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Good morning Chairwoman Harhart, Chairman Readshaw and distinguished members of the committee. My name is Kathy Gray and I am honored to speak with you today as President of the Lehigh Valley Nurse Practitioners Association and as a supporter of House Bill 765 and Full Practice Authority for nurse practitioners in Pennsylvania.

First, a little information about my background – I am a certified nurse practitioner with a Master's of Science in Nursing and a Doctorate of Nursing Practice. For the past 16 years, I've been a member of the Pennsylvania Coalition of Nurse Practitioners and in that time I have cared for thousands of patients here in the Commonwealth. The patient populations that I serve are newborns to elderly with 80 percent of the population over age 50. The work is very challenging but very rewarding.

Nurse practitioners provide a full range of primary, acute and specialty health care services, including ordering, performing and interpreting diagnostic tests such as lab work and x-rays; diagnosing and treating acute and chronic conditions such as diabetes, high blood pressure, infections, and injuries; prescribing medications and other treatments; managing patients' overall care; offering counseling and educating patients on disease prevention and positive health and lifestyle choices.

My colleagues and I are vital members of the community and directly contribute to the management of the health care needs of patients in Pennsylvania. Nurse practitioners integrate the nursing model of care with the medical model of care to ensure best practice and clinical outcomes for our patient populations.

What is the nursing model? It is an approach to health care that focuses on the overall wellbeing of every patient. It is distinct from the medical model, which emphasizes targeted diagnosis and treatment of ailments. The two models work together and complement each other.

Here is an example of how it works. A patient came to me for a second opinion regarding his high blood pressure. He was on five different classes of medications but his blood pressure was still not at the recommended goal. He was having side effects from all of the medications and very frustrated with the care he had been receiving.

This is where the nursing model came in. I listened to his story going all the way back to the time he was first diagnosed with hypertension. I obtained a thorough family history. I ordered lab work to evaluate his kidney status and ordered a renal ultrasound. That was the key. The

ultrasound revealed multiple cysts and an adrenal gland mass on his left kidney that had gone unnoticed before.

I followed up with a CT scan, and here is where the medical model came in. I sent him to a nephrologist for a consultation. He had surgery, the mass was removed and today he no longer suffers from hypertension and today he is in excellent health. This was life changing for this patient.

When it comes to patient care, nurse practitioners and physicians are important partners. Nurse practitioners collaborate every day with other providers including primary care physicians, specialty care physicians, and other health care providers in order to ensure the best possible outcome for the patients that we serve – just as I did with nephrologist for my patient. It is part of our core training.

The problem is the red tape.

Nurse practitioners in Pennsylvania are required to have a “Collaborative Agreement” business contract with two physicians in order to participate with many insurance companies and to prescribe medication. This barrier prevents access to quality care and increases the cost of care to the citizens of Pennsylvania.

This requirement is redundant and unnecessary, and it has directly impeded my ability to care for patients.

On three separate occasions, I have been called upon to take over a practice that was left without a primary care physician – once due to a death and twice due to an extended illness. I was the only provider on site, yet I had to form business contracts with two physicians off-site in order to keep the doors open.

Thankfully after a long search I was able to find two physicians to sign the contracts. But that time. It takes time for the state to process the paperwork. All that is time that patients cannot receive care. All this delay is mandatory, despite the fact that there is no requirement that the physicians on the contract ever saw my patients, reviewed patient care decisions, or even set foot in my practice.

Patients, experts, independent researchers and a growing number of states all agree – full practice authority is an effective way to improve health care. The results from other states paint a clear picture – patient satisfaction and access to care is up, costs and wait times are down.

21 other states and Washington, D.C. have proven that “collaborative agreements” have nothing to do with collaboration. In those states, nurse practitioners always work side by side

with other providers, including physicians, specialists, pharmacists and more – just as we always will in Pennsylvania.

It's important to emphasize that supporting HB 765 and full practice authority will not change any of the requirements or safety protocols for advanced practice nursing. It will simply allow nurse practitioners to fully utilize the training that is already provided to them.

HB 765 has a direct, positive impact on Pennsylvania families. There is no reason to doubt evidence from states that have already adopted full practice authority, or the overwhelming research that proves that this reform benefits patients. This bill will allow nurse practitioners to increase access to care for all of the citizens of our Commonwealth.

Chairs Harhart and Readshaw, distinguished committee members, I urge you to support HB 765 to improve health care in Pennsylvania. Thank you for your time and consideration.