Testimony: PA HR Bill 1000

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My name is Denise Lucas, and I am the Chair of the Advanced Practice programs in the School of Nursing at Duquesne University. Specifically, I oversee advanced practice programs that prepare experienced nurses to earn a national certification to diagnose, treat, and prescribe for various human conditions. I have been a family nurse practitioner since 2001 with most of my years caring for underserved individuals and hold a PhD from West Virginia University where my studies focused on caring for those who are underserved. I have taught highly complex patient management courses in the family nurse practitioner program and since 2018 I am the faculty of record teaching advanced pharmacology to all graduate students. I am a prescribing primary care provider in a stand-alone health center caring for those who are uninsured or have Medicaid. I base my comments from the following two facets:

<u>Prescribing is a privilege requiring specific educational underpinnings.</u>

An inherent professional and personal obligation comes with the ability to prescribe pharmaceutical options for humans. Professionally one must have the assurance of a correct diagnosis, remain up to date with current treatment guidelines, medications, their mechanism of action, and indications. Personally, one must establish a relationship with the patient, and the relationship must be built on trust.

The preparation to prescribe in disciplines such as medicine, nursing, and physician assistants includes core content in advanced pathophysiology, advanced pharmacology, advanced physical assessment, differential diagnosis, and diagnostic reasoning prior to progressing to extensive dedicated patient management/disease specific didactic and clinical experiences. Extensive,

definitive clinical opportunities spanning hundreds to thousands of patient contact hours to diagnose, treat, manage, and observe patients are incorporated into graduate medical or advanced practice nursing education. Course work and clinical experience intertwine to scaffold up the complexity of patient presentations and high-level decision making. Rarely is this done with a single focus on one problem or problems inherent in a single discipline, but with a keen eye on the global patient picture and the resulting complex thoughts and actions around any diagnostic decision requiring treatment, whether that treatment requires medication or some other action. Not every patient treatment plan goes as anticipated and when complications or problems occur the provider is responsible for the continued management and this is why knowing, understanding, and being able to manage the global picture is critical. The culmination of an academic program for medicine, nursing, and physician assistants includes the opportunity to sit for a national examination that leads to a professional license. I do not see these opportunities defined or offered in the academic preparation of prescribing psychologists, nor is a medication formulary identified in the house bill.

Primary Care Workforce Status.

House Bill 1000 requires a collaborative relationship with a primary care provider to be in place for a prescribing psychologist. This requirement places an additional strain on the primary care work force since Pennsylvania will need to add 1,039 primary care physicians by the year 2030 to maintain the current workforce while considering the aging population. Trends show fewer medical graduates consider primary care while 25% of the current work force will age out

with retirements (Primary Care in the U.S, 2021) Of note, currently 51% of the primary care workforce is currently filled by nurse practitioners and physician assistants, who also must have a collaborative agreement in place with a primary care physician. Primary providers typically set limits concerning what age groups, conditions, and problems they will treat and what medications they will utilize in practice. Management of complex chronic problems is hallmark in such a practice and the top diagnostic codes managed and noted by Medicare and private payors include upper respiratory infections, hypertension, hyperlipidemia, diabetes, routine health maintenance, arthritis, and depression and anxiety. The American Psychiatric Association declares the top mental disorders treated by psychologists include anxiety, depression, trauma-related stressors, personality disorders, substance related addictive disorders, disruptive/impulse control disorders, and bipolar disorder. Of these only depression and anxiety tend to live in the realm of primary care and most primary care providers, no matter the discipline, will only manage patients to a certain degree, and if the patient does not respond to treatment, they are typically referred to specialty care. Primary care physicians, nurse practitioners, and physician assistants are prepared to work collaboratively with psychiatry in the interdisciplinary management of patients by assessing other avenues of treatment effectiveness, managing current co-morbid and new chronic conditions that may occur due to medications and other reasons, and communicating patient response to treatment.

Conclusion.

I conclude by noting I sincerely hope you recognize the important and current burden placed on primary care, the significant need for such providers to

recognize and manage patients from a global perspective, and the degree of collaboration in progress with like disciplines at this time. There are many additional constructs and definition required to ensure the health and safety of patients concerning prescribing psychologists prior to approval and enactment of House Bill 1000 while avoiding additional strain to an already stressed primary care infrastructure.