



Leading the way

April 2, 2019

Dear Representative,

The mission of the Pennsylvania Rural Health Association is to improve the health of rural communities and their residents throughout the Commonwealth. One of our functions is to review state law and policy and, when necessary, recommend changes.

In that capacity we are writing to voice our support for the principle of allowing the full complement of health care providers to practice to the full extent of their training and certification. The current legal and regulatory environment for nurse practitioners restricts health care access for rural communities. As such, we support bills such as House Bill 100 introduced by Representative Jesse Topper. Twenty-two (22) states and the District of Columbia have passed legislation providing for full practice authority for nurse practitioners.

The U.S. Department of Health & Human Services (HHS) projects a primary care physician shortage of 20,400 by the year 2020. HHS predicted that certified nurse practitioners and physician assistants could cut that shortage by more than half.¹ For example, nurse practitioners are well positioned to alleviate the primary care shortage in rural communities. They are twice as likely to practice in rural areas compared to physicians,^{2,3} and nurse practitioners in states with full practice authority are more likely to practice in rural areas than nurse practitioners in states like Pennsylvania without full practice authority.⁴

However the current requirement that they secure collaborative agreements with physicians prevents them from doing so as effectively as possible. Often, health care systems specifically prohibit physicians in their employment from signing collaborative agreements with nurse practitioners who are not affiliated with the system. Some rural communities have only one system serving the community, meaning nurse practitioners are effectively frozen out from being able to serve that community.



To Advance the Health and Well-being of Pennsylvania's Rural Citizens and Communities
P.O. Box 1632 • Harrisburg, PA 17105-1632 • Phone: 717.561.5248 • Email: prha@ruralpa.org

Finally, as the Federal Trade Commission wrote in January 2018:

“Removing existing supervision requirements to permit independent APRN-CNP prescribing and practice has the potential to benefit Pennsylvania consumers by increasing competition among health care providers, which likely would improve access to care, contain costs, and expand innovation in health care delivery.”

Physician assistants, nurse practitioners, and other health care providers offer many potential benefits to rural communities. Needed changes to Pennsylvania’s licensure law would make it more likely for these dedicated professionals to see rural patients.

Thank you for your attention. Please do not hesitate to contact us with questions about this issue.

Sincerely,

A handwritten signature in black ink that reads "Dr. Joseph F. Robare". The signature is fluid and cursive, with a long horizontal stroke at the end.

Joseph Robare, DrPH, MS, RD, LDN
President

¹ <http://bhpr.hrsa.gov/healthworkforce/supplydemand/usworkforce/primarycare/>

² AANP 2009-2010 National Sample Survey.

³ GAO Primary Care Report, 2008. General Accounting Office Senate Testimony. Retrieved September 6, 2010, from <http://www.gao.gov/new.items/d08472t.pdf>.

⁴ Washington are Wyoming, Alaska, Montana and Idaho Rural Health Research Center, “*Understanding Advanced Practice Registered Nurse Distribution in Urban and Rural Areas of the United States Using National Provider Identifier Data*,” April 2012



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