

CHOPR Issue Brief

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Quality and Safety of Nurse Practitioner Care: The Case for Full Practice Authority in Pennsylvania

Pennsylvania is one of the most restrictive states in the nation for nurse practitioners (NPs) despite having a shortage of primary care throughout the state, especially in rural areas and low-income urban neighborhoods. Our state requires nationally-certified and fully-licensed NPs to maintain formal, written collaborative agreements with at least two physicians. Independent research estimates that removing NP practice restrictions could improve access to care without any harm to patients.

Improving access to quality care now depends upon the Pennsylvania House of Representatives adopting SB 717, companion legislation to HB 765, that removes the outdated and unnecessary requirement that each NP have written collaborative agreements with at least two physicians. In July 2016, the Pennsylvania State Senate voted 41 to 9 in support of SB 717 to eliminate these required collaborative agreements.

This policy brief focuses on the single issue that concerns some elected officials: Is it safe for NPs to provide care without written physician collaborative agreements? The answer is clearly yes, and we review here the independent, objective evidence supporting that conclusion.

Quality and Safety of Nurse Practitioner Care

There are hundreds of studies over the past 40 years published in leading scientific journals on the safety of care provided by NPs. None have shown that patients cared for by NPs have worse outcomes than those whose care is provided by physicians. Moreover patients are highly satisfied with NPs and voluntarily choose to receive their care from NPs. Major findings from these studies conclude:

- Outcomes of patients cared for by NPs are comparable to and in some respects better than the care delivered by physicians.
- Patients are highly satisfied with care provided by NPs.
- Millions of fully-insured patients with a choice of providers elect care by NPs.
- Chronic illness management by NPs is equally as effective as physician-managed care.
- Primary care NPs' outcomes for preventing hospitalizations for patients with chronic illnesses are equivalent to physicians.
- Preventative cancer screenings are increased with NP-provided primary care.
- NPs in acute care settings decrease length of stay and hospitalization costs, and reduce hospital readmissions after discharge to home.
- NPs are more likely than physicians to provide care to Medicaid beneficiaries and underserved populations.
- In states with full NP practice authority, appointment availability for Medicaid patients is better and visit costs are lower in primary care practices with NPs.

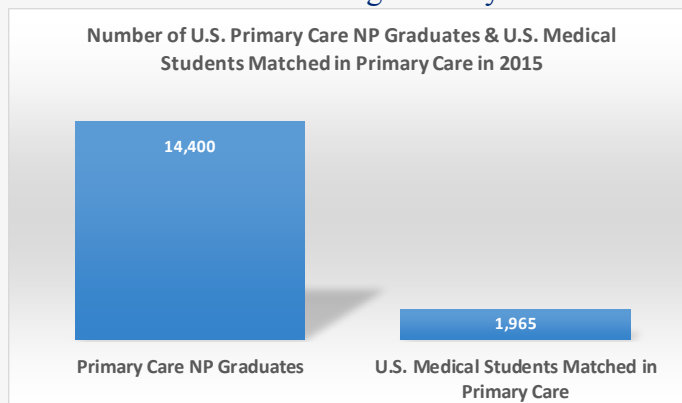
Major Stakeholders Publically Support Full Practice Authority for NPs in Pennsylvania

Major stakeholders in Pennsylvania favor the adoption of SB 717 and granting NPs full practice authority, including consumers; the Hospital and Healthsystems Association of Pennsylvania (HAP); AARP; the Pennsylvania Higher Education Nursing Schools Association (PHENSA) and its 43 nursing school members whose NP graduates leave Pennsylvania because of practice restrictions; as well as the Pennsylvania State Nursing Association (PSNA) and the Pennsylvania Coalition of Nurse Practitioners (PCNP) representing more than 172,000 nurses in Pennsylvania. Additionally, full practice authority for NPs to practice to the full extent of their education and training is supported by the National Academy of Medicine, the Federal Trade Commission, and the National Governors' Association.

SB 717 does not alter the legal scope of practice for NPs. Under current law, NPs diagnose and treat common conditions such as sore throats and earaches; write prescriptions for medications such as antibiotics; provide immunizations like the flu shot; and help patients manage their chronic conditions such as high blood pressure and diabetes. SB 717 removes an unnecessary and valueless regulation that provides no benefits to patients; indeed, the collaborating physician is not required to be present or review NP clinical records. Written collaborative agreements are even required for NPs who practice in hospitals surrounded by physicians.

In the Public's Interest

The rationale to remove the requirement for written NP-physician collaborative agreements is not to save money, although it will, but to improve access to needed primary care. In 2015, the total number of graduates from U.S. medical schools electing primary care residencies was only 1,965 for the whole country, clearly not enough to offset physician retirements much less keep up with population needs. In contrast, 14,400 NPs graduated from primary care programs in the same year, and this number is increasing annually.



Adapted from:
Pohl J, Barksdale D, Werner K. (2015, July 1). [Primary care workforce](#): The need to lower barriers for nurse practitioners and physicians.

Currently, 21 states and the District of Columbia do not require collaborative agreements for NP practice. The residents of these states have suffered no adverse outcomes, and access to primary care has increased. Required collaborative agreements limit the growth of the number of NPs available to provide care, and they deter NPs from locating in areas of greatest need where there are few physicians. In states that do not require collaborative agreements, NPs are significantly more likely to work in primary care, and more patients in those states receive primary care from NPs.

There is no evidence that quality of care is diminished or patient safety is at risk with the elimination of collaborative agreements. Consistent with these findings, modernizing Pennsylvania's laws will increase access to primary care for all residents; help rural residents get timely care; shorten appointment delays for Medicaid patients; and enhance consumer choice of healthcare providers. Adoption by the Pennsylvania House of Representatives of SB 717 is in the public's interest.