Nurse practitioners (NPs) have been providing high quality health care services in Pennsylvania for over 40 years. In order to practice today a nurse practitioner must secure business contracts, called collaborative agreements, with two physicians. Under Senate Bill 717 and House Bill 765, full practice authority would allow nurse practitioners and physicians to collaborate in the true spirit of the word – without a costly, arbitrary and outdated mandate.

Many concerns about full practice authority have been disproven by research, and by the experience of 20 states that already have the policy in place. Here are the most common misconceptions about full practice authority for nurse practitioners.

**Myth: The collaborative agreement mandate is related to patient health or safety.**

**Fact: Collaborative agreements are business contracts and have no demonstrated benefits on patient health or safety outcomes.**

- **Institute of Medicine:** “What nurse practitioners are able to do once they graduate varies widely for reasons that are related not to their ability, education or training, or safety concerns, but to the political decisions of the state in which they work.”

- More than 100 studies have compared care provided by nurse practitioners and physicians. They have proven that NP care has the same or better patient outcomes when compared to physicians. Not a single study has ever found that nurse practitioners provide inferior services.

- **No study has ever substantiated the claim that the collaborative agreement mandate offers health benefits.** To the contrary, research has found that patient health outcomes are better where the mandate has been removed.

- One study found that avoidable hospitalizations are 50% more frequent in states like Pennsylvania compared to states with full practice authority for NPs.

**Myth: Full practice authority would disrupt the health care team.**

**Fact: Team-based, patient-centered care is part of nurse practitioners’ care philosophy, not a regulatory construct.**

- 20 states currently have full practice authority for nurse practitioners. Team-based, patient-centered health care is alive and well in all of them. NPs in those states work with physicians every day, just as they always will in Pennsylvania.

- **Federal Trade Commission:** “Effective and beneficial collaboration among health care providers can, and typically does, occur even without mandatory physician supervision of APRNs.”

- Just as primary care physicians need no legal mandate to send a patient to the pharmacy for medicine, nurse practitioners need no law to tell them to work with other providers – they already do so as part of their education and training.

- **Nurse practitioners put patients first,** and will always work with their health care colleagues when it benefits patients.
Myth: Physicians’ education justifies the outdated collaborative agreement mandate.
Fact: Physicians and nurse practitioners receive different training for their different roles, but evidence proves that the mandate offers no health benefits.

- Nurse practitioners must meet a nationally standardized regimen of training and certification in order to practice. Every nurse practitioner must:
  - Have a graduate degree
  - Meet educational and practice requirements for licensure.
  - Maintain national certification.
  - Remain accountable to the public and the State Board of Nursing.
- Nurse practitioners must meet several important prerequisites even before they begin their education. NPs are required to have completed a formal, nationally accredited nursing program and be independently licensed health care providers as registered nurses.
- Patient health outcomes should be the yardstick for licensure rules. There is no evidence that the collaborative agreement requirement has any positive impact on patient health.

Myth: Nurse practitioners want to replace physicians or “play doctor.”
Fact: Nurse practitioners want to care for patients in a role that is important, but different from that of a physician.

- The nursing model of care is distinct from the medical model, and emphasizes the holistic care of a patient.
- The two roles are both important and are not interchangeable. There are many things physicians do, like surgery, that nurse practitioners cannot.
- Yet, while more than half of nurse practitioners serve in a primary care capacity, a shrinking minority of physicians choose to do so.

Myth: Full practice authority would expand NPs’ scope of practice.
Fact: Full practice authority would not expand NPs’ scope of practice.

- Full practice would not allow nurse practitioners to do a single procedure or test that they are not currently educated, trained and licensed to do under Pennsylvania law.
- Currently, without the supervision of a physician, NPs are permitted to:
  - Prescribe medications (including controlled substances) and other treatments to manage a patient’s care
  - Order, perform & interpret diagnostic tests.
  - Diagnose and treat acute and chronic conditions such as diabetes, high blood pressure, infections and injuries.

Myth: The status quo is sufficient to meet Pennsylvania’s health care needs.
Fact: Pennsylvania faces a growing health care shortage, especially primary care, which will be made more severe by the Medicaid expansion.

- The status quo is failing Pennsylvanians who have to wait extra days and weeks for an appointment – when they can get one at all.
- The status quo is failing rural Pennsylvania communities, which have half of the access to care per capita.
- The status quo is failing Medicaid patients, who are currently turned away by 2 out of every 3 primary care physicians’ offices in Pennsylvania.
- The status quo is failing consumers. The collaborative agreement mandate increases health care costs and lowers quality.
- It’s common sense: by removing barriers, lawmakers make it easier and more affordable for NPs to practice. Better access to health care means better outcomes for patients.