Regulatory Analysis Form

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Harbison

IRRC Number: 2064

(1) Agency
Department of State, Bureau of Professional and Occupational Affairs, State Boards of Medicine and Nursing

(2) I.D. Number (Governor's Office Use)

16A- 499

(3) Short Title

CRNP Prescriptive Authority

(4) PA Code Cite

49 Pa. Code, Chapter 18
49 Pa. Code, Chapter 21

(5) Agency Contacts & Telephone Numbers

Primary Contact: Herbert Abramson- 783-7200

Secondary Contact: Gerald Smith - 783-7200

(6) Type of Rulemaking (check one)

X Proposed Rulemaking
Final Order Adopting Regulation
Final Order, Proposed Rulemaking Omitted

(7) Is a 120-Day Emergency Certification Attached?

X No
Yes: By the Attorney General
Yes: By the Governor

(8) Briefly explain the regulation in clear and nontechnical language.

This proposed rulemaking would authorize certified registered nurse practitioners (CRNPs) to prescribe and dispense drugs within specified parameters. CRNPs are advanced practice registered nurses who perform acts of medical diagnosis and prescribe medical, therapeutic, or corrective measures in collaboration with a physician.

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(10) Is the regulation mandated by any federal or state law or court order, or federal regulation? If yes, cite the specific law, case or regulation, and any deadlines for action.

The regulation is not mandated by any federal or state law or court order or federal regulation.

(11) Explain the compelling public interest that justifies the regulation. What is the problem it addresses?

CRNPs perform a vital role in the delivery of health care, especially in medically underserved areas. Working in collaboration with physicians, CRNPs diagnose and prescribe medical interventions. Until regulations are promulgated authorizing CRNPs to prescribe and dispense drugs, these advanced practice nurses will be unable to perform a function for which they have been trained and which will directly and positively affect the health and welfare of the citizens of Pennsylvania.

(12) State the public health, safety, environmental or general welfare risks associated with nonregulation.

This rulemaking will increase the availability of quality healthcare without increasing costs to the citizens of Pennsylvania. The risk of nonregulation is that CRNPs will not be able to prescribe and dispense drugs and the availability of comprehensive, timely, cost-effective health care in the Commonwealth will not be maximized.

(13) Describe who will benefit from the regulation. (Quantify the benefits as completely as possible and approximate the number of people who will benefit.)

The proposed amendments will benefit consumers of health care services, especially those whose initial contact with the health care system will be a visit to a CRNP, because the CRNP will be able to provide more comprehensive services. CRNPs will benefit because they will be able to make full use of their advanced education and skills.

Regulatory Analysis Form

(14) Describe who will be adversely affected by the regulation. (Quantify the adverse effects as completely as possible and approximate the number of people who will be adversely affected.)

The Boards have not identified any group of individuals who will be adversely affected by the regulation.

(15) List the persons, groups or entities that will be required to comply with the regulation. (Approximate the number of people who will be required to comply.)

Approximately 4,100 CRNPs are registered with the State Board of Nursing. Each CRNP practicing in Pennsylvania would have a collaborating physician who also will be required to comply with the regulation.

(16) Describe the communications with and input from the public in the development and drafting of the regulation. List the persons and/or groups who were involved, if applicable.

The Boards solicited input by mailing a preliminary draft of this rulemaking to approximately 54 entities, associations, and individuals. A copy of the mailing list is attached. The Boards received approximately 373 separate comments in response and made revisions to the draft as a result of those comments.

(17) Provide a specific estimate of the costs and/or savings to the regulated community associated with compliance, including any legal, accounting or consulting procedures which may be required.

There will not be any significant costs or savings to the regulated community. The costs of making small changes to the collaborative agreements of CRNPs who would prescribe or dispense controlled substances and certain other drugs requiring are de minimis. As noted in the preamble, the Boards believe that current approved CRNP programs already provide pharmacology courses and education in drug usage.

