Keep the Team

Maintain physician-led, team-based care across Pennsylvania.

This legislative session, you may be asked to vote on SB 25—legislation that would allow certified registered nurse practitioners (CRNPs) to diagnosis and treat your constituents without the benefit and expertise of direct physician involvement. Existing law appropriately ensures that patients cared for by CRNPs have direct access to a physician when their care requires a more highly trained professional.

Top 7 reasons to oppose independent licensure of nurse practitioners

1. **The best and most effective care occurs when a team of health care professionals with complementary—not interchangeable—skills work together.** Recently, the Pennsylvania General Assembly embraced this model of care through enactment of the Patient Centered Medical Home Act (Act 198 of 2014)— a law which promotes integration and teamwork among providers to improve health care outcomes and reduce health care costs within Medicaid. Studies have consistently shown that when health care professionals work together in a coordinated, efficient manner, care improves.

2. **The collaborative requirement between CRNPs and physicians enhances rather than impedes the ability of CRNPs to deliver quality patient care.** CRNPs can see patients independently, order lab or diagnostic tests, make referrals, and prescribe medication as outlined in their collaborative agreement. The collaborative requirement makes this possible, while ensuring that patients have direct access to a physician when their care requires a more highly trained professional. Collaboration also ensures that CRNPs have access to a physician for regular consultation—a precaution which increases safety and reduces the risk of poor patient outcomes.

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3 **The education and training of a CRNP falls significantly short of the education and training of a physician.** With only 500 to 720 hours of direct patient care acquired through training, the average CRNP has less clinical experience than a physician obtains in just the first year of a three-year medical residency. Furthermore, unlike CRNP postgraduate educational requirements—which vary widely and can be completed in as little as 18 months—a physician's educational path is uniform nationwide, with standardized medical curriculum, clinical training, and licensure. A physician undertakes a minimum of 7 years of exhaustive medical education and training, during which they complete 12,000 to 16,000 hours of direct patient care, before they can practice independently.

4 **Collaboration requirements do not prevent CRNPs from currently practicing in rural and underserved areas.** The process of collaboration requires immediate availability of the physician by direct communication, radio, telephone or telecommunications; a predetermined plan for emergency services; and availability of the physician to the CRNP on a regularly scheduled basis for the purpose of referrals and review of other medical protocols. There is no evidence that doing away with this flexible safeguard and granting CRNPs independent licensure will do anything to improve access to care.

5 **Current licensure standards are not arbitrary; they serve an especially important function in supporting critical safety and quality objectives.** By definition, collaboration is a process in which a CRNP works with one or more physicians to deliver health care services within the scope of the CRNP's expertise and with minimal administrative burden. The implementation of collaborative agreements is seamless when providers coordinate care efficiently and maximize the complementary skill sets of both professionals—the true essence of patient-centered, team-based care.

6 **A majority of states require CRNPs to have a physician's collaboration or supervision in order to practice, with many states requiring even more stringent oversight than what currently exists in Pennsylvania.** Additionally, in those states that have granted CRNPs full practice autonomy, neither access to care nor cost savings have substantially increased. These states continue to suffer the same dilemma of attracting providers to rural and underserved areas.

7 **Increasing the responsibility of CRNPs is not the solution to a shortage of physicians.** Allowing CRNPs to independently practice would afford nurses the same authority and clinical autonomy that physicians have, without the education and training that our state currently requires of physicians. Claims of a physician shortage do not justify granting CRNPs full clinical autonomy; and an increased demand for services should not marginalize appropriate medical education and training.

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