



Ninety-Ninth Legislature - First Session - 2005
Committee Statement
LB 256

Hearing Date: January 27, 2005
Committee On: Health and Human Services

Introducer(s): (Price, Combs)
Title: Adopt the Clinical Nurse Specialist Practice Act and change advanced nursing licensure and certification provisions

Roll Call Vote – Final Committee Action:

- Advanced to General File
 - X Advanced to General File with Amendments
 - Indefinitely Postponed
-

Vote Results:

7	Yes	Senator Jensen, Byars, Cunningham, Erdman, Johnson, Stuthman and Howard
	No	
	Present, not voting	
	Absent	

Proponents:

Senator Price
 Kathryn Fiandt
 Brenda Bergman-Evans
 Phil Powers
 Nancy Gondringer
 Heather Swanson

Representing:

Introducer
 Advanced Practice Registered Nurse Coalition
 Advanced Practice Registered Nurse Board
 Nebraska Association of Nurse Anesthetists
 Nebraska Board of Nursing
 American College of Nurse Midwives, Nebraska Chapter

Opponents:

David Buntain

Representing:

Nebraska Medical Association

Neutral:

Representing:

Summary of purpose and/or changes: LB 256 relates to the practice of nursing. The bill changes and adds provisions relating to advanced practice registered nurses (sections 35-45) and the following certified advanced nursing specialties: (1) clinical nurse specialists (section 1-14), (2) nurse practitioners (sections 46-71), (3) certified registered nurse anesthetists (sections 72-80), and (4) certified nurse midwives (sections 81-90). The bill places oversight of all advanced practice registered nurses and advanced nursing practice specialties under a single board (the

Board of Advanced Practice Registered Nurses) (sec. 38), which includes physicians. The bill deletes provisions relating to joint oversight by the Board of Medicine and Surgery and the Board of Nursing.

The bill has an operative date of July 1, 2007 (section 99), repeals original sections (section 100), and outright repeals sections 71-1705 and 71-1736 (section 101).

Clinical Nurse Specialist Practice Act (sections 1-14).

The bill adopts the Clinical Nurse Specialist Practice Act (sec. 1) and defines terms (sec. 2). An applicant for certification as a clinical nurse specialist (CNS) must (1) be a licensed registered nurse or have authority to practice as a registered nurse under the Nurse Licensure Compact; (2) submit an application to the Department of Health and Human Services Regulation and Licensure (department), with the required fee (sec. 14); (3) evidence of a master's degree or doctorate in a clinical nursing specialty area or master's degree in nursing and completion of a graduate-level clinical nurse specialist education program; and (4) passage of a board-approved examination or alternative method of competency assessment. The bill provides a scope of practice for CNSs (sec. 4). The bill requires certification of persons who meet certification requirements and permits certified persons to use the title of Clinical Nurse Specialist and the abbreviation CNS (sec. 5). Certificates expire on October 31, of every even-numbered year (sec. 7). Applications for initial certification within 180 days of the biennial renewal date are governed by section 71-162.04(2) (sec. 6). The act requires demonstration of continuing competency (sec. 8).

Certificates may be disciplined for (1) violation of the act, (2) physical or mental disability or incapacity, (3) gross incompetence, or (4) any reason for which a license could be disciplined under the Nurse Practice Act or the Advanced Registered Nurse Licensure Act. The bill provides for notice and an opportunity for a hearing and for appeal of disciplinary actions under the Administrative Procedure Act (sec. 9). The bill adds provisions relating to lapsed certificates and re-activation of such certificates (sec. 10).

The bill provides that persons who practice as a CNS without certification and who possess a license issued by the department to engage in a health care profession, may have such license disciplined under the Nurse Practice Act or the Uniform Licensing Law (ULL), irrespective of any criminal proceedings for practicing without a certificate (sec. 12).

The act does not prohibit persons performing professional activities of a CNS without a certificate if performed (1) in an emergency, (2) by a legally qualified person from another state employed by the United States and performing official duties in this state, or (3) by a person enrolled in an approved CNS program as part of the approved program (sec. 12). The bill provides criminal acts and penalties (sec. 13).

Nebraska Hospital-Medical Liability Act (sec. 17-19).

The bill deletes the definition of nurse anesthetist in the act and adds nurse practitioners within the definition of health care provider for purposes of the act.

Advanced Practice Registered Nurse Licensure Act (sections 35-45).

The bill recodifies the Advanced Practice Registered Nurse Licensure Act (sec. 35). The bill provides legislative findings (sec. 36) and incorporates definitions found in 71-1,132.05 (sec. 37).

