American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™
Pennsylvania Chapter

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Testimony on HB 765
To the
House Professional Licensure Committee
By
Susan Kressly, MD, FAAP - President of the Pennsylvania Chapter
of the American Academy of Pediatrics

Thank you Chairwoman Harhart and Chairman Readshaw, and members of the Committee for allowing me to testify today. I appear before you today as President of the Pennsylvania Chapter of the American Academy of Pediatrics, which represents more than 2200 physicians and residents who specialize in pediatrics. The specialty of pediatrics cares for children from newborns through childhood, adolescence and into early adulthood.

Respectfully, we oppose House Bill 765.

We believe nurse practitioners are a valued part of the physician-led team and serve an integral part in delivery of care to the children of Pennsylvania. Many pediatricians work with nurse practitioners (NPs) in our offices and feel strongly they have a role to play. However, we believe their contributions are best utilized and safest for children when incorporated in the context of a physician-led environment.

The differences in training and certification as outlined by my Family Practice colleague are significant and include both greater in-depth understanding of the mechanisms of disease pathology and process, and in graduated responsibility in directly caring for patients. Even physicians who graduate with 8 years of education spend their 3 year residency caring for patients under direct supervision of experienced physicians with increasing independence and competence over time.

It is not just caring for the patient in an office setting that grounds the pediatrician in their approach to the patient. It's also having had the experience of working in the pediatric emergency department when a 3 day old presents in overwhelming heart failure due to a heart defect that was not appreciated in the newborn nursery, caring for a child with asthma in the hospital who worsens over a period of four hours and needs to be transferred to the intensive care unit, or spending 12 hours in the pediatric intensive care unit caring for the child with kidney failure from an E.coli infection. In addition, pediatric residency requires further in-depth experience with pediatric specialists including cardiologists, endocrinologists, infectious disease experts and many more specialties.

Those key experiences are critical for patient care and utilized every day when confronting the vulnerable child in front of you for care. Nurse practitioner training does not have the same breadth and depth. When a nurse practitioner is part of a physician-led team, they can garner increasing skills in patient evaluation and learn from physician experience. Practice protocols on when a physician should be consulted, including when to order studies or refer to a specialist, provide the safest care for our patients. In addition, when there is a collaborative agreement, NPs have the physician as leader of the team to provide oversight, ensure quality and safe care and access to the physician when their evaluation of a patient indicates a need for a higher level of expertise or skill. The physician is uniquely qualified to manage, coordinate, and supervise the entire spectrum of pediatric care, from diagnosis through all stages of treatment, in all practice settings.

A recent study of the geographic distribution of pediatric NPs found that the majority of states have fewer than 25 pediatric NPs per 100,000 children and that a state's independent practice laws are not related to its density of pediatric NPs.[1] In 2010, almost 85% of all NPs reported practicing in urban areas.[2] Furthermore, a recent study from the University of Washington Rural Health Research Center found no statistically significant link between states that allow NPs greater practice autonomy and higher rates of NP practice in rural areas. A greater supply of NPs in a state does not necessarily lead to an equitable distribution to areas that are underserved.

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[1] (Freed GL, Dunham KM, Loveland-Cherry CJ, Martyn KK, Research Advisory Committee of the American Board of Pediatrics. Pediatric nurse practitioners in the United States: current distribution and recent trends in training. JPediatr. 2010;157(4):589–593, 593.e1)

[2] (Skillman SM, Kaplan L, Fordyce MA, McMenamin PD, Doescher MP. Understanding Advanced Practice Registered Nurse Distribution in Urban and Rural Areas of the United States Using National Provider Identifier Data. Seattle, WA: WWAMI Rural Health Research Center, University of Washington; 2012)

In fact, in a recent discussion with several member pediatricians who practice in rural settings report that they have had extreme difficulty in recruiting both physicians and nurse practitioners to their rural areas. In some counties, such as Tioga, a single pediatrician and his team serve the entire county. We have heard from these colleagues that the only staff interested in coming to their rural settings is those who grew up there or have family connections. Attempts to attract many qualified health care team members to their hospital and ambulatory settings have been extremely difficult. In many case, the community has paid or subsidizes further education of local community members with promise of return to the area to serve patients after completion of training.

In addition, independent nurse practitioners in this rural setting could further compromise emergent and hospital care of critically ill patients. As many of our rural hospitals cannot attract or subsidize inpatient hospital physicians, the community pediatricians must go to the hospital to attend urgent deliveries or c-sections, attend to ill children in the emergency department and care for infants and children ill enough to require inpatient hospitalization. When the pediatrician has nurse practitioners as part of his office team, he can safely leave the patients in his office under care of his extended team when he needs to urgently leave. If nurse practitioners were to be allowed independent practice, they may take away manpower resources from the care teams that pediatric practices have developed.

The American Academy of Pediatrics believes that optimal pediatric care is best rendered by using a team-based approach led by a pediatrician. As the clinician most extensively educated in pediatric health care, the pediatrician has the depth and breadth of knowledge, skills, and experience to assume this role and should be held to the highest standards. Collaboration with family physicians is an important component of pediatric health care delivery, as are partnerships with non-physician clinicians in an effort to provide safe and effective quality health care for all infants, children, adolescents, and young adults in the United States. The AAP recognizes the importance of team-based education and training. Furthermore, the AAP maintains that to ensure safe and effective care, all members of the healthcare team must be required to demonstrate adequate education, training, skills, and competencies in pediatric health within their scope of practice and all members of the healthcare team must provide care that is consistent with their education, training, and licensure. Patient safety and public protection must be the primary benchmarks in making any decision on changes involving the scope of practice of those who care for children. The Academy feels this is best accomplished by collaborating with nurse practitioners as part of a physician-led team.