



PENNSYLVANIA COALITION
OF NURSE PRACTITIONERS

THE **KEYSTONE** OF
QUALITY HEALTHCARE

2400 Ardmore Blvd., Ste. 302
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**Testimony by Janice Miller, DNP, CRNP, FAANP
President Elect, Pennsylvania Coalition of Nurse
Practitioners
Pennsylvania Professional Licensure and Health
Committees Hearing
March 7, 2024**

Good afternoon, Chairman Burns and Chairman Frankel, Chairwoman Rapp, Chairman Metzgar, and members of the Professional Licensure and Health Committees.

Thank you for the opportunity to provide testimony.

We're here today because of a crisis that cannot be ignored. Too many Pennsylvanians lack access to health care providers, especially primary care physicians. We must act now.

A Mental Health Story

I'd like to begin with a short patient story. A woman in her mid-thirties came to see me in the primary care office. She had moved to Pennsylvania from Boston. The patient took several medications prescribed by a psychiatrist in Boston. The psychiatrist in Boston stated that since she moved, she needed to establish with a psychiatrist and have her medications prescribed and managed by a psychiatrist in Pennsylvania. The patient couldn't find a psychiatrist locally that accepted her insurance or, even if she were paying cash...several hundred dollars...which she was willing to pay... that had an appointment available for three months. Without her medications she was making mistakes at work, arguing with coworkers that had always been supportive and now feared she would lose the job for which she moved to Pennsylvania. She cried in the office and said, "My life is falling apart, and I can't find anyone who can help me get my medicines and maintain the good life I've built here".



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This didn't occur in a rural, remote setting. This occurred at an urban, academic medical center. If she could not find help in this setting, how likely do you think a patient is to find a psychiatrist in a timely manner in a rural community?

Accessing mental health care helps avert behaviors that result in family upheaval, substance use, violence, and crime.

Graduate programs are training more psychiatric mental health nurse practitioners because the supply is desperately needed...because patients and families are desperate. But if these psychiatric/mental health nurse practitioners can't find a collaborator, it's all for naught.

Women's Health Care

Having a women's health nurse practitioner in a community is valuable on many levels. Lack of prenatal care is directly related to preterm birth and low birth weight which result in lengthy hospital stays for babies.

Over 100,000 women in Pennsylvania live in maternity deserts...more than 100 miles from women's health care. 100,000 women. For a visual, think of Heinz Field, or Lincoln Financial Field. Each of those stadiums holds 60,000 people. Neither alone could house all the women in maternity deserts in Pennsylvania.

Think about how frequently you hear about a baby being born...in your family, or that of your colleagues, church members, neighbors. Losing even one of those moms to a pregnancy related death would be unacceptable. Yet Pennsylvania's maternal death rate is more than twice the national average. (32/100,000 vs 82/100,000)

Allowing full practice authority for nurse practitioners will improve access to prenatal care where moms who are at high risk can be identified and plans implemented to lower maternal death rates. We all agree that not one maternal death is acceptable, let alone twice the national average.

Primary Care

Granting nurse practitioners Full Practice Authority will impact the astounding workforce shortage in primary care and improve access in underserved areas.



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Patients constantly face long wait times for new patient appointments as well as follow up care all across the state in urban, suburban and rural areas.

For decades, nurse practitioners have safely managed patients. In primary care, everyone's goal is to manage health problems before they become complex illnesses. This improves the quality of life for people and families, enabling them to continue to have productive lives in the workforce, their communities and society. Nurse practitioners are also skilled at managing chronic illness care.

11% of the population has diabetes and thus at high risk for life changing, disabling complications such as stroke, heart attack and foot amputation.... These are mostly avoidable or minimized if managed well in a primary care setting.

Nurse Practitioner Education and Licensing

I'd like to pivot for a moment and describe preparation for practice as an NP.

Almost all NP students have been nurses for a length of time and bring tremendous practical experience to the graduate track they choose. NPs earn a master's or doctoral degree and are trained to focus on a specific population, perhaps pediatrics or psychiatric/mental health or adult/gerontology or women's health. All of the clinical classes and clinical training are focused on the health problems experienced by those populations. Colleges of Nursing must demonstrate that their graduate NP programs meet the requirements of national certifying agencies. Colleges of nursing and NP Programs are accredited by the American Association of Colleges of Nursing, similar to how medical schools are accredited by the American Association of Medical Colleges.

After completing a rigorous graduate program, every NP in the country must take the following steps:

To be eligible to register for the national certification exam, students must include with their application to test:

- A copy of their RN license
- An official transcript from their graduate program demonstrating the standard and required courses for the population specific certification exam.
- The official transcript must show conferral of a master's or doctoral degree with a GPA of 3.0 or higher

- The college of nursing's Graduate Chair or Dean must sign documents attesting that the student has met the criteria to sit for the national certification exam

In Pennsylvania to obtain a CRNP license, a nurse practitioner must provide the following to the State Board of Nursing:

- Transcripts from their graduate college that demonstrate specific required graduate courses that led to a master's or doctoral degree.
- Documentation by the Graduate Chair or Dean that the student successfully completed an Advanced Pharmacology Course with a grade of B or better.
- Evidence of successfully passing the national certification exam
- Proof of professional liability insurance; and
- To maintain licensing and certification, there are continuing education and continuing pharmacology education credit hours required.

