CAROLYN KNIGHT BUPPERT
ATTORNEY AT LAW
1419 FOREST DRIVE, SUITE 205
ANNAPOLIS, MARYLAND 21403

TELEPHONE (410)269-0912

Original: 2064

June 26, 2000

Robert E. Nyce
Executive Director
Independent Regulatory Review Commission
Attn: Regulation 16A-499
333 Market St., 14th Floor
Harrisburg, PA 17101

Re: Regulation 16A-499

Dear Mr. Nyce,

I am writing at the suggestion of John Jewett, whom I called last week at the request of Morgan Plant.

In my opinion, the requirement specified in Annex A, Sections 18.57(a) and 21.287(a) that "A physician shall not serve as the collaborative physician for more than two CRNPs who prescribe and dispense drugs at any one time" is more restrictive than any state in the nation.

Very few states limit the number of CRNPs with whom a physician may collaborate for the purposes of prescribing or otherwise providing health care. None narrow the number to two. New York specifies four and Texas specifies three full time equivalents.

In eight states, CRNPs may prescribe without physician collaboration, supervision or direction.

My comments are based on my own research of the law of all states on nurse practitioner prescriptive authority. It did the research for my book "The Nurse Practitioner's Business Practice and Legal Guide," published by Aspen Publishers in 1998.

In addition, please note that there are no data, from scientific studies or from malpractice cases, to support the language in the above-referenced sections.

Sincerely,

Carolyn Buppert

Original: 2064

American College of Physicians
American Society of Internal Medicine

PENNSYLVANIA CHAPTER

PENNSYLVANIA COLLEGE OF INTERNAL MEDICINE

October 18, 2000

The Honorable John R. McGinley, Jr.
Chairman
Independent Regulatory Review Commission
333 Market Street
14th Floor
Harrisburg, PA 17101

Dear Chairman McGinley:

Please accept these comments from the Pennsylvania College of Internal Medicine and its 6000 members in the Commonwealth.

We feel compelled to voice our objection to the revised final rulemaking pertaining to prescriptive authority for CRNP's (16A-49a). The purpose of a "collaborative agreement" between an advanced practice nurse and a physician is to permit adequate oversight of the medical aspects of the care provided. We feel that there should be some limit on the number of nurses with whom a single MD can sign such an agreement. The "four at a time" scenario allows for the possibility that the physician may be responsible for more CRNPs than he can adequately oversee. Oversight implies much more than being available at the time the services are rendered. It's an ongoing commitment for as long as the patient remains under the care of that practitioner. On some level the collaborating MD must remain abreast of the care provided.

The remaining rules are acceptable.

Yours truly,

Ralph Schmeltz MD FACP FACE

Ralph Schmeltz, MD, FACP, FACE
President

cc: The Honorable Clarence D. Bell
Chair, Senate Consumer Protection & Professional Licensure Committee
Senate Box 203009
Harrisburg, PA 17120-3009

The Honorable Mario J. Civera, Jr.
Chair, House Professional Licensure Committee
House Box 202020
Harrisburg, PA 17120-2020

Carol Rose, MD
President, Pennsylvania Medical Society
777 East Park Drive
Harrisburg, PA 17105-8820

Original: 2064

EMBARGOED MATERIAL

October 18, 2000

Mr. John R. McGinley, Jr., Esq.
Chairman, Independent Regulatory Review Commission
333 Market Street, 14th Floor
Harrisburg, PA 17101

Dear Mr. McGinley:

I am writing as President of the Pennsylvania Medical Directors Association in support of the proposed rulemaking pertaining to prescriptive authority for certified nurse practitioners (CRNPs) with the amendments offered by the State Boards of Medicine and Nursing. The Pennsylvania Medical Directors Association is a professional organization of over 250 medical directors and attending physicians involved in the continuum of long-term care.

We have reviewed and find acceptable the recommendations proposed by the State Boards and support the efforts of the State Board of Medicine and the State Board of Nursing to promulgate regulations which address nurse practitioner prescriptive authority and the process by which it may occur. It is our sincere hope that the Independent Regulatory Review Commission will approve the proposed rulemaking with the recommended changes. Thank you for your consideration. If you have any questions, please feel free to contact our office at (717) 558-7868.

Sincerely yours,

Margaret Kush, MD, CMD
President

cc: The Honorable Clarence D. Bell
The Honorable Mario J. Civera, Jr.

A state organization of long-term care physicians committed to quality care

Pennsylvania Medical Directors Association

President
Margaret B. Kush, MD, CMD
Pittsburgh, 412-486-8677

President-Elect
Daniel Haimowitz, MD, CMD
Levittown, 215-943-2222

Immediate Past President
Mario J. Comacchione, DO, CMD
Wilkes-Barre, 570-825-5892

Treasurer
Louis C. DeMaria, MD, CMD
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Luzerne, 570-287-3131

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Monaca

Marc H. Zisselman, MD
Philadelphia

Inter Specialty Section Representative to Pa Medical Society
Mandell J. Much, DO, CMD
Concordville

Administrative Office
777 East Park Drive
P.O. Box 8820
Harrisburg, PA 17105-8820
Phone: 717-558-7868
FAX: 717-558-7841

Executive Director
Charlene M. Wandzilak

Official Pennsylvania Chapter of American Medical Directors Association

American Medical Directors Association

EMBARGOED MATERIAL

American College of Surgeons
Eastern Pennsylvania Chapter

Facsimile Cover Sheet

To: Mr. John McGinley
Company: IRRC
Phone:
Fax: 717-783-2664

From: Charles Scagliotti, MD, FACS
Company: ECACS
Phone: 717-558-7750, ext. 1476
Fax: 717-558-7845

Date: 10/18/2000
Pages including this cover page: 2

Comments: Comments: PLEASE DELIVER BY 10:00 a.m. on THURSDAY, OCTOBER 19.

Enclosed please find the PMDA's letter of support regarding the proposed rulemaking with amendments recommended by the State Boards of Medicine and Nursing in regards to the prescriptive authority of CRNPs. Thank you for your consideration.

Original: 2064

EMBARGOED MATERIAL

American College of Surgeons
Eastern Pennsylvania Chapter

RECEIVED
2000 OCT 19 AM 7:42
INDEPENDENT REGULATORY
REVIEW COMMISSION

October 18, 2000

Mr. John R. McGinley, Jr., Esq.
Chairman, Independent Regulatory Review Commission
333 Market Street, 14th Floor
Harrisburg, PA 17101

Dear Mr. McGinley:

I am writing as President of the Eastern PA Chapter of the American College of Surgeons in support of the proposed rulemaking pertaining to prescriptive authority for certified nurse practitioners (CRNPs) with the amendments offered by the State Boards of Medicine and Nursing. The Eastern PA Chapter of the American College of Surgeons represents over 650 surgeons in the Commonwealth.

We have reviewed and find acceptable the recommendations proposed by the State Boards and support the efforts of the State Board of Medicine and the State Board of Nursing to promulgate regulations which address nurse practitioner prescriptive authority and the process by which it may occur. It is our sincere hope that the Independent Regulatory Review Commission will approve the proposed rulemaking with the recommended changes. Thank you for your consideration. If you have any questions, please feel free to contact our office at (717) 558-7750, ext. 1476.

Sincerely yours,

Charles J. Scagliotti

Charles J. Scagliotti, MD, FACS
President

cc: The Honorable Clarence D. Bell
The Honorable Mario J. Civera, Jr.

EMBARGOED MATERIAL

Pennsylvania Medical Directors Association

Facsimile Cover Sheet

To: John McGinley, Jr., Esq.
Company: IRRC
Phone:
Fax: 717-783-2664

From: Margaret Kush, MD, CMD
Company: PMDA
Phone: 717-558-7868
Fax: 717-558-7845

Date: 10/18/2000
Pages including this cover page: 2

Comments: PLEASE DELIVER BY 10:00 a.m. on THURSDAY, OCTOBER 19.

Enclosed please find the PMDA's letter of support regarding the proposed rulemaking with amendments recommended by the State Boards of Medicine and Nursing in regards to the prescriptive authority of CRNPs. Thank you for your consideration.

INDEPENDENT REGULATORY REVIEW COMMISSION

To: Suzanne Hoy
Agency: Department of State
Licensing Boards and Commissions
Phone 7-2628
Fax: 7-0251

From: Kristine M. Shomper
Deputy Director for Administration
Company: Independent Regulatory Review Commission
Phone: (717) 783-5419 or (717) 783-5417
Fax: (717) 783-2664

Date: October 19, 2000
# of Pages: **5**

Embargoed Mail Rec'd.

