NATIONAL NURSING CENTERS CONSORTIUM
Keeping Our Nation Healthy

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November 25, 2008

Ann Steffanic
Board Administrator
State Board of Nursing
P.O. Box 2649
Harrisburg, PA 17105-2649

Comments Regarding 16A-5124: CRNP General Revisions

Dear Ms. Steffanic:

I write to you on behalf of the National Nursing Centers Consortium (NNCC), a 501(c)3 non-profit organization comprised of Nurse-Managed Health Centers located throughout the United States. We are pleased to submit this written testimony in support of the proposed changes to 49 Pa. Code Ch. 21 (subsection C) [*16A-5124: CRNP General Revisions*].

NNCC, established in 1996, is the first and largest organization comprised of nurse-managed community-based health centers in the United States. NNCC's membership is comprised of over 200 non-profit health centers throughout the United States, which record approximately 2.5 million client encounters annually. Currently, there are 33 NNCC members in Pennsylvania that record over 200,000 patient encounters annually, making Pennsylvania the national leader in nurse-managed health care. NNCC's mission is to strengthen the capacity, growth, and development of Nurse-Managed Health Centers to provide access to high quality care for vulnerable populations and to eliminate health disparities.

Given the state of our economy, now is the time to reform Pennsylvania's CRNP (Certified Registered Nurse Practitioner) regulations to allow CRNPs to provide cost-effective care to more patients. A survey in October 2008 found that nearly one-third of all people report that someone in their family has postponed getting needed medical treatment in the past year because of cost of care.[1] This figure has increased by 7 percentage points in just the past eight months, indicating that the economic downturn has already had a significant impact on access to health care for many Americans.[2] As more low-income workers are impacted by the downturn, Pennsylvania's 1.1 million uninsured individuals[3] are likely to experience even greater difficulty accessing health care. By eliminating unnecessary regulatory barriers to efficient CRNP practice, we can increase access to health care for all Pennsylvanians. We strongly encourage the adoption of the proposed changes, because they will help increase the capacity of CRNPs to provide cost-effective primary care to patients throughout the Commonwealth at a time when there is a dire and increasing need for more affordable primary care access points.

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[1] The Henry J. Kaiser Family Foundation, "Kaiser Health Tracking Poll: Election 2008" (October 2008), available at: http://www.kff.org/kaiserpolls/h08_posr102108pkg.cfm

[2] *Id.*

[3] The Henry J. Kaiser Family Foundation, Statehealthfacts.org, Pennsylvania: Health Coverage and Uninsured (2007), available at: http://www.statehealthfacts.org/profileind.jsp?cat=3&rgn=40&sub=40

Overview of Nurse-Managed Health Centers in Pennsylvania

Nurse-Managed Health Centers are health centers led by nurses. They are managed by advanced practice nurses (primarily CRNPs), and they operate in partnership with the vulnerable communities they serve. Nurse-Managed Health Centers provide a variety of primary care, health promotion, and disease prevention services to patients who are least likely to receive ongoing health care services. This population includes a high percentage of clients who are living in poverty, uninsured, and/or members of racial/ethnic minority groups. A recent evaluation, sponsored by the U.S. Centers for Medicare and Medicaid Services and funded through an appropriation provided by Senator Arlen Specter, found that Nurse-Managed Health Centers meet the criteria for safety net providers, as defined by the Institute of Medicine.[4] In short, Nurse-Managed Health Centers are an essential part of the Commonwealth's health care safety net.

Nurse-managed primary care centers offer a broad scope of primary care services and can serve as designated primary care providers for patients. In these centers, primary care services may include treatment for acute and chronic illness, routine physical exams, immunizations for adults and children, disease screenings, diagnostic tests, pre-natal care, dental care, drug and alcohol treatment, vision/hearing screenings, and other services. The services provided by these clinics are comparable to those provided by federally-qualified health centers (FQHCs), and many Nurse-Managed Health Centers in Pennsylvania are part of the FQHC program.