Regulatory Analysis Form

(18) Provide a specific estimate of the costs and/or savings to local governments associated with compliance, including any legal, accounting or consulting procedures which may be required.

There will be no costs or savings to local governments associated with compliance.

(19) Provide a specific estimate of the costs and/or savings to state government associated with the implementation of the regulation, including any legal, accounting, or consulting procedures which may be required.

There will be no costs or savings to state government associated with compliance.

Regulatory Analysis Form

(20) In the table below, provide an estimate of the fiscal savings and costs associated with implementation and compliance for the regulated community, local government, and state government for the current year and five subsequent years.

	Current FY Year	FY +1 Year	FY +2 Year	FY +3 Year	FY +4 Year	FY +5 Year
SAVINGS:	$	$	$	$	$	$
Regulated	NA					
Local Government						
State Government						
Total Savings						
COSTS:						
Regulated						
Local Government						
State Government						
Total Costs						
REVENUE LOSSES:						
Regulated						
Local Government						
State Government						
Total Revenue Losses						

(20a) Explain how the cost estimates listed above were derived.

NA

Regulatory Analysis Form

(20b) Provide the past three year expenditure history for programs affected by the regulation.

Program	FY -3	FY -2	FY -1	Current FY
NA				

(21) Using the cost-benefit information provided above, explain how the benefits of the regulation outweigh the adverse effects and costs.

There are no significant costs associated with this rulemaking. This rulemaking is expected to result in greater availability of quality, cost-effective health care services.

(22) Describe the nonregulatory alternatives considered and the costs associated with those alternatives. Provide the reasons for their dismissal.

The Boards did not consider nonregulatory approaches because the Medical Practice Act requires the Boards to promulgate regulations.

(23) Describe alternative regulatory schemes considered and the costs associated with those schemes. Provide the reasons for their dismissal.

Alternative regulatory schemes had been discussed for some years, but were not found satisfactory by the Boards. It is believed that this proposal adequately addresses the needs of health care consumers, institutions, and practitioners.

Regulatory Analysis Form

(24) Are there any provisions that are more stringent than federal standards? If yes, identify the specific provisions and the compelling Pennsylvania interest that demands stronger regulation.

No federal standards apply to the issues addressed in this proposal.

(25) How does this regulation compare with those of other states? Will the regulation put Pennsylvania at a competitive disadvantage with other states?

In the current absence of regulations authorizing CRNPs to prescribe, Pennsylvania is likely to be at a competitive disadvantage because CRNP prescribing is the norm in about 42 other states. Pennsylvania will benefit from the rulemaking because it will increase the availability of quality, cost-effective health care and it will make CRNP practice in Pennsylvania more desirable.

(26) Will the regulation affect existing or proposed regulations of the promulgating agency or other state agencies? If yes, explain and provide specific citations.

The regulation will not affect existing or proposed regulations of the promulgating agency or other agencies.

(27) Will any public hearings or informational meetings be scheduled? Please provide the dates, times, and locations, if available.

An early draft of this proposed rulemaking was sent out for public comment in accordance with Executive Order 1996-1, as noted above at paragraph (16). The Boards hold monthly meetings at which all information relative to this rulemaking will be discussed.

Regulatory Analysis Form

(28) Will the regulation change existing reporting, record keeping, or other paperwork requirements? Describe the changes and attach copies of forms or reports which will be required as a result of implementation, if available.

The collaborating agreements of those CRNPs who prescribe certain categories of drugs will have to be amended to document this authorization.

(29) Please list any special provisions which have been developed to meet the particular needs of affected groups or persons including, but not limited to, minorities, elderly, small businesses, and farmers.

The Boards have not identified any groups or persons with particular needs that would be affected by this rulemaking.

(30) What is the anticipated effective date of the regulation; the date by which compliance with the regulation will be required; and the date by which any required permits, licenses or other approvals must be obtained?

The regulation will be effective as of the date of publication in the Pennsylvania Bulletin of final rulemaking.

