What They’re Saying.

Leading doctors and healthcare experts agree:
Full practice authority for nurse practitioners is the right move for Pennsylvania.

“However, for many conditions the expertise of a physician is not strictly required and an individual may be ably served by a nurse practitioner or the like. Expanded scopes of practice, in which a non-physician renders care independent of a physician, not only expand access to health care and have the potential to decrease the cost of healthcare, but also reflect a respect for the free market system.”

Amesh Adalja, MD
University of Pittsburgh Medical Center
“Sometimes the Best Medical Care is Provided by Those Who Aren’t MDs”

“We should be happy when people from other career lines want to work in primary care. Primary care is hard and undervalued, and doctors should not have a monopoly on it.”

John Schumann, MD
Director, University of Oklahoma Internal Medicine Residency Program
“Free the Nurses: Let Nurse Practitioners Do Primary Care on their Own”
Slate Magazine April 18, 2013

“The value of education attenuates very rapidly. I will take a very experienced NP over an inexperienced doctor any day because so much of what people learn that will be of particular use comes after they have completed their degree program...There is some optimal point of experience that is somewhere between right out of training and ready to retire.”

David Asch, MD
Former Executive Director, Leonard Davis Institute of Health Economics
“Nurse Practitioners Are In – and Why You May Be Seeing More of Them”
University of Pennsylvania’s Knowledge at Wharton February 13, 2012

“People are busy and overstretched; [doctors not always being available for consultation/supervision] is not necessarily planned or overt. It’s just that MDs are busy and nurse practitioners are busy. It’s hard to find time for a phone call sometimes and I think we have to find the time to work together effectively.”

David Bronson, MD
President, American College of Physicians
“The Next Level”
Modern Healthcare March 23, 2013

“If a gastroenterologist is seeing a patient with heartburn, and at the same time a person with inflammatory bowel disease can’t get in to see a doctor, then your system isn’t functioning properly.”

Robert Stroebel, MD
Associate Medical Director, Mayo Clinic, Rochester, MN
“The Next Level”
Modern Healthcare March 23, 2013
“[Giving NPs the right to treat patients and prescribe medications without a doctor’s supervision] doesn’t seem to have any negative consequences, and it provides a lot of people with more access to primary care, whether it’s in a retail clinic or whether it means patients can see their primary care provider without having to see the physician.”

Robert J. Town
Professor, Health Care Management, Wharton School
“Nurse Practitioners Are In – and Why You May Be Seeing More of Them”
University of Pennsylvania’s Knowledge at Wharton February 13, 2012

“With Obamacare coming in and millions of people getting insurance, there is no other way to provide them with reasonable access in the short term except to expand the role of NPs and physician assistants (PAs). It takes 20 years to train a doctor, so there isn’t any alternative.”

Linda Aiken, PhD, FAAN, FRCN, RN
Director, Center for Health Outcomes and Policy Research
“Nurse Practitioners Are In – and Why You May Be Seeing More of Them”
University of Pennsylvania’s Knowledge at Wharton February 13, 2012

“Some of the practitioners are now managing clinics at the system. The evaluation of nurse practitioners compares favorably to the process for physician credentialing. Hospital bylaws and credentialing rules also have the big effect on an NP’s role in the inpatient setting.”

Holly Lorenz, RN, MSN
Chief Nursing Officer, UPMC Health System