

REPORT OF RECOMMENDATIONS AND FINDINGS

By the Licensed Practical Nurses'
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

January 4, 2017

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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 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 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.

**LIST OF MEMBERS OF THE LICENSED PRACTICAL NURSES' TECHNICAL
REVIEW COMMITTEE (March, 2016)**

Debra Parsow (Chairperson)

Su Eells

Benjamin Greenfield, Perfusionist

Brandon Holt, BSRT (ARRT)

Jane Lott, RDH, BS

Lisa Pfeil

James Temme, RT

Part Two: Summary of Committee Recommendations

A majority of the members of the technical review committee recommended approval of the applicants' proposal as amended.

Part Three: Summary of the Applicants' Proposal

The profession currently credentialed in Nebraska is the LPN, with a specialty certification credential for LPN-C. The Nebraska Board of Nursing is requesting a repeal of the LPN-C statute, with a new provision in the Nurse Practice Act (Neb. Stat. 38-2201-2236) for the LPN to be able to provide select IV therapy activities that are outlined in the LPN-C practice as part of the legal scope of practice of all LPNs.

The following amendment was submitted to the Committee members during the review: The following is the “Plan for State-wide Education of Existing LPNs in IV Therapy”:

Objective

Five year transition for all LPNs to have the same basic IV therapy knowledge. After five years, all LPNs would have met the requirements. Ongoing competency requirements are currently spelled out in Title 172, Chapter 101 for licensed nurses.

Plan

Two prong approach, knowledge for all, and skills for those who will utilize them in the clinical setting for any LPN graduating prior to 2016

Didactic/Theory (mandatory for all LPNs as above)

- 1) Didactic 8-10 contact hours
 - a. Legal issues in IV therapy
 - b. Peripheral IVs
 - c. Current practices with central lines
- 2) Traditional classroom or online
- 3) LPN would send a transcript of this course to the Department with license renewal (odd year renewal cycle)

Clinical (mandatory for all LPNs practicing the skill)

Handled through a competency assessment approach by employers – current examples ... ACLS certification, PALS certification – required to function in specialty areas; only LPNs working with IV skills would need this; this certificate would stay with the licensee as he/she moves between employers; employer's generally do initial and annual competency evaluation on all licensed nurses

Providers (theory and/or skills education)

- a. Community colleges (current home of LPN-C education)
- b. Large employers
- c. Annual LPN association meeting
- d. Other

This proposal would include identifying 1-2 pilot facilities

Cost

8-10 hours of theory x 10-20 dollars per hour \$80-200 at a minimum

Skills lab – may be setting specific, for example larger employers may have a learning lab where all employees can access equipment; community college lab fees or professional meeting fees could run around \$100 (estimates based on current market practice)

The information in Part Three, above, can be found under the Licensed Practical Nurses' subject area on the credentialing review program link at <http://dhhs.ne.gov/licensure/Pages/credentialing-review.aspx> under 'Applicants' Proposal'.

Part Four: Discussion on issues by the Committee Members

What are the shortcomings of the current practice situation, if any?

The history of the LPN and LPN-C with IV therapy is lengthy, with legislative interventions as detailed below. Nursing licensure in Nebraska has not always recognized the LPN, with the first Nurse Practice Act to do so, amended and passed in 1955. This licensure was 'permissive' only at this time. This was the year the first LPN was licensed in Nebraska. Initial LPN education was commensurate with nursing practice and education, meaning, LPNs were allowed to do IV therapy based on their education and as the practice of IV therapy evolved in health care. Extensive changes to the Nurse Practice Act in 1975 created mandatory licensure for the LPN. It was around this time period that practical nursing education programs stopped teaching IV therapy, so LPN practice did not allow for IV therapy, based on changes in educational preparation. There was no statutory change to deny or allow this practice, simply changes in educational competency preparation. Subsequently, based on an evolving need for an expanded LPN role, the LPN-Certified role was developed. This evolved from the mid-1980's until the original LPN-C act was passed by the Nebraska legislature in 1993. This act has been amended several times, most recently in 2007. **(Page six of The Applicants' Proposal)**