The bill changes membership of the Board of Advanced Practice Registered Nurses (sec. 38) and provides duties for the board (sec. 39). Membership of the board on and after the

operative date of the bill includes (1) two nurse practitioners, (2) two certified nurse midwives, (3) two certified registered nurse anesthetists, (4) two clinical nurse specialists, (5) four physicians, (6) two consumer members, and (7) one pharmacist.

The board is required to (1) establish standards for integrated practice agreements between collaborating physicians and certified nurse midwives and nurse practitioners, (2) monitor the scope of practice of advanced practice registered nurses (APRNs), (3) administer and enforce the Advanced Practice Registered Nurse Licensure Act, (4) issue and renew licenses and recommend disciplinary action, (5) engage in other activities not inconsistent with the Advanced Practice Registered Nurse Licensure Act, the Certified Registered Nurse Anesthetist Act, the Clinical Nurse Specialist Practice Act, the Nebraska Certified Nurse Midwifery Practice Act, and the Nurse Practitioner Act, and (6) approve rules and regulations to implement such acts.

The board must issue licenses to qualified applicants. An applicant for initial licensure as an APRN must (1) be licensed as a registered nurse or have authority to practice under the Nurse Licensure Compact; (2) be a graduate of or have completed a graduate-level APRN program in one of the following clinical specialties: (a) certified registered nurse anesthetist, (b) clinical nurse specialist, (c) certified nurse midwife, or (d) nurse practitioner; (3) be certified as a (a) certified registered nurse anesthetist, (b) clinical nurse specialist, (c) certified nurse midwife, or (d) nurse practitioner; (4) submit a completed written application; (5) provide evidence as required by rules and regulations approved by the board and adopted and promulgated by the Department of Health and Human Services Regulation and Licensure (department); and (6) have committed no acts or omissions that are grounds for discipline in another jurisdiction, or, if such acts have been committed and would be grounds for discipline under the Nurse Practice Act, the board has found after investigation that sufficient restitution has been made (sec. 41, subsec. 1).

The board may issue licenses by endorsement (sec.41, subsec. 2). Persons licensed as an APRN, certified as a certified registered nurse anesthetist or certified nurse midwife, or practicing as a clinical nurse specialist in this state on the operative date of the bill must be licensed as an APRN on such date (sec. 41, subsec. 3)

A person licensed as an APRN may use the title advanced practice registered nurse and the abbreviation APRN (sec. 41).

APRN licensees must renew their licenses at the same time and in the same manner as his or her specialty certification (sec. 42). To be eligible for renewal of his or her license, the applicant must have (1) a license as a registered nurse or authority to practice under the Nurse Licensure Compact, (2) documentation of continuing competency, and (3) a certificate issued under the Certified Registered Nurse Anesthetist Act, the Clinical Nurse Specialist Practice Act, the Nebraska Certified Nurse Midwifery Practice Act, or the Nurse Practitioner Act (sec. 42) The department is required to establish and collect renewal fees (sec. 42, subsec. 2).

The bill contains provisions regarding discipline of an APRN license (sec. 43). Licenses may be disciplined for (1) violation of the act, (2) physical or mental disability or incapacity, (3) gross incompetence, or (4) any reason for which a license could be disciplined under the Nurse Practice Act or the Advanced Registered Nurse Licensure Act. The bill provides for notice and an opportunity for a hearing and for appeal of disciplinary actions under the Administrative Procedure Act. The bill adds provisions relating to lapsed licenses and re-activation of such licenses (sec. 44).

The bill provides that persons who practice as an APRN without a license and who possess a license issued by the department to engage in a health care profession, may have such license disciplined under the Nurse Practice Act or the Uniform Licensing Law (ULL), irrespective of any criminal proceedings for practicing without a license (sec. 45).

Nurse Practitioner Act (sections 46-71).

The bill renames and recodifies the Advanced Practice Registered Nurse Act as the Nurse Practitioner Act (sec. 46). The bill defines terms (sec. 47-55). The bill amends scope of practice provisions (sec. 56), requires the department, after consultation with the Board of Advanced Practice Registered Nurses (board), to adopt and promulgate rules and regulations (sec. 58). The bill requires certification of nurse practitioners and provides qualifications for certification (sec. 59), and requires certification of persons meeting such qualifications (sec. 59). The bill requires persons licensed as APRNs on the operative date of the bill to be issued a license as an APRN under the Advanced Practice Registered Nurse Licensure Act and a certificate as a nurse practitioner under the Nurse Practitioner Act, and permits certified nurse practitioners to use the title nurse practitioner and the abbreviation NP (sec. 60). The bill amends provisions relating to integrated practice agreements with collaborating physicians (sec. 61).

