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*Pennsylvania law currently requires certified registered nurse practitioners (CRNPs) to collaborate with physicians in order to practice. But what exactly does collaboration mean? And, more importantly, what is its purpose?*

*As organizations representing CRNPs pursue policy changes that would give these practitioners the expanded authority to diagnose, treat and prescribe independently, the Pennsylvania Medical Society (PAMED) sheds light on the current requirements for CRNPs and answers commonly asked questions about the collaborative agreement below.*

## Collaboration

*Noun [from Latin “collaborare”, to work together, from com-, with, and laborare, to work.]*

1. A process in which a certified registered nurse practitioner (CRNP) works with one or more physicians to deliver health care services within the scope of the CRNP’s expertise. (63 P.S. § 212)

*PAMED urges legislators to oppose Senate Bill 25 and maintain physician-led, team-based care across Pennsylvania.*

**Q** Do requirements for CRNPs to collaborate with physicians restrict their ability to practice to the full extent of their training and experience?

**A** *No.* To the contrary, collaboration is a process that is flexible and specifically includes the following:

1. Immediate availability of a licensed physician to a CRNP through direct communications or by radio, telephone or telecommunications.
2. A predetermined plan for emergency services.
3. A physician available to a CRNP on a regularly scheduled basis for referrals, review of the standards of medical practice incorporating consultation and chart review, drug and other medical protocols within the practice setting,

periodic updating in medical diagnosis and therapeutics, and cosigning records when necessary to document accountability by both parties. (63 P.S. § 212)

**Q** Who determines the parameters of a collaborative agreement between a CRNP and a physician?

**A** In a collaborative agreement, a CRNP and a collaborating physician mutually *agree* on how patient care will be coordinated based on the understanding of each practitioner’s unique skills (see 49 Pa. Code 21.251). The flexibility of this process ensures that CRNPs with less clinical experience have adequate support, while also allowing for increased autonomy as they gain clinical experience.

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**Q What is the purpose of a collaborative agreement?**

**A** A collaborative agreement systematically links every CRNP with a licensed physician and defines a complementary working relationship between the two. In doing so, the arrangement is far more than a business contract. First and foremost, it ensures that every patient has a physician involved in the management of their care — an assurance which is critical when that care requires a more highly trained professional. The agreement also ensures that CRNPs have immediate access to a physician for consultation and referral when complex medical issues present themselves.

Collaboration among an interdisciplinary team of health care professionals has also been shown to significantly improve health outcomes and reduce costs by increasing both efficiency and effectiveness in care delivery. This dynamic process of team-based care will provide the best chance of meeting future health care delivery challenges.

**Q How would eliminating collaborative agreements between CRNPs and physicians promote collaboration among healthcare professionals and facilitate team-based care?**

**A** Quite simply, **it wouldn't**. By eliminating collaborative agreements and granting CRNPs what they describe as “full practice authority,” SB 25 would give CRNPs’ newfound authority to practice independently. In doing so, the legislation would further enable and encourage provider isolation to the detriment of collaboration.

**Q Do CRNPs pay physicians for collaborative agreements?**

**A** The vast majority of CRNPs who practice in Pennsylvania are employed by a hospital or health system or by a physician practice. As such, most CRNPs do not pay any collaborative fee to

the physician they work with. For the very few CRNPs who are self-employed or otherwise must independently secure a collaborating physician in order to practice, current law does not prohibit them from paying the physician a fair market value for his or her services. This includes the physician’s time and immediate availability, ongoing patient consultations, review of charts and medical protocols, etc., as well as the increased liability exposure a physician may face as a result of the collaborative relationship.

**Q Do other states require CRNPs or other advanced practice nurses (APRNs) to collaborate with physicians?**

**A** Yes. While there is variation among the states with respect to APRNs’ authority to diagnose, treat and prescribe, *the majority of states require physician involvement in their practice:*

- 26 states require APRNs to have physician involvement in their practice: AL, AR, CA, FL, GA, IL, IN, KS, KY, LA, MA, MI, MO, MS, NC, NJ, NY, OH, OK, PA, SC, TN, TX, UT, VA, WI
- 9 states require APRNs to have a supervised post-licensure practice period before they are granted independent practice and prescribing authority: CT, DE, MD, ME, MN, NE, SD, VT, WV
- Only 15 states — mostly western, sparsely populated states — and DC allow APRNs to practice independently without any initial period of physician supervision or collaboration: AK, AZ, CO, DC, HI, IA, ID, MT, ND, NH, NM, NV, OR, RI, WA, WY