Currently, only RNs and those LPNs who have completed a special state approved certification program to become LPN-Cs can provide IV therapy, and LPN-C practice is limited to select medications and activities. This situation has created confusion regarding the role of LPNs in providing IV therapy. The proposal would more clearly define the role of LPNs in providing this kind of therapy, enhance patient safety, and result in more efficient utilization of LPN services. The current situation has also created confusion with LPNs who either have a multistate license or who have come to Nebraska from a state that allows LPNs to provide IV therapy to apply for licensure in Nebraska. Furthermore, the current NCLEX-PN licensure examination tests for IV therapy as a component of basic LPN knowledge and skill. The Board of Nursing has put forward a proposal that will enhance the utilization of LPNs in long term care, home care and clinic settings, as well as in critical access hospitals. This proposal would streamline the scope of practice of LPNs and end the current confusion regarding what LPNs are able to do vis-à-vis IV therapy in Nebraska. **(Page two of The Minutes of the First Meeting of the Technical Review Committee)**

Does the public need this proposal?

Mr. Temme asked the applicants if current LPN education covers IV therapy. The applicants responded that it does not cover all of it. An applicant representative went on to state that nursing schools are already prepared to incorporate the education and training needed for LPNs to provide IV therapy as soon as the proposal passes. Mr. Temme asked this representative if the Board of Nursing is in favor of this proposal.

They responded in the affirmative. **(Page two of The Minutes of the Second Meeting of the Technical Review Committee)**

Ms. Pfeil asked the applicants how many LPNs want or need the proposed changes given that only about 600 of the 6000 or more LPNs in Nebraska have pursued the LPN-C credential. Ms. Parsow commented that it seems as if the proposal is asking the majority of LPNs to satisfy the needs of a minority of LPN practitioners. The applicants responded that remote rural areas in Nebraska have a great need for more nurses with the ability to provide IV therapy, and that this proposal would help to address this need. Ms. Eells asked the applicants to discuss the situation of employers who do not choose to utilize their LPNs to provide IV therapy. The applicants responded that even in this situation it is better to have LPNs who know how to safely provide IV therapy in case there is an emergency situation wherein such care is necessary and no one other than an LPN is present to provide it. **(Page two of The Minutes of the First Meeting of the Technical Review Committee)**

Ms. Pfeil asked the applicants how the proposal would serve the needs of patients in rural areas. The applicants replied that the proposal would cut costs and delays associated with the services in question for patients in rural areas, adding that patients in rural areas would benefit from increasing the number of LPNs qualified to provide IV services. Mr. Holt asked this representative to comment on nursing compacts among various states. The applicants replied that these compacts are like 'gentleman's agreements' but that these agreements have statutory authority and that common standards of training and practice are required by the terms of these agreements. The same rules are to be followed within all states that are members of a given compact. **(Page two of The Minutes of the Second Meeting of the Technical Review Committee)**

Are there any aspects of the proposal that would not be in the public interest, or which would not adequately serve the public interest?

Mr. Greenfield asked the applicants if the proposal would include new education and training for those LPNs who have been educated under the current practice situation, or whether they would simply be grandfathered into the new scope of practice without additional education or training. Ms. Pfeil asked the applicants how the proposal would protect the public from those currently practicing LPNs who have not received the necessary education and training in IV therapy, given that they too, apparently, would be allowed to provide IV services if the proposal were to pass. Mr. Greenfield commented that those practitioners who might be inclined to practice beyond their education and training even under current circumstances would now be emboldened to continue to do so given the 'green light' to do so provided by the proposal. Mr. Holt agreed with Mr. Greenfield, adding that it is common knowledge that there are practitioners in every field of health care who, under some circumstances, are willing to take the risk of practicing beyond their education and training. The applicants' proposal

would make it easier for these kinds of practitioners to continue, or perhaps even elaborate on, such risky practice. Mr. Holt went on to comment that the applicants need to make changes in their proposal to address this matter for the sake of public protection. **(Page two of The Minutes of the First Meeting of the Technical Review Committee)**

Mr. Greenfield commented that what the applicants are trying to do is good, but that it would be a mistake to get rid of the education and training associated with the LPN-C credential, adding that keeping the latter would address the need to educate and train those LPNs who currently lack such education and training, thereby protecting the public from harm if the applicants' proposal were to pass. Mr. Greenfield then asked whether the applicants would consider amending their proposal to preserve the current LPN-C education, training, and testing for the sake of public protection. **(Page three of The Minutes of the First Meeting of the Technical Review Committee)**

