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Good morning Chairwoman Harhart, Chairman Readshaw and members of the committee. My name is Dr. Mona Counts and it is an honor to speak with you today about House Bill 765 and the impact that full practice authority can have on Pennsylvania's rural communities.

I am one of the original nurse practitioners (NP) in the country, having helped develop the NP program at Emory University in 1970. Since that time, I've also developed programs at a number of universities across the nation – including Penn State, where I served as the Elouise Ross Eberly Professor. Additionally, I am one of the earliest members of the American Association of Nurse Practitioners (AANP), the largest full-service national professional membership organization for NPs of all specialties.

I serve as one of seven board members on the national commission that oversees the certification of the majority of family nurse practitioners in the United States. Without national certification, an NP cannot obtain a license in Pennsylvania. Finally, I am also a practicing NP and have been for decades, serving patients in Greene County, one of the most rural communities in our state.

I know firsthand how NPs can serve rural communities and how the current mandate and red tape restrict access to care for rural Pennsylvanians.

It is my hope to inform you about the robust requirements that every single nurse practitioner must meet in order to earn and maintain his or her national certification. These rigorous demands and safeguards ensure that every nurse practitioner is equipped to serve the patients that are their focus – including when it is necessary to refer a patient to a specialist or other provider. The Pennsylvania Board of Nursing actively enforces these requirements.

These safeguards do not depend in any way whatsoever on the collaborative agreement mandate. Removing the mandate would not reduce in any way the regulatory requirements and oversight demanded by national certification and by licensure from the Board of Nursing.

To give you an example of the level of commitment our profession requires, a certified registered nurse practitioner's training includes a minimum of 500 clinical hours –most have more – and requires the individual to pass a national certification exam. They must be re-certified every five years and re-licensed every two years. And please keep in mind, this training and certification is in addition to earning a master's or doctorate.

Furthermore, NPs are additionally required to be recertified every two years and obtain a minimum of 40 continuing education credits. Suffice it to say; by the time an individual has

earned the distinction of being a nurse practitioner, she or he is already an extensively trained and extremely knowledgeable health care professional.

It is for precisely those reasons, and more, that our state should modernize by adopting full practice authority.

The benefits of full practice authority are numerous – health care is made more affordable, access to quality health care improves, and the satisfaction level reported by patients is increased. But beyond improving healthcare for the entire state, full practice authority has a profound and direct impact on rural communities.

In the U.S., rural communities have roughly half the physicians per capita as non-rural areas. In rural Pennsylvania, on average, there is only one primary care physician for every 663 residents.

A high level of concern is warranted. Approximately 2.5 million residents, 22 percent of our population, reside in designated shortage or medically underserved areas. In many of these areas, such as Greene County where I regularly treat patients, residents are often under or un-insured.

I can't tell you how many times I've accepted a bushel of zucchini or a basket of eggs in exchange for care I provide.

Other states have enacted full practice authority as a way to expand access to rural areas.

Studies and surveys have shown that nurse practitioners are more likely to serve rural communities – which are often underserved and lacking in access for patients. Some of the findings include:

- Primary care NPs are significantly more likely than primary care physicians to provide care in a wider range of community settings and serve a high proportion of uninsured patients and other vulnerable populations.

- Nurse practitioners are twice as likely to practice in rural areas compared to physicians.

- Nurse practitioners in states with full practice authority are more likely to practice in rural areas compared to nurse practitioners in states like Pennsylvania without full practice authority.

Currently, Washington, D.C. and 21 states have adopted full practice authority. Like Pennsylvania, many of these states have significant rural populations. Residents of these states have seen noteworthy improvements:

- Arizona retired the legal condition of physician involvement in NP practice in 2001. During the following six years, the state's rural areas saw a 73 percent increase in NPs practice.

- Nevada, a predominantly rural state, retired its condition of physician collaborative agreements in 2012. The Nevada Board of Nursing has reported an increase of more than 20 percent in the number of advanced practice nurses seeking licensure in Nevada.

Our current state law limits access to care in rural communities. Community leaders have taken notice of the climate we've created here in Pennsylvania:

- The Pennsylvania AARP found that our laws have created barriers that often delay care to consumers, especially in rural and urban undeserved areas where few physicians are available to enter contractual agreements with nurse practitioners.

- Additionally, the PA Rural Health Association found that many health care systems specifically prohibit physicians in their employ from signing collaborative agreements with nurse practitioners who are not affiliated with the system. Some rural communities have only one system serving the community, meaning nurse practitioners are effectively frozen out from being able to serve that community.

I've personally spoken with colleagues who have had to close their practices because of the loss of a physician collaborator, or because one was not available in their community. When that happens, the entire community needlessly suffers.

It happened to one of my former students in Somerset County – a dedicated rural NP who had served thousands of patients for 17 years. She was forced to close her doors because she couldn't find a collaborator. Now she commutes to Maryland, a state with full practice authority for NPs, and sees patients there.

However unintentional, our collaborative agreement mandate is hurting Pennsylvanians. Fortunately, we have a way to improve our health care landscape and help residents – by supporting full practice authority.

The current mandate is a barrier that restricts access to care for all Pennsylvanians – but especially rural communities like mine.

Chairs Harhart and Readshaw and members of the committee, overwhelming evidence supports this reform. The families and communities you represent deserve better access to care. Leading organizations and a growing number of states support this legislation. I respectfully ask this committee to support HB 765.

Let's work together to provide Pennsylvania residents with the health care they need and deserve.