



**DATE:** June 15, 2021

**TO:** Honorable Members of the Pennsylvania Senate

**FROM:** Pennsylvania Medical Society  
Pennsylvania Osteopathic Medical Association  
Pennsylvania Academy of Family Physicians  
Pennsylvania Chapter of the American Academy of Pediatrics  
Pennsylvania Chapter of the American College of Physicians  
Pennsylvania Academy of Dermatology and Dermatologic Surgery

**SUBJECT:** Physician coalition opposition to Senate Bill 25

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For more than a decade, Pennsylvania's Certified Registered Nurse Practitioners (CRNPs) represented by the Pennsylvania Coalition of Nurse Practitioners (PCNP) have repeatedly lobbied the General Assembly to relax clinical standards by no longer requiring "physician backup" when providing direct patient care...they refer to this as "full practice authority." Interestingly, CRNPs already practice to the full extent of their education and training which, in Pennsylvania, means that a CRNP can do all the following:

- Prescribe all medications and other treatments;
- Diagnose and treat acute health problems;
- Monitor and manage chronic conditions such as diabetes;
- Order blood tests and cultures;
- Order diagnostic imaging studies such as MRIs and CAT Scans;
- Provide prenatal care and family planning services; and
- Provide well-childcare and immunizations.

The only statutory limitation the General Assembly places on CRNPs is the patient safety requirement that a physician be immediately available should a patient's clinical complications or test results or condition require a higher level of interpretation...we call that collaboration. We also know through patient group surveys and focus group interviews that many patients believe that while they are seeing

a CRNP for their care, a physician is involved with that care. Currently, that would be a correct assumption. Senate Bill 25 would effectively take the physician out of the equation.

The basis of the PCNP's argument in seeking independent authority is the assertion that, if granted, CRNPs will practice in rural areas where access to care may be challenging. We have historically questioned the efficacy of granting increased clinical authority to lesser trained professionals, especially now when patients routinely present with multiple comorbidities, complex medical histories, and numerous critical medications. The art and science of differential diagnosis in the field of primary care is more than simply knowing when someone has strep throat or an intestinal virus – it is about understanding and recognizing clinical subtleties, and treating accordingly, which can be the difference between life and death.

Last year, Rep. David Hickernell, Chair of the House Professional Licensure Committee, crafted a legislative proposal that would have created the nation's first Pilot Project to assess the efficacy of independent CRNP-led care, specifically in rural areas of the Commonwealth. After many long hours and months of negotiation, we joined together with the Pennsylvania Coalition of Nurse Practitioners in supporting this initiative. The proposal, House Bill 100, won the support of Rep. Jesse Topper, the PCNP's champion on independent practice in the House, and passed the House of Representatives with only one negative vote. Our letter in support of this proposal, along with supportive correspondence from the nurse practitioners, is attached for your review and understanding.

This legislative session, Senate Bill 25 has been reintroduced and is being brought up for a vote tomorrow in the Senate Consumer Protection and Professional Licensure Committee. This is a proposal that would grant immense clinical autonomy to CRNPs and take physicians out of the equation when CRNPs are providing care. Senate Bill 25 markedly changes the health care delivery landscape without any clear evidence as to whether CRNP independence would effectively address rural access or have a negative impact on patient care.

In contrast, the agreed-to proposal with the PCNP as brokered by Chairman Hickernell last year would have granted "full practice authority" to CRNPs while at the same time ensuring clinical competency, accountability, and providing the General Assembly with meaningful clinical outcomes data from a rural access and patient safety perspective. We are immensely disappointed that the PCNP has appeared to change course since last fall and go back on their word, once again advocating for Senate Bill 25.

We continue to oppose granting CRNPs any independent practice authority that does not provide the same limitations, assurances, and outcomes data that were contained in last session's final version of House Bill 100. We also believe that an agreement between multiple organizations working with the General Assembly should be honored. In this case, our patients, your constituents, and your family deserve nothing less.



Pennsylvania  
Chapter

American Academy of Pediatrics

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Pennsylvania Chapter

**DATE:** October 20, 2020

**TO:** The Honorable Members of the Pennsylvania House of Representatives

**FROM:** Pennsylvania Academy of Family Physicians  
Pennsylvania Chapter of the American Academy of Pediatrics  
Pennsylvania Chapter of the American College of Physicians  
Pennsylvania Medical Society  
Pennsylvania Osteopathic Medical Association

**SUBJECT:** Support H.B. 100, CRNP pilot program

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On behalf of our collective organizations, representing tens of thousands of physicians across the Commonwealth, we respectfully request your support of Rep. Jesse Topper's House Bill 100, which was amended with his support to permit Certified Registered Nurse Practitioners (CRNPs) to practice advanced nursing care without a collaborative agreement in the state's federally designated Health Professional Shortage Areas through a six-year pilot program.

The pilot program contained in H.B. 100 represents a historic agreement between the physician community and CRNPs on a decades-long debate over scope of practice expansion for CRNPs. The pilot program will provide the opportunity for CRNPs to go into practice in rural and underserved areas, for which they have long advocated. At the end of the six-year pilot program, a rigorous study of quality and comparison metrics will measure the value of the program.

We wish to thank both Chairmen of the House Professional Licensure Committee, Rep. Dave Hickernell and Rep. Harry Readshaw for their forward thinking on this issue and working with our physician organizations and the CRNPs to craft what we believe is the safest approach to expanding CRNP scope of practice in Pennsylvania. H.B. 100 provides significant oversight and guardrails for a CRNP practicing in the pilot program, as well as an independent subcommittee made up of practicing primary care physicians and CRNPs to oversee many aspects of the program.

This was not an easy decision for our collective organizations, but we negotiated in good faith and the outcome is acceptable to us because of the reasoning previously stated. We ask for your support of H.B. 100 and note that all parties to this compromise have pledged to not seek further changes unless agreed to by all involved.

Thank you for your consideration.



**PENNSYLVANIA COALITION OF  
NURSE PRACTITIONERS**

**DATE:** October 16, 2020

**TO:** The Honorable Chairman Hickernell

**FROM:** The Pennsylvania Coalition of Nurse Practitioners

**SUBJECT:** H.B.100, Amendment A07340, CRNP pilot Program

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Mr. Chairman, this memo is to officially convey the support of the Pennsylvania Coalition of Nurse Practitioners (PCNP) for the amendment prepared by you to House Bill 100 as amended in committee. PCNP appreciates all the time and hard work you spent to develop this plan to advance a pilot project. While the Coalition continues to support statewide full practice authority for nurse practitioners, PCNP believes your plan will provide the proof to make that goal a reality.