ACP ASIM
American College of Physicians
American Society of Internal Medicine
PENNSYLVANIA CHAPTER
PENNSYLVANIA COLLEGE OF INTERNAL MEDICINE

October 18, 2000 Original: 2064

The Honorable John R. McGinley, Jr.
Chairman
Independent Regulatory Review Commission
333 Market Street
14th Floor
Harrisburg, PA 17101

Dear Chairman McGinley:

Please accept these comments from the Pennsylvania College of Internal Medicine and its 6000 members in the Commonwealth.

We feel compelled to voice our objection to the revised final rulemaking pertaining to prescriptive authority for CRNP's (16A-49a). The purpose of a "collaborative agreement" between an advanced practice nurse and a physician is to permit adequate oversight of the medical aspects of the care provided. We feel that there should be some limit on the number of nurses with whom a single MD can sign such an agreement. The "four at a time" scenario allows for the possibility that the physician may be responsible for more CRNPs than he can adequately oversee. Oversight implies much more than being available at the time the services are rendered. It's an ongoing commitment for as long as the patient remains under the care of that practitioner. On some level the collaborating MD must remain abreast of the care provided.

The remaining rules are acceptable.

Yours truly,

Ralph Schmeltz MD FACP FACE

Ralph Schmeltz, MD, FACP, FACE
President

cc: The Honorable Clarence D. Bell
Chair, Senate Consumer Protection & Professional Licensure Committee
Senate Box 203009
Harrisburg, PA 17120-3009

The Honorable Mario J. Civera, Jr.
Chair, House Professional Licensure Committee
House Box 202020
Harrisburg, PA 17120-2020

Carol Rose, MD
President, Pennsylvania Medical Society
777 East Park Drive
Harrisburg, PA 17105-8820

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American Academy of Pediatrics

Pennsylvania Chapter
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Early Childhood Education Linkage System
Susan S. Aronson, M.D.

Immunization Education Program
Alan E. Kohrt, M.D.

Smoking Cessation Program
English D. Willis, M.D.

Child Death Review Program
David Turkewitz, M.D.

Child Abuse Education Program
Cindy Christian, M.D.

October 17, 2000

John McGinley, Jr., Chair
Independent Regulatory Review Commission
333 Market St., 14th Floor
Harrisburg, PA 17101

Original: 2064

Dear Mr. McGinley,

On behalf of the 2200 pediatrician members of the Pennsylvania Chapter of the American Academy of Pediatrics (PA AAP), I write to offer my support of the Revised Final Rulemaking 16A-49a of the Professional and Vocational Standards allowing certified registered nurse practitioners prescriptive authority.

Pediatric practices often employ CRNPs as practicing colleagues. These regulations provide for expanded authority in their practice of medicine but under the supervision of a physician. This is consistent with the position of the PA AAP. The current revised language in the proposed final regulations with regard to requirements of an advanced pharmacology course, the ratio of prescribing CRNPs to physicians and the waiver process is supported by the PA AAP. We urge IRRC to accept the revised final rulemaking which maintains the collaborative practice relationship of nurse practitioners with physicians.

Thank you for your consideration of these comments.

Sincerely,

Mark S. Reuben, MD
President

Cc: The Honorable Clarence D. Bell
Chair, Senate Consumer Protection & Professional Licensure Committee
Senate Box 203009
Harrisburg, PA 17120-3009

The Honorable Mario J. Civera, Jr.
Chair, house Professional Licensure Committee
House Box 202020
Harrisburg, PA 17120-2020

"Advocates For Children"

EMBARGOED MATERIAL

PENNSYLVANIA SOCIETY OF ANESTHESIOLOGISTS

Original: 2064

October 17, 2000

Chairperson
Independent Regulatory Review Commission
333 Market Street
14th Floor
Harrisburg, PA 17101

Dear Chairperson:

I write as President of the Pennsylvania Society of Anesthesiologists (PSA) to urge your support of the proposed final rulemaking pertaining to prescriptive authority for Certified Registered Nurse Practitioners (CRNPs). An earlier version of this proposed rulemaking was rejected on July 14, 2000 by the Independent Regulatory Review Committee (IRRC) as being too restrictive. The State Boards of Medicine and Nursing have subsequently addressed the concerns raised by the IRRC in its previous disapproval of the regulations. The compromises agreed to by the Medicine and Nursing Boards include liberalizing the pharmacology course work requirement, increasing the ratio of prescribing CRNPs to physician supervisor, and a waiver to the regulations in special circumstances.

The Pennsylvania Society of Anesthesiologists believes that the compromise proposed rulemaking is both fair and reasonable. These rules, if passed, will appropriately expand the scope of practice of CRNPs while ensuring adequate physician oversight in a manner that will preserve and protect patient safety. The Pennsylvania Society of Anesthesiologists strongly urges your adoption and approval of this proposed final rulemaking.

Very truly yours,

Stephen R. Strelec, M.D.
President

SRS/sb

INDEPENDENT REGULATORY REVIEW COMMISSION

To: Suzanne Hoy
Agency: Department of State
Licensing Boards and Commissions
Phone 7-2628
Fax: 7-0251

From: Kristine M. Shomper
Deputy Director for Administration
Company: Independent Regulatory Review Commission
Phone: (717) 783-5419 or (717) 783-5417
Fax: (717) 783-2664

Date: October 18, 2000
# of Pages: 4

Embargoed Mail received.

Original: 2064

EMBARGOED MATERIAL

Pennsylvania Academy of
FAMILY PHYSICIANS

John R. McGinley Jr., Chairman
Independent Regulatory Review Commission
14th Floor, 333 Market St.
Harrisburg, PA 17101

October 17, 2000

Dear Mr. McGinley:

On behalf of the more than 4,700 members of the Pennsylvania Academy of Family Physicians, I wish to convey our support for the proposed final rulemaking providing prescriptive authority for certified registered nurse practitioners (CRNPs).

Pennsylvania's family physicians want CRNPs given the regulatory authority to prescribe medications, as is their legal right under the Medical Practice Act. Permitting such, within the context of a collaborative agreement and under physician supervision, is an outstanding patient benefit which we have supported since the initiative was introduced so long ago. We also support the recent amendments offered by the state boards of Nursing and Medicine to meet those concerns raised by IRRC at its July hearing on these regulations.

Your thoughtful consideration of our position is appreciated. Please contact me at my practice at 814-838-3405 should you have any questions about the Academy's position on this issue. I look forward to being part of the first generation of physicians in Pennsylvania able to work beside prescribing CRNPs. Thank you.

Sincerely,

Kevin P. Shaffer, MD
President

Cc:
The Honorable Clarence D. Bell, Senate Consumer Protection & Professional Licensure Committee Chairman
The Honorable Mario J. Civera, Jr., House Professional Licensure Committee Chairman
Wanda Filer, MD, PAFP Public Policy Commission Chair

2704 Commerce Drive • Suite A • Harrisburg, PA 17110-9365
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American Academy of Pediatrics

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3705 Fifth Avenue
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Alan E. Kohrt, M.D.

Smoking Cessation Program
English D. Willis, M.D.

Child Death Review Program
David Turkewitz, M.D.

Child Abuse Education Program
Cindy Christian, M.D.

October 17, 2000

EMBARGOED MATERIAL

Original: 2064

RECEIVED
2000 OCT 17 PM 5:24
INDEPENDENT REGULATORY REVIEW COMMISSION

John McGinley, Jr., Chair
Independent Regulatory Review Commission
333 Market St., 14th Floor
Harrisburg, PA 17101

Dear Mr. McGinley,

On behalf of the 2200 pediatrician members of the Pennsylvania Chapter of the American Academy of Pediatrics (PA AAP), I write to offer my support of the Revised Final Rulemaking 16A-49a of the Professional and Vocational Standards allowing certified registered nurse practitioners prescriptive authority.

Pediatric practices often employ CRNPs as practicing colleagues. These regulations provide for expanded authority in their practice of medicine but under the supervision of a physician. This is consistent with the position of the PA AAP. The current revised language in the proposed final regulations with regard to requirements of an advanced pharmacology course, the ratio of prescribing CRNPs to physicians and the waiver process is supported by the PA AAP. We urge IRRC to accept the revised final rulemaking which maintains the collaborative practice relationship of nurse practitioners with physicians.

Thank you for your consideration of these comments.

