

January 16, 2018

The Honorable Merv Riepe
Chair
Health and Human Services Committee
Nebraska Legislature
Room 1402
P.O. Box 94604
Lincoln, NE 68509

Re: Opposition to Nebraska Legislative Bill 687

Dear Chairman Riepe:

On behalf of the American Medical Association (AMA) and our physician and medical student members, I write in **opposition to Nebraska Legislative Bill (L.B.) 687**. By including Nebraska in the APRN Compact, this bill would inappropriately authorize advanced practice registered nurses (APRNs) treating Nebraska patients with an APRN Compact multistate license to practice and prescribe independent of physician supervision or collaboration, despite Nebraska law to the contrary.

A. The APRN Compact undermines Nebraska law that currently requires nurse anesthetists and nurse midwives to practice with physician supervision or collaboration

The APRN Compact allows all four types of APRNs – Nurse Practitioner, Clinical Nurse Specialist, Certified Nurse Midwife, and Certified Registered Nurse Anesthetists – with an APRN Compact license to **practice independently in any APRN Compact state, despite state law that may require physician supervision or collaboration.**

The specific language in the APRN Compact that grants independent practice is as follows:

“h. An APRN issued a multistate license is authorized to assume responsibility and accountability for patient care independent of a supervisory or collaborative relationship with a physician. This authority may be exercised in the home state and in any remote state in which the APRN exercises a multistate licensure privilege. For an APRN issued a single-state license in a party state, the requirement for a supervisory or collaborative relationship with a physician shall be determined under applicable party state law.” (L.B. 687, pages 12-13) (A single-state license is a license granted through normal processes of the Nebraska Board of Medicine and Surgery.)

In Nebraska, the APRN Compact would undermine the following law regulating nurse anesthetists:

“The determination and administration of total anesthesia care shall be performed by the certified registered nurse anesthetist in consultation and collaboration with and with the consent of the licensed practitioner.” [Neb. Rev. Stat. § 38-711(1)] (“Licensed practitioner” is defined in Neb. Rev. Stat. § 38-705 as a physician or osteopathic physician.)

The APRN Compact would also undermine the following Nebraska law regulating nurse midwives:

“A certified nurse midwife may, under the provisions of a practice agreement, (1) attend cases of normal childbirth, (2) provide prenatal, intrapartum, and postpartum care, (3) provide normal obstetrical and gynecological services for women, and (4) provide care for the newborn immediately following birth. The conditions under which a certified nurse midwife is required to refer cases to a collaborating licensed practitioner shall be specified in the practice agreement.” (Neb. Rev. Stat. § 38-611.) (“Practice agreement” is defined in Neb. Rev. Stat. § 38-608 and 609 as a written agreement between a certified nurse midwife and a physician whose practice includes obstetrics.)

“(1) The specific medical functions to be performed by a certified nurse midwife within the scope of permitted practice prescribed by section 38-611 shall be described in the practice agreement which shall be reviewed and approved by the board. A copy of the agreement shall be maintained on file with the board as a condition of lawful practice under the Certified Nurse Midwifery Practice Act. (2) A certified nurse midwife shall perform the functions detailed in the practice agreement only under the supervision of the licensed practitioner responsible for the medical care of the patients described in the practice agreement. If the collaborating licensed practitioner named in the practice agreement becomes temporarily unavailable, the certified nurse midwife may perform the authorized medical functions only under the supervision of another licensed practitioner designated as a temporary substitute for that purpose by the collaborating licensed practitioner. [...]” (Neb. Rev. Stat. § 38-613.) (“Supervision” is defined in Neb. Rev. Stat. § 38-608 and 610 as the “ready availability of a collaborating physician for consultation and direction of the activities of the certified nurse midwife related to delegated medical functions as outlined in the practice agreement.”)

B. The APRN Compact newly grants prescriptive authority to Nebraska nurse anesthetists and nurse midwives

In addition, the APRN Compact would undermine Nebraska law regarding the prescriptive authority of nurse anesthetists and nurse midwives. Specifically, L.B. 687 would grant independent prescriptive authority for non-controlled prescription drugs to APRNs who treat Nebraska patients, so long as the APRN holds prescriptive authority in his or her home state. The APRN Compact also prohibits a state from imposing any additional requirements on an APRN who wishes to exercise prescriptive authority pursuant to an APRN Compact license.

The specific language in the APRN Compact that grants independent prescriptive authority is as follows:

f. Issuance of an APRN multistate license shall include prescriptive authority for non-controlled prescription drugs, unless the APRN was licensed by the home state prior to the home state’s adoption of this Compact and has not previously held prescriptive authority.

1. An APRN granted prescriptive authority for non-controlled prescription drugs in the home state may exercise prescriptive authority for non-controlled prescription drugs in any remote state while exercising a multistate licensure privilege under an APRN multistate licensure. The APRN shall not be required to meet any additional eligibility requirements imposed by the remote state in exercising prescriptive authority for non-controlled prescription drugs. (L.B. 687, page 12)

Currently, nurse anesthetists and nurse midwives have **no prescriptive authority** – let alone, independent prescriptive authority – under Nebraska law. As such, L.B. 687 would fundamentally change Nebraska law requiring physician involvement in anesthesia care and midwifery care, as well as Nebraska law governing APRN prescriptive authority – all under the pretense of license portability.

C. The APRN Compact is the only health professional licensure compact that also expands scope of practice

The AMA supports efforts to modernize licensure for physicians and other health care professionals. For example, the AMA supports the Interstate Medical Licensure Compact, and has not opposed any other compact – until now.

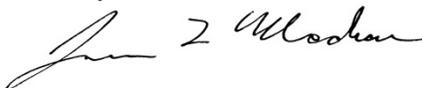
Of all the health professional compacts in existence – physician, psychologist, physical therapist, registered nurse – **the APRN Compact is the only compact that would alter a state’s scope of practice laws**. We strongly object to the use of interstate compacts as a mechanism through which to grant independent practice to APRNs or grant prescriptive authority where such authority does not currently exist. This use of a licensure compact has the potential to threaten patient care.

Importantly, part of the nature of interstate compacts is that a state takes the compact as it is. Compact legislation cannot be modified in any significant manner. Accordingly, joining the APRN Compact requires all of the above changes to Nebraska’s scope of practice laws, without exception. Please keep this fact in mind as you consider L.B. 687.

Thank you for the opportunity to submit these comments and clarify the true impact of L.B. 687 on advanced nursing practice and prescribing. In the interest of patient safety, we urge you and the members of the Health and Human Services Committee to maintain Nebraska law and **oppose L.B. 687**.

Please contact Kristin Schleiter, JD, Senior Legislative Attorney, Advocacy Resource Center, at kristin.schleiter@ama-assn.org or (312) 464-4783 with any questions or comments.

Sincerely,



James L. Madara, MD

cc: Nebraska Medical Association