(31) Provide the schedule for continual review of the regulation.

The proposed amendments have not been given a sunset date. The Boards will regularly evaluate the effectiveness of the proposed amendments following their adoption as final rulemaking.

CDL-1

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FACE SHEET
FOR FILING DOCUMENTS
WITH THE LEGISLATIVE REFERENCE BUREAU

(Pursuant to Commonwealth Documents Law)

DO NOT WRITE IN THIS SPACE

2064

Copy below is hereby approved as to form and legality. Attorney General

BY: _____ (DEPUTY ATTORNEY GENERAL)

AUG 25 1999
DATE OF APPROVAL

Copy below is hereby certified to be a true and correct copy of a document issued, prescribed or promulgated by:

State Board of Medicine
~~State~~ Board of Nursing
(AGENCY)

16A-499
~~[illegible]~~
DOCUMENT/FISCAL NOTE NO. _____

DATE OF ADOPTION: _____

BY: _____

BY: _____

Chairpersons
TITLE: _____
(EXECUTIVE OFFICER, CHAIRMAN OR SECRETARY)

Copy below is approved as to form and legality. Executive or Independent Agencies.

BY: _____

8/9/99
DATE OF APPROVAL

Deputy General Counsel
(~~Chief~~ Counsel, ~~Independent Agency~~)
(Strike inapplicable title)

[ ] Check if applicable
Copy not approved.
Objections attached.

[ ] Check if applicable.
No Attorney General approval or objection within 30 days after submission.

NOTICE OF PROPOSED RULEMAKING
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF MEDICINE
STATE BOARD OF NURSING
49 Pa. CODE, CHAPTERS 18 AND 21
CRNP PRESCRIPTIVE AUTHORITY

The State Boards of Medicine and Nursing (Boards) propose to amend their regulations governing certified registered nurse practitioners (CRNPs) at 49 Pa. Code, Chapters 18 and 21, respectively, as set forth in Annexes A and B, relating to CRNP prescriptive authority.

A. Effective Date

The amendments will be effective upon publication of final form regulations in the Pennsylvania Bulletin.

B. Statutory Authority

Section 15(b) of the Medical Practice Act of 1985 (63 P.S. §422.15(b)) authorizes the Boards to jointly promulgate regulations authorizing CRNPs to perform acts of medical diagnoses and prescription of medical, therapeutic, diagnostic or corrective measures. Section 2(1) of the Professional Nursing Law (63 P.S. §212(1)) similarly indicates that a professional nurse may perform acts of medical diagnosis or prescription of medical therapeutic or corrective measures only if the Boards promulgate regulations authorizing such acts. These provisions were originally enacted in the practice acts of 1974. Under the 1974 laws, the Boards jointly promulgated the current regulations which provide for certification of nurse practitioners.

C. Background and Purpose

In accordance with their statutory authority the Boards have negotiated rulemaking which would authorize CRNPs to prescribe and dispense drugs. CRNPs are advanced practice nurses who are certified by the Boards in a particular clinical specialty area. 49 Pa. Code §§ 18.21 et seq. and 21.251 et seq. An applicant for certification as a CRNP must be a currently licensed professional or registered nurse who has successfully completed a course of study of at least one academic year in a program approved by the Boards. 49 Pa. Code §§ 18.41 and 21.271. Almost all nurse

practitioner programs grant a master's degree and include a course in advanced pharmacology. The amendments will enable Pennsylvania CRNPs to make full use of their advanced education and skills.