Sincerely,

Mark Reuben/ey

Mark S. Reuben, MD
President

Cc: The Honorable Clarence D. Bell
Chair, Senate Consumer Protection & Professional Licensure Committee
Senate Box 203009
Harrisburg, PA 17120-3009

The Honorable Mario J. Civera, Jr.
Chair, House Professional Licensure Committee
House Box 202020
Harrisburg, PA 17120-2020

"Advocates For Children"

919 Conestoga Rd., Bldg. 2 - Ste. 307, Rosemont, PA 19010
Phone: (610) 520-9123 Fax: (610) 520-9177
E-mail: paaap@voicenet.com

PA Chapter, American Academy of Pediatrics

Original: 2064

Fax

EMBARGOED MATERIAL

To: IRRC
From: Lillian Young
# of Pages: 2
Fax #: 717/783-2664
Date: 10/17/00
Re:
CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Per Your Request

• Comments:

2 hard copy mailed
10/17/00.

TX.

RECEIVED
2000 OCT 17 PM 5:24
INDEPENDENT REGULATORY REVIEW COMMISSION

faxed 10/18/00
155

INDEPENDENT REGULATORY REVIEW COMMISSION

To:	Suzanne Hoy
Agency:	Department of State Licensing Boards and Commissions
Phone	7-2628
Fax:	7-0251
From:	Kristine M. Shomper Deputy Director for Administration
Company:	Independent Regulatory Review Commission
Phone:	(717) 783-5419 or (717) 783-5417
Fax:	(717) 783-2664
Date:	October 18, 2000
# of Pages:	**4**

Embargoed Mail received.

Pennsylvania
MEDICAL SOCIETY®

October 16, 2000 Original: 2064

Mr. John R. McGinley, Jr., Chair
Independent Regulatory Review Commission
333 Market St., 14th Floor
Harrisburg, PA 17101

Dear Chairman McGinley:

I am writing as President of the Pennsylvania Medical Society in support of the proposed final rulemaking, pertaining to prescriptive authority for certified registered nurse practitioners (CRNPs), submitted jointly by the State Boards of Medicine and Nursing. I understand that these proposed regulations will be presented to the Independent Regulatory Review Commission (IRRC) at the next meeting. The Society believes that the amended regulations address concerns expressed by commentors and by the IRRC in its order of disapproval of the previously submitted proposed regulations.

We support the more flexible requirements for training and experience in advanced pharmacology proposed by the Boards. We also agree with the suggested revision relating to the number of prescribing nurse practitioners a collaborating physician may supervise. These changes are more reflective of current practice situations while protecting the public from inappropriate levels of care.

The Pennsylvania Medical Society urges approval of the nurse practitioner prescribing regulations submitted to IRRC for consideration.

Sincerely,

Carol E. Rose

Carol E. Rose, MD
President

777 East Park Drive
P.O. Box 8820
Harrisburg, PA 17105-8820

Tel: 717-558-7750
Fax: 717-558-7840
E-Mail: *stat@pamedsoc.org*

www.pamedsoc.org

Cc: The Honorable Clarence D. Bell, Chair,
Senate Consumer Protection and Professional Licensure Committee
The Honorable Mario J. Civera Jr., Chair,
House Professional Licensure Committee
Charles D. Hummer Jr., MD, Chair,
State Board of Medicine

DNM/doc/cor/McGinley2000

Original: 2064

Fax received 10/18/00 @ 11:29

EMBARGOED MATERIAL

PENNSYLVANIA COALITION OF NURSE PRACTITIONERS
PENNSYLVANIA STATE NURSES ASSOCIATION
PENNSYLVANIA ALLIANCE OF ADVANCED PRACTICE NURSES

October 16, 2000

Robert Nyce
Executive Director
Independent Regulatory Review Commission
333 Market Street
Harrisburg, PA 17101

Re: 16A-499, State Boards of Medicine and Nursing

Dear Mr. Nyce,

The Pennsylvania Coalition of Nurse Practitioners, the Pennsylvania State Nurses Association and the Alliance of Advanced Practice Nurses appreciate the many hours of attention given by you and other members of the Department of State to the CRNP regulations amendment. As you know, we were willing to support the proposed regulations published in the PA Bulletin in October 1999. However, we objected to those provisions that appeared in the regulations for the first time in final form or were changed significantly in the final form as it was initially approved by the Board of Medicine and the Board of Nursing.

At the present time, after a second final form version has been approved by the Boards, we can accept the new wording allowing a combination of courses to reach a requirement of 45 hours of advanced pharmacology content. However, we must go on record regarding the most recent revision on two points: physician "supervision", and the limited ratio and waiver.

Physician supervision

In the previous version of the amendment, after much discussion during the March, 2000 public joint meeting of the Boards, section 18.57 and 21.287 were titled "physician collaboration". Now the title has been changed back to "physician supervision".

Limited ratio and waiver

Even after our strong expressions of concern and the IRRC disapproval, sections 18.57 and 21.287 continue to impose a ratio of physician to CRNPs. In our opinion the Boards have not justified this ratio as directed by IRRC. As we have stated before, imposing ratios disrupts the delivery of health care in a multitude of settings, including physicians' practices, hospitals, clinics and agencies where many nurse practitioners are currently employed. The malpractice rate for nurse practitioners in the US is less than 2%, far lower than that for physicians. There is no evidence that ratios will ensure quality health care for patients of physicians and the nurse practitioners with whom they collaborate.

As we noted in a previous letter, in an institutional or free standing health care facility, it is common for an individual or group of CRNPs to have a collaborative agreement that, in effect, covers the CRNPs and a number of physicians. Under the new rules, it is assumed that the requirements in Sections 18.61 and 29.291 authorizing written standard policies and procedures would apply to prescribing nurse practitioners in those settings. If this is not the case, modifications in the ratio and the collaborative agreement requirements would need to be made to recognize the realities of the CRNP physician relationships in those settings similar to those provided in Sections 18.61 and 29.291.

Conclusion

We are cognizant of the considerable time, effort and energy that have gone into the development of these regulations jointly promulgated by the Boards of Nursing and Medicine. We realize that there is little we can do to change these regulations at this time. Nurse practitioners in Pennsylvania very much want to join their colleagues in the 48 other states who are able to sign their own prescriptions. However, we feel we must go on record regarding the above stated difficulties in the latest version of the CRNP regulations.

Sincerely,

Jan Towers PhD, CRNP, Chair
Pennsylvania Coalition of Nurse Practitioners

Jesse Rohner, DrPH, RN, Executive Administrator
Pennsylvania State Nurses Association

Melinda Jenkins, PhD, CRNP, Co-chair
Pennsylvania Alliance of Advanced Practice Nurses

Melinda Jenkins, PhD, CRNP
504 Yale Ave.
Swarthmore, PA 19081
610-543-3483

October 9, 2000

Original: 2064

Sen. Joseph Loeper
Senate Box 203026
Harrisburg, PA 17120

Dear Senator Loeper,

I am a Family Nurse Practitioner residing in your district. I teach master's students in the School of Nursing at the University of Pennsylvania and I provide patient care as a fully credentialed primary care provider at a nurse-managed health center in Philadelphia. I urge you to contact the Independent Regulatory Review Commission to ask them to disapprove the revised amendment to the CRNP regulations that were recently voted upon by the Boards of Nursing and Medicine. I am aware that the language of the amendment was changed slightly after the IRRC disapproval and continued negotiation of the Boards. However, I have grave concerns about inconsistencies in the process of the revision and about the effects that the regulations as currently worded will have on access to essential health care. I strongly urge the Senate and the IRRC to disapprove the regulations based on the following issues that are critical to the health, safety, and welfare of the citizens of the Commonwealth:

1. Ensure access to care by eliminating the CRNP: physician ratio.
The ratio limitation is a substantive change that was added after the close of the October 1999 public comment period on the proposed regulations. When objections to the ratio were raised by the regulated community and by IRRC, it was enlarged from 2:1 to 4 CRNPs :1 collaborating physician. The Chair of the Board of Medicine and the Physician General have defended the ratio by raising hypothetical and undocumented abuses of CRNPs by physicians. Even though directed by IRRC on 9/11/00 to "amend or delete this requirement or explain why it is appropriate", the Boards have not justified a ratio with any firm evidence that it is necessary to protect the health, safety, and welfare of the citizens of the Commonwealth. My guess is that the ratio was inserted in the regs to appease a tiny minority of conservative physicians who do not even practice with CRNPs but who believe they need protection against competition in the healthcare marketplace.

There are only two other states known to have ratios; both are higher than 4:1 "at any given time". If our ratio in Pennsylvania is limited to "any given time", collaborative agreements between a single physician and more than 4 CRNPs may be filed with the Boards. Given part-time and flexible work schedules, how will the Boards know which people are collaborating "at any given time"? This most recent revision to the CRNP regs will place the Boards in the embarrassing position of having a regulation for which the need is not substantiated and which cannot be enforced.

