Some Pennsylvania physicians’ associations believe nurse practitioners should not be allowed to care for patients unless a doctor is providing oversight. The Pennsylvania Coalition of Nurse Practitioners and its members believe that this approach is counterproductive. When it comes to team-based care, we need to put the patient first – not the doctors.

Since we believe the system works better when we work together, we present 5 examples where NPs and doctors agree on the problem, but where we have different solutions:

1. **The Supply of Family Doctors is going down while patient demand is going up.**
   According to the Pennsylvania Academy of Family Physicians and the PA Department of Health, there are currently only 5,000 family doctors in the commonwealth, with 1,300 of those planning to leave practice by 2015. If Pennsylvania chooses to expand Medicaid, an estimated 550,000 new patients will be looking for primary care providers.

   As a solution, doctors’ associations are proposing tax incentives, as well as college and business loans – all of which cost taxpayers money. Meanwhile, NPs simply want to be free from outdated and burdensome laws. Pennsylvania has over 250,000 nurses, including 8,000 nurse practitioners. And NPs comprise one of the fastest growing professions in health care, with RAND projecting more than 244,000 nationwide by 2025.

2. **We all support the idea behind the physicians’ Hippocratic Oath: do no harm.**
   Too often, patients are told that the doctor isn’t taking new patients, or that they’ll have to wait weeks to get an appointment. And whether it’s a nurse practitioner, an RN, or any other healthcare provider, all would equally agree that a patient failing to receive primary, preventative care because they can’t find or pay for a primary care provider is exactly that: extremely harmful.

   We don’t agree with maintaining the 1976 law mandating physician oversight. It limits patients’ access to nurse practitioners, it adds cost, it wastes resources – and it is no longer necessary.

3. **Hospital privileges should be given out carefully – but should be a hospital’s decision.**
   We all agree that the privilege granted by hospitals to admit patients, deliver treatment, and hold medical staff membership should be dependent on practitioners having the proper qualifications. And we agree that if the hospital thinks a practitioner doesn’t meet those qualifications, then they shouldn’t be practicing there.

   Where NPs and physicians’ associations don’t see eye-to-eye is on who ultimately gets to make that call. Doctors believe it should only be them. We believe the time has come to open the door to other qualified health care providers, like NPs. And so do organizations like the Institute of Medicine and the Centers for Medicare and Medicaid Services (CMS).

4. **Nurse Practitioners are well-educated and very smart.**
   In Pennsylvania, we have some of the best nursing and medical schools educating some of the best nurse practitioners and doctors in the world. Nurse practitioners respect our doctors and know they feel the same about us.
Nurse Practitioners spend the bulk of their education in clinical settings, not just classrooms. Their education is all about developing their competency in caring for patients. A majority of nurse practitioners have worked for years as RNs before getting their advanced degrees.

Most importantly of all, nurse practitioners are concerned first and foremost with measuring positive outcomes for their patients. That’s why dozens of studies have shown patient outcomes to be the same or better under NP care when compared to physicians.

The best form of patient care is a team-based approach.

Research shows that putting patients at the center of a full team of practitioners and caregivers is the best way to provide effective care. We all agree on, and we all practice, the team-based approach to care. Asking questions of others, seeking answers, and allowing the team member with the most appropriate experience to provide certain care is what NPs do every day. Working as a team member is in a nurse practitioner’s DNA.

Nurse practitioners aren’t doctors, and they don’t want to be. They are advanced practice registered nurses who don’t want to be limited by outdated, burdensome laws and regulations that restrict patient access. NPs have always put the patient first, and always will.