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I lost a longtime friend and colleague, Dr. William Cohen, to a heart attack in 2009. It was sudden and devastating. We had worked together for years serving children with Down syndrome in Pittsburgh and western Pennsylvania.

Dr. Cohen's passing immediately impacted our patients: due to Pennsylvania law, I was forced to close our practice.

Unlike numerous other states', Pennsylvania mandates every nurse practitioner have a business contract with a physician in order to see patients. Dr. Cohen had signed my "collaborative agreement" business contract. The moment he died, state law mandated I could not see our patients until another physician was able to be designated as my collaborator and the collaboration agreement approved by the Board of Nursing.

This meant that we had to stop seeing patients in the Down Syndrome Center. I worked with many of the children and families for years but because of these regulations, I was not permitted to provide any clinical care.

They had no idea how fragile the arrangement had been. All they knew was that their children would be unable to come in for their scheduled appointments, and I had no way to know how long it would be until we could reschedule. The state-mandated lockout lasted for weeks.

Children with Down syndrome and other developmental challenges require a great deal of special care. They are sensitive to disruptions and changes. Under no circumstances would a sudden, indeterminate delay in their care be appropriate by any clinical standard. But because of the state law, I had no choice.

In February 2009, when Dr. Cohen died, I was working at Children's Hospital of Pittsburgh as a Pediatric Nurse Practitioner (PNP) in the Down Syndrome Center of Western Pennsylvania and the Child Development Unit at the Children's Hospital of Pittsburgh. My role was to provide developmental behavioral specialty health care for children with Down syndrome from western Pennsylvania. I also worked part time in the Child Development Unit, where I provided developmental behavioral specialty health care to children with autism spectrum disorder, behavioral problems, developmental delays, attention deficit hyperactivity disorder (ADHD) and other related conditions.

I had been in the role since 2003 and developed expertise caring for children with Down syndrome, providing them with specialized health care related to their condition. Dr. Cohen was an international expert in Down syndrome. Dr. Cohen and I co-managed children with Down syndrome for their specialty care as well as for those who had concurrent behavioral conditions with their Down syndrome, such as autism spectrum disorder, aggression, attention deficit hyperactivity disorder (ADHD) or anxiety. My secondary physician on the collaborating agreement was a developmental behavioral pediatrician from the Child Development Unit, who had expertise in developmental behavioral pediatrics but not in working with children with Down syndrome.

When Dr. Cohen died, the Down Syndrome Clinic Coordinator and I jumped into action. We contacted families, notified colleagues, and made plans for how to continue to provide care given this great loss.

Because Dr. Cohen and I were the only health care providers, I immediately contacted the Pennsylvania Board of Nursing to determine how to work with patients scheduled for the coming days. I was told that since my primary physician was not available, I was not able to see patients -- even though I had expertise and many years of experience with them. So, for six weeks, not one child with Down syndrome could be seen in our clinic.

During that time, the administration had to find a physician replacement for Dr. Cohen, and the children who needed care were unable to receive it because of the collaborative agreement mandate. The physician identified to replace Dr. Cohen came on board with minimal expertise in caring for children with Down syndrome.

He could have been a urologist or cardiologist – state law requires no symmetry of practice for the collaborative agreement business contracts. But because he was a physician and agreed to sign a piece of paper, I could resume seeing patients again.

I have been a pediatric nurse practitioner since 1981. I have worked with children around the country. I have cared for children who were sexually abused, refugees from developing countries, and children with special health care needs.

None of my expertise matters in the eyes of Pennsylvania state law. Every nurse practitioner must have a business contract, or sit idly as patients go without care as I had to do. The collaborative agreement mandate only serves to limit my practice and directly prevent me from caring for the most vulnerable.

I have always worked collaboratively with physicians and will continue to do so until I retire – no state mandate is necessary to compel me to serve patients the best way possible. Lawmakers should follow the lead of numerous other states and discard this outdated mandate.