Access to care is clearly threatened by this tiny ratio, by the fact that a physician—not a CRNP—must apply for the waiver, by the lack of definition of "good cause" for a waiver, and by the undefined process to obtain a waiver from the ratio. Representatives of the Dept. of State have been asked several times to clarify procedures and criteria for a waiver and have never given a clear answer (see the minutes of the March 15, 2000 joint meeting of the Boards and the minutes of the June 13, 2000 House Professional Licensure Committee). The ratio and the vague waiver both contradict the Boards' claim in their May 26, 2000 Regulatory Analysis Form that "this rulemaking is expected to result in greater availability of quality, cost-effective health care services". ***I believe that the ratio and its waiver are indefensible and should be totally eliminated.***

CRNP practices and nurse-run centers across the state provide essential health care for underserved rural and urban populations. Many of these practices can be recognized by their Medicaid, Title X, and CHIP reimbursement as well as by their large volume of uncompensated care. Most of these centers are staffed with multiple part-time CRNPs, are affiliated with schools of nursing, hospitals, and other reputable agencies, and hold numerous collaborative relationships with more than one physician. Unbiased research has shown their patient outcomes to be equal to or better than those of physician practices. Prescribing CRNPs should not be forced to pay the expense of a totally arbitrary number of physician collaborators. Prescribing CRNPs should not be at the mercy of physician-initiated waivers to be determined without specific criteria by Boards with a history of over 20 years of stalemate regarding CRNP practice.

2. Maintain the statutory Board authority over CRNP prescription of medical therapeutics instead of shifting to an individual collaborating physician the authorization to identify drug categories that a CRNP may prescribe and dispense. The revised regulations require that the collaborative agreement "identify the categories of drugs from which the CRNP may prescribe or dispense " and "contain attestation by the collaborating physician that he or she has knowledge and experience with any drug that the CRNP will prescribe." Thus, the revised regulations pin the responsibility and potentially very costly liability for each and every prescription upon the collaborating physician.

I agree with Barbara Safreit, Associate Dean of Yale Law School, who wrote, "Once the state has legally recognized the APN [Advanced Practice Nurse] as a competent provider, it is odd indeed to condition practice upon the agreement or permission of a private individual...Any state that adopts such a mechanism has in effect yielded its governmental power to one private individual, the physician...At worst, [such schemes] constitute a wholesale privatization of a core governmental function: assessing competence for licensed practice." (p. 452) [Safreit, B.J. (1992). Health care dollars and regulatory sense: The role of advanced practice nursing. Yale Journal on Regulation, 9, 417-490.] Please note that Professor Safreit wrote her analysis of the regulation of nurses in 1992. She wrote to reveal national inconsistencies in a state's responsibility to protect the public by licensure of appropriately educated professional nurses and its bowing to the heavy-handed influence of physicians to restrict advanced nursing practice.

3. Use the term "collaboration" rather than "supervision" as agreed upon in the March 15, 2000 joint public meeting of the Boards of Nursing and Medicine. The latest version of the

CRNP regs ignores an agreement that the Boards made in public, after much discussion, during the March 15,2000 joint meeting to the title of section 21.287 [18.57] "Physician Collaboration". Now the title *and its meaning* have been changed to "physician supervision". According to the existing CRNP regs, CRNPs practice "in collaboration with and under the direction of" a collaborating physician; the word "supervision" does not apply. Quietly changing the final form of the regs to reflect the opposite of what was agreed upon in the joint public meeting by using the term "supervision" in regard to prescription of medical therapeutics (drugs) further restricts the practice of CRNPs and the public's access to our care.

Thank you for your attention to these concerns. Please ask IRRC to disapprove the regulations as they are written and return them to the Boards for further negotiation and collaboration with the regulated community. It is essential for the Boards to represent the interests of the regulated community as they protect the health, safety, and welfare of Pennsylvania citizens. As you know, House Bill 50 was introduced last year in part to avoid such laborious negotiations in the joint promulgation of regulations for CRNPs by the Boards of Nursing and Medicine regarding advanced practice. It still seems to me to be the most sensible strategy for each profession to be regulated by its own board. Please contact me if you would like further information.

Sincerely,

Melinda Jenkins, PhD, CRNP
Family Nurse Practitioner

CC:

Robert Nyce, Executive Director
Independent Regulatory Review Commission
333 Market St., 14th Floor
Harrisburg, PA 17101

Governor Tom Ridge
225 Main Capitol
Harrisburg, PA 17120

Representative Mario Civera, Chair
Professional Licensure Committee
House of Representatives
PO Box 202020
Harrisburg, PA 17120-2020

Senator Clarence Bell, Chair
Consumer Protection & Professional Licensure Committee
Senate Box 203009
Harrisburg, PA 17120

Mr. Steve Anderson, Chair
Pennsylvania Board of Nursing
Dr Charles Hummer, Chair
Pennsylvania Board of Medicine
PO Box 2649
Harrisburg, PA 17105-2649

PENNSYLVANIA CHAPTER,
AMERICAN COLLEGE OF
EMERGENCY PHYSICIANS

777 East Park Drive
P.O. Box 8820
Harrisburg, PA 17105-8820
http://www.paacep.org

(717) 558-7750
888-633-5784
FAX (717) 558-7841
dblunk@paacep.org

Original: 2064

October 12, 2000

Robert Nyce, Executive Director
The Independent Regulatory Review Commission
14th Floor, 333 Market Street
Harrisburg, PA 17101

Dear Mr. Nyce:

On behalf of the Board of Directors of the Pennsylvania Chapter, American College of Emergency Physicians, I would like to relay that Pennsylvania ACEP is in support of the revised final rulemaking of the State Board of Medicine and the State Board of Nursing regarding prescriptive authority for Certified Registered Nurse Practitioners (CRNPs) (16A-49a).

We believe the recent revisions adequately address the concerns of organized medicine, and we urge the Independent Regulatory Review Commission to approve the revised regulations.

Sincerely,

Jim Holliman

C. James Holliman, MD, FACEP
President

Pennsylvania Psychiatric Society

The Pennsylvania District Branch of the American Psychiatric Association

Original: 2064

Oct. 6, 2000

Robert Nyce, Executive Director
The Independent Regulatory Review Commission
14th Floor, 333 Market Street
Harrisburg, PA 17101

Dear Mr. Nyce:

I am writing on behalf of Jeremy Musher, MD, the President of the Pennsylvania Psychiatric Society, in support of the revised final rulemaking of the State Board of Medicine and the State Board of Nursing regarding prescriptive authority for CRNPs (16A-49a).

The regulations in this revised, final form adequately address the concerns we expressed in regard to proposed regulations published in the Oct. 2, 1999 issue of the *Pennsylvania Bulletin*. We urge the Independent Regulatory Review Commission to approve the regulations.

Sincerely yours,

Gwen Lehman

Gwen Yackee Lehman
Executive Director

cc: Jeremy S. Musher, MD
Lois Hagarty, Esq.

Executive Director
Gwen Yackee Lehman
777 East Park Drive
P.O. Box 8820
Harrisburg, PA
17105-8820

(800) 422-2900
(717) 558-7750
FAX (717) 558-7845
E-mail glehman@pamedsoc.org
www.papsych.org

1641 Pine Ridge Lane
Effort, PA 18330
September 1, 2000

Honorable James J. Rhoades
Senate 203029
Harrisburg, PA 17120-3029

Original: 2064

Honorable Sir:

I am a new comer to Effort, Pennsylvania. Additionally I am a geriatric nurse practitioner with 14 years of practice and am coming into what appears to be the tail-end of a protracted effort to achieve prescriptive privileges for nurse practitioners in the state of Pennsylvania.

My previous state of practice was Maryland and prescriptive privileges have been in place, at least during my time as a nurse practitioner. I was quite surprised when apprised regarding the status of the same in Pennsylvania. I want to adamantly show my support for the nurse practitioner movement for prescriptive privileges.

As part of my effort to support this endeavor, I have two major concerns with the regulations under consideration. The regulations, as currently stated, require that nurse practitioners demonstrate that they have successfully completed a 45-hour course in pharmacology. I understand the intent of the requirement, but believe it needs to be reworded. Nurse practitioners should be required to take and document 45 hours of pharmacology before prescriptive privileges are granted. However, this requirement should be cumulative and not limited to one specific course. Until quite recently it was not uncommon for pharmacology to be integrated throughout the course content of the of the nurse practitioner program, as opposed to one freestanding course. As stated in the regulations this 45-hour pharmacology course would be punitive to practitioners with the most experience in the prescribing of medications. I do not believe the intent was punitive, but rather an oversight. I would request that you write the Independent Regulatory Review Commission (IRRC) in support of my request that the regulations be reworded to reflect a minimum of 45 hours of advanced pharmacology cumulative total, not limited to one specific pharmacology course.

