

Dear Fellow Osteopathic Physician:

As you know, CRNPs and other health care providers have been trying to increase their scope of practice for some time. The POMA Board and Officers have been advocating for the team model with the physician as the leader of the health care team with each member of the team providing a valuable role for the care of our patients, but practicing to their level of training. In February of this year, POMA was faced with an ultimatum from the Pennsylvania legislature, who was at an impasse. We were asked to participate to either negotiate on a 6-year pilot program advocated by the Chairman of the House Professional Licensure Committee where CRNPs could practice advanced nursing care without a collaborative agreement in Health Professional Shortage Areas (HPSAs) only, or face a vote that would give CRNPs plenary status to treat whomever, whenever they wanted throughout the Commonwealth. Not confident of winning the latter, the POMA Board of Trustees chose the former, and became involved in the process of negotiating and formulating this plan.

The next steps were to define and advocate the most critical elements that were needed to ensure safeguards around CRNPs practicing in the pilot program. The POMA Committee on Legislation and Public Policy (CLPP) and POMA Board of Trustees spent many hours working on what it would take for POMA to support a pilot project. Once completed, POMA staff, legislative consultants and General Counsel worked with several other physician organizations to develop legislative language that would effectively represent the policy points POMA identified as the most important.

After several weeks of back and forth negotiations on the language, POMA was presented a legislative product that addressed the vast majority of all of its main concerns. The proposal achieves the following objectives:

- 6 years in entirety and only an Act of the General Assembly can continue the pilot program.
- Physicians name the subcommittee members and not the state Board of Nursing.
- Limited to primary care HPSA only.
- Requires separate certification.
- Requirement of 3 years of practice in primary care.
- Requirement of 3,600 hours of practice in primary care.
- Attestation by the collaborating physicians that CRNP met the 3,600 hours and 3 years in practice and if the physician does not attest, it is up to the nurse to provide sufficient documentation.
- \$1M in professional liability insurance.
- Required participation in the Mcare Fund.
- Patient safety continuing education (CE) required (10 *additional* hours of CE.)
- Oversight of a subcommittee represented by actively practicing physicians and nurses
- Subcommittee, not a simple advisory committee, that can be ignored.
- Subcommittee with the power to approve, issue, track and revoke certification.
- Subcommittee with veto power of regulations.
- Strong legislative oversight.
- CRNPs are required to inform new patients they are NOT physicians.
- CRNPs must practice advanced practice nursing and are prohibited from practicing medicine as defined in the respective physician practice acts.
- Liability immunity and protection for physicians who collaborate with CRNPs and the CRNP also practices in the pilot program.

- Strong quality metric measurement, analysis and report by an independent entity.

Given the tight guardrails around the CRNP practice in the pilot program, the POMA Board of Trustees voted in an emergency meeting to support the pilot project language. This allowed us, as your representative at the POMA, to be intimately involved in the process outlined above, thereby providing the best safeguards for the care of the residents of Pennsylvania.

While I am not pleased about this development, I believe this is the best-case scenario that we could have hoped, given the circumstances as presented. I do know that the POMA Board and Leadership has worked to do our best to protect patients and I believe we did. Further, this will give the CRNPs what they have used as talking points in other states and in Pennsylvania, "If you give us independent practice, we will go to the rural and underserved areas." This pilot program legislation gives them their chance and 6 years to prove it. Furthermore, we will be involved with the monitoring of this program, also knowing there is no guarantee at the end of this 6-year pilot program nor any presumed pathway to independent practice afterward.

Thank you for your trust in the POMA Leadership in this and all matters, all of which we do, on behalf of the entire Osteopathic community, with the utmost care for the greater good of the whole. We will keep you updated on further developments of this matter as they occur and recommend you follow POMA with our monthly Advocacy updates in the "Under the DOme" and the "POMA Newsletter."

Take care and be safe!

Fraternally,

Gene M. Battistella, DO
POMA President