FINAL REPORT OF RECOMMENDATIONS AND FINDINGS

By The Technical Review Committee for the
Review of the Application for a Change in Scope of
Practice by the Podiatrists of Nebraska

To The Nebraska State Board of Health,
The Director, Department of HHS Regulation and Licensure,
The Legislature

April 1, 1999

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 Health and Human Services Department of Regulation and Licensure. The Director of this agency will then appoint 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 four 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 agency 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.

PODIATRIC MEDICINE TECHNICAL REVIEW
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SUMMARY OF THE APPLICANTS' PROPOSAL

The current scope of practice would be expanded to include the diagnosis or medical, physical, or surgical treatment of ailments of the foot, ankle and related governing structures. The applicants clarified that this means everything from the talus bone "on down."

According to a recommendation by an independent commission on podiatric education, which the applicants included in their description of the proposal, podiatric practice should incorporate the foot, the ankle, and soft tissues of the lower leg distal to the tibia tuberosity.

The committee members allowed an amendment to the proposal offered by the applicant group, which states that podiatrists could provide the services associated with the expanded practice only in hospitals and surgical centers. The amendment also stated that the proposal would require that every hospital board or surgical centerboard that reviews the credentials of those who seek surgical privileges would have to include an orthopedic physician as a member.

SUMMARY OF COMMITTEE CONCLUSIONS AND RECOMMENDATIONS

During the fourth meeting of the technical committee review process the committee members took the following actions on the four criteria of the credentialing review statute that deals with scope of practice.

It was moved and seconded that the proposal satisfies the first criterion which asks the committee to determine whether or not there is harm or great potential for harm to the public health and welfare inherent in the current practice situation of the profession in question. The committee members voted three against the motion and two in favor of the motion with one abstention that the proposal does not satisfy this criterion.

It was moved and seconded that the proposal satisfies the second criterion, which asks the committee members to determine whether or not the proposal would create a new source of harm to the public health and welfare. The committee members voted four in favor of the motion and one against the motion with one abstention that the proposal satisfies this criterion.

It was moved and seconded that the proposal satisfies the third criterion, which asks the committee members to determine whether or not the proposal would benefit the public health and welfare. The committee members voted three in favor of the motion and two against the motion with one abstention that the proposal satisfies this criterion.

It was moved and seconded that the proposal satisfies the fourth criterion which asks the committee members whether or not the current proposal would be the most cost-effective means of addressing the harm to the public identified by the applicant group. The committee members voted three against the motion and two in favor of the motion with one abstention that the proposal does not satisfy this criterion.

By virtue of these four votes the committee members decided not to recommend approval of the applicants' proposal since all four criteria must be satisfied for approval of a proposal.

After completing their deliberations on the four criteria, the committee discussed the following ancillary recommendations:

1) The committee members recommended that podiatric post-graduate education be more than one year in duration, and that it be well reviewed with appropriate documentation that the goals of education and training have been met.

2) The committee members recommended to the podiatry profession that it create a uniform standard for podiatric education and training for all aspects of podiatric care.

DISCUSSION OF ISSUES RAISED BY THE PROPOSAL

IS THERE SIGNIFICANT HARM INHERENT IN THE CURRENT RESTRICTIONS ON PODIATRIC MEDICINE SCOPE OF PRACTICE?

Proponent Comments

The applicants stated that current law creates an economic loss for Nebraska citizens. Nebraskans must often travel considerable distances to neighboring states to receive treatment for conditions of the ankle from a podiatrist. Omaha podiatrists refer their patients to podiatrists in Council Bluffs, Iowa, for the treatment of ankle problems and conditions, while podiatrists in western Nebraska refer their patients to podiatrists in Colorado for these problems and conditions. Both of these states have podiatric scopes of practice that are similar to that being proposed by the applicant group. This situation creates inconvenience and increased cost to Nebraska patients. (The Applicants' Proposal, Page 11, Question 21)

The applicants stated that the current restrictions on podiatric scope of practice create a situation wherein patients are receiving less than optimal care which in turn may lead to prolonged disability, pain, and suffering for patients. (The Applicants' Proposal, Page 12, Question 22)

The applicants stated that many orthopedic surgeons in Nebraska do not accept Medicaid patients, whereas most podiatric practitioners do accept Medicaid patients. The applicants stated that this represents an entire population that does not have access to Nebraska health care professionals who treat problems and conditions of the ankle. (The Transcript of the Public Hearing, January 21, 1999, Page 8)