The second area of concern is the regulation that a physician not serve as the collaborating physician for more than two nurse practitioners. I see this restriction as an insult to both the physician and the nurse practitioner. Both individuals have much at stake (personally and professionally). I do not believe that they need an overseer to make a decision on their behalf as to the limits of their collaborative practices. I further believe that as dedicated professionals they will self-monitor and if the circumstances show that the collaborative arrangement is not in the patients' best interest and safety corrective steps will be taken. Physicians and nurse practitioners have a long history of collaborative practice that has provided quality care to patients without this type of regulatory oversight. I am requesting that you write the IRRC and request that the regulation limiting the number of nurse practitioners with whom a physician can collaborate be eliminated.

The third aspect of the regulations on which I would ask your support is that you request the IRRC to follow the verbal agreements of the Boards (Nursing and Medicine) to allow nurse practitioners to prescribe unclassified therapeutic agents, medical devises and pharmaceutical aids.

My final request is related to the maintenance of the statutory Board authority over nurse practitioner acts of medical prescription. There has been movement to shift this authority to the physician with whom there is a collaborative agreement. Such a change would place prescriptive responsibility on the collaborating physician both from a clinical and liability perspective. Additionally, this approach would serve to add confusion to the role and practice scope of the nurse practitioner. Nurse practitioners are educated and trained in critical thinking and prepared to assume responsibility for their prescriptive acts. Monitoring of such acts should remain within the purview of the Board.

I appreciate your taking time to consider my requests and trust that you will contact the IRRC.

Very truly yours,

Catherine Caruso, MSN

Cc:

John R. McGinley, Jr., Chairman
Independent Regulatory Review Commission

Rep. Mario Civera
Chairman, House Professional Licensure Committee
Room 315D Main Capitol
Harrisburg, PA 17120

Rep. William Reiger
Democratic Chairman, House Professional Licensure Committee
Room 327 Main Capitol
Harrisburg, PA 17120

Senator Clarence Bell
Chairman
Senate Consumer Protection and Professional Licensure Committee
Room 20 East Wing, Main Capitol
Harrisburg, PA 17120

Senator Lisa Boscola
Democratic Chairman
Senate Consumer Protection and Professional Licensure Committee
Room 183 Main Capitol
Harrisburg, PA 17120

Governor Tom Ridge
225 Main Capitol
Harrisburg, PA 17120

IRRC

From: Catherine Caruso [ccaruso@enter.net]
Sent: Friday, September 01, 2000 2:45 PM
To: irrc@irrc.state.pa.us; boscola@dem.pasen.gov
Subject: Ref. No. 2064--NP regs

Please see copies of letters attached.

Original: 2064

PENNSTATE

School of Nursing

The Pennsylvania State University
201 Health and Human Development East
University Park, PA 16802-6508

(814) 863-0245
Fax: (814) 865-3779

Original: 2064

August 15, 2000

John R. McGinley Jr., Chairman
Independent Regulatory Review Commission
333 Market St., 14th Floor
Harrisburg, PA 17101

Dear Mr. McGinley:

This letter is written to express opposition to the CRNP Regulations approved by IRRC on July 13, 2000. The ratio limitation, added after the close of the October 1999 public comment period on the proposed regulations, threatens access to care for many clients. Persons affected by this limitation have had no opportunity to respond to this severe problem. The ratio should be eliminated.

Advanced pharmacology hours should be 45 hours each year, calculated in a summative manner. One single 45 hour offering is not as effective as ongoing smaller incremental coursework. The initial documentation of hours needs to require a total of 45 hours within the past 3 – 5 years.

It is essential to maintain the statutory Board authority over CRNP acts of medical prescription, instead of shifting the authorization to identify drug categories that a CRNP may prescribe and dispense to the collaborating physician. The initial October 1999 regulations listed only 5 classes of drugs that a CRNP might prescribe with authorization documented in the collaborative agreement; 17 classes were allowed to be prescribed "without limitation". The change made in the March 15, 2000 document to list 21 classes of drugs that must be authorized by collaborative agreement, places accountability on the collaborative physician, when liability should be assigned to the provider of care. This change was made after the public comment time period and should be eliminated.

I have practiced in two other states in the advanced practice role of Family Nurse Practitioner. Both states allow prescriptive privileges within regulations that enabled the Nurse Practitioner to truly provide care and be an accountable member of an interdisciplinary clinical practice. The late changes in restrictions undermine the ability of advanced practice nurses to be effective providers in Pennsylvania and restrict the access to care that could be improved by supportive regulations. In truth, these regulations impose restraint of trade on advanced practice nurses and severely limit their ability to provide effective care.

Sincerely,

Carol A. Smith, DSN, RN, FNP, CS
Associate Director,
The Pennsylvania State University School of Nursing
201 Health and Human Development East
University Park, PA 16802-6508

Gelnett, Wanda B.

From: MarnettaB@aol.com
Sent: Tuesday, August 15, 2000 4:53 AM
To: irrc@irrc.state.pa.us
Subject: CRNP Regs: IRRC Reference # 2064

Marnetta Bradofrd, MSN, CRNP
93 Armstrong Dr.
Shavertown, PA 18708

Original: 2064

John R. McGinley Jr., Chairman
Independent Regulatory Review Commission

August 14, 2000

Dear Mr. McGinley,

I am writing to you in regards to the CRNP regulations that are up for review by the Independent Regulatory Review Commission (IRRC). I want you to be aware of the concerns I have regarding the current proposed regulations. I am a family nurse practitioner living in Shavertown and practicing in a busy family practice in Wilkes-Barre. My concern is that the regulations as they currently stand will unnecessarily limit the practice of the nurse practitioner thereby limiting access to care by the patient.

The current proposal recommends that there be a 2:1 CRNP to physician ratio. Access to care is clearly threatened by this tiny ratio, by the fact that a physician (not a CRNP) must apply for the waiver, by the lack of definition of "good cause" for a waiver, and by the undefined process to obtain a waiver from the ratio. The ratio should be totally eliminated.

The second point of the regulations is that nurse practitioners must have completed a 45-hour pharmacology course. Most nurse practitioners have not completed one discrete 45-hour pharmacology course. However the summation of their advanced pharmacology hours in addition to other pharmacology hours in their course work and/or continuing education hours does equal to or is greater than 45 hours. Defining the advanced pharmacology hours to include 45 hours in total rather than 45 hours in one course would allow credit for previous or subsequent coursework even though it may not have been all in one course. Please consider summation of advanced pharmacology hours to credit a total of 45 hours. This will minimize costly tuition and time lost from work for CRNPs who have been safely practicing for years.

I recommend that the verbal agreement of the Boards to allow CRNP prescription of unclassified therapeutic agents; medical devices;

pharmaceutical aids be supported.

I support maintaining the statutory Board authority over CRNP acts of medical
prescription instead of shifting to an individual collaborating physician the authorization to identify drug categories that a CRNP may prescribe and dispense. As published in October 1999, the regulations listed only 5 classes of drugs that a CRNP might prescribe with authorization documented in the collaborative agreement; 17 classes were allowed to be prescribed "without limitation". A substantive change was made in the March 15, 2000 document to list 21 classes of drugs that must be authorized by the collaborative agreement. Thus, the revised regulations pin the responsibility and potentially very costly liability or each and every prescription upon the collaborating physician. Again, the affected regulated community and the public have not had the opportunity to comment on this substantive change.

Please consider the above concerns when the proposed regulations come up for
review.

Sincerely,

Marnetta Bradford, MSN, CRNP

9211 Palmer Rd.
North East, PA 16428
August 13, 2000

Original: 2064

Dear Mr. Anderson,

I am writing to urge that you work with the Boards of Nursing and Medicine to revise the jointly promulgated regulations regarding CRNP prescribing.

I was so relieved to hear that IRRC had disapproved of the regs and that the two Boards agreed to work on the 45 hour pharm course requirement and the ratio. I'd love to see the proposal changed to include 45 cumulative hours of pharmacology, or to allow for a test that could check CRNPs knowledge of medications and prescribing. I'd suggest that the ratio of MDs to NPs be entirely removed.

Please come up with adjustments that will permit CRNPs to practice without creating unnecessary barriers to our authorization to prescribe and our collaboration with physicians.