Compliance with these exacting criteria and numerous safety nets are already in place before an NP enters practice.

Collaborative Agreements

Currently, nurse practitioners in Pennsylvania cannot prescribe medicines without a written, signed, collaborative agreement with two physicians on file in Harrisburg. Let's be clear, these agreements are no more than costly, burdensome state mandated pieces of paper. It does nothing to compel the physician to see, sign off, or meet the nurse practitioner. Many NPs have never met their physician collaborators. One mental health NP who runs a clinic in suburban Pittsburgh has a collaborator who lives in Florida, has never visited the clinic, but is paid \$2,000/month for signing the agreement.

HB 1825 removes the requirement for a written collaborative agreement after a nurse practitioner has completed 3 years and 3,600 hours of practice. This 3-year, 3,600-hour requirement makes HB1825 an even more stringent measure than has been passed in 27 other states, the District of Columbia and the Veterans Affairs (VA) Health

System. We started this march toward Full Practice Authority in 2014 warning of the growing crisis in access to care. Ten years later, the situation has only worsened.

Nurse practitioners and patients have become stranded. This happens all the time in rural communities, but many community clinics led by nurse practitioners located in schools or community centers close because nurse practitioners are unable to establish or afford these administratively burdensome collaborative agreements.

In larger healthcare systems, physicians are often “assigned” as collaborating physicians, which places regulatory burdens on these organizations who have to pay employees to conduct the process and file the agreements in Harrisburg. This further delays a nurse practitioner’s entry to practice if they change location or organization. It also wastes valuable time for patients to achieve access care and for revenue streams to be established. Even in organizations, it’s not unusual for the nurse practitioner to never meet the collaborating physician.

Nurse practitioners with Full Practice Authority will have the agility to help the community clinic or healthcare organization immediately, even on a part time basis until they or another nurse practitioner fills the vacancy.

Safety, Quality and Patient Satisfaction

27 states, the District of Columbia and the VA health system grant Full Practice Authority to NPs. There are over 150 studies documenting high patient satisfaction, safety and high quality of care provided by nurse practitioners. The first of these studies was reported in the Journal of the American Medical Association 23 years ago. I have brought with me a compilation of those studies. The list continues to grow.

It was recently asserted that NPs do not represent a cost savings because we order more tests and drive-up healthcare costs. However, the 2015 analysis of Medicare claims concludes that when clumped together, NPs and Physician Assistants ordered 3 more X-rays per 1,000 visits than physicians in patients 66 and older and fewer X - rays for some conditions that were not delineated.

The study also clearly states that NPs may be more cautious in caring for sicker, older patients. Of course...everyone is more cautious with older patients who have less



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margin for illness severity. I have a copy of that article here if anyone would like to review the data.

Collaborative agreements were waived in Pennsylvania during the totality of the pandemic to rapidly enable nurse practitioners to treat patients where needed. No one challenged our abilities in the midst of the crisis. We're no less capable now than we were when so many people were near death.

I've been a nurse practitioner in primary care since 1996. I've been blessed throughout my career to work with tremendous physicians. I've never had a physician, pharmacist, specialist, social worker or physical therapist for over two decades tell me they couldn't collaborate with me because we didn't have a signed regulatory collaborative agreement. And I've never declined to collaborate at their request for that reason either. It's a false narrative to suggest that collaborative agreements are the way to force doctors and nurse practitioners to collaborate. It's simply not true. Everyone collaborates, each and every day because every healthcare professional has the same goals.... meeting the patients' needs, properly managing their health conditions and ensuring their access to care.

Looking Ahead

Pennsylvania is now losing nurse practitioners to surrounding states that have Full Practice Authority. They surround us...Maryland, Delaware, New York. A recent grad told me he had no reason to stay in Pennsylvania when he could get on 95 South and be in Delaware in 45 minutes and practice without encumbering regulations. We don't want to lose the intellectual capital we've developed here in Pennsylvania.

Dire predictions abound concerning the future primary care workforce, but let me assure you, the workforce shortage is already a crisis. That's why we're here today. 88% of nurse practitioners focus on primary care and can be found throughout the state. Many nurse practitioners would prefer to stay in their communities and serve their neighbors yet are forced to practice elsewhere or pay costly sums that preclude maintaining a practice.

Pennsylvania will need numerous initiatives across many sectors to solve the problem of access to care. Several pieces of legislation will likely help but over a longer period of time and with significant state budgetary impacts. Full Practice authority for



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Pennsylvania's 18,000 NPs is the easiest and most proven initiative that can rapidly impact access to care. And it adds no cost to the state.

Many advancements have occurred that were never thought possible ten years ago such as 3 D printers, and cars that park themselves. Yet, access to health care has not improved for patients. Access is still in the dark ages in Pennsylvania. It's time to move ahead. Help us help your constituents. They are desperate and you have the power to make these advances happen, quickly and without additional cost.

We urge you to pass HB 1825, so Pennsylvania patients no longer have to wait. Thank you for serving our wonderful state and for your attention.