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Closing my small business, which I built and nurtured for over a decade, was one of the toughest decisions I have made during my career. But after 15 years of struggling against the direct and indirect financial impacts of Pennsylvania state law, I had to tell my patients it was over.

In 1999, I was a seasoned health care provider opening my first practice in Carlisle, Pennsylvania. Bock Family Healthcare welcomed and served more than 750 patients in Cumberland County. My practice focused on primary care needs; my team and I provided health care for families throughout the region.

The center provided quality and accessible health care and I prided myself on the quality care we provided to patients. However, like any small business, the margins were very tight. Repeated, ongoing costs took their toll.

State law requires every nurse practitioner to secure contracts with two physicians in order to obtain a license. I paid thousands of dollars over the course of my business to meet this agreement; revenue diverted away from the practice to physicians who never saw a single patient, reviewed a single piece of paper, or set foot in the building.

In the 15 years that Bock Family Health care was open, I had three separate primary physician signers in the Carlisle area. Each physician charged a different rate for his or her signature. At one time, per the agreement, I was required to perform OBGYN services each week free of charge at my primary signer's private practice. During these out-of-office days, Bock Family Healthcare was closed or short-staffed, affecting my business and my patients.

I was fortunate to have a positive relationship with these physicians. Even if NPs own and manage a practice, the state law means that we are never in a position to negotiate. This is increasingly difficult as more and more physicians work for health systems, which often prohibit employees from signing collaborative agreements with NPs outside the system.

An indirect impact of Pennsylvania's mandate affected my interactions with third party payers. Insurance providers take their cues from state law. In Pennsylvania, that often means reimbursements and prior authorization for services require extra steps. Some payers will only reimburse physicians, meaning extra steps and costs – and delay – that affected our revenue stream.

Pre-authorization requirements are a burden for all providers, but they are more challenging for NPs. Insurance providers sometimes require the call to come from a physician – even when an NP has provided care exclusively.

Bock Family Healthcare no longer serves patients. While I maintain my certifications and continue to practice in the Harrisburg area, I do so as a contracted employee rather than a practice owner.

Financial burdens resulting from state law directly contributed to closing my practice and limits NPs across Pennsylvania. This is a problem that directly impacts patients by making care more expensive and less accessible. Adding insult to injury, overwhelming evidence shows that this mandate does nothing to improve the quality of care; in fact it correlates with higher hospital admissions and worse maintenance of chronic conditions.

Ending the outdated mandate will allow the free market to work for patients.