At the present time CRNPs in most states have varying degrees of prescriptive and dispensing authority. Only about eight states do not permit CRNPs to prescribe or dispense drugs.[1] The remaining states authorize CRNPs to prescribe or dispense, or both, with varying degrees of regulation or limitation. Of the states permitting CRNPs to prescribe drugs, 32 states require the authority to be identified in the collaborative agreement, 13 states limit prescribing authority to substances which are not controlled, and 27 allow prescription of controlled substances, but with varying degrees of regulation or limitation.[2]

D. Description of Amendments

The proposal would add two new sections to the existing regulations regarding CRNPs. The first section, §18.53 and §21.283, respectively of the State Board of Medicine and the State Board of Nursing, would establish the requirements a CRNP must meet in order to prescribe and dispense drugs: completion of a CRNP program approved by the Boards, which includes a course in advanced pharmacology, and adherence to standards for prescribing already established by the State Board of Medicine and the Department of Health.

The second section, §18.54 and §21.284, specifies categories

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[1]U.S. Department of Health and Human Services, Health Resources & Services Administration, "Curriculum Guidelines & Regulatory Criteria for Family Nurse Practitioners Seeking Prescriptive Authority to Manage Pharmacotherapeutics in Primary Care, Summary Report, 1998 (Curriculum Guidelines)," (Prepared by National Council of State Boards of Nursing and National Organization of Nurse Practitioner Faculties) page 14, Table 1.

[2]Curriculum Guidelines, pages 17-18, Tables 3-4.

of drugs which a CRNP may prescribe and dispense without restriction, those which the CRNP may prescribe and dispense with limitations, and those which the CRNP may not prescribe or dispense. The first category contains those drugs a CRNP will be able to prescribe and dispense without specific limits (Sections 18.54(b) and 21.284(b)). The second category contains those drugs a CRNP will be able to prescribe and dispense only if the collaborative agreement between the physician and CRNP authorizes prescribing and dispensing those drugs (Sections 18.54(c) and 21.284(c)). The third category contains those drugs which a CRNP may not prescribe or dispense (Section 18.54(d) and 21.284(d)). This section also establishes the parameters for prescribing and dispensing controlled substances (Sections 18.54(f) and (g) and 21.284(f) and (g)). Further provisions would establish procedures to deal with an inappropriately prescribed or dispensed drug (Section 18.54(e) and 21.284(f)), requirements pertaining to prescription blanks (Section 18.54(h) and 21.284(h)), and documentation of the prescription in a patient's medical record (18.54(i) and 21.284(i)).

E. Compliance with Executive Order 1996-1

In accordance with the requirements of Executive Order 1996-1 (February 6, 1996), in drafting and promulgating the regulation the Boards solicited input and suggestions from the regulated community. The Boards mailed a draft on June 26, 1998, to 54 organizations, entities, and individuals who had an interest in CRNP prescribing. The Boards received 373 responses to the solicitation. The Boards revised the draft as a result of the responses.

F. Fiscal Impact and Paperwork Requirements

There will not be an adverse fiscal impact or additional paperwork imposed on the Commonwealth, political subdivisions, or the private sector. Citizens of the Commonwealth will benefit from having more ready access to cost-effective, quality health care.

There will be a very slight increase in paperwork to the regulated community in regard to certain categories of drugs

because a CRNP would be authorized to prescribe or dispense from these categories only if the authorization is documented in the collaborative agreement.

G. Sunset Date

The Board continuously monitors its regulations. Therefore, no sunset date has been assigned.

H. Regulatory Review

Pursuant to Section 5(a) of the Regulatory Review Act, the Act of June 30, 1989 (P.L. 73, No. 19), as amended, 71 P.S. §745.5(a), the agency submitted a copy of this proposed regulation on September 17, 1999, to the Independent Regulatory Review Commission and the chairpersons of the House Professional Licensure Committee and the Senate Consumer Protection and Professional Licensure Committee. In addition to submitting the regulation, the agency has provided the Commission and the Committees with a copy of a detailed regulatory analysis form prepared by the agency in compliance with Executive Order 1996-1, "Regulatory Review and Promulgation." A copy of this material is available to the public upon request.

If the Commission has any objections to any portion of the proposed regulation, it will notify the agency within ten days after the expiration of the Committee review period. Such notification shall specify the regulatory review criteria which have not been met by that portion. The Act specifies detailed procedures for review of objections prior to final publication of the regulation by the agency, the General Assembly and the Governor of objections raised.

