

Written Testimony on HB 765 – Public Hearing of October 22, 2015

By: Douglas Sofranko

To: PA House of Representative, Professional Licensure Committee

Dear Madam Chair and Members of the Committee:

I respectfully request that my testimony in the foregoing letter be accepted as evidence relevant to House Bill 765 (“HB 765”) and included in the official meeting minutes of this committee public hearing. I am not a health care provider in any capacity and I am not employed by, nor affiliated with any group or organization that has publicly voiced their opinions on the bill. My expertise is in the field of health care compliance and regulatory affairs. Due to this role, I am intimately familiar with the compliance and regulatory challenges faced by the healthcare industry. It is my hope that my testimony will serve as valuable supplemental information for the committee members in voting on HB 765.

While the PA Coalition of Nurse Practitioners, the Institute of Medicine, the National Conference of State Legislatures, the National Governors Association, the AARP, and the Josiah Macy Foundation all support HB 765, the only groups that are openly opposed are physician specific organizations, such as the PA Medical Society.

My position is that I adamantly support the passing of HB 765.

In considering HB 765, it is important to contemplate three key considerations and how the passage of HB 765 would impact these factors:

1.) What effect would independent practice NP’s have on the quality of patient care?

Proponents of HB 765 argue that the training and education of NP’s falls short in contrast to the training and education of physicians. The implication suggested by these proponents is clearly that NP’s are not as skilled as physicians since they undergo less training and education. While it is true that the average NP can obtain licensure with less classroom education and clinical hours than a physician needs to obtain licensure, such generalizations do not take into account all of the relevant factors impacting health care expertise.

When a medical student begins to log clinical hours, they rotate through a number of different clinical specialties and work across a broad range of clinical specialties regardless of the specialty they intend to ultimately practice. When a NP begins to log clinical hours, they do not rotate across specialties. Their entire log of clinical hours conducted is exclusive to their pre-chosen specialty. Common logic suggests that a training and education program covering a broad range of skill sets (physicians) will require more time and study than a training and education program focusing on one specialty skill set. Thus, a physician graduates as more of a “generalist” in health care, choosing their specialty field after graduation and a NP graduates as more of a “specialist” in health care - in their area of expertise they chose before even entering their

program. Furthermore, NP's are required to have practical experience as a Registered Nurse (RN) prior to even applying for entrance into a NP program. While RN's serve in lower level health care roles, they do play a very important role in health care and all NP students have acquired these valuable skills through an exhaustive amount of time spent working as a RN in a practical health care setting. Therefore, the training and education of an NP may not be as encompassing as that of a physician, however it is extensive and entirely directed toward a specialty they have already dedicated their lives to serving. To say that a NP is not as qualified as a physician is an unfair statement if all factors are taken into account.

In regards to patient satisfaction, as a May 2013 Health Affairs journal article states:

"There is a growing body of research demonstrating that patients perceive that receiving primary care and having a usual source of care is more important than who it was that provided these services. Studies comparing the quality of care provided by physicians and nurse practitioners have found that clinical outcomes are similar. For example, a systematic review of 26 studies published since 2000 found that health status, treatment practices, and prescribing behavior were consistent between nurse practitioners and physicians.

What's more, patients seeing nurse practitioners were also found to have higher levels of satisfaction with their care. Studies found that nurse practitioners do better than physicians on measures related to patient follow up; time spent in consultations; and provision of screening, assessment, and counseling services. The patient-centered nature of nurse practitioner training, which often includes care coordination and sensitivity to the impact on health of social and cultural factors, such as environment and family situation, makes nurse practitioners particularly well prepared for and interested in providing primary care."¹

The most probable theory for NP's achieving this high level of satisfaction is due to the NP's more specialized training as well as the NP's more holistic approach to patient care. Such a holistic approach is the traditional approach of most RN's and is further promoted in NP programs across the country.

Therefore, it is clear that independent practice NP's would provide quality patient care with the same, if not higher, levels of care currently provided by physicians.

2.) Are NP's capable of performing the identical duties of physicians?

NP's in Pennsylvania already perform, essentially all of the same duties that physicians perform: NP's see patients independently, provide diagnoses, treat illnesses, order and interpret tests, counsel patients, make referrals and prescribe medications (to include controlled substances) – all without requiring them to consult with a collaborating physician. NP's are assigned NPI numbers for Medicare payments, they obtain prescriptive authority from the DEA. Yet, the

¹ "Health Policy Brief: Nurse Practitioners and Primary Care," *Health Affairs*, Updated May 15, 2013.

collaborative process mandates immediate communicative availability of the collaborating physician. A NP can, and many already do, practice without the physical presence or supervision of a physician.

It becomes evident throughout the course of time to update and revise standards, laws and regulations to meet the ever changing needs and best interests of society, in this case, patients. To date, 21 other states (and the District of Columbia) have passed legislation allowing NP's to practice independently. The time has come for the Commonwealth of Pennsylvania to evolve to this new standard. It is certainly in the best interests of patients to enact the legislation proposed by HB 765 and permit NP's to practice independently without a collaborative agreement between the NP and a physician.

3.) Will independent practice NP's promote positive change for the Commonwealth as a whole?

Physician retirements occur with greater frequency than does the introduction of new physicians. We are currently experiencing substantial changes to our health care system as a result of federal legislation on health care reform. As a result of these and other factors, access to quality health care is rapidly diminishing and there are no signs of a turnaround.

Allowing NP's the authority to work independently will provide increased access to health care services in all areas. The problem is not a shortage of "physicians". The problem is access to effective, quality healthcare – which can be provided by a physician *or* an NP.

In conclusion, the evidence is obvious and overwhelming supports the positive promotion of HB 765. It is extremely clear that those in support of this bill are supportive for one reason: money. To allow NP's full autonomy creates a more competitive health care environment and physicians will lose market share. The time has come to help increase access to quality health care to all citizens of PA – which can be done by passing HB 765. To vote against this bill would be doing a great injustice to the citizens of the Commonwealth of Pennsylvania. Please consider all relevant factors when deciding on this bill. Please feel free to contact me at any time for further information or questions. Thank you.

Very Sincerely,

Douglas Sofranko
douglas.sofranko@yahoo.com
610-554-9422