A certificate as a nurse practitioner may be disciplined for (1) violation of the Advanced Practice Registered Nurse Licensure Act or the Nurse Practitioner Act, (2) physical or mental disability or incapacity, (3) gross incompetence, or (4) any reason for which a license to practice as a registered nurse or an advanced practice registered nurse could be disciplined. The bill provides for notice and an opportunity for a hearing and for appeal of disciplinary actions under the Administrative Procedure Act (sec. 67). The bill adds provisions relating to lapsed certificates and re-activation of such certificates (sec. 68).

The bill provides that persons who practice as an NP without certification and who possess a license issued by the department to engage in a health care profession, may have such license disciplined under the Nurse Practice Act or the Uniform Licensing Law (ULL), irrespective of any criminal proceedings for practicing without a certificate (sec. 69).

The act does not prohibit persons performing professional activities of an NP without a certificate if performed (1) in an emergency, (2) by a legally qualified person from another state employed by the United States and performing official duties in this state, or (3) by a person enrolled in an approved NP program as part of the approved program (sec. 70). The bill provides criminal acts and penalties (sec. 71).

Certified Registered Nurse Anesthetist Act (sections 72-80).

The bill adopts the Certified Registered Nurse Anesthetist Act (sec. 72) and defines terms (sec. 73). Certificates as a certified registered nurse anesthetist (CRNA) may be disciplined for (1) violation of the act, (2) physical or mental disability or incapacity, (3) gross incompetence, or (4) any reason for which a license could be disciplined under the Nurse Practice Act or the Advanced Registered Nurse Licensure Act. The bill provides for notice and an opportunity for a hearing and for appeal of disciplinary actions under the Administrative Procedure Act (sec. 74). The bill adds provisions relating to lapsed certificates and re-activation of such certificates (sec. 75).

The bill provides that persons who practice as a CRNA without a certificate and who possess a license issued by the department to engage in a health care profession, may have such license disciplined under the Nurse Practice Act or the Uniform Licensing Law (ULL), irrespective of any criminal proceedings for practicing without a certificate (sec. 76). The bill places CRNAs under the jurisdiction of the Board of Advanced Practice Registered Nurses, and no longer under the joint jurisdiction of the Board of Medicine and Surgery and the Board of Nursing.

Certified Registered Nurse Midwifery Practice Act (sections 81-90).

The bill amends provisions of the Certified Registered Nurse Midwifery Practice Act. Certified Registered Nurse Midwives (CRNM) are placed under the jurisdiction of the Board of Advanced Practice Registered Nurses, and no longer under the joint jurisdiction of the Board of Medicine and Surgery and the Board of Nursing (Sec. 82). The bill adds provisions relating to lapsed CRNM certificates and re-activation of such certificates (sec. 90).

The bill also adds and amends various provisions relating to handicapped parking permits (sec. 15), the Uniform Controlled Substances Act (sec. 16), the Uniform Licensing Law (ULL) (sec. 20-23, 29-30), the Nurse Practice Act and the Board of Nursing (sec. 24-28)), insurer report violations (sec. 31), reports of criminal violations and professional liability judgments (sec. 32), exchange of immunization information (sec. 33), medically handicapped children (sec. 34), child care programs (sec. 91), the State Board of Health (sec. 92) emergency medical services (sec. 93), sales and use taxes (sec. 94), schools (sec. 95-96), and the Nebraska Correctional Health Services Act (sec. 97-98).

Explanation of amendments, if any: The committee amendment (AM 0542) makes technical corrections and changes membership on the Advanced Registered Nurse Board (board) after the effective date of the act to include (1) one nurse practitioner (NP), (2) one certified nurse midwife (CNM), (3) one certified registered nurse anesthetist (CRNA), (4) one clinical nurse specialist (CNS), (5) three physicians, one of whom has a professional relationship with a NP, one of whom has a professional relationship with a CNM, and one of whom has a professional relationship with a CRNA, and (6) two public members.

In the Nebraska Hospital-Medical Liability Act (sec. 17-19), the amendment makes technical corrections only, and deletes language bringing other advanced practice registered nurses within the definition of health care provider for purposes of the act.

The amendment adds new provisions to clarify the scope of practice of registered nurses to provide that “evaluating responses to interventions” includes, but is not limited to, “performing physical and psychological assessments of patients under restraint and seclusion as required by federal law, if the registered nurse has been trained in the use of emergency safety intervention” (sec. 2, p. 34). The addition reflects current practice and was made necessary by federal law which required explicit permission for such activities in state law.

Senator Jim Jensen, Chairperson