seconded the

motion. Voting aye were Ament, Lesh, Pekas, and Gilmore. Voting nay were Blatny, See, and Wells. By this vote the committee members determined that the proposal satisfies the second criterion. Those with concerns about the proposal stated that the scope of practice is too "wide-open," and that the disciplinary aspect needs to be clarified.

Diane Lesh moved that the proposal satisfies the third criterion which in this case asks committee members to determine whether the proposal would benefit the public health and welfare. Vi See seconded the motion. Voting aye were Ament, Lesh, See, and Wells. Voting nay was Blatny. Priscilla Pekas and Bruce Gilmore abstained from voting. By this vote the committee members determined that the proposal satisfies the third criterion. Several committee members stated that they were supportive of what nurse practitioners were trying to do, and felt that the public would benefit from their proposal.

Diane Lesh moved that the proposal satisfies the fourth criterion which in this case asks a committee to determine whether the proposal is the most cost-effective means of addressing the problems identified in the application. Priscilla Pekas seconded the motion. Voting aye was Lesh. Voting nay were Wells, See, Pekas, Blatny, and Ament. Chairperson Gilmore abstained from voting. By this vote the committee members determined that the proposal did not satisfy the fourth criterion. A majority of the committee members stated that they were not convinced that removing the practice agreement would have a significant impact on access to the services of nurse practitioners.

The committee members then made three ancillary recommendations. Linda Ament moved and Vi See seconded that a nurse practitioner could practice in an advanced role with a collaborative practice agreement, and that the committee encourages the Nurse Practitioner Association and medical

organizations to pursue discussions on how to implement such a system. The committee also recognizes the need for greater awareness on the part of medical doctors and the public of the positive aspects of nurse practitioner practice. Voting aye were Ament, Blatny, Pekas, See, and Wells. Voting nay was Lesh. Chairperson Gilmore abstained from voting.

Diane Lesh moved and Linda Ament seconded that a Registered Pharmacist be added to the Nurse Practitioner Advisory Board and that the committee members recommend that dispensing by nurse practitioners be clearly delineated in the rules and regulations. Voting aye were Wells, See, Pekas, Lesh, Blatny, and Ament. Chairperson Gilmore abstained from voting.

Dr. Blatny moved and Priscilla Pekas seconded that individuals in the Department of Health went beyond Department guidelines in providing information to the committee. The committee members were concerned about a letter submitted by the Office of Rural Health of the Department of Health which the committee members felt presented biased commentary on the proposal. In the future, all information provided by the Department should be in accordance with policy guidelines with respect to an application. Voting aye were Ament, Blatny, Lesh, Pekas, See, and Wells. Chairperson Gilmore abstained from voting.

Overview of Committee Procedures

The members of the Nurse Practitioners Technical Review Committee met for their first meeting on August 12, 1993, in Lincoln in the Nebraska State Office Building. At this meeting, credentialing review staff described the duties and responsibilities of committee members under the credentialing review process. Staff discussed the charge to the committee, the four criteria of the Nebraska Regulation of Health Professions Act, and other procedural aspects of conducting a successful review of a credentialing proposal.

The second meeting of the committee was held on August 26, 1993, in Lincoln in the Nebraska State Office Building. After studying the proposal and other relevant materials compiled by staff and submitted by interested parties between meetings, the committee members formulated a set of questions and issues they felt needed to be addressed at the public hearing. Contained within these questions and issues were specific requests for information that the committee members felt was needed before any recommendations could be made.

The committee members convened on September 15, 1993, in Lincoln in the Nebraska State Office Building for their public hearing. The applicants and other testifiers were given the opportunity to express their views on the proposal and the questions and issues raised by the committee members at their second meeting. Interested parties were given ten days to submit final comments to the committee members.

The committee members met for their fourth meeting on October 14, 1993, in Lincoln in the Nebraska State Office Building. At this meeting the committee members formulated their recommendations on the proposal by taking action on each of the four criteria of the credentialing review statute that

are pertinent to proposals for a change in scope of practice. The committee members decided not to recommend approval of the applicants' proposal. The votes on the criteria are contained on pages 20 and 21 of the report. The voting on other ancillary recommendations are contained on pages 21 and 22.