The applicants stated that there is a concern about the quality of care under the current situation because not all orthopedic physicians who can do surgery on the foot and ankle are sufficiently specialized in foot and ankle problems. (The Minutes of the Second Meeting, December 17, 1999)

The applicants stated that the current restrictions on scope of practice unnecessarily interfere with the patient's right to choose a provider. This limitation on the freedom to choose a provider prevents competition, and consequently drives up the cost of services. (The Transcript of the Public Hearing, January 21, 1999, Page 8)

One applicant testifier at the public hearing who practices in central Nebraska stated that because of the current restrictions on scope of podiatric practice, podiatrists in that part of the state must refer patients with complex ankle problems to specialists in Lincoln or Omaha. In another context the committee members were informed that there are only three orthopedic physicians in Nebraska who specialize in the care and treatment of the

foot and ankle. (The Transcript of the Public Hearing, January 21, 1999, Page 31; and the Minutes of the Second Meeting, December 17, 1998)

The applicants stated that the current restrictions on scope of practice make working in Nebraska less appealing for podiatrists, whether they are new graduates or practitioners already established in Nebraska, given that there are thirty-three states that allow a scope of practice similar to that of the proposal. The current proposal seeks to end this "brain drain" and make Nebraska a state where the best-trained podiatrists would consider setting up a practice. (The Applicants' Proposal, Page 14, Question 29)

Opponent Comments

Opponent testifiers stated at the public hearing that the needs of Nebraskans in the area of foot and ankle problems are being adequately addressed under the current practice situation by the various professions involved in foot and ankle care. Opponent testifiers stated that there are adequate numbers of qualified health care professionals in Nebraska including orthopedic surgeons and podiatrists to provide for the surgical care needs pertinent to conditions of the foot and ankle. These testifiers stated that orthopedic surgeons are musculo-skeletal specialists which includes both foot and ankle care. Opponents' testifiers stated that they had not seen any evidence to indicate that there is a significant patient inconvenience or loss of revenue associated with travel to other states for care of ankle conditions. (The Transcript of the Public Hearing, January 21, 1999, Pages 54 and 56)

IS THERE POTENTIAL FOR SIGNIFICANT NEW HARM TO THE PUBLIC HEALTH AND WELFARE ASSOCIATED WITH THE PROPOSED CHANGES IN SCOPE OF PRACTICE?

Opponent Comments

Opponent testifiers stated that the proposed change in scope of practice creates concerns pertinent to public health and safety because:

1) There is no uniformity among podiatry residencies.
2) There are no nationally accepted in-training examinations in podiatry to assess the progress for those doing a podiatric surgery residency.
3) There is no single board in podiatry that offers certification after residency, but rather there are five boards, and these boards have different requirements for qualification for board certification.
4) Educational and training requirements vary from state to state pertinent to the amount of postgraduate residency training that is required.

5) Relying on hospital and clinic credentialing processes to protect the public from harm would not be good public policy. No institutional credentialing process can compensate for a scope of practice that is overly broad pertinent to who is defined as competent to perform surgical procedures. There is too much variation in the educational and training backgrounds of podiatrists to expect facility credentialing committees to be able to assess whether a given podiatrist is qualified to receive hospital surgical procedures.

6) An increasing number of freestanding surgical centers and a greater incidence of office surgery might be among the consequences of passing the proposal. This would be a concern because a meaningful credentialing process to evaluate competency to perform surgery on the ankle would be extremely difficult, if not impossible to implement in these contexts. The opponents commented that there has been a national trend toward out-patient surgery during the 1990's, which highlights their concerns about the impact of the proposal on public health and safety.

(The Transcript of the Public Hearing, January 21, 1999, Pages 45, 46, and 47)

The opponents indicated throughout the review that there is a need to establish practice parameters that would clarify who is and who is not qualified to perform surgical procedures on the ankle. The opponents feel that the current proposal is much too broad, and does not go far enough in providing mechanisms that can ensure that only qualified providers perform surgery on the ankle. The opponents commented that an additional board certification process to cover ankle surgery should be created to provide greater assurance of public protection and safety if podiatrists are allowed to provide this kind of service. **(The Minutes of the Second and Fourth Meetings of the Podiatry Technical Review Committee, December 17, 1999, and March 4, 1999)**

