



April 13, 2018

The Honorable Members of the Pennsylvania House of Representatives
Harrisburg, Pennsylvania

Dear Representative:

The Pennsylvania Osteopathic Medical Association (POMA) is writing in opposition to HB 100. This bill expands the scope of practice for Certified Registered Nurse Practitioners (CRNPs) by eliminating the requirement that they maintain a collaborative practice agreement with a physician after three years of practice and allowing them to practice independently as “licensed independent practitioners.”

As a result, CRNPs will be permitted to prescribe pharmacological agents (including controlled substances) and act as primary care providers under state health insurance plans without attaining a level of education or competency similar to a physician. The POMA is very concerned that such a large increase in scope of practice for CRNPs, without commensurate increases in education, training or competency demonstration requirements, may put the health and safety of Pennsylvania patients at risk.

This bill expands the scope of practice for CRNPs by:

- Eliminating the requirement that CRNPs practice under a collaborative practice agreement with a physician after three years of practice;
- Allowing them to independently prescribe drugs, including controlled substances; and
- Allowing them to act as primary care providers under state health insurance plans.

The POMA supports the “team” approach to medical care because the physician-led medical model ensures that professionals with complete medical education and training are adequately involved in patient care. While we value the contributions of all health care providers to the health care delivery system, we believe that CRNPs’ education and training lacks the comprehensive and robust requirements needed to safely provide patients with the broad range of unsupervised primary care services authorized by this bill.

Collaborative practice arrangements in reality permit CRNPs’ to practice to the full extent of their education and their comfort. The physician and the nurse together discuss experience, expertise and competency. The collaborative practice arrangement for a new graduate, one whose hands-on patient experience of 500 or fewer clinical hours will differ greatly from an arrangement with a CRNP who has been highly focused in a specialized area for several years under the direct supervision of a physician.

Osteopathic medical education includes:

- **Four years of medical school**, which includes two years of didactic study totaling upwards of **750 lecture/practice learning hours** just within the first two years, plus two more years of clinical rotations done in community hospitals, major medical centers and doctors' offices.
- **12,000 to 16,000 hours of supervised postgraduate medical education**, i.e., residencies, where DOs develop advanced knowledge and clinical skills relating to a wide variety of patient conditions. Residencies are completed over the course of **three to seven years**.

CRNP education includes:

- Completion of a **two-year master's degree** (much of which may be done online).
- **500 hours** under a clinical preceptor, **who may be another nurse. This amounts to less clinical experience than a physician receives in just the first year of a three-year medical residency.**

Collaboration requirements do not prevent CRNPs from currently practicing in rural and underserved areas. The process of collaboration requires immediate availability of the physician by direct communication, radio, telephone or telecommunications; a predetermined plan for emergency services; and availability of the physician to the CRNP on a regular basis for the purpose of referrals and review of other medical protocols. There is no evidence that doing away with this flexible safeguard and granting CRNPs independent licensure will do anything to improve access to care in underserved areas.

With the continued evolvement of telemedicine, the ability to collaborate is made easier, not more difficult. Consultations can occur within minutes. Chart reviews done easily using electronic health records. Our first and foremost goal is to ensure the health and safety of Pennsylvania patients.

We ask that you express your **opposition on HB 100** to the respective chairs of the House Professional Licensure Committee, Representatives Mustio and Readshaw and to your House Leaders. Should you need any additional information, please feel free to contact Bruce Hironimus, our legislative consultant, Diana Ewert, our chief executive officer, or either of us. The contact information for Mr. Hironimus and Ms. Ewert is listed below.

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Sincerely,



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President, POMA



Joan M. Grzybowski, DO
President-elect, POMA

CC: Diana Ewert, MPA, CAE, Chief Executive Officer, POMA
Bruce Hironimus, Legislative Consultant
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