A representative of the Nebraska Hospital Association (NHA) stated that one idea for addressing the apparent gap in the education and training of LPNs pertinent to IV therapy would be to delineate a grandfathering period in the proposal wherein those LPNs who have not yet been educated and trained in IV therapy would be given a certain amount of time to complete this education and training. A representative of the Nebraska Medical Association (NMA) stated that she agreed with the comments made by the NHA representative, adding that this grandfathering approach has been used before by other professions such as optometry, for example, to address concerns about practitioners whose education and training needed to be upgraded to meet the standards of a new scope of practice. **(Page three of The Minutes of the First Meeting of the Technical Review Committee)**

A representative of the Nebraska Healthcare Association commented that her organization is currently in the process of polling its members to get their input on the LPN proposal. This representative went on to say that she too has concerns about the impact of the proposal on those LPNs who currently lack the education and training to safely perform the additional duties associated with IV therapy, and added that it would be preferable to continue the current credentialing situation for LPNs and LPN-Cs rather than approve the applicants' proposal as it is now. **(Page three of The Minutes of the First Meeting of the Technical Review Committee)**

Is there a better way to address concerns raised about LPN services than the applicants' proposal?

Ms. Parsow asked her committee members for their thoughts about a possible amendment to the proposal and about how best to present such an idea to the applicant group. Mr. Greenfield stated that one idea would be to advise the applicants to use a sunset concept to address concerns raised. Mr. Temme asked the applicants whether IV therapy was once a part of LPN scope of practice and if so why it was removed. The applicants responded that it was once part of LPN scope of practice and it is not entirely

clear why it was removed. Mr. Greenfield asked the applicants why pass a proposal that makes the majority of LPNs get education and training they don't intend to use. Mr. Holt commented that one idea for an amendment would be to create a tier-based credentialing process for LPNs whereby there would be only one overall license for them but with opportunities to improve skills and competencies by creating specialty certifications, for example. An applicant representative commented that the committee members need to be aware that many nurses who might seek to work in Nebraska are credentialed through multistate compacts which for the most part already allow LPNs to provide IV therapy, and that, given the current restrictive environment vis-à-vis this scope element, it is hard to imagine an LPN credentialed this way coming to practice in Nebraska. **(Page six of The Minutes of the First Meeting of the Technical Review Committee)**

Mr. Greenfield summarized committee concerns about the proposal as being 1) making Nebraska's laws on LPN scope of practice consistent with those of our regional multistate compact, and 2) addressing the need to ensure competency of all LPNs in Nebraska to safely and effectively perform all of the new scope elements being proposed by the applicant group. Applicant group representatives responded that they would communicate these committee concerns to the Board of Nursing for their consideration, and that they would make it their goal to submit amended language to the committee members in advance of their October 5, 2016 committee meeting. **(Page six of The Minutes of the First Meeting of the Technical Review Committee)**

A Board of Nursing representative submitted a document detailing the applicant group's proposed amendment to their original proposal. This representative commented on this document as a 'plan' for addressing concerns about the need to ensure that all LPNs are qualified to provide the proposed expanded LPN scope of practice. This representative also commented on a second document submitted to the Committee members wherein the applicants attempted to show how their proposal satisfies each of the six scope of practice criteria. **(Page two of The Minutes of the Second Meeting of the Technical Review Committee)**

The applicants described the proposed amendment ('plan') as follows:

The objective: A five year transition plan for all LPNs to have the same basic IV therapy knowledge whereby all LPNs will have met the requirements within five years after the proposal passes.

The Plan: A two-pronged approach, knowledge for all, and skills for those who will utilize them in clinical settings for any LPN graduating prior to 2016:

Theory / didactics: (Mandatory for all LPNs)

- 1) Didactic 8-10 contact hours
 - a) Legal issues in IV therapy
 - b) Peripheral IVs
 - c) Current practices with central lines
- 2) Traditional classroom or online

3) LPNs would send a transcript of this course to the Department with their license renewal

Clinical: (Mandatory ONLY for LPNs who practice the IV skills)

This would be handled via a competency assessment approach by employers. Current examples include: ACLS certification and the PALS certifications. Only LPNs who utilize IVs as part of their practice would need these certifications. The PALS certification would stay with the licensee as they move from one employer to another. Employers generally do initial and annual competency evaluations on all licensees.