The opponents noted that the proposal does not call for any additional education and training for podiatrists to perform the services that comprise the proposed scope of practice, and commented that neither the basic education of podiatrists nor their postgraduate residencies compare favorably with those of orthopedic physicians. One opponent testifier stated that until recently not all podiatrists were required to complete an undergraduate degree as a requirement for licensure, and that even though an undergraduate degree is now required, there are still

podiatrists in practice who have not completed an undergraduate education. This testifier went on to state that podiatric students do not receive an amount of hours in the basic sciences comparable to that of orthopedic medical students. Other opponent testifiers commented that podiatrists lack the mandatory extensive post-graduate surgical training that orthopedic physicians receive, and that post-graduate training in podiatry varies too greatly in quality and in the amount required. **(The Transcript of the Public Hearing, January 21, 1999, Pages 43 and 44; the Minutes of the Second Meeting, December 17, 1999)**

Proponent Comments

The applicants stated that all podiatrists in Nebraska have the necessary education and training to diagnose and treat conditions of both the foot and the ankle. In addition to their basic education and training, intensive two, three, and four-year residencies have been established to give the podiatrist advanced surgical training in the area of the ankle. There are currently ten podiatrists that have the necessary training to perform surgery on the ankle in Nebraska, and there are additional Nebraskans presently training in multi-year programs who would like to return to Nebraska if they could fully utilize their skills and training in Nebraska. (The Applicants' Proposal, Pages 12 and 13, Questions 24 and 25)

Pertinent to the education and training of podiatrists, one applicant testifier stated that after podiatric medicine graduates finish the DPM requirements, almost all of them seek postdoctoral training, and that most states now require at least one year of postgraduate education. This testifier informed the committee that during this last year the profession has completed a project under the auspices of the American Podiatric Medical Association known as the educational enhancement project. This project has made recommendations that will bring greater standardization of training and education to the profession and the establishment of a model practice act for the profession. (The Transcript of the Public Hearing, January 21, 1999, Page 18 and 21; and the Applicants' Proposal, Page 4, Question 5)

Under the proposed scope of practice, all podiatrists would be allowed to treat both the foot and the ankle medically. However, the applicants stated that not all podiatrists would be treating all conditions that comprise these areas of care. Many podiatrists have self-imposed limitations on their practices consistent with the extent of their education and training, and the extent of their surgical abilities. Under this proposal surgical treatment of the ankle would universally be performed in a hospital or accredited ambulatory surgical center, and hospital privileges would be required before a podiatrist would be allowed to perform this kind of surgery in these settings. In order to get these privileges; a podiatrist must be

approved by a credentialing committee composed entirely of medical doctors. The applicants also stated that the current proposal does not contain any grandfather clause. The applicants indicated that these safeguards ensure that podiatrists who lack the necessary education and training to safely and effectively perform surgical procedures on the ankle would not be allowed to do so. (The Applicants' Proposal, Pages 13 and 14, Question 27 and 28)

One applicant testifier stated that he was not aware of any instance in which establishing the proposed scope of practice in any of the thirty-three states that have adopted this scope has resulted in any significant problems or harm to the public. (The Transcript of the Public Hearing, January 21, 1999, Page 21)

WOULD THE PROPOSAL BE ABLE TO SIGNIFICANTLY IMPROVE ACCESS TO THE SERVICES IN QUESTION AND MAKE THEIR PROVISION MORE COST-EFFECTIVE?

Proponent Comments

The welfare of the public will be enhanced as more podiatrists who have advanced training in foot and ankle treatment are attracted to the state. This will raise the overall quality of care in this area of healthcare. (The Applicants' Proposal, Pages 11, Question 21)

The applicants stated that by increasing the number of available foot and ankle specialists competition would increase and thereby lower the costs of the services in this area of care. (The Transcript of the Public Hearing, January 21, 1999, Page 32)

The applicants stated that access to care for all Nebraskans will increase as a result of the proposal, and the costs of care will decrease, especially for those living in the rural areas of the state. Generally speaking, a patient that does not have access to a given service in his or her home state will have to travel out-of-state to receive this care which drives up the costs of this care for the patient. The committee members were informed that patients with ankle problems who live in western Nebraska are often referred to Denver for treatment, and that this has been at the request of orthopedic surgeons who practice in western Nebraska. The proposal would provide patients with greater opportunities to receive care for conditions of the ankle closer to home. (The Applicants' Proposal, Page 11, Question 21; The Transcript of the Public Hearing, January 21, 1999, Page 33)

