



Nurses: Regulations hamper health-care efficiency in Pennsylvania

By Rachel Martin

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In Pennsylvania, you have to pay for a doctor, even if you only need a nurse.

Patients could get better quality care and shorter waiting times if nurses were allowed to do what they're trained to do: take care of medical issues that don't necessarily require a doctor's time and attention. At least that's the argument from the [Pennsylvania Coalition of Nurse Practitioners](#), which is using this week's celebration of National Nurses Week to make its case for easing regulations on how nurses can provide services.

Nurse practitioners are nurses with advanced degrees, certifications and specialized training. Pennsylvania regulations allow them to perform a variety of functions that physicians do, but only if they sign collaboration agreements with physicians — meaning the doctors get paid and costs go up for patients.

“No business can afford to keep someone on retainer when their services aren't necessary,” said Lorraine Bock, referring to the collaboration agreements. “I spent thousands of dollars a year on agreements with physicians who never saw my patients, never interacted with my patients.”

Bock carries a doctorate in nursing. She told Watchdog.org the agreements don't serve a practical purpose and make it harder for nurse practitioners to be successful financially.

The PCNP argues state has others regulations that don't improve patient care but make health care more expensive and less accessible.



EXPANSION PROPOSED: The Pennsylvania Coalition of Nurse Practitioners is calling for reform that would let them practice more broadly, within the scope of their training.

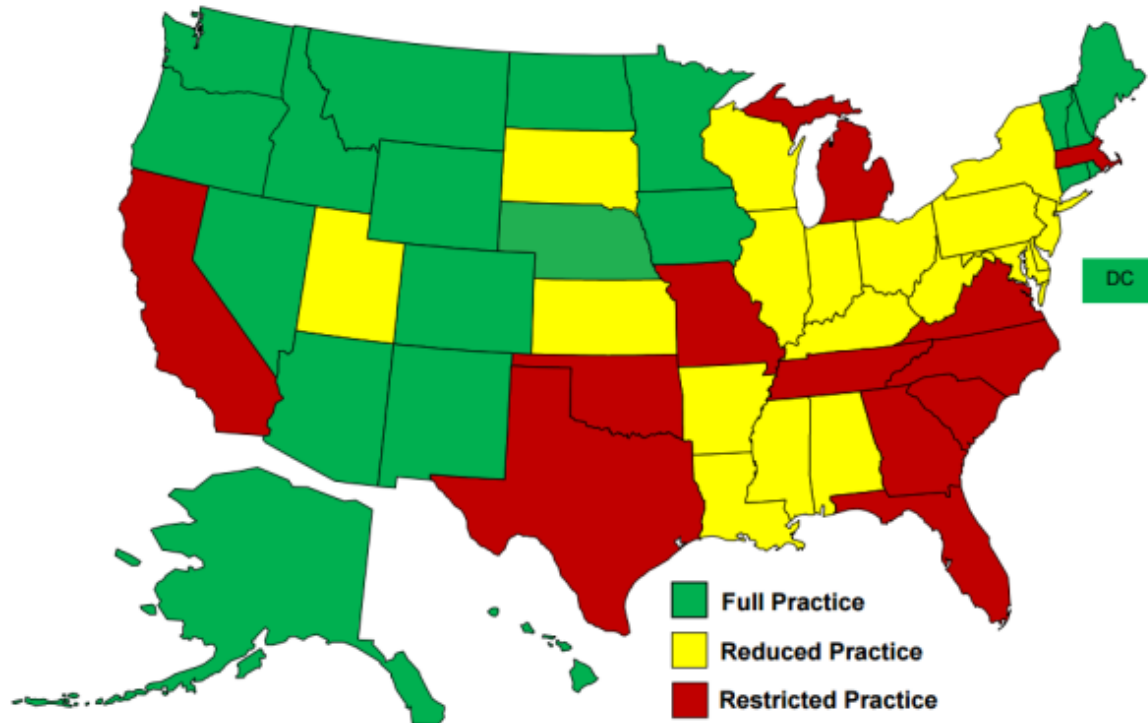
“The contention that (nurse practitioners) are less able than physicians to deliver care that is safe, effective and efficient is not supported by the decades of research that has examined this question,” said the [Institute of Medicine](#) in its 700-page [The Future of Nursing: Leading Change, Advancing Health](#), published in 2011.

Chuck Moran, spokesman for the [Pennsylvania Medical Society](#), could not point Watchdog.org to a single study that showed negative patient results under expanded nurse practitioner roles. He instead pointed to polling.

“The public is really, really not in favor of independent practice (by nurse practitioners),” he said.

The proposed reform would get rid of the requirement for collaboration agreements and allow nurse practitioners operate independently of physicians, within the scope of their specific training.

Under current law, these agreements don’t mean that those physicians directly supervise them — just that the physicians are contractually obligated to be available, should nurse practitioners need to confer.



21 AND COUNTING: There are now 20 states plus DC that have “full practice” models for nurse practitioners.

Whenever it was necessary to treat a patient, Bock said, she consulted regularly with physicians with whom she didn’t have signed agreements. If the law changed, she would continue to work with physicians in the way she always had, she said.

“I do it because it’s in the best interests of my patient,” she said.

Bock ran her own primary care practice for 14 years. She is now director of legislative health services at the Capitol and wanted to be clear that her statements are hers, personally, and she’s not speaking as a representative of the state. Bock is also PCNP’s current president.

Proposals to widen these nurses’ practice ability have broad support, both in recently introduced bills and in backing from not only free-market nonprofits like the [Cato Institute](#) and the [Commonwealth Foundation](#) but also organizations as diverse as the [Federal Trade Commission](#), the Institute of Medicine and the [AARP](#).

Twenty states and Washington, D.C. now have a “full practice” model, in which nurse practitioners aren’t required to have such agreements and can practice more broadly, within the scope of their training.

A pair of bills in the General Assembly would ease these regulations on nurse practitioners and allow them to offer their services without signing agreements with physicians.

The bills under consideration are [Rep. Jesse Topper](#)'s, R-Bedford, [House Bill 765](#) and [Sen. Patricia Vance](#)'s, R-Cumberland, [Senate Bill 717](#). Topper's was introduced in March and sits in the House [professional licensure committee](#); Vance's was introduced in April and is in the Senate [consumer protection and professional licensure committee](#).

"I believe it will make health care in Pennsylvania more accessible and affordable by allowing these professionals to practice within the full scope of their training and authority," Topper told Watchdog.

His bill would allow nurse practitioners to be licensed independent practitioners within the scope of their particular licenses.

Moran says this really isn't an issue, at the grassroots level. "What you have is a few activists who don't want to collaborate with physicians," he said.

But he agreed nurse practitioners are qualified to handle certain things. He mentioned "the sniffles and minor injuries."

"It just needs to be thought out more thoroughly," Moran said — notwithstanding the extensive research done by the FTC and the Institute of Medicine, for example. He said he's not arguing about external reports, but rather discussing Pennsylvania.

[International Nurses Day](#) is May 12 – the anniversary of [Florence Nightingale](#)'s birth — and these nurses will continue their campaign, vocally, on that day as well. It's PCNP's annual [lobby day](#) in Harrisburg.