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March 25, 2019

As a member of the Senate Consumer Protection and Professional Licensure Committee, you may soon be asked to vote on the merits of Senate Bill 25, a proposal that the Pennsylvania Medical Society vehemently opposes.

This legislation creates a pathway for Certified Registered Nurse Practitioners (CRNPs) to independently practice medicine after completing only 2-4 years of post-graduate “nursing” education and as little as 3,600 hours of “work experience.” Furthermore, many CRNP programs offered at schools across the commonwealth boast that their CRNP students can earn their degrees “entirely online.” In stark contrast, physicians are required to complete a minimum of 7 years of post-graduate education and a minimum of 17,000 hours of closely supervised clinical training in a hospital residency program approved by the American College of Graduate Medical Education.

Senate Bill 25 does little more than provide a “short-cut” for nurses to practice medicine and could potentially compromise their ability to accurately diagnose patients when clinical findings fall outside their breadth of knowledge. Alarming, if approved, this legislation will send a strong message to aspiring physicians that the rigors of medical education and primary care residency training are of little value, pushing them away from these critical specialties and further worsening physician shortages.

Under current law, CRNPs can independently diagnosis, establish treatment plans, prescribe almost all medications, order lab and diagnostic studies, sign death certificates, perform driver license exams, order home health and hospice care, and refer patients for specialized care. Removing physicians from the care team will not improve care nor will it improve access to care in remote areas of the state. Since existing law allows CRNPs to establish independent “nurse managed” rural practices, why haven’t they already done so?

The only reason Pennsylvania requires a collaborative agreement between physicians and nurses is to ensure that patients have direct access to a physician when their care requires a more highly trained professional. Eliminating this network of support is contrary to team-based medicine and will create two-tiered system of medical care in the Commonwealth. Although both physicians and nurses bring valuable assets to medical teams, these skills are complementary, not interchangeable.

Physicians, like nurses, are trained under a team-based model of care. We encourage you to maintain this standard of care and oppose the adoption of Senate Bill 25.

Sincerely,

John P. Gallagher, MD
PAMED Board Chair

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