Regarding the cost of care, the applicants stated that there should be a reduction in the total cost to third-party payers pertinent to the treatment of ankle problems as a result of the proposal. The applicants stated that this should occur because podiatrists are consistently reimbursed at a lower rate than are medical doctors for their treatment of the same conditions. The applicants also stated that audited patient charges demonstrate that podiatrists' services are less costly than those of orthopedic surgeons pertinent to

treatment of the same conditions. (The Applicants' Proposal, Page 19, Question 49; The Transcript of the Public Hearing, January 21, 1999, Page 33)

Opponent Comments

Opponent testifiers indicated that there is no need for the proposed change in scope of practice, and that the needs of Nebraskans in the area of foot and ankle care are being taken met under the current practice situation. Opponent testifiers stated that the current proposal to expand the number of health care providers who may treat conditions of the ankle by allowing podiatrists to provide these services would not significantly benefit Nebraskans, and would actually increase the risk of harmful or inappropriate care. This increased risk of harm stems from the fact that podiatry as a profession has not yet established standardized educational and training requirements, and because there is such variation in the skill levels of podiatrists. (The Transcript of the Public Hearing, January 21, 1999, Pages 55, 56, and 58)

Opponent testifiers stated that the current proposal would have the impact of creating an undue burden on the credentialing programs of health care facilities. Health care facilities would have the task of determining which podiatrists are qualified to receive surgical privileges for treatment of the ankle, and given the great variation in qualifications among podiatrists, this would be no easy task. The knowledge and skill level needed to provide these services is significantly greater than that associated with the treatment of conditions of the foot alone due to the greater extent of vascularization in the area of the ankle. (The Transcript of the Public Hearing, January 21, 1999, Pages 57, 58, and 64)

One opponent testifier conceded that there is some evidence to indicate that orthopedic physicians' services are more expensive than those of podiatrists in terms of billing. However, billing and reimbursement are two different things, and submitting a bill for services rendered does not dictate what will actually be paid. Third-party payers pay practitioners what they think the practitioners' services are worth, not what the practitioner thinks his or her services are worth. (The Transcript of the Public Hearing, January 21, 1999, Page 57)

COMMITTEE CONCLUSIONS AND RECOMMENDATIONS

The committee members met on April 1, 1999 to formulate their recommendations on the proposal. All information in this section was generated at this fourth meeting.

The committee members discussed each of the four criteria of the credentialing review statute pertinent to scope of practice reviews beginning with criterion one. The discussions on the substance of the proposal and the issues raised by the proposal that occurred at this meeting are incorporated under the discussions on the criteria.

Criterion one states,

> The present scope of practice or limitations on the scope of practice creates a situation of harm or danger to the health, safety, or welfare of the public, and the potential for the harm is easily recognizable and not remote or dependent upon tenuous argument.

Before voting on this criterion, the committee members reviewed the first criterion and discussed how it relates to the applicants' proposal. The committee members then discussed podiatric scope of practice issues raised by this criterion.

Committee member DiNucci stated that there is a limitation on access to podiatric care under the current practice situation in Nebraska because patients must either be referred to other types of practitioners or travel to other states in order to receive treatment for conditions of the ankle. This committee member stated that there are only three orthopedic physicians in the entire state that specialize in this kind of care.

Committee member DiNucci commented that the current restrictions on scope of practice prohibit the members of his profession from providing services commensurate with their education and training. This committee member added that Nebraska needs to bring its podiatry statute into line with those of the majority of states in the nation.

Committee member McMullen stated that access to the care in question is not limited by the current practice situation, and that orthopedic physicians are foot and ankle specialists who can provide the full range of care pertinent to all conditions of the foot and ankle. The fact that there are only three orthopedic physicians who specialize in this kind of care might create an inconvenience in some circumstances, but this does not mean that people aren't receiving the care in question.

Committee member DiNucci moved and committee member Pickrel seconded that the proposal satisfies the first criterion. Voting aye were DiNucci and Ballobin. Voting nay were McLean, McMullen, and Pickrel. Chairperson Hirschbrunner abstained from voting. By this vote the committee members determined that the proposal does not satisfy the first criterion. This means

that a majority of committee members determined that convincing evidence has not been presented to indicate that there are significant limitations on access to podiatric services inherent in the current podiatric scope of practice. By this vote the committee members also determined that they were not going to recommend approval of the applicants' proposal since all four criteria must be satisfied in order for a proposal to be recommended for approval.

The committee members then discussed the second criterion.

Criterion two states,

> The proposed change in scope or practice does not create a significant new danger to the health, safety or welfare of the public.