Providers: For both theory and or skills education

- a) Community colleges
- b) Large employers
- c) Annual LPN association meeting
- d) Other: The proposal would include the identification of 1 or 2 pilot facilities

Cost:

8-10 hours of didactics / theory: 80 to 200 dollars

Skills lab: This could be site specific as, for example, at the facility of a large employer or at a community college or at a professional meeting. Fees for these are often about 100 dollars.

After the applicants' presentation of the proposed amendment Ms. Pfeil asked them to summarize what IV therapy consists of in the context of LPN services. The applicants replied that this consists of peripheral IVs and extremities, IV medications, central lines, and catheterization procedures. **(Page two of The Minutes of the Second Meeting of the Technical Review Committee)**

Mr. Greenfield commented that the applicants' proposed amendment looks like a good plan, but that he has some concerns about its potential impact on rural areas and for assisted living facilities, and that he also has concerns about the five-year long time frame for completing the grandfathering provision because there would be many LPNs who would suddenly be allowed to do the work associated with providing IV services who as yet would not have the necessary education and training. **(Page two of The Minutes of the Second Meeting of the Technical Review Committee)**

Mr. Temme asked the applicants what they mean by 'pilot facilities'. The applicants replied that community colleges are good examples of 'pilot facilities'. Mr. Temme commented that there would likely be hundreds LPNs who would in effect be approved to provide the services in question five years prior to the deadline for completing the requisite education and training. He then asked the applicants if this might be a significant risk to public health and safety. The applicants replied that the existing nursing curriculum is already covering the topics included in the proposal and that there

should not be a significant risk to public health and safety during the five-year grandfathering period. Mr. Temme then asked if there is an evaluation process for LPNs already in place in employment settings in Nebraska. The applicants replied that there is such a process and that evaluation processes such as these are required under Joint Commission accreditation to ensure quality of care. **(Page three of The Minutes of the Second Meeting of the Technical Review Committee)**

Regarding the education and training being proposed in the applicants proposal Ms. Parsow asked the applicants how they would get 'buy-in' from employers to provide such education and training. The applicants replied that there are a wide range of choices regarding the location of such education and training and that these choices include community colleges, for example, if a given employer is, for whatever reason, unwilling to participate. Ms. Parsow asked if Joint Commission accreditation is required for all hospitals that would be providing the services in question. The applicants indicated that they were sure that this is the case. Mr. Holt interjected that this is not always the case with smaller, rural hospitals. He went on to say that some of these hospitals are not under Joint Commission accreditation. At this juncture a representative of the Nebraska Hospital Association, commented that smaller, rural hospitals might not be Joint Commission accredited but that they would operate under CMS accreditation, and that this should address concerns about the quality of the services in question. Mr. Holt replied that CMS accreditation is not the same as Joint Commission accreditation, adding that the former is not as good as the latter. **(Page three of The Minutes of the Second Meeting of the Technical Review Committee)**

Mr. Greenfield asked the applicants to discuss what would happen to those LPNs who have no intention of providing IV services. Would they also be required to complete all of the education and training requirements? The applicants replied that all LPNs would need to have the didactic portion of the education, but that those who do not seek to provide the services in question would not be required to take the clinical portion of the training. Ms. Parsow then commented that the proposal would need to deal with the mobility issues associated with LPNs moving from job to job across Nebraska, for example. **(Page three of The Minutes of the Second Meeting of the Technical Review Committee)**

Mr. Temme asked if there is a standard curriculum across Nebraska for LPN education and training. The applicants responded that testing is standardized but there is no standard curriculum. Mr. Holt asked the applicants if all components of the proposal would be mandatory. The applicants replied that only the theoretical / didactic component would be mandatory. The clinical component would be voluntary unless you want to actually provide the services in question which under that circumstance would require completion of the clinical component. Mr. Holt then commented that this in effect would create two tiers of LPNs, those who do IVs and those who don't, all under the guise of one licensure process. Given this he asked the applicants how they planned to keep track of the whereabouts and activities of each of the members of each of these two categories of licensed LPNs. Mr. Holt went on to ask the applicants if they foresee a one-hundred percent completion rate for compliance with the proposal within

five years. The applicants responded in the affirmative. **(Page three of The Minutes of the Second Meeting of the Technical Review Committee)**

