

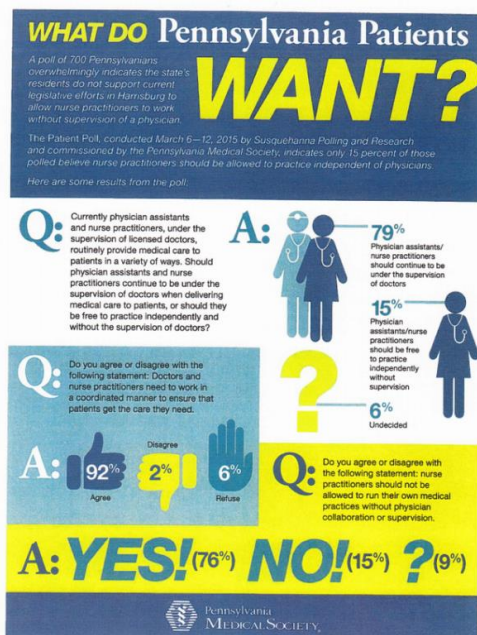


The doctor is not in: PA health groups debate nurse practitioner independence

By Rachel Martin

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A large majority of Pennsylvanians oppose greater independence of nurse practitioners — or do they?



The [Pennsylvania Medical Society](#) released a new poll Tuesday that touts that conclusion, but the [Pennsylvania Coalition of Nurse Practitioners](#) — whose members are rallying at the Capitol on the same day — says the polling is flawed.

Over 200 nurse practitioners converged on Harrisburg Tuesday. It's their annual Lobby Day, which coincides with International Nurses Day, and they're pushing legislators to support parallel bills that would expand their ability to practice independently.

“Unfortunately, so many times as policymakers at the national and state levels we look to the government to do more, to add more bureaucracy, more regulations,” said state [Rep. Jesse Topper](#), R-Bedford, at the Tuesday rally. “This is a classic case, where we can increase accessibility and affordability to high-quality health care by reducing regulations.”

PAMED says its [new polling](#) “overwhelmingly indicates the state’s residents do not support current legislative efforts in Harrisburg to allow nurse practitioners to work without physician collaboration.”

This is apparently based on [three poll questions](#) that were part of [Susquehanna Polling & Research](#)’s Pennsylvania Patient Poll, conducted March 6-12.

One poll question is phrased:

Currently physician assistants and nurse practitioners, under the supervision of licensed doctors, routinely provide medical care to patients in a variety of ways. Should physician assistants and nurse practitioners continue to be under the supervision of doctors when delivering medical care to patients, or should they be free to practice independently and without the supervision of doctors?

But that seems to imply nurse practitioners are actively supervised by doctors, when they’re not. Currently, state law requires that nurse practitioners sign collaboration agreements with doctors, so that those doctors are obligated to be available should those nurse practitioners need to confer.

Some nurse practitioners do, of course, work in doctors’ offices and may be more directly supervised, and even clinically practicing nurse practitioners do sometimes collaborate with doctors. Jim Lee, president of Susquehanna, told Watchdog.org that because there are “some scenarios” where they are supervised, he stands behind the wording of the question.

Nurse practitioners and physician assistants also have different training and are subject to different rules regarding supervision, among other things.

“One hundred percent of nurse practitioners support collaborating with physicians,” says a memo from the PCNP. “(The proposed bills) would reform an outdated regulatory construct called a ‘Collaborative Agreement,’ not the practice of collaboration among health care professionals.”

Topper’s [House Bill 765](#) and Cumberland Republican [Sen. Pat Vance](#)’s [Senate Bill 717](#) are the two under scrutiny. They were both introduced this spring and sit in their respective licensure committees.

Vance told Watchdog on Tuesday she had not seen the polling in-depth. When read the poll questions, she said, “I think it misses what the bills are trying to do.”

But she’s not surprised: “Polls, normally, are intended to get the responses they want, when they’re paying for it.”

Chuck Moran, spokesman for PAMED, told Watchdog, “The poll questions hit the mark as the answers demonstrate what the public wants. The reality is the public wants supervision. Nurse practitioners want to practice independent. They’re on opposite ends. The happy medium is the collaborative agreement.”

Earlier in her career, Vance was a nurse, though not a nurse practitioner. She said the issues are about cost, patient choice and the level of care.

“How can we provide the highest level of care to the largest number of people?” she asked.

As discussed in [Watchdog’s story last week](#), proposals to broaden nurse practitioners’ ability to practice independently are supported by a broad coalition of organizations. These include government and research entities — including the [Federal Trade Commission](#) and the [Institute of Medicine](#) — as well as think-tanks like the [Cato Institute](#) and the [Commonwealth Foundation](#).

Even the [AARP](#) has climbed aboard.

Also on Tuesday, Maryland joined the national trend to allow full practice authority for nurse practitioners and became the 21st state — plus Washington, D.C. — to do so. Gov. Larry Hogan [signed into law](#) a bill that eliminates that state’s requirement for collaboration agreements, Eunyong Hong, his deputy press secretary, told Watchdog.

The Susquehanna poll surveyed 700 Pennsylvania residents 21-or-older, by phone. The surveys are “carefully monitored to ensure a representative sample of Pennsylvania’s population is achieved based on geography, age, gender and other demographics.” The stated margin of error is plus or minus 3.7 percent.