For many patients, Nurse-Managed Health Centers represent a lifeline to health care by offering primary care and disease prevention services regardless of patients' ability to pay. If a patient is uninsured or underinsured, the health center will use a sliding fee scale to calculate payment rates. The payor mix for Nurse-Managed Health Centers is comparable to that of traditional FQHCs, and six Nurse-Managed Health Centers in Pennsylvania are part of the FQHC program. In Philadelphia (for example), approximately 40% of our members' patients are uninsured or self-pay.[5]

Quality of Care in Nurse-Managed Health Centers

Academic research has shown that CRNPs are capable of providing high-quality primary care with similar patient outcomes to physicians.[6] Furthermore, in 2002, a federally-funded demonstration project was conducted to analyze nurse practitioner primary care services in Nurse-Managed Health Centers. Researchers compared select population-based quality measures among Nurse-Managed Health Centers in Pennsylvania and like providers (*e.g.* physician-managed community health centers serving vulnerable populations). The demonstration project found that Nurse-Managed Health Centers experienced higher patient retention rates than like providers, and Nurse-Managed Health Center patients expressed a high level of satisfaction with

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[4] Hansen-Turton, T., Line, L., et. al., *The Nursing Center Model of Health Care For the Underserved*, REPORT TO CENTERS FOR MEDICARE AND MEDICAID SERVICES, 2004.

[5] NNCC Membership Survey.

[6] M. Mundinger, et. al., *Primary Care Outcomes in Patients Treated by Nurse Practitioners or Physicians*, JAMA, 2000.

the care provided.[7] Results also showed that patients who received care from nurse practitioners in Nurse-Managed Health Centers experienced higher rates of generic medication fills and lower hospitalization rates than patients of like providers.[8]

Nurse-Managed Health Centers and the Proposed Revisions to Pennsylvania's CRNP Regulations

a) General Comments

In addition to our specific comments outlined below, we would also like to express our general support for these proposed regulatory changes in their entirety. If adopted, these changes will help Nurse-Managed Health Centers provide care to Pennsylvania's low-income and vulnerable populations more efficiently and effectively. They also will effectuate the legislative intent of the health care reform bills passed by the Pennsylvania Assembly in July 2007 (specifically, HB 1253, which was designed to allow CRNPs to practice to the full extent of their training and expertise), and the executive branch's goal of ensuring an adequate supply of primary care providers in Pennsylvania.

In Nurse-Managed Health Centers, nurse practitioners are the primary providers of care for all patients in the practice. While each center retains collaborating physicians (as currently required by law to prescribe medication and ensure quality of care), this collaboration occurs remotely and on an as-needed basis. *Nothing in the proposed changes will alter these facts.* However, the proposed regulatory changes will streamline the collaboration process in significant ways, which will free up additional resources that can be used to provide care to more low-income and underserved patients.

b) Elimination of Maximum 4:1 Ratio for Collaborating Physicians Who Work with Prescribing CRNPs *(§ 21.287)*

Currently, Pennsylvania regulations place an arbitrary restriction on the number of prescribing CRNPs with which one physician may collaborate. The proposed regulatory changes would eliminate the maximum 4:1 collaboration ratio, joining Pennsylvania with the vast majority of states that allow physicians and nurses to use their own professional judgment to define the terms of their collaboration.

Only 15 states in the entire nation (including Pennsylvania) define a maximum collaboration ratio in statute or regulation. No academic research has ever shown that this type of restriction has any impact on patient safety. Furthermore, the decision to set the limit at 4 CRNPs (as opposed to some other number of CRNPs) is unsupported by any research findings. Absent any evidence that this maximum collaboration ratio ensures patient safety, it is unclear why it should continue to be included in Pennsylvania law.

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[7] T. Hansen-Turton, *The Nurse-Managed Health Center Safety Net: A Policy Solution to Reducing Health Disparities*, NURSING CLINICS OF N. AMERICA, 2005.
[8] *Id.*

Furthermore, the elimination of the maximum collaboration ratio would free up crucial resources that Nurse-Managed Health Centers could use to provide care to more low-income and underserved patients. All NNCC Members that provide primary care pay collaborating physicians a fee to provide quality assurance services to the CRNPs who staff and manage their health centers. Donna Torrisi, MSN, is the Executive Director of the Family Practice and Counseling Network, a network of three Nurse-Managed Federally Qualified Health Centers that serve over 11,000 patients. Ms. Torrisi's Nurse-Managed Health Centers are nationally recognized as high-quality safety net providers, and they were selected to be part of Governor Rendell's prestigious Chronic Care Initiative. Her health centers pay over $38,000 in fees to collaborating physicians every year.

