

Dear Representative Weed,

I am a physician writing to express my opposition H684, which removes requirements for nurse practitioners to enter into a collaborative practice agreement with a physician.

Prior to becoming a physician, I was a nurse practitioner, so I am well acquainted with the depth of education of both. Physician education and training is much more rigorous, time-intensive and in depth compared to that of a nurse practitioner. There were multiple times during medical school when I found myself truly humbled, as I learned what I didn't know, namely important medical knowledge that I didn't know as a practicing nurse practitioner.

By way of example, I will use a personal story. When I was 13 years old, I developed a liver illness that did not resolve as expected. Ultimately I was diagnosed with Wilson's disease. This is a rare genetic disorder of copper metabolism. It is quite treatable when diagnosed early enough. If not, it is often fatal.

I was initially seen by my family physician. At first, the diagnosis was common hepatitis. But then, when he saw the condition wasn't resolving as expected, this physician referred me to gastroenterologist (liver specialist). That physician made the final diagnosis and started appropriate treatment.

So why wouldn't a nurse practitioner be able to do the same? Because nurse practitioners are not taught about rare diseases. They are not taught "medicine" as physicians are. Wilson's disease is one of a plethora of things that I was not taught in nurse practitioner school, however it was in my medical school curriculum. I have never met a nurse practitioner that knows anything about Wilson's disease, and therefore they cannot have it in the differential diagnosis for patients. EVERY physician I have met, however, DOES know about it, even if the physician is not an expert in the field.

These days, it is becoming increasingly common for a patient to be seen by a nurse practitioner for primary care, be referred to a specialist, and to be seen only by a nurse practitioner at the specialist office. Imagine a 13 year old today, with a liver disease that does not resolve as expected. That 13 year old is only seen by a nurse practitioner. The nurse practitioner is unaware of variety of less common liver diseases. Would this nurse practitioner make an appropriate referral? What if the patient is then referred to a gastroenterology practice and seen only by a nurse practitioner? How would that nurse practitioner diagnose and treat a disease he or she has never heard of if an expert in the field does not supervise them?

Nurse practitioners have a valuable role as part of a physician led health care team. A physician must be involved because the depth of training and education in medical care will allow that physician to identify the gaps in the nurse practitioner's knowledge and experience. It takes a physician to make diagnoses, or to recognize complications that nurse practitioners do not even

know exist. This is why it is critically important for physicians to be involved in the care of EVERY patient.

Sincerely,

Dara L. Grieger, MD

--

Dara L. Grieger, MD

<http://www.linkedin.com/in/daragrieger>