Sincerely,

S. Murawski CRNP

Sue Murawski, CRNP

cc:
Dr. Charles Hummer, Chair State Board of Medicine
Rep. Mario Civera, Professional Licensure Committee
Rep. William Reiger, Professional Licensure Committee
Senator Lisa Boscola, Consumer Protection & Professional Licensure Committee
Senator Clarence Bell, Consumer Protection & Professional Licensure Committee
Governor Tom Ridge
Rep. Tom Scrimenti
Robert Nyce, Executive Director IRRC

AMERICAN INDIAN COLLEGE FUND

Ms. Susan Murawski
9211 Palmer Rd.
North East, PA 16428

Gelnett, Wanda B.

From: WRIGHT SARA [SARI@prodigy.net]
Sent: Saturday, August 12, 2000 11:15 AM
To: irrc@irrc.state.pa.us Original: 2064
Subject: IRRC Ref.#2064:ATTN: John McGinley Jr., Chair

Dear Chairman McGinley
I want to thank you for disapproving the regulations regarding Advanced Practice Nurses & Prescriptive authority that was presented to the committee. As you are well aware, these contained items that were not provided the appropriate comment opportunity normally provided such matters. I have attached a copy of the letter sent to my Representative that outline the concerns I have regarding the proposed regulations. I appreciate your continued efforts to resolving the prescriptive issue for Advanced Practice Nurses.
Sara Wright, MSN,CRNP

Representative Paul W. Semmel
House Post Office
State Capitol
Harrisburg, PA 17120
August 12, 2000

Dear Representative Semmel-
I am writing to support the recent Independent Regulatory Review Commission's (IRRC, reference # 2064) disapproval of the proposed regulations for prescriptive authority for Advanced Practice Nurses. Although I am delighted that both the Board of Nursing and the Board of Medicine have made significant efforts to address this issue over the past several months, the regulatory proposal that was presented contained issues that were not present in the draft that was offered for public comment. Those issues are not acceptable to most of the Advanced Practice Nurses in our State. These issues include:

- The arbitrary ratio of Nurse Practitioner to Physician limit set at 2:1. For some practice settings that serve needy populations in our State, this may negatively impact access to care to many of the Nurse Managed clinics that operate with higher ratios. A specific ratio is not necessary, as there are currently no instances of Nurse Practitioner/ Physician practice methods that actually support a reason to set a ratio limit in the regulation.
- Evidence of discrete 45 hours of advanced pharmacology education: I certainly support the intention of this item, however, many education programs that Nurse Practitioner's completed had the Pharmacology content spread throughout the course of study *as most medical educational courses do.* I believe that if the Advanced Practice Nurse can provide evidence of a cumulative total of 45 hours, it should be sufficient to meet the intent of this particular item.
- Disapproved version of the regulations did not allow for the verbal agreement of the Boards to allow Nurse Practitioners prescription of unclassified therapeutic agents, medical devices and pharmaceutical aids. This issue is *best* left up to the Boards established in the State, rather than by a *yet to established alternative.*

It is hoped that when these regulations are reviewed, they are opened to comment from the Boards. The items above should be easily addressed *if the Boards are provided with that window of opportunity (seven days) to do so.* It is my hope that the next version of the regulations presented for your vote contains the acceptable means to address these issues. I thank you for your consideration of these matters.
With Appreciation,

Sara Wright, MSN, CRNP
Cc: K. Stephen Anderson, Chair, BON
Charles D. Hummer, Chair, BOM
Mario Civera, Chair, House Prof. Lisc. Com.
John R. McGinley, Chair, IRRC

Gelnett, Wanda B.

From: Lori Martin Plank [lmp@epix.net]
Sent: Friday, August 11, 2000 11:37 AM
To: irrc@irrc.state.pa.us
Subject: RE: IRRC#2064

To Mr. John McGinley, JR.
Copy of Letter to Chair of Board of Nursing
90 Ervin Road
Pipersville, PA 18947-9391 Original: 2064
July 20, 2000

K. Stephen Anderson, M.Ed.,CRNA
Chairperson, State Board of Nursing
P.O. Box 2649, Harrisburg, PA 17105-2649

Dear Mr. Anderson:

I am a certified registered nurse practitioner, currently working in a community-based nursing center, and also in a community-based, mobile health unit. In both of these settings I work with underserved, poor, minority populations with little or no health coverage. In order to offer maximum service to our clients and to be cost effective, we are all per diem employees. We have a collaborating physician, but our situation would be seriously and adversely affected by your current ratio of 2 nurse practitioners to 1 physician. There are 6 to 7 nurse practitioners, including our director, in the one setting. We do not earn a lot of money, but our work is very rewarding, and we feel that we are making a major contribution to health care for disadvantaged, and, in the long run, helping them to learn self-care and self-sufficiency, and prevent chronic illness burdens on the health care system. Hiring additional physicians would require that money earmarked for clients be used to pay physician costs, and less clients would be served.

I am writing to urge you, in your capacity as Chairman of the Board of Nursing towork with the Board of Medicine to revise the regulations jointly promulgated by the Boards regarding nurse practitioner prescribing. .

The recent disapproval of these regulations by the Independent Regulatory Review Commission provides an opportunity for both Boards to affect a compromise agreement that will allow CRNPs to prescribe. Specifically, please remove the 2:1 ratio of CRNPs to physicians and the requirement that all CRNPs must have a discrete 45 hour pharmacology course in order to prescribe. By the Commonwealth's own estimate 40 percent of CRNPs do not reach this requirement. Please provide another way to demonstrate competency for those CRNPs who do not have a discrete 45 hour course.

For over 25 years the two Boards have not been able to reach agreement on these jointly promulgated regulations. Now that they are so close to closure, please work to come up with a compromise on these issues that will be more workable for CRNPs who wish to prescribe. CRNPs in Pennsylvania are eager to join their colleagues in 47 other states who have attained

this long standing goal.

Thank you for your consideration of this request.

Sincerely,
Lori Martin Plank, RN, MSPH, MSN, CRNP

Golden Care of Northeast PA, Inc.

Michelle M. Bernardi, R.N.
Director of Administration & Professional Services
65 Bryden St., Pittston, PA 18640

Original: 2064

July 19, 2000

Dear Sir or Madam:

This letter is in support of revision to the current Certified Nurse Practitioner regulations. Please consider the following:

- Because the 2 CRNP: 1 physician ratio will greatly inhibit access to health care for rural and poorer individuals elimination of this requirement would benefit an already disadvantaged population
- Allowance of summation of advanced pharmacology to include 45 hours in total rather than 45 hours in one course will minimize costly tuition and time lost from work for CRNP'swho have been safely practicing for years.
- Follow the verbal agreement to allow prescription of unclassified therapeutic agents, medical devices, and pharmaceutical aides
- Maintain statutory Board authority over CRNP acts of medical prescription to identify drug categories that a CRNP might prescribe

Sincerely,

Michelle M Bernardi, RN

Michelle M Bernardi, R.N.
Nurse Practitioner Student

(570) 654-2883 (800) 747-0113 Fax: (570) 883-9709 GCNEPA@AOL.COM

Original: 2064

Nurses Enrichment Services to America

Germantown Health Committe
149 E. Coulter Street, Philadelphia, PA, 19144
Founder: Mattie L. Milner Humphrey, RN, JD

July 12, 2000

Robert Nyce, Executive Director, Independent Regulatory Review Commission
333 Market St., 14th Floor, Harrisburg, PA 17101

Re: Health Policy, ethics and practices in Pennsylvania as related to Nursing Profession Information Deprivation in Philadelphia for past four decades and Public Health Unfair manipulation of policy related to Nursing Practice in PA and USA

Dear Mr. Nyce,

I am alarmed about possible changes to the CRNP regulations for consideration on July 13! I was alerted by a recent WPEN broadcast. Upon follow-up, I note that proposed changes are not in the best interests of nurses and those we serve. It should be disapproved!

Nurses who are advanced in administration, law, journalism and home-making are easily isolated from vital information in Philadelphia! A lack of timely access to career-related information and policy changes is a dis-service to the most valuable players in the ancient and vital service of tender loving care, without which no modern society can ever be fully human!

Nurses Enrichment Services to America is a trust group serving families of the First and Second Congressional Districts of Pennsylvania since 1968. Initiatives include Operation Kinship (voluntary public access broadcast series), 1968 to 1991, WDAS AM & FM. Mothers are our most valuable players in home-making today! Adolescents are pivotal decision-makers in every self-governing society! Urban generalist values rely upon the nursing profession! We operate through acceptance of symptoms we may not subjectively feel and diagnoses we may not fully define. We accept a patient's view of what ails him or her and a qualified physician's view of what needs attention! We design, implement and oversee care plans that appreciate, cultivate and ultimately accomplish, the healing purpose! We often develop requisite skills to diagnose, prescribe & manage treatment, residential care, follow up and health maintainance!

