

POMA Issue Brief

Opposition to CRNP Independent Practice, Senate Bill 25

Updated March 28, 2019

Senate Bill 25

[Senate Bill 25](#) would permit independent practice for certified registered nurse practitioners (CRNPs) by removing any physician oversight when a CRNP is practicing in an expanded role to include making acts of medical diagnoses and prescribing drugs.

Legislative Update

The Senate Consumer Protection and Professional Licensure Committee voted SB 25 out of committee with two no votes. Voting negative were Senators [Mike Regan \(R-Cumberland\)](#) and [John Gordner \(R-Columbia\)](#). The next step for SB 25 is dependent on our collective ability to advocate against further consideration by the full Senate.

POMA's Positioning

Senate Bill 25 would allow CRNPs to diagnose, treat and prescribe medications without the oversight or co-signature of a doctor of osteopathic medicine (D.O.) or doctor of allopathic medicine (M.D.). Thus, it would effectively allow CRNPs the same authority and clinical autonomy as a physician, without the necessary education and training.

The collaborative agreement between a physician and CRNP is vital to maintain the standard of care our patients deserve. A physician-led, team-based approach to patient care is safer and more efficient. An increase in collaboration between physicians and allied health providers, not autonomy, insures the excellent standard of care that we strive to achieve.

It is important that we do not forget the extensive education and training that our state requires of physicians. This is especially true at a time when there is a call for increased physician training to combat the Opioid prescription drug crisis in Pennsylvania. Allowing CRNPs the same prescription rights without proper education and training would be counterproductive to this initiative.

POMA is deeply concerned SB 25 will diminish quality of care and potentially put patients at risk. The vast gap between the education and training that physicians and CRNPs receive cannot be overcome by legislation. Doctors of Osteopathic Medicine (DOs) receive 12,000 to 16,000 hours of supervised postgraduate medical education during internship and residency. This follows vigorous undergraduate and medical school education. In comparison, CRNPs receive 750 hours of lecture and practice/learning hours during their training.

While CRNPs provide safe and essential basic and preventive health care, POMA does not believe their education and training are sufficient to handle autonomous decision-making in regard to prescribing controlled substances, ordering patient tests, or making diagnoses.

POMA believes it is imperative that the collaborative agreement remain in place to protect our patients and to insure the health and safety of all Pennsylvanians.

Call to Action

POMA is requesting all DOs to make their voice heard and contact their State Senator to oppose SB 25.