I. Public Comment

Interested persons are invited to submit written comments, suggestions or objections regarding the proposed regulation to

Cindy Warner, Health Licensing Division, Bureau of Professional and Occupational Affairs, P.O. Box 2649, Harrisburg, Pennsylvania 17105-2649 within thirty (30) days following publication for the proposed regulation in the Pennsylvania Bulletin. Please cite to CRNP Prescriptive Authority when submitting comments. Please do not send copies of the same comment to both boards.

ANNEX A
TITLE 49. PROFESSIONAL AND VOCATIONAL STANDARDS
PART I. DEPARTMENT OF STATE
SUBPART A. PROFESSIONAL AND OCCUPATIONAL AFFAIRS
CHAPTER 18. STATE BOARD OF MEDICINE

CRNP PRACTICE

§18.53. Prescribing and dispensing drugs.

A CRNP may prescribe and dispense drugs if:

(1) The CRNP has completed a CRNP program which is approved by the Boards or, if completed in another state, is equivalent to programs approved by the Boards.

(2) The CRNP program includes a core course in advanced pharmacology.

(3) In prescribing and dispensing drugs a CRNP shall comply with standards of the State Board of Medicine at §§16.92 (relating to prescribing, administering and dispensing controlled substances), 16.93 (relating to packaging), and 16.94 (relating to labeling of dispensed drugs) and the Department of Health at 28 Pa. Code §25.51 - 25.58, 25.61 - 25.81, and 25.91 - 25.95 (relating to prescriptions and labeling of drugs, devices and cosmetics and controlled substances).

§18.54. Prescribing and dispensing parameters.

(a) The Board adopts the American Hospital Formulary Service Pharmacologic-Therapeutic Classification to identify drugs which the CRNP may prescribe and dispense subject to the parameters identified in this section.

(b) A CRNP may prescribe and dispense a drug from the following categories without limitation (unless the drug is limited or excluded under other subsections):

(1) Antihistamines

(2) Anti-infective agents

(3) Cardiovascular drugs

(4) Contraceptives including foams and devices

(5) Diagnostic agents

(6) Disinfectants for agents used on objects other than skin

(7) Electrolytic, caloric and water balance

(8) Enzymes

(9) Antitussive, expectorants and mucolytic agents

(10) Gastrointestinal drugs

(11) Local anesthetics

(12) Serums, toxoid and vaccines

(13) Skin and mucous membrane agents

(14) Smooth muscle relaxants

(15) Vitamins

(16) Hypoglycemic Agents

(17) Endrocrine replacement agents

(c) A CRNP may prescribe and dispense a drug from the following categories if that authorization is documented in the collaborative agreement:

(1) Autonomic drugs.

(2) Blood formation, coagulation and anticoagulation drugs, and thrombolytic and antithrombolytic agents.

(3) Central nervous system agents, except that the following drugs are excluded from this category:

(i) General Anesthetics

(ii) Monoamine oxidase inhibitors

(4) Myotics and mydriatics.

(5) Antineoplastic agents originally prescribed by the collaborating physician and approved for ongoing therapy.

(d) A CRNP may not prescribe or dispense a drug from the

following categories:

(1) Gold compounds

(2) Heavy metal antagonists

(3) Radioactive agents.

(e) If a collaborating physician learns that the CRNP is prescribing or dispensing a drug inappropriately, the collaborating physician shall immediately advise the CRNP and the CRNP will stop prescribing or dispensing the drug and will advise the pharmacy to stop dispensing the drug. The CRNP shall immediately advise the patient to stop taking the drug. This action shall be noted by the CRNP in the patient's medical record.

(f) Restrictions on CRNP prescribing and dispensing practices are as follows:

(1) A CRNP may write a prescription for a Schedule II controlled substance for up to a 72 hour dose. The CRNP shall notify the collaborating physician immediately (within 24 hours).