In her comments submitted to the Board of Nursing about the proposed regulatory changes, Ms. Torrisi notes that the elimination of the maximum collaboration ratio would likely save her health centers tens of thousands of dollars in fees without compromising patient safety. By eliminating the maximum collaboration ratio that currently exists in Pennsylvania regulations, Nurse-Managed Health Centers throughout Pennsylvania will be able to free up crucial resources to provide direct services to more patients.

c) Changes to Existing Restrictions on CRNP Ability to Prescribe Controlled Substances (*§ 21.284)*

There is no evidence that CRNPs lack the judgment, training, or expertise to prescribe medications safely. In fact, academic research has shown that nurse practitioners are comparable to physicians in terms of their practice and prescription patterns. One recent study found that nurse practitioners "were comparable to the [physician sample], providing diagnostic or screening services in 99% of all encounters and prescribing medication for primary diagnoses in 63% (N= 1026) of these encounters."[9] A separate analysis of the National Ambulatory Medical Care Survey showed that overall, nurse practitioner and physician prescription patterns are similar.[10]

The proposed regulatory changes would allow a CRNP to write longer-lasting prescriptions. Specifically, the proposed changes would allow a CRNP to write a prescription for a Schedule II controlled substance for up to a 30-day dose, instead of a 72-hour dose, and write a prescription for a Schedule III or IV controlled substance for up to a 90-day dose, instead of a 30-day dose. These changes would have a significant, positive impact on Nurse-Managed Health Centers and the low-income patients that they serve.

Current restrictions on prescription duration impact CRNP-managed safety net practices in a unique way by creating a situation in which patients of nurse-managed safety net clinics have to pay more out-of-pocket for their prescriptions than similarly-situated patients who receive care from physician-managed safety net clinics. Current regulations effectively ensure that Nurse-Managed Health Center patients with insurance will pay more co-pays to receive the same

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[9] T. Deshefy-Loughi, M. K. Swartz, M. Grey. *Characterizing nurse practitioner practice by sampling patient encounters.* JOURNAL OF THE AMERICAN ACADEMY OF NURSE PRACTITIONERS, 2008.

[10] R. S. Hooker, D.J. Cipher, *Physician Assistant and Nurse Practitioner Prescribing: 1997-2002*, JOURNAL OF RURAL HEALTH, 2005.

amount of medication, because they will have to refill their prescriptions more often than patients of physician-managed practices.

This is an undesirable outcome for two reasons. First, because CRNPs in Pennsylvania provide so much care to vulnerable populations, these restrictions have a disproportionate impact on low-income patients who are least able to absorb the extra medication costs. Second, current restrictions discourage insured patients from selecting a Nurse-Managed Health Center for care, which threatens the financial sustainability of these important primary care access points. Because Nurse-Managed Health Centers provide so much care to the uninsured, it is absolutely crucial they have the same opportunities to attract and retain insured patients as other safety net providers.

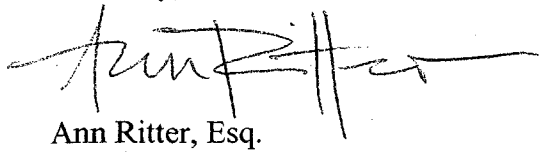
As noted above, research has shown that patients of Nurse-Managed Health Centers in Pennsylvania fill more generic prescriptions and experience fewer hospitalizations than patients of comparable safety net providers. The proposed changes to § 21.284 would help encourage low-income patients to select cost-effective Nurse-Managed Health Centers as their primary source of care and ensure the financial sustainability of non-profit Nurse-Managed Health Centers.

Conclusion

Nurse-Managed Health Centers are a growing movement of innovative safety net health care providers that can help increase access to health care for Pennsylvania residents. Pennsylvania's Nurse-Managed Health Centers serve hundreds of thousands of vulnerable individuals and families in rural, urban, and suburban areas throughout the Commonwealth. These proposed regulatory changes will make it easier and more cost-efficient for our members' health centers to provide high-quality, accessible, and affordable care to Pennsylvania's most vulnerable residents.

Nurse practitioners are by far the fastest growing group of primary care professionals in the country (compared to physicians, dentists, and physician assistants).[11] The proposed changes will help make Pennsylvania competitive in the race to attract health care providers to the Commonwealth who are ready to meet the primary care needs of patients. On behalf of all of the members of NNCC, I thank you for the opportunity to share this information with you. If you have any questions, please feel free to contact me at (215) 731-7142 or aritter@nncc.us.

Sincerely,



Ann Ritter, Esq.
Director, Health Center Development and Policy

[11] Statement of A. Bruce Steinwald, Health Care Director, United States Government Accountability Office, Testimony Before the Committee on Health, Labor, Pensions, U.S. Senate, February 12, 2008, available at: http://www.gao.gov/new.items/d08472t.pdf.