Keep the Team

Myths and Facts

MYTH Collaborative agreements are unnecessary business contracts between NPs and physicians.

FACT The collaborative agreement plays an important role in patient safety. 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. By law, the collaborative agreement requires immediate availability of the physician, a predetermined plan for emergency services, and availability of the physician on a regularly scheduled basis.

MYTH The collaborative agreement is costly and physicians routinely charge NPs exorbitant fees to collaborate with them.

FACT The average cost of the collaborative agreement is $0. Nearly all NPs in Pennsylvania are employed by a hospital or health system or by a physician practice. As such, they do not pay anything to the physician they collaborate with.

MYTH According to a 2015 study conducted by Duke University School of Law, Pennsylvania would generate $6.4 billion in health care savings if it were to eliminate collaborative agreements.

FACT This "study" often cited by proponents of CRNP independent practice legislation was actually a class research project completed by two students at Duke as part of their second-year health law class. Nothing related to the class assignment was ever published, peer- reviewed, or endorsed by Duke University. The students were advised on their assignment by the Bay Area Council Economic Institute, whose advisory role was funded by the PA Coalition of Nurse Practitioners.

MYTH Eliminating collaborative agreements will increase access to care, particularly in rural and underserved areas of the commonwealth.

FACT The evidence completely fails to support these claims. In states where NPs have succeeded in gaining practice autonomy, neither access to care nor cost savings have substantially increased. These states continue to struggle with the same access-to-care issues that we see in Pennsylvania. In reality, the factors that impact the ability of physicians to practice in rural communities also affect NPs, and therefore NPs are no more likely to practice in these areas than physicians.

MYTH NPs are leaving Pennsylvania in masses due to overly restrictive collaborative agreement requirements.

FACT The number of NPs in Pennsylvania increased by 44% between 2008 and 2015 (Source: National Center for the Analysis of Healthcare Data).

MYTH Pennsylvania has one of the most restrictive laws on NP practice in the country.

FACT While the nation is a hodgepodge of NP laws, a majority of states (26) require physician oversight of NP practice, similar to Pennsylvania. Moreover, many of those states have far more restrictive limits on NP practice and prescriptive authority.

MYTH NPs can replace physicians and alleviate physician shortages.

FACT NPs are integral and valuable members of the health care team; however, their education and training falls significantly short of the education and training of physicians. Increasing the responsibility and clinical authority of NPs is not an appropriate solution to a perceived shortage of physicians.

2015/425Myths

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