The late Dr. Finton Speller, (who served as PA Health Secretary under late governor Milton Shapp) informed us about threats to our health infrastructures in local communities. Policy modifications in health-related professions needed more caution and serious public attention. I am fortunate and thankful to have been a colleague of his during that time.

Governor Shapp also created a State level Committee for Health in PA prisons and appointed me to that body. PA developed a Professional Standards Review process for health care consistent with then HEW Secretary, Califano's efforts to sustain and enrich our federal health oversight, interactive with state level policies, towards a more perfect union for us all!

Please disapprove the CRNP regulations amendment! I am available and eager to discuss this important matter with you and colleagues at your earliest possible convenience.

Sincerely,
Dr. Mattie L. Milner Humphrey, Prof. Global Humanity

cc: USA Justice Department: Phildelphia Regional Office, National Office
Family Interdisciplinary Ecumenical Task Force of Wister, Philadelphia, PA
Youth Voters League, First Congressional District PA, 12th ward, 9 division
Interested others

M. Humphrey Ph.D. Esq.
149 E. Coulter St.
Phila., PA 19144

M. L. Humphrey, RN, Esquire

PRESERVE OUR REPUBLIC!	***GROW OUR DEMOCRACY!***
NATIONAL SOVEREIGNTY of the United States of America, is vested in the federal government and is manifested within the will of the electorate.	DEMOCRACY, is a cooperative and localized process which upholds self-sufficiency of the individual within context of the good of the whole!
The expressed interests of the ELECTORATE are our most PRIMARY VALUE; and must be taken at the highest level of seriousness by all officials in publicly funded actions, decisions and policies!	An ever evolving general and specific functon of the USA DEMOCRACY is to help guide the functional development of minor USA residents as self respecting and socially responsible human beings.
The will of the electorate is betrayed when the established electoral process is not effectively implemented by responsible officials and parties. The sovereign will of the electorate is intended to enable RIGHT TO MAKE MIGHT!	The several founding Republics retain specific socereignty as articulated in the enabling and founding documents, including the Bill of Rights, of the United States of America.
Corporate expression of corporate interests impacts society directly via local market places; and also through administration of state and local laws pertaining to authority and conduct of specific corporations as they are licensed by the particular state or states so licensing.	The USA, as a self-serving government among governments, exists as the official instrument to champion for those under its jurisdiction, those certain inalienable rights created in natural people by the Natural Generative Force and Fertility of Our Universe as experienced through our natural universal creation!
It is in the interest of the USA that the integrity of the electoral process be respected, maintained and preserved at every level of society and therefore is a duty held by every active/ acting governmental servant/agent!	The sovereignty of the USA society, respecting citizens and guests thereof, is vested in the electors of tlhis nation, and must be expressed through the official electoral process as it is made known to the eligible elector.
When in the USA, an elector presents info to any Licensee (federal communications law) showing a pattern of an unlevel playing field for members of political parties over independent voters, a Licensee should publish such evidence and its source at no cost without incurring liability for the content as stated.	Electoral procedures of the USA and local states are as sacred to this Democracy, its identity, its integrity, and its conduct as are specific scriptures sacred to specific and or orthodox religions upheld by any citizen of this democracy!
Any beneficiary of This Democracy holding no personal love, loyalty, allegiance or duty to the foundation principles of this manifest society is not entitled to share in the general welfare of any State of this democracy or of the nation itself	Natural human expression of electors as specific personal sovereignty is to be manifested through the electoral process for local, state and federal levels of legislative, executive and judicial levels of governance.
Access to timely, relevant, authentic information is the KEYSTONE of OUR DEMOCRACY!	***Freedom of speech is guaranteed under the First Amendment To The Articles of Incorporation of The United States Constitution.***

The enumeration in the Constitution of certain rights shall not be construed to deny or disparage others retained by the people!

A GENERIC PLATFORM by Mattie L. Milner Humphrey, Nurse/Attorney
First used in 1968

Equity Fairness Quality and Accountability

OPERATION KINSHIP
"A full time home-maker is micro-manager of family social values, serving as a most valuable player in "inner city games", whereby true democracy works as the basic self-government for all players!

"A government which has power to tax a man in peace, draft him in war, should have power to defend his life in the hour of peril. A government which can protect and defend its citizens from wrong and outrage and does not is vicious. A government which would do it and cannot is weak; and where human life is insecure through either weakness or viciousness in the administration of law, there must be a lack of justice, and where this is wanting, nothing can make up the deficiency."
Frances Ellen Watkins Harper of the National council of Women in the United States, February 22, 1891.

Take the Liberty!
Persevere!
Have the Patience!
Make democracy work!

Demographic Tools of Sustainable Community Development	Legal Issues Service vs Insurance "Coverage"	Techniques of division, strife, oppression and social instability
• wholeness of a human being	• HEALTH	• fragmentation
• shelter & sanctuary of a self	• HOUSING	• redlining
• development of community	• EDUCATION	• indoctrination
• functional development	• EMPLOYMENT	• functional "training"
• integrity of cultural identity (per kinship basis)	• WORLD VIEW	• economic class as a "mainstream system"

A production of the Philadelphia Urban Self Study Institute
March 12, 1998

"IN DEFENSE OF HOMEMAKERS is a political platform addressing the media and the politicians. I know now that politicians are not interested in what I feel about the vulnerability of our democracy. I also know that the major players on THE GREAT INFORMATION HIGHWAY HAVE LITTLE REGARD FOR THE VALUE OF city girls. City Girls live in OURCITY, USA, THE CRADLE OF LIBERTY. We are raising children who are not all destined to be "leaders". They are being raised to be decent human beings."

"The marketplace woos children with fantasies and promises. The switch and bait system is... faster than the speed of light... "We...rear children with inadequate sanctuary from the abstractions, illusions, deceptions, etc. of markets which are freer than most decent human beings." "For City GIrls When the Confusion Is Too Clear" M. Humphrey, RN-Esq.. SOULMATES Publishing Cooperative, Phila., Pa. P.O. Box 29617, Philadelphia, Pennsylvania 19144 (215-438-7314)

Ninth Amendment Coalition: Youth Voters League Project
First Congressional District of Pennsylvania, 12th ward, 9th division

The Amadou Dialllo Curriculum for Global Justice

Correspondence Course at SCI-Graterford, initiated June 20, 2000
Mattie L. Humphrey, RN/Esquire, America's # One Volunteer!
An informative Introduction prepared for United States Attorney General

Honorable Janet Reno

Health, housing, education and welfare policies have operated in the last fifty years against the best interests of Philadelphia's neediest residents!

A Citizen Request: *please examine public policy uses and abuses in Philadelphia with special reference to the actual use of health, housing, education and welfare funds allocated by Congress to the county of Philadelphia. It seems that*
a) public funds are controlled by regional corporate "leaders";
b) Policy tends to sabotage local traditional civil service systems
c) Policy funds self-serving private agencies to compete with local civil services
d) Policy is not open to involvement of qualified and professional city residents
e) Policy is a deal of both political parties collaborating with private investors

Objectives of this Youth Voters League:
to grow our democracy in each local community (village) and household
to preserve a republic within each state, commonwealth, and territory

Basis: Declaration of Independence, USA Constitution, Bill of Rights
Our nation is a self-governing independent corporate entity
Each natural person is a member of the human family
Each family unit is a self-defining, self-developing cooperative social enterprise
Incorporated entities are man-made vested interest "citizen-like" legal fictions
(Private corporations tend to share civil privileges but not the human deficits!)

Refer: The enumeration in the constitution of certain rights shall not be construed to deny or disparage others retained by the people.

Note: *local communities have been altered by transportation and communications technologies to an extent that local infrastructures are no longer compatible with or subservient to the families and communities of Philadelphia as a city.*

Inequities: *The most rewarding employment is generally held by non resident people.*
The value of public resources is defined in context of national aggregates.
Such services are distinct, unique and localized time-place-person systems.
Legally, such a system is subject to resident peers, not commodity markets.
In Philadelphia the reverse is true! Many qualified people are unemployed!

Injustices: *Citizen debts outstanding as taxes and loans are sold as commercial paper.*
This is especially oppressive in Philadelphia during the last fifty years.
Residents are routinely subject to extensive drug and behavior research!
Families and communities are uninformed of actions, results or benefits!
Self-serving neighborhood systems have been devoured by opportunists!

