



June 5, 2019

Representative Dave Hickernell  
Chairman of the House Professional Licensure Committee  
43A East Wing, PO Box 202098  
Harrisburg, PA., 17120

Dear Representative Hickernell,

I am writing to ask that, in your role as Chairman of the Professional Licensure Committee, you bring Senate Bill 25 or House Bill 100 up for a vote. This legislation, which modernizes the Professional Nursing Law, would expand access to health care by getting rid of the outdated mandate requiring nurse practitioners to maintain collaborative practice agreements.

As a certified Nurse Practitioner and Chief Clinical Officer of 3000 Advanced Practice Clinicians (Nurse Practitioner and Physician Assistants), I can attest to the ability of these Master's and Doctorate prepared clinicians to practice independently. They provide invaluable care to the Medicare population in the long-term care setting and in the community. Specifically, in Pennsylvania, nurse practitioners provide the majority of care to the frail and vulnerable; Medicare and Medicaid members, living at home and in long-term care facilities. The patients we serve are vulnerable due to multiple comorbid conditions, compounded by sociodemographic challenges, and life in a chaotic, long-term care environment, or a personal home with limited access to care. Challenges to positive health outcomes for these patients include access to care, the provision of safe care, and care that is provided at the right time and place. By eliminating the collaborative agreement in PA, we can improve access to care.

Currently, twenty-two other states have already modernized their laws and done away with collaborative practice agreements. Studies show that health care quality in those states has gone up while costs have gone down. In addition, employment rates of nurse practitioners in full practice states are higher, which brings increased revenue to those states. This is a win/win decision.

Also, consider the fact that collaborative agreements are an unnecessary burden to the nurse practitioner. First of all, their requirement is costly for the nurse practitioner to maintain. Most physicians now require payment to serve as a collaborating physician. This usually comes in the form of a monthly payment, although in reality, the nurse practitioner can independently treat over 80% of patients they see. Hence, there is an infrequent need for the collaborating physician's consultative services yet the monthly payment must be provided.

Secondly, collaborative practice agreements are time consuming to obtain. There is significant administrative work and often times it can take weeks to fully implement. This leads to a delay in the nurse practitioner's ability to work and therefore a delay in patients getting the primary care needed. An inability to obtain primary care leads to higher utilization of the emergency room and hospital, as well as a delay in preventative care and an increase risk of unmanaged chronic disease such as heart failure or diabetes.

For all of the above reasons, I hope you will consider supporting Senate Bill 25 and House Bill 100. On behalf of the patients we serve, I am hopeful you will move this legislation quickly out of the Professional Licensure Committee.

Sincerely,

A handwritten signature in black ink that reads "Kristy O. Duffey". The signature is written in a cursive, flowing style.

Kristy Duffey, MS, APRN-BC, FAAN | OptumCare  
Chief Clinical Officer, Care Services