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Dec. 14, 2017

To: Chairmen White & Street and Esteemed Members of the Senate Banking & Insurance Committee

From: Adele Caruso, DNP, CRNP | President, Pennsylvania Coalition of Nurse Practitioners

Re: Senate Bill 926 – Medical Service Agreements

The **Pennsylvania Coalition of Nurse Practitioners (PCNP)** is the member service organization that represents the more than 10,000 CRNPs in Pennsylvania. As the President of PCNP, I am writing you on behalf of all certified registered nurse practitioners (CRNPs) in the Commonwealth about the care we provide to nearly 13 million residents on a daily basis.

This letter addresses Senate Bill 926, Printer's number 1237, the Medical Services Agreement Act proposed by Sen. Pat Browne and addressed in your committee hearing on Dec. 12, 2017.

Sen. Browne said the intent of his bill is to improve access to direct primary care and that he intends to explore alternative approaches. However, the current draft may inadvertently limit this approach by using physician-centric language that eliminates CRNPs from participating.

CRNPs provide care in clinics, private offices, urgent care centers, hospitals, long-term care facilities, schools, and people's homes. We work in all aspects of healthcare and its specialties, including family practice, pediatrics, women's health, adult health and geriatrics, and mental health. More than 80% of the CRNPs in Pennsylvania practice in the primary care setting. Primary care delivered by nurse practitioners has been shown to result in patient outcomes that:

- are equal to or better than primary care physicians;
- reduce emergency department and hospital visits;
- increase patient satisfaction;
- and lower overall healthcare costs.

Currently in the legislative process, Senate Bill (SB) 25 passed by the Senate (40-9) and is awaiting action by the House of Representatives. This bill would grant Pennsylvania nurse practitioners the ability to practice without executing a collaborative agreement with two physicians, which is how CRNPs practice under current law. It is anticipated that this bill will successfully pass the House of Representatives and be signed into law by the Governor before the end of this legislative session. **This change in healthcare delivery will result in an increase in access to primary care providers for patients. If passed as written, SB 926 would impede this increased access by restricting the implementation of the direct primary care model to physicians only.**

PCNP believes that all barriers to primary care delivery should be removed. PCNP also supports increased access to primary care services through the implementation of innovative delivery models such as

direct primary care. While PCNP is not commenting on the regulation of Direct Primary Care (DPC) alternative payment model (APM) by the Department of Insurance, we believe that the physician-centric language in the bill is prejudicial and, if passed, would restrict access to primary care. As written, SB 926 defines direct primary care as “a **physician** providing direct primary care based on a medical service agreement...” and a medical service agreement as a “signed written agreement under which a **physician** agrees to provide...” The bill also defines a **physician** as “any person licensed to practice medicine in this Commonwealth.” **The term includes only medical doctors and doctors of osteopathy.** Current statutory regulations allow CRNPs to deliver medical care. The physician-centric language in the proposed legislation excludes CRNPs from opening or operating direct primary care practices in Pennsylvania, and it clearly limits the CRNP to a role working as an employee of a physician in this setting.

PCNP does not support the restriction of the practice of any healthcare practitioner by language included in proposed legislation. This bill would not only restrict CRNP practice with its current language, but it may in fact violate restraint of trade laws by prohibiting business opportunities that CRNPs might undertake in a free market. The limiting of this bill’s application to physician-only providers eliminates the participation of the nearly 8,000 primary care CRNPs in Pennsylvania in an innovative healthcare delivery model that has the potential to provide affordable patient healthcare services. If even just 10% of the nurse practitioners working in primary care choose to open their own primary care practices, they, too, need access to innovative payment models – such as DPC – to sustain their operations year after year.

A simple amendment calling to change the terminology from “physician” to “licensed healthcare provider” would eliminate the concerns PCNP has regarding the language of this bill. Unaddressed, the language in this bill clings to the past rather than welcomes new eligible clinicians and practitioners to participate in this innovative healthcare delivery model. PCNP respectfully requests that the committee entertain an amendment that is broadly inclusive of “providers with the education and authorization to deliver medical care by license, permit, certification or registration issued by a Commonwealth licensing agency or board.”