Issue: How do policies that govern people apply to "citizen-like" entities?
Example: local public utilities are self-service agencies under a body of resident peers providing essential public services to sustain the general welfare of said body as a cooperative and self-sufficient entity.They are self-cooperatives, not private vendors!

metro

TPI METRO PA • PHILADELPHIA • THURSDAY, MARCH 9, 2000

SPORTS TODAY

Smoltz is out for season with injury

■ TORN ELBOW LIGAMENT PUTS A DENT IN BRAVES' WORLD SERIES HOPES PAGE 17

Thursday

Study says heart drug errors may prove fatal

BOSTON About 1,500 U.S. heart attack victims may die needlessly each year because they receive the wrong doses of clot-dissolving drugs, a study estimates.

While the medicines are clearly life-saving if given properly, the new work shows they can also prove fatal when nurses fail to administer the precisely correct dose at the right time — a mix-up that apparently happens frequently in hectic emergency rooms.

These drugs — TPA, streptokinase and Retavase — are standard treatment for patients who arrive at the emergency room within six hours of the start of symptoms. Given quickly, the drugs can clear the way of blood clots before permanent damage is done. Last year, the medicines were given to about 260,000 heart attack patients in the United States. (AP)

City's exodus continues

■ *Surrounding counties gaining population at Philadelphia's expense*

PHILADELPHIA The latest county-by-county census estimates for 1999 show that once again Philadelphia was the biggest population loser.

The Census Bureau estimates show that Philadelphia continued to hemorrhage residents, losing 17,367 people for the state's largest percentage decline of 1.2 percent. Allegheny County also ranked close to the bottom, losing 11,157 people for a 0.9 percent drop in population. Both cities have launched major downtown revitalizations and other efforts to try to keep people from leaving.

The counties around Philadelphia, however, continue to gain at the city's expense. Chester County ranked third in population growth, attracting 8,128 residents, while Bucks County gained 6,184 residents and Montgomery County gained 4,518. Delaware County, however, lost residents. The Pocono-mountain Pike and Monroe counties were the fastest-growing in the state. Many new Pocono residents commute by car or bus to jobs in New Jersey and New York City, and increasingly to the Lehigh Valley, officials said. Overall, the state's population declined for the year, losing 8,313 residents to drop below 12 million as of July 1999. (AP)

SHAUN A. HILL/AP

My state of mind is a true, clear, constant and vigilant witness of my here and now!

URBAN SELF STUDY INSTITUTE
AMADOU DIALLO FORUM
"STATE OF MIND"

"EVERY TARGET NEED NOT BE A VICTIM!"

M. L. HUMPHREY, R.N., M.H.A., J.D.
DEGREES OF CAPTIVITY
DATE: JULY 11, 2000

Topic: "City's Exodus Continues", metro headline, Thursday, March 9, 2000
Comment: "Elections do not make a democracy!" Mattie L. Humphrey, July 11, 2000

Germantown Health Committee Self-analysis by SCI-G: Degrees of Captivity members
A course promoting health as self-consciousness, self-knowledge, well-being and sanity.

Current events and public policy. We grow in a specific place during an explicit time.

- How do you feel about Philadelphia, Pennsylvania today (from a distance, I know)?
- What is meant by the word "Exodus" in the headline presented here?
- What facts herein are news to you, familiar to you, or difficult for you to understand?
- Does a "hemorrhage" of residents from Philadelphia effect you or your life-style?
- Does PA's loss of 89,313 residents have any direct impact on your current situation?
- What is meant by "elections do not make a democracy" as stated by MLH above?
- Is the phrase *Billy Penn's holy experiment* familiar to you? If so, discuss briefly.
- Have you heard of "bipartisan policy" before? If so, discuss. If not, question it now!
- What is the Mason-Dixon Line, what does it do, and where is it located? Why is it?

Public Policy and how we evaluate our situation in context of our objective environment.

- Does Philadelphia, as described, reflect/resemble anything that is happening to you?
- Why is loss of population considered a hemorrhage?
- What role does economics play in quality of life of residents in cities?
- Would a seasonal sports arena determine whether you would go or stay in a city?
- What proportion of current jobs in Philadelphia are held by commuters?
- How many Philadelphia residents are overqualified, yet under-employed here?
- Why did health and hospital care change into profit-making insurance benefits?
- Why did public schools stop teaching home economics?
- Why are neighborhood families out of the loop in curricula and other vital areas?

COMMON SENSE 2000: A New Curriculum

OPERATION KINSHIP: Viewing the Millenium

GLOBAL HUMANITY pleads for re-direction of attitudes toward a common planetary resource system! Our Future calls us from gross self-destruction! Can we learn the behavior of an intelligent, resourceful and ever evolving species of life within an ecosystem of multiple life-forms!

Are we over-awed by the numbers, complexity and odd variety of life forms with which, and with whom we share our vital interaction and our essential common beingness?

COMPETITION, control and domination are often regarded as first and ultimate imperatives by mankind! Challenge, opposition, trial, conflict and conquest once dominated strategies of our cave-man ancestors! Now, these tools no longer constitute a tenable presumptive authority or determinant of social mores, political options or moral imperatives. These premises, as standards, are not acceptable for our most meaningful social encounters, behaviors, and interactions in this new era now aborning!

DAWN brings a more Divine Consciousness to our wakeful expanding spirit! We cautiously sense a more refined energy lifting us above popular, but mean, spirits!

Are we, who have so long submitted to a kill or be killed reflex mentality, now to become capable of a live and let live modus operandi of social life?

MLH/MM

Original: 2064

ALEKSANDRA A. MCDONNELL

3010 Penn View Lane
Trooper, PA 19403
610-539-8381

June 12, 2000

Robert Nyce, Executive Director, IRRC
333 Market Street 14th floor
Harrisburg, PA 17101

Dear Mr. Nyce:
I am a CRNP practicing for 14 years in a pediatric clinic for the under and uninsured patients. I work two days/week. One of the days is spent as a health consultant in a child care center. I am writing because the proposed regulation changes are unfair. They would be an exceptional burden to try to fulfill the requirements. Our clinic is funded by the United Way, the county health department, and local townships. I make a minimal salary as per deim employee with no benefits as do the other four nurse practitioners. This helps keep the cost manageable for the office. I am certified by ANCC and I am required to acquire 75 contact hours every five years. I accomplish this through conferences and professional meetings. I am a member of our pediatric nurse practitioner group. I also read various pediatric journals on a monthly basis. I feel I am very qualified in my position. I do minimal prescribing of antibiotics. I do maximum counseling about nutrition, safety, discipline, first aid.

The specific 45 hour Pharmacology course, 16 hours biennially of Pharmocology credits, the limited formulary, and the 2:1 CRNP to MD ratio would mostly likely cause me and other part-time employees to stop practicing as NPs because the cost and time expended would be prohibitive. Noone tells the MDs what their CEU credits need to be in. Addtionally, only a small number of NP are jointly promegated in other states by the BOM and the BON. NPs in all but about five states have prescriptive authortity. Quality of care is not enhanced by overwhelming regulations. Patient care is not necessarily improved because someone has CEU credits in pharmacology.

Lastly, follow the language of the American Hospital formulary to list each and every drug category in the book. The missing language of the American Hospital Formulary cited to list each and every drug category in the book. The missing categories must be inserted as drugs a CRNP may prescribe and dispense. These categories were discussed in the March 15 joint public meeting of the Boards and their inclusion was a condition of the Board of Nursing's March 30 vote to approve the regulations. They are: "eye, ear, nose, and throat preparations; hormones and synthetic substitutes; oxytocics; unclassified therapeutic agents; medical devices; pharmaceutical aids". Furthermore, the revised regulations require the collaborating physician to attest "that he or she has knowledge and experience with any drug that the CRNP will prescribe." Thus, the revised regulations pin the responsibility and potentially very costly liability for each and every prescription upon the collaborating physician. Again, the affected regulated community and the public have not had the opportunity to comment on this substantive change.

These are the reasons I have concerns about the regulations. Please reconsider them; these are too restrictive and will affect access to care for our clinic patients. Thank you.

Sincerely,
Aleksandra A. McDonnell, RN, MSN, CRNP
Aleksandra A. McDonnell, RN, MSN, CRNP

Original: 2064

Listed below are the practice configurations existing in this state that would be obstructed by a 2:1 nurse practitioner/physician collaboration ratio.

Nurse managed clinics
Hospital Departments where multiple nurse practitioners are used for the provision of medical services (Includes outpatient departments, neonatal units, chronic care units such as oncology departments, emergency rooms and critical care units)
Private practices utilizing more than two nurse practitioners (of which there are many)
Rural Health Clinics
Federally Qualified Health Centers
Migