

## **Editorial: Nurse practitioners should be given the freedom to practice independently in Pennsylvania**

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[http://lancasteronline.com/opinion/editorials/nurse-practitioners-should-be-given-the-freedom-to-practice-independently/article\\_1855066c-304d-11e7-985b-c38bc6e0829f.html](http://lancasteronline.com/opinion/editorials/nurse-practitioners-should-be-given-the-freedom-to-practice-independently/article_1855066c-304d-11e7-985b-c38bc6e0829f.html)

### THE ISSUE

A bill that would give nurse practitioners more autonomy passed the state Senate by a 39-10 vote last week. As LNP reported Monday, “Nurse practitioners are authorized to do many, but not all, of the same things as doctors, and currently are required to have collaborative agreements with two doctors.” Senate Bill 25 and House Bill 100 would eliminate that requirement and permit them to practice independently after logging 3,600 hours under a collaborative agreement. Both state senators from Lancaster County, Republicans Ryan Aument and Scott Martin, voted against Senate Bill 25. Nurse practitioners are in the category of advanced practice registered nurses (midwives and nurse anesthetists are also in this category).

We understand why the Pennsylvania Medical Society, the Lancaster City & County Medical Society board and the American Medical Association oppose the concept of giving nurse practitioners more autonomy.

Doctors have been fiercely defending their turf for years (more on that in a bit).

But we’re not sure why Sens. Martin and Aument — whom we know to be pragmatic rather than dogmatic — would side with doctors over nurse practitioners.

Twenty-two states, including Maryland, Arizona, Minnesota and Connecticut, plus the District of Columbia, allow nurse practitioners to practice independently of doctors, to provide care in clinical specialties such as gerontology (the care of the elderly), family health, women’s health and psychiatric/mental health.

We believe that ought to be the case in Pennsylvania, too.

That belief is shared by organizations including AARP and the Pennsylvania Health Access Network.

But there is deep-seated resistance to that idea among doctors.

A study published in the New England Journal of Medicine in 2013 found that “physicians and nurse practitioners disagreed about whether nurse practitioners should lead medical homes or receive equal pay for providing the same services that physicians provide.”

And “physicians overwhelmingly rejected the statement that nurse practitioners provide the same quality of care that physicians provide.”

New York Times columnist and physician Pauline Chen wrote that same year about having attended a meeting on the future of primary care. The vibe of the meeting was cordial until one physician had the temerity to say, “Maybe we need more nurse practitioners in primary care.”

“Smiles faded, faces froze and the room fell silent. An outraged doctor, the color in his face rising, stood to bellow at his impertinent colleague,” Chen recalled. “... The physician had mentioned the unmentionable.”

It is true that physicians receive more years of training than nurse practitioners. But the latter aren't just strolling out of high school, putting on stethoscopes and hanging up shingles.

A master's degree is the “bare minimum” for a nurse practitioner, according to Nurse Journal. One must earn a Bachelor of Science degree in nursing; pass the rigorous National Council Licensure Examination for registered nurses; complete a master's or doctoral degree in nursing; obtain a license; and get certified in a clinical specialty.

The reality is that the United States is facing a physician shortage. So, too, is Pennsylvania.

According to a report issued in 2015 by the Pennsylvania Joint State Government Commission, the commonwealth will need 11 percent more primary care physicians than it now has by 2030.

“Large numbers of aging physicians are nearing retirement,” the report said. “An aging population, longer lifespans, increased health care utilization, improved health care access and a growing population all contribute to pressure on the health care system.”

Nurse practitioners can step into that gap to relieve some of that pressure. Their training enables them to diagnose and treat illness, manage chronic illness, prescribe medication, perform physical evaluations and order diagnostic tests. Their training encourages them to focus on prevention and the whole person, and so patients under their care may incur lower medical costs.

You may love your doctor, and consider his or her care too essential to give up. At the risk of sounding like former President Barack Obama, you can keep that doctor.

But maybe you're looking for a family care provider and most of the physician practices you contact are closed to new patients. Or maybe you are among the many people with mental health needs, and you find the provider waiting lists too long.

Autonomous nurse practitioners would offer patients another choice.

H.B. 100, the House version of the bill passed by the Senate, is in committee. We urge our Lancaster County representatives to lend it support. It's not the cure-all for the looming physician shortage, but it's a remedy that shouldn't be dismissed.