(2) A CRNP may prescribe a Schedule III or IV controlled substance for up to 30 days. The prescription shall not be subject to refills unless the collaborating physician

authorizes refills.

(g) A CRNP may not:

(1) Prescribe or dispense a Schedule I controlled substance as defined in section 4 of the Controlled Substance, Drug, Device and Cosmetic Act (35 P.S. §780-14).

(2) Prescribe or dispense a drug for a use not permitted by the U.S. Food and Drug Administration.

(3) Delegate prescriptive authority specifically assigned to him or her by the collaborating physician to another health care provider.

(h) A prescription blank shall bear the certification number of the CRNP, name of the CRNP in printed format at the top of the blank, and a space for the entry of the DEA registration number, if appropriate. The collaborating physician shall also be identified as required in 16.91 (relating to identifying information on prescriptions and orders for equipment and service).

(i) The CRNP shall document in the patient's medical record the name, amount and dose of the drug prescribed, the number of refills, the date of the prescription and the CRNP's name.

ANNEX B
TITLE 49. PROFESSIONAL AND VOCATIONAL STANDARDS
PART I. DEPARTMENT OF STATE
SUBPART A. PROFESSIONAL AND OCCUPATIONAL AFFAIRS
CHAPTER 21. STATE BOARD OF NURSING

CRNP PRACTICE

§21.283. Prescribing and dispensing drugs.

A CRNP may prescribe and dispense drugs if:

(1) The CRNP has completed a CRNP program which is approved by the Boards or, if completed in another state, is equivalent to programs approved by the Boards.

(2) The CRNP program includes a core course in advanced pharmacology.

(3) In prescribing and dispensing drugs a CRNP shall comply with standards of the State Board of Medicine at §§16.92 (relating to prescribing, administering and dispensing controlled substances), 16.93 (relating to packaging), and 16.94 (relating to labeling of dispensed drugs) and the Department of Health at 28 Pa. Code §25.51 - 25.58, 25.61 - 25.81 and 25.91 - 25.95 (relating to prescriptions and labeling of drugs, devices and cosmetics and controlled substances).

§21.284 Prescribing and dispensing parameters.

(a) The Board adopts the American Hospital Formulary Service Pharmacologic-Therapeutic Classification to identify drugs which the CRNP may prescribe and dispense subject to the parameters identified in this section.

(b) A CRNP may prescribe and dispense a drug from the following categories without limitation (unless the drug is limited or excluded under other subsections):

(1) Antihistamines

(2) Anti-infective agents

(3) Cardiovascular drugs

(4) Contraceptives including foams and devices

(5) Diagnostic agents

(6) Disinfectants for agents used on objects other than skin

(7) Electrolytic, caloric and water balance

(8) Enzymes

(9) Antitussive, expectorants and mucolytic agents

(10) Gastrointestinal drugs

(11) Local anesthetics

(12) Serums, toxoid and vaccines

(13) Skin and mucous membrane agents

(14) Smooth muscle relaxants

(15) Vitamins

(16) Hypoglycemic Agents

(17) Endrocrine replacement agents

(c) A CRNP may prescribe and dispense a drug from the following categories if that authorization is documented in the collaborative agreement:

(1) Autonomic drugs.

(2) Blood formation, coagulation and anticoagulation drugs, and thrombolytic and antithrombolytic agents.

(3) Central nervous system agents, except that the following drugs are excluded from this category:

(i) General Anesthetics

(ii) Monoamine oxidase inhibitors

(4) Myotics and mydriatics.

(5) Antineoplastic agents originally prescribed by the collaborating physician and approved for ongoing therapy.

(d) A CRNP may not prescribe or dispense a drug from the

following categories:

(1) Gold compounds

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(3) Radioactive agents.

