

June 3, 2015

Susan M. Schrand, MSN, CRNP Chief Executive Officer Pennsylvania Coalition of Nurse Practitioners 2400 Ardmore Blvd, Suite 302 Pittsburgh, PA 15221

Dear Ms. Schrand,

For 30 years The Primary Health Network (PHN) has been extensively involved in the delivery of Primary Care, Behavioral Health and Specialty Care throughout Pennsylvania with an emphasis on locating offices in rural, medically underserved communities. Our Network of more than 40 health care offices across the commonwealth provides close to 400,000 patient care visits per year. As you are well aware, these rural areas of Pennsylvania are home to almost 1/4 of all PA residents and yet are severely underserved by the medical community. The shortage of Primary Care physicians has been well documented and is especially dire in counties defined by low population density, high levels of poverty and severely limited access to medical care. As a Federally Qualified Health Center, PHN is continuing to receive requests to expand into new rural areas. Local hospitals, community groups and others seek us out because of the tremendous difficulty they are experiencing in recruiting Primary Care providers to these areas.

With this in mind, I would like to share with you our success in using Certified Registered Nurse Practitioners in rural offices where it was virtually impossible to provide care otherwise. We currently have been able to fully operate a Primary Care Office in East Brady, PA and Warren, PA by placing very qualified CRNPs in what are, essentially, independent offices. In accordance with our status as a Primary Care Medical Home and our certification by The Joint Commission, they offer comprehensive, accessible care to all age groups with a focus on preventive health measures and population health management. They have both been extremely well received by the local community and the other healthcare providers in the area.

All providers periodically value the advice of colleagues. And even though these CRNPs have the currently required collaborative agreements in place, they are recognized by all to provide high quality care with no greater need for physician consultation than any other provider. As such, we are fully committed to utilizing this model of care whenever and wherever it will allow us to provide care to communities that would otherwise be without access to high quality medical services. The ability to allow qualified CRNPs to act as independent practitioners as outlined in Senate Bill 717 and House Bill 765 would be extremely beneficial to us as we attempt to expand and enhance our capacity to serve these rural areas. Our experience to date has convinced us that independent CRNP practices are a practical, cost-effective, highly successful alternatives to physician based primary care with the same excellent acceptance, outcomes and utilization patterns seen in more traditional arrangement.

Sincerely,

Glenn B. Charlton, MD, MBA, FACEP

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Chief Medical Officer

The Primary Health Network

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