

Physicians and CRNPs Are Better Together

Make no mistake about it...certified registered nurse practitioners (CRNPs) are valuable members of the health care team. However, every team needs leadership. In the health care setting, that is a physician.

CRNPs claim they are prepared and equipped to work “independently” of a physician collaborator. Increasingly patients are becoming more complex with multiple co-existing conditions that greatly complicate their assessment and treatment.

The collaborative agreement is in place for a reason – so that patients who require further assessment and care that exceeds the capabilities and education of a CRNP have direct and immediate access to a physician.

Questions You Can Ask a CRNP

When CRNPs ask legislators to vote for SB 25 and HB 100, ask them a few questions first ...

- **What will these bills allow you to do clinically that you can't already do?**

CRNPs say they want “full practice” authority. They already have it. CRNPs in Pennsylvania have more authority and practice autonomy than many of their colleagues in this region of the country.

CRNPs can prescribe medications, order lab and other diagnostic studies, sign death certificates, perform driver license exams, order home health and hospice care, and refer patients for specialized care or to outpatient therapies.

Collaborative agreements exist between physicians and CRNPs to ensure that patients have direct and immediate access to a physician when their care requires a more highly trained professional.

- **States that allow CRNPs to practice independently don't experience increased access to care in rural and underserved areas. Why do you think Pennsylvania would be different?**

CRNPs who practice in states that allow independent practice almost exclusively continue to practice in close proximity to physicians, despite continued shortage areas within their state in rural and underserved areas.

- Can a CRNP provide the same level of care to my constituents after only completing 2-4 years of education and as little as 500 hours of clinical experience?

	Physician	CRNP
Undergraduate Education and Training	<p>4 Years BA/BS</p> <p>Rigorous prerequisites during undergraduate study—such as organic and inorganic chemistry, physics, biology, biochemistry and English—are necessary for medical school acceptance, as well as successful passage of the Medical College Admissions Test (MCAT).</p>	<p>4 Years BA/BS</p> <p>While a standard 4-year degree, preferably a Bachelor of Science in Nursing (BSN), is recommended, alternate pathways exist for an RN without a bachelor’s degree to enter some master’s programs.</p>
Advanced Education and Training	<p>7 Years Medical School & Residency</p> <p>After 4 years of medical education, medical school graduates must complete a period of supervised clinical training, commonly referred to as residency. A minimum of 3 years in residency is required of primary care physicians.</p>	<p>1.5 – 3 Years Graduate School</p> <p>A master’s degree in nursing (MSN) is the minimum requirement to become a CRNP; however, there is wide variation in the education standards of MSN programs. Many schools offer options such as “accelerated” degrees, part-time study, or programs that can be completed almost entirely online.</p>
Clinical Training and Supervised Patient Care Hours	<p>12,000 – 16,000 hours</p>	<p>500 - 720 hours</p>

Bottom Line

The General Assembly established the collaborative agreement requirement to ensure that patients have direct access to a physician when their care requires a more highly trained professional.

SB 25 and HB 100 aren’t the right fit for Pennsylvania patients. **Pennsylvanians want to maintain quality health care - they want the physician to be the leader of their health care team – not removed from it altogether.**

