
March 10, 2020

Dear Chairperson Pendergrass, Vice-Chair Pena-Melnyk, & Members of the Health and Government Operations Committee:

As a board certified family physician, I am vehemently opposed to HB 1461 which says that a psychiatric nurse practitioner can serve as a medical director. During my three grueling years of family medicine residency in Reading, Pennsylvania, I was trained both one-on-one and in small group settings by board-certified psychiatrists. Furthermore, all throughout my three years of residency training, I received ongoing education from a licensed Ph-D psychologist with numerous years of experience. When I completed my seven years of medical training as a family physician, I felt more than prepared to treat child and adult patients with a variety of psychiatric diagnoses. But to this day, now nearly 14 full years out of residency training, there are still patients that I occasionally struggle with optimally treating and I rely on the medical training of my board-certified adult and child & adolescent psychiatrist colleagues. Why would I want to refer a patient to a nurse practitioner with less training than myself? Like the majority of primary care physicians out there, when I refer my patient to a psychiatrist, I want he or she to see a physician who is better trained than me in treating patients with mental health diagnoses. My patients deserve this.

Please understand that I am not anti-nurse practitioner. One of my closest friends for 10 years was a nurse practitioner. We worked in the same family medicine office in a small town in south central Pennsylvania. I truly admired her. She was a medical secretary initially, going to work directly out of high school. Then she went back to school to get her RN degree, followed by working on the med-surg floor at a hospital for many years. Then she chose to go back to school to get a nurse practitioner degree. None of this schooling was done on-line. She completed her NP degree in approximately 2003 and we worked together from 2006-2016, me as a board certified family physician and she as a CRNP. She knew her stuff. I truly would have sent a family member to her. Now in 2020, I struggle to make myself keep in touch with her. Constantly on the forefront of my mind is the awareness that her profession is contributing heavily to the downfall of medicine in this country. I fear being face to face with her (we now live over 90 minutes away from one another) as I know I will have a hard time staying quiet should she bring up the agenda of the AANP. I am sad for her that a nurse practitioner degree can be obtained on-line these days, with a mere 18 months of on-line classes and minimal in-person clinicals. It is an embarrassment for her. I feel bad for her that a nurse without a bachelor's degree and without even any required prerequisite on-the-floor job experience can become a CRNP colleague of hers and likely earn close to what she is making despite her numerous years of patient experience. I fear for my patients and for my elderly parents and for myself, that a DNP can present him or herself as a "doctor", diagnosing and treating complex conditions without any supervision from a physician. The data is clear. There is NO comparing a physician's education with that of a nurse practitioner.

So in summary, I plead with you to think clearly and gear your decision toward good, solid health care for this country of ours. Nurse practitioners should not be allowed to serve as medical directors of outpatient mental health centers. This, frankly, is dangerous medicine.

Bridget Hilliard, MD

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