



**DATE:** March 22, 2021

**TO:** Honorable Members of the Pennsylvania General Assembly

**FROM:** Pennsylvania Medical Society  
Pennsylvania Osteopathic Medical Association  
Pennsylvania Academy of Family Physicians  
Pennsylvania Chapter of the American Academy of Pediatrics  
Pennsylvania Chapter of the American College of Physicians

**SUBJECT:** Physician coalition opposition to Senate Bill 25

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For more than a decade, Pennsylvania's Certified Registered Nurse Practitioners (CRNPs) represented by the Pennsylvania Coalition of Nurse Practitioners (PCNP) have repeatedly lobbied the General Assembly to relax clinical standards by no longer requiring "physician backup" when providing direct patient care...they refer to this as "full practice authority." Interestingly, CRNPs already practice to the full extent of their education and training which, in Pennsylvania, means that a CRNP can do all the following:

- Prescribe all medications and other treatments;
- Diagnose and treat acute health problems;
- Monitor and manage chronic conditions such as diabetes;
- Order blood tests and cultures;
- Order diagnostic imaging studies such as MRIs and CAT Scans;
- Provide prenatal care and family planning services; and
- Provide well-childcare and immunizations.

The only statutory limitation the General Assembly places on CRNPs is the "patient safety" requirement that a physician be immediately available should a patient's clinical complications or test results or condition require a higher level of interpretation...we call that "collaboration." We also know through patient group surveys and focus group interviews that many patients believe that while they are seeing a CRNP for their care, a physician is involved with that care. Currently, that would be a correct assumption. Senate Bill 25 would effectively take the physician out of the equation.

The basis of the PCNP's argument in seeking independent authority is the assertion that, if granted, CRNPs will practice in rural areas where access to care may be challenging. We have historically questioned the efficacy of granting increased clinical authority to lesser trained professionals, especially

now when patients routinely present with multiple comorbidities, complex medical histories, and numerous critical medications. The art and science of differential diagnosis in the field of primary care is more than simply knowing when someone has strep throat or an intestinal virus – it is about understanding and recognizing clinical subtleties, and treating accordingly, which can be the difference between life and death.

Last year, Rep. David Hickernell crafted a legislative proposal that would have created the nation's first Pilot Project to assess the efficacy of independent CRNP-led care, specifically in rural areas of the Commonwealth. After many long hours and months of negotiation, we joined together with the Pennsylvania Coalition of Nurse Practitioners in supporting this initiative. The proposal, House Bill 100, won the support of Rep. Jesse Topper, the PCNP's champion on independent practice in the House, and passed the House of Representatives with only one negative vote. Our letter in support of this proposal, along with supportive correspondence from the nurse practitioners, is attached for your review and understanding.

This legislative session the original Senate Bill 25 has been reintroduced. This is a proposal that would grant immense clinical autonomy to CRNPs and take physicians out of the equation when CRNPs are providing care. Senate Bill 25 markedly changes the health care delivery landscape without any clear evidence as to whether CRNP independence would effectively address rural access or have a negative impact on patient care.

In contrast, the "agreed to" proposal with the PCNP as brokered by Rep. Hickernell last year would have granted "full practice authority" to CRNPs while at the same time ensuring clinical competency, accountability, and providing the General Assembly with meaningful clinical outcomes data from a rural access and patient safety perspective. We are immensely disappointed that the PCNP has appeared to change course since last fall and go back on their word, once again advocating for Senate Bill 25.

We continue to oppose granting CRNP any independent practice authority that does not provide the same limitations, assurances, and outcomes data that were contained in last session's final version of House Bill 100. We also believe that an agreement between multiple organizations working with the General Assembly should be honored. In this case, our patients, your constituents, and your family deserve nothing less.