Before voting on this criterion, the committee members reviewed the criterion and discussed how it relates to the applicants' proposal. The committee members then discussed podiatric scope of practice issues raised by the second criterion.

Committee member Scott McMullen, M.D., stated that podiatrists lack the overall medical training and education to safely and effectively treat conditions above the foot. He also stated, that expanding their scope of practice to include treatment of the ankle would not benefit the public, and would only increase the risk of harm to the public.

Chairperson Hirschbrunner asked the applicants whether a large number of podiatrists would be grandfathered to provide the expanded scope of practice, and if so, whether board certification could be used to deny surgical privileges to those who are not qualified to provide surgical services. Committee member Kris DiNucci, D.P.M., informed the committee members that board certification cannot be used to deny hospital privileges because board certifications are voluntary credentials, and that just because someone does not possess such a credential does not necessarily mean that they are not qualified to provide surgical services. Committee member DiNucci went on to state that only the medical boards of surgical centers or hospitals have the authority and ability to determine which health care practitioners are qualified to provide surgical services.

Committee member Angie McLean asked whether there is a way to identify which podiatrists are qualified to do surgery on the ankle. Committee member McMullen responded by stating that the establishment of standardized residencies by the podiatric profession would provide a baseline from which the surgical qualifications of their practitioners could be evaluated. According to this committee member there is currently too much variation in residency programs in podiatry both in what is covered and in the duration of residencies for them to be used to provide meaningful information in evaluating the qualifications of individual podiatrists.

Committee member McMullen commented that the assumption made by the applicant group that hospital and surgical center boards can successfully determine which podiatrists are qualified to

provide surgical services on the ankle is not reasonable given the great variation in standards from one podiatric training program to another. Committee member McMullen informed the committee members that small rural hospitals, for example, seldom have either a podiatrist or an orthopedic physician on their boards, and that this would hamper their ability to evaluate the qualifications of podiatrists. This committee member then stated that there are two steps that can be taken to address concerns about unqualified podiatrists receiving surgical privileges, and these are:

1) requiring that at least one orthopedic physician be placed on each hospital and surgical center board, and,
2) mandating that podiatric surgical procedures pertinent to the ankle be performed only at hospital or surgical centers.

Committee member McMullen stated that the proposed change in scope of practice could confuse the public regarding what services podiatrists can safely and effectively provide. Committee member DiNucci responded that patients would be pleased to find that they can receive treatment for both their foot and ankle problems from their podiatrist.

Chairperson Hirschbrunner asked committee member McMullen to comment on the success that podiatrists have had in expanding their scope of practice in other states, and the fact that thirty-three states have adopted a scope of practice for podiatry that is similar to that being proposed by the applicant group. Committee member McMullen responded by stating that the only way he could account for their success in other states is that podiatry is better organized for political action than are orthopedic physicians. Committee member DiNucci commented that the success of his profession in expanding its scope of practice is due to the public's need for the expanded scope and the fact that his profession has an excellent record of delivering the services in question safely and effectively.

Chairperson Hirschbrunner asked committee member DiNucci about the kind of fractures that podiatrists would treat under the proposed scope of practice. Committee member DiNucci responded by stating that podiatrists would not attempt to treat complex fractures, although the proposal would not specifically prohibit them from doing this. Committee member McMullen commented that determining what is and what is not a "complex fracture" is sometimes difficult to do, and that this adds to the burden of those responsible for determining who can and cannot treat ankle injuries. Committee member McMullen commented that the fact that the proposal would not specifically prohibit podiatrists from treating complex fractures adds to his concerns about the safety of the proposal.

The committee members then allowed an amendment to the proposal offered by the applicant group, which states that podiatrists could provide the services associated with the expanded practice only in hospitals and surgical centers. The amendment also stated that the proposal would require that every hospital or surgical centerboard that reviews the credentials of those who seek surgical privileges would have to include an orthopedic physician as a member.

The committee members then took action on the second criterion. Committee member Pickrel moved and committee member Ballobin seconded that the proposal satisfies the second criterion. Voting aye were DiNucci, McLean, Ballobin, and Pickrel. Voting nay was McMullen. Chairperson Hirschbrunner abstained from voting. By this vote the committee members determined that the proposal satisfies the second criterion which means that the committee members determined that the applicants' proposal does not create significant new harm to the public health and welfare.

The committee members then discussed the third criterion.

