

Outdated red tape is creating a health care crisis

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A well-intentioned law that hasn't kept up with the times is making it harder for patients, especially the elderly, to receive care. It is preventing new health care practices from opening and causing existing ones to close. If something doesn't change soon, my practice will be next.

I have worked for fourteen years as a urological nurse practitioner. I saw a need in Lancaster County. Seniors who were unable to travel had few options for regular and convenient care. So I opened a practice providing care for residents in retirement communities. But thanks to outdated state regulations, the future of my practice is in jeopardy.

This is a story of how good intentions, over time, have gone wrong. Pennsylvania has fallen behind other states. Today, our rules for nurse practitioners make about as much sense as requiring every email to have a postage stamp.

Here's how it started. Earlier on, lawmakers wanted to make sure nurse practitioners had a physician on call to consult. The best way to do that, they thought, was to mandate that nurse practitioners have a contract with two physicians. Even then the requirements were lax: The physicians were not required to sign prescriptions, review any specific paperwork or even work in the same county.

Fifty years ago, that framework made sense. Back when the nurse practitioner role was first developing, the path to become one typically involved a registered nurse earning a bachelor's degree and a certificate from a nurse practitioner program.

Today, there are many safeguards that ensure nurse practitioner quality. Every new nurse practitioner is required to earn a master's or doctorate degree. We must be nationally certified. We are required to practice only within a clearly defined specialty. We must demonstrate that we know when to refer patients for care outside our scope. Every nurse practitioner in Pennsylvania is regulated and overseen by the State Board of Nursing.

Health care has changed, but the law has not. The contracts have become more and more impossible for an independent practice like mine to get. When nurse practitioners can't secure contracts, we can't serve patients. The result is a bottleneck for patient care.

The first problem: Most health systems specifically forbid employees from signing contracts for any nurse practitioner outside that system. That rules out a large number of physicians right off the bat. The reason my practice is at risk is because one of my physicians faced this limitation.

The second problem: malpractice insurance. Physicians willing to sign a contract with a nurse practitioner are often unable to get reasonable insurance coverage for doing so. Every nurse practitioner must carry professional liability insurance at the same level physicians do. But my insurance does not cover collaborating physicians, and most physicians' insurance companies will not cover them either. A physician who wanted to sign my contract could not because of this limiting factor.

The third problem: Like any small business, the margins at my practice are very thin. I am blessed because my physician chooses not to charge for our business contract. But some of my colleagues are not so lucky. One of them had to pay \$30,000 per year for her contract. Some nurse practitioner practices go out of business because they can't afford to pay.

The good news is that 22 other states, including Maryland, have already found a way to make the system work. They simply repealed the outdated mandate.

They found nurse practitioners and physicians collaborate very well with or without the contracts because both are committed to doing what's best for patients. They found patient outcomes are better with modern nurse practitioner laws because increased access improves the chances of finding small health problems before they become big ones. Also, nurse practitioners excel at motivating people to make lifestyle decisions that help them thrive. It's a win-win because healthier patients means lower costs to consumers and taxpayers.

Pennsylvania lawmakers have introduced legislation that would allow patients here to benefit from what other states have proven. Senate Bill 25 and House Bill 100 are supported by Republicans and Democrats. They are supported by AARP, the Hospital & Healthsystem Association, the Pa. Rural Health Association and more. How often can you say that about a health care bill?

Lawmakers should support independent practices and small businesses like mine. I know my patients well, and they know I care about them. A good relationship is so important for health care, especially for seniors. I don't even know how to tell them that I might go out of business.

I'm asking everyone: Please contact your state representatives. Let them know you care. Urge them to support SB 25 and HB 100.

We should support patients. The seniors I serve every day deserve access to high-quality health care, and they shouldn't be at risk of losing it because of outdated red tape.

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