(e) If a collaborating physician learns that the CRNP is prescribing or dispensing a drug inappropriately, the collaborating physician shall immediately advise the CRNP and the CRNP will stop prescribing or dispensing the drug and will advise the pharmacy to stop dispensing the drug. The CRNP shall immediately advise the patient to stop taking the drug. This action shall be noted by the CRNP in the patient's medical record.

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(1) Prescribe or dispense a Schedule I controlled substance as defined in section 4 of the Controlled Substance, Drug, Device and Cosmetic Act (35 P.S. §780-14).

(2) Prescribe or dispense a drug for a use not permitted by the U.S. Food and Drug Administration.

(3) Delegate prescriptive authority specifically assigned to him or her by the collaborating physician to another health care provider.

(h) A prescription blank shall bear the certification number of the CRNP, name of the CRNP in printed format at the top of the blank, and a space for the entry of the DEA registration number, if appropriate. The collaborating physician shall also be identified as required in 16.91 (relating to identifying information on prescriptions and orders for equipment and service).

(i) The CRNP shall document in the patient's medical record the name, amount and dose of the drug prescribed, the number of refills, the date of the prescription and the CRNP's name.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF MEDICINE & STATE BOARD OF NURSING
Post Office Box 2649
Harrisburg, Pennsylvania 17105-2649
(717) 783-1400 & (717) 783-7142

September 17, 1999

The Honorable John R. McGinley, Jr., Chairman
INDEPENDENT REGULATORY REVIEW COMMISSION
14th Floor, Harristown 2
333 Market Street
Harrisburg, Pennsylvania 17101

Re: Proposed Regulation
State Board of Medicine & State Board of Nursing
CRNP Prescriptive Authority: 16A-499

Dear Chairman McGinley:

Enclosed is a copy of a proposed rulemaking package of the State Board of Medicine & State Board of Nursing pertaining to CRNP Prescriptive Authority.

The Boards will be pleased to provide whatever information the Commission may require during the course of its review of the rulemaking.

Sincerely,

Daniel B. Kimball, Jr., M.D., Chairman
State Board of Medicine

M. Christine Alichnie, Ph. D, RN, Chairperson
State Board of Nursing

DBK/MCA/GSS/RGC:hmb
Enclosure
c: Kim Pizzingrilli, Secretary of the Commonwealth
Department of State
C. Michael Weaver, Deputy Secretary for Regulatory Programs
Department of State
Steven V. Turner, Chief Counsel
Department of State
Dorothy Childress, Commissioner
Bureau of Professional and Occupational Affairs
Joyce McKeever, Deputy Chief Counsel
Department of State
Herbert Abramson, Senior Counsel in Charge
Bureau of Professional and Occupational Affairs
Gerald S. Smith, Counsel
State Board of Medicine
State Board of Medicine
Robert G. Cameron, Counsel
State Board of Nursing
State Board of Nursing

TRANSMITTAL SHEET FOR REGULATIONS SUBJECT TO THE REGULATORY REVIEW ACT

I.D. NUMBER:	16A-499
SUBJECT:	State Board of Medicine & State Board of Nursing - CRNP Prescriptive Authority
AGENCY:	DEPARTMENT OF STATE

2064

TYPE OF REGULATION

X Proposed Regulation

Final Regulation

Final Regulation with Notice of Proposed Rulemaking Omitted

120-day Emergency Certification of the Attorney General

120-day Emergency Certification of the Governor

Delivery of Tolled Regulation
a. With Revisions b. Without Revisions

FILING OF REGULATION

DATE	SIGNATURE	DESIGNATION
9-17-99	Lori A. Clark	HOUSE COMMITTEE ON PROFESSIONAL LICENSURE
SEP 17 1999		SENATE COMMITTEE ON CONSUMER PROTECTION & PROFESSIONAL LICENSURE
9-17-99		INDEPENDENT REGULATORY REVIEW COMMISSION
		ATTORNEY GENERAL
9-17-99		LEGISLATIVE REFERENCE BUREAU

August 27, 1999