

## **S.B. 25 and H.B. 100** **Allowing CNPs to Practice to Their Full Training**

Senate Bill 25 (Bartolotta) and House Bill 100 (Topper) would allow certified nurse practitioners (CNP) to practice to the full scope of their license without requiring a written collaboration agreement with a physician after they have worked under such an agreement for three years and 3,600 hours.

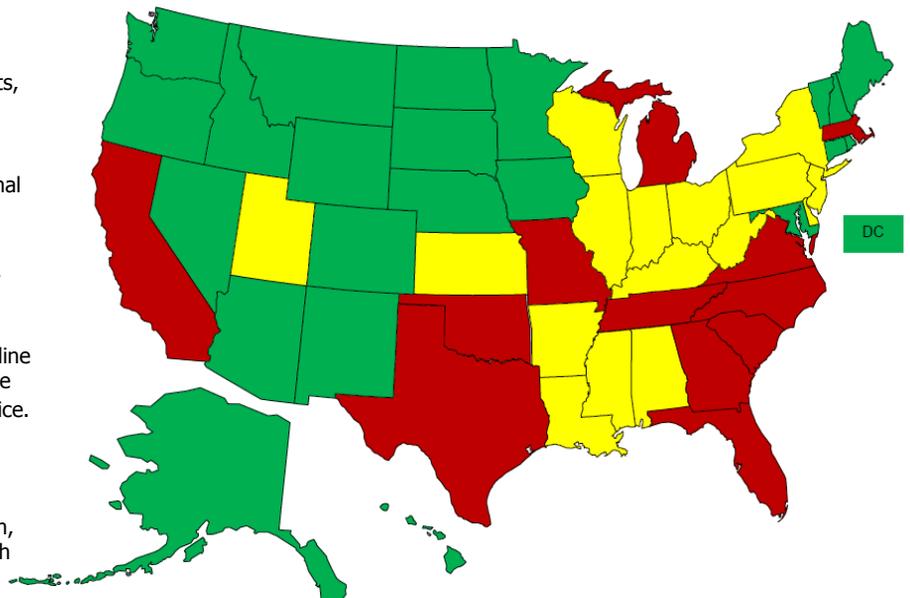
### **S.B. 25 and H.B. 100 are Reasonable and Responsible**

- The changing nature of health care requires that all members of the health care team work together as part of an inter-professional team. Senate Bill 25 and House Bill 100 are consistent with the team care delivery models being used by hospitals and health systems.
- In order to meet the growing health care needs in the commonwealth, every member of the health care team must be able to practice to the full scope of their license. Senate Bill 25 and House Bill 100 do not change CNPs' scope of license.
- CNPs do not need unending physician supervision when caring for patients within the boundaries of their scope of license.
- Senate Bill 25 and House Bill 100 would make Pennsylvania one of the strictest states in allowing CNPs to practice without a written collaboration agreement.
- Passage of Senate Bill 25 and House Bill 100 would allow Pennsylvania to join 22 states and the District of Columbia in allowing CNPs to practice to the full scope of their license.

**Full Practice:** State practice and licensure laws provide for nurse practitioners (NP) to evaluate patients, diagnose, order and interpret diagnostic tests, initiate and manage treatments—including prescribe medications—under the exclusive licensure authority of the state board of nursing. This is the model recommended by the Institute of Medicine and National Council of State Boards of Nursing.

**Reduced Practice:** State practice and licensure law reduce the ability of NPs to engage in at least one element of NP practice. State requires a regulated collaborative agreement with an outside health discipline in order for the NP to provide patient care or limits the setting or scope of one or more elements of NP practice.

**Restricted Practice:** State practice and licensure law restricts the ability of an NP to engage in at least one element of NP practice. State requires supervision, delegation, or team-management by an outside health discipline in order for the NP to provide patient care.



Source: [American Association of Nurse Practitioners, 2017](#)



## Significant Issues Are Impacting Access to Care, Increasing Demand for Services

- **Growing Insured Population**—Through 2016, more than 1.1 million Pennsylvanians obtained health coverage through the federal health insurance marketplace and Medicaid expansion. Pennsylvania’s rate of uninsured has dropped from about 14 percent during 2013 to 8 percent during 2016.
- **Growing Aging Population**—The number of Pennsylvanians 65 and older reached more than 2.6 million during 2016. Pennsylvania is ranked fourth in the U.S. (behind Florida, West Virginia, and Maine) for the highest percentage of adults age 65 and over.
- **Increasing Demand for Preventive Care**—The Affordable Care Act (ACA) provided new incentives for individuals to seek preventive health care by requiring insurers to cover them and eliminating patient cost-sharing.
- **Challenging Rural Health Needs**—Nearly a third of Pennsylvanians live in one of its 48 rural counties. The Pennsylvania Department of Health’s [Health Disparities Report 2012](#) found that individuals living in rural communities are more likely to have unmet health needs and have less access to health care than those in urban communities. The report also found that individuals living in rural communities had higher rates for cancer, obesity, heart disease, and diabetes.
- **Growing Shortage of Primary Care Providers**—
  - During 2015, Pennsylvania’s Joint State Government Commission issued [findings](#) from its study of physician shortages, noting 155 areas of the state are “primary care” health provider shortage areas and 118 areas are “mental health” health provider shortage areas.
  - A 2012 [compilation of studies and reports](#) about physician shortages by the Association of American Medical Colleges included a report by the Pennsylvania Medical Society, which found that 50 percent of Pennsylvania physicians were over the age of 50 and residency retention dropped from 60 percent to 22 percent during 1992–2006.
  - The Robert Graham Center for Policy Studies in Family Medicine and Primary Care’s [Pennsylvania: Projecting Primary Care Physician Workforce](#) found that due to the impact of the ACA along with an aging and population, Pennsylvania will need an additional 1,039 primary care physicians by 2030 to simply maintain the current rate of utilization.

## Research Confirms Quality, Safety, and Effectiveness of CNP Care

[The Quality and Effectiveness of Care Provided by Nurse Practitioners](#) (The Journal for Nurse Practitioners, September 2013, Volume 9, Issue 8, Pages 492–500.e13)—Outcomes for nurse practitioners are comparable or better than those for physicians for all 11 outcomes reviewed.

[Potentially Preventable Hospitalizations in Medicare Patients with Diabetes](#) (Medical Care, Volume 53, Number 9, September 2015, pp. 776-783(8))—Primary care provided by nurse practitioners was at least comparable with that provided by physicians in this study that used potentially preventable hospitalizations as a quality indicator.

[The Future of Nursing: Leading Change, Advancing Health](#) (Institute of Medicine of The National Academies, October 2010)—the Committee on Robert Wood Johnson Foundation Initiative on the Future of Nursing at the Institute of Medicine issued several recommendations to remove the barriers preventing nurses from being able to respond effectively to changes in health care. Their recommendations included states eliminating outdated regulations and barriers that limit nurses from practicing to the full extent of their education, training, and competence.