Criterion three states,

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

Before voting on this criterion, the committee members reviewed the criterion and discussed how it relates to the applicants' proposal. Committee member McMullen stated that the problem raised by the applicants' proposal is one for the profession, not the public. The public does not need the proposal. Committee member DiNucci stated that patient choice is the issue, and that a Nebraska patient that wants to receive ankle care from a podiatrist in Nebraska should have the right to do so.

Committee member DiNucci moved and committee member Pickrel seconded that the proposal satisfies the third criterion. Voting aye were Pickrel, Ballobin, and DiNucci. Voting nay were McLean and McMullen. Chairperson Hirschbrunner abstained from voting. By this vote the committee members determined that the proposal satisfies the third criterion which means that the committee members determined that the applicants' proposal would benefit the public health and welfare.

The committee members then discussed the fourth criterion.

Criterion four states,

> The public cannot be effectively protected by other means in a more cost-effective manner.

Before voting on this criterion, the committee members reviewed the criterion and discussed how it relates to the applicants' proposal. Committee member McMullen stated that the current situation is the most cost-effective means of dealing with the issues discussed during the review. Committee DiNucci stated that there is no better means of addressing the problems raised during the review than the proposal.

Committee member McMullen commented that the proposal would not improve the quality of care, and might actually lower the quality of care. This committee member added that there is no convincing evidence that the proposal would lower the costs of care either. Committee member Pickrel commented that the proposal might improve the cost-effectiveness of the services in question by increasing competition among those providing the services. This committee member added that the reimbursement policies of third-party payers would have a great deal to do with the cost-effectiveness of a proposal such as this. Whether or not third-party payers cover the services of the expanded scope of practice would be the pivotal factor in whether or not the proposal is cost-effective.

Committee member DiNucci moved and committee member Ballobin seconded that the proposal satisfies the fourth criterion. Voting aye were Pickrel and DiNucci. Voting nay were Ballobin, McMullen, and McLean. Chairperson Hirschbrunner abstained from voting. By this vote the committee members determined that the proposal does not satisfy the fourth criterion which means that the committee members determined that the applicants' proposal is not the most cost-effective means of addressing the problems raised by the applicant group.

By these four votes the committee members recommended not to approve the applicants' proposal.

After completing their deliberations on the four criteria, the committee discussed the following ancillary recommendations:

1) Committee member McMullen moved and committee member Ballobin seconded that podiatric post-graduate education needs to be more than one year in duration, and that it be well-reviewed with appropriate documentation that the goals of education and training have been met.

Committee member DiNucci stated that he had a concern with the aspect of the motion that requires more than one year of post-graduate education and training, commenting that this may not be necessary.

Voting aye on this motion were McLean, McMullen, and Ballobin. Voting nay were DiNucci and Pickrel. Chairperson Hirschbrunner abstained from voting. The motion passed and is, therefore, one of the recommendations that comprises the committee report.

2) Committee member Pickrel moved and committee member McMullen seconded that podiatry should create a uniform standard for podiatric education and training for all aspects of podiatric care. This motion was approved unanimously by the committee members and is, therefore, one of the recommendations passed by the committee members that comprises the committee report.

OVERVIEW OF COMMITTEE PROCEEDINGS

The committee members met for the first time on December 1, 1998 in Lincoln, in the Nebraska State Office Building. The committee members received an orientation regarding their duties and responsibilities under the Credentialing Review Program.

The committee members held their second meeting on December 17, 1998 in Lincoln, in the Nebraska State Office Building. The committee members thoroughly discussed the applicants' proposal, and generated questions and issues that they wanted discussed further at the next phase of the review process which is the public hearing.

The committee members met for their third meeting on January 21, 1999 in Lincoln, at the Lincoln Woman's Club. This meeting was the public hearing on the proposal during which both proponents and opponents were given one and one-half hours to present testimony. There was also a rebuttal period after the formal presentations for testifiers to address comments made by other testifiers during the formal presentation period. A public comment period lasting ten days beyond the date of the public hearing was also provided for during which the committee members could receive additional comments in writing from interested parties.

The committee members met for their fourth meeting on March 4, 1999 in Lincoln, in the Nebraska State Office Building. The committee members formulated their recommendations on the proposal at this meeting by taking action on each of the four criteria of the credentialing review statute pertinent to scope of practice proposals.

The committee members met for their fifth meeting on April 1, 1999 in Lincoln, in the Nebraska State Office Building. The committee members made corrections to the draft report of recommendations, and then, approved the corrected version of the report as the official document embodying the recommendations of the committee members on the proposal. The committee members then adjourned sine die.