Ms. Eells asked whether or not private schools would be participants in the education and training programs under this proposal. The applicants replied that there is only one private school that provides the education and training in question and this school has already indicated that it is 'on-board' with the proposed education and training. Ms. Pfeil asked the applicants where the clinical components of the training would be done. The applicants stated that this portion of the training could occur in community colleges or at employer location sites. **(Page four of The Minutes of the Second Meeting of the Technical Review Committee)**

Ms. Parsow then asked why it would take five years to complete the proposed education and training. The applicants responded that the five year grandfathering period represents a balance between licensure renewal requirements and cost, time, and employment considerations. Ms. Parsow indicated that five years represents a long period of time to take to resolve these grandfathering issues and asked the applicants how they plan to deal with the potential harm associated with currently practicing LPNs who would suddenly be allowed to provide IV services once the proposal goes into effect but who as yet have not completed the necessary education and training to provide these services safely and effectively. For the sake of clarity Ms. Parsow stated that the applicants need to insert the term 'mandatory' into the portion of their proposed amendment pertinent to the didactic element of the proposed education and to clarify that the clinical portion is voluntary unless the LPN in question wants to actually provide the services in question. The applicants indicated that they would make these changes in the wording of their amendment. **(Page four of The Minutes of the Second Meeting of the Technical Review Committee)**

Mr. Holt commented that the amendment in question would not create the simplified, single level of LPN licensure that the applicants stated was one of their goals. Instead it would create a complex bifurcated process whereby two subgroups of the LPN profession would coexist within the framework of a common LPN licensure category. He added that this credentialing situation would only add to the complexity of enforcing the requirements of the proposal if it were to pass rather than make it simpler and easier to enforce. Ms. Parsow commented that the only way to simplify this situation would be to make all aspects of the proposed credential mandatory, adding that if you don't make it mandatory you're not solving the problems identified, and that she cannot support the proposal in its current form. **(Page four of The Minutes of the Second Meeting of the Technical Review Committee)**

An applicant representative responded to Ms. Parsow by stating that the applicants are not willing to require all LPNs to do both the didactic and the clinical portions of the proposal. Those who indicate that they are not seeking to provide IV services should not have to incur the costs and the time lost from work associated with taking clinical training in something they chose not to provide in the first place. **(Page four of The Minutes of the Second Meeting of the Technical Review Committee)**

Mr. Greenfield commented that making it all mandatory would almost certainly result in at least some LPNs leaving the field, and that in all likelihood, assisted living facilities, nursing homes, hospice care, and home health services would take a hard hit if such a version of the proposal were to pass. A representative of the Nebraska Health Care Association, commented that cost is a significant concern for all LPNs, and that any additional training requirements are going to create hardships for them given their limited incomes, and that whatever additional training might be required for them to take should not go beyond the minimum necessary for safe and effective services. **(Page four of The Minutes of the Second Meeting of the Technical Review Committee)**

All sources used to create Part Four of this report can be found on the credentialing review program link under Licensed Practice Nurses at <http://dhhs.ne.gov/licensure/Pages/credentialing-review.aspx>

Part Five: Technical Review Committee Recommendations

Committee Discussion:

Juan-Paulo Ramirez, Ph.D., gave a brief presentation on the results of an online survey of LPN responses to the educational and clinical skills components included in the applicants' proposal. The research document that includes these results can be accessed at <http://dhhs.ne.gov/licensure/Pages/credentialing-review.aspx> under active credentialing reviews and then under Licensed Practical Nurses under the title of "LPN Online Survey: Mandatory Continuing Education and Mandatory IV Skills Training."

Committee comments on the results of this survey included the following:

Mr. Greenfield: Stated that the survey clearly shows the concerns of those LPNs who have no intention of using this IV education and training. He also stated that the data in the survey shows that a significant number of LPNs might leave the field rather than undergo education they won't use in their work, but added that the proposal still deserves to be supported because it holds the promise of expanded access to IV services for all Nebraskans.

Mr. Holt: Stated that the survey should have been more focused on identifying differences between LPNs regarding the proposed didactic training versus the proposed clinical training, for example.

Ms. Parsow: Stated that she greatly appreciated the data provided by this survey, adding that this data is very helpful to her in clarifying where the applicant group is coming from.

Committee Actions Taken on the Six Statutory Criteria for scope of practice reviews:

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.

Voting yes were Eells, Greenfield, Lott, and Temme. Voting no were Holt and Pfeil. Chairperson Parsow abstained from voting.

Mr. Holt stated that he has seen no convincing evidence that the current practice situation of LPNs needs to be changed.

Ms. Pfeil commented that she was not convinced that the applicants' proposal would be effective in providing a solution to the stated problems, anyway.

Mr. Greenfield commented that the proposal might provide greater access to IV services if it were to pass.

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

Voting yes were Eells, Greenfield, Lott, Temme, Holt, and Pfeil. There weren't any no votes. Chairperson Parsow abstained from voting.

Ms. Pfeil commented that there would be clear benefits from passing the proposal.

Mr. Holt agreed with Ms. Pfeil's comment.

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.

Voting yes were Eells, Lott, Temme, and Pfeil. Voting no were Holt and Greenfield. Chairperson Parsow abstained from voting.

Mr. Greenfield commented that his preference is that all the IV education and training be made mandatory for all LPNs.

Ms. Lott made the observation that there is no state mandated skills test for LPNs who want to do IVs, and that this indicates to her that the state trusts private hospital facilities to provide such skills testing in a safe and effective manner. She also noted that there has been no opposition to the proposal during the review, and therefore she sees no reason to oppose the proposal.

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

Voting yes were Eells, Greenfield, Lott, and Temme. Voting no were Holt and Pfeil. Chairperson Parsow abstained from voting.

Ms. Pfeil stated that for the sake of public safety the entirety of the IV education and training program should be taught, and that it bothers her that the proposal does not make this mandatory for all LPNs.

Mr. Holt expressed agreement with Ms. Pfeil's comment.

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 of service in a safe manner.

Voting yes were Eells, Greenfield, Lott, Pfeil, and Temme. Voting no was Holt. Chairperson Parsow abstained from voting.

Mr. Greenfield commented that we can't legislate perfection as regards this aspect of regulation.

Ms. Eells asked are skills assessed in hospital settings? How can we know for sure?

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.

Voting yes were Eells, Greenfield, Lott, Temme, Holt, and Pfeil. There weren't any no votes. Chairperson Parsow abstained from voting.

Mr. Holt commented that hospitals claim that they assess the competency of all their employees, but do they? How would we know?

Mr. Greenfield commented that he too is skeptical of hospital claims regarding their assessment of employees' competency and performance, adding that, at best, it's inconsistent.

Ms. Eells asked does 'real' competency assessment occur in hospital settings?

Action taken on the entire proposal was as follows:

Greenfield moved and Temme seconded approval of the applicants' proposal as amended.

Voting yes were Eells, Greenfield, Lott, Temme, and Pfeil. Voting no was Holt. Chairperson Parsow abstained from voting. By this action the committee members recommended approval of the applicants' proposal as amended.

Mr. Holt commented that the proposal does nothing to improve health care in Nebraska, and that the current practice situation of LPNs is just as optimal as regards patient care in Nebraska as is that defined the proposal. He added that making all of the education and training mandatory for all LPNs would have made the proposal more consistent, more administrable, and would have done more to improve the health care services in question than the current version of the proposal.

Mr. Temme commented that the applicants' proposal would simplify the credentialing situation of LPNs by eliminating the need for those who want to provide IV services from having to pay for two licenses. He added that the proposal puts the 'onus' on hospitals and other private facilities to see to it that their LPNs are properly trained and educated rather than on the tax payers.

Ms. Lott commented that the proposal would end the current confusion over what LPNs can do as opposed to what LPN-Cs can do.

Mr. Greenfield commented that the applicants' proposal is not perfect but that it holds promise of creating a better situation than exists right now. He went on to state that it holds promise of making it easier for LPNs in other states to come to Nebraska and continue to provide the IV services they already provide in the states where they currently work, hopefully resulting in expanded access to IV services in Nebraska. He added that there is already wide-spread support for the proposal and that there was never any opposition from to it expressed during the review, to date.

Ms. Eells commented that the proposal would end some of the confusion regarding what LPNs can and cannot do. It would ensure that those who provide IV services have the training to do so safely and effectively. It would create one license for all LPNs and that would be a positive development. Ms. Eells also commented that no person or group came forward to oppose the proposal, indicating wide-spread acceptance of the ideas in the proposal.

Ms. Pfeil commented that by creating one license for all LPNs the proposal would simplify the credentialing of LPNs. The proposal would also ensure that the requisite skills to provide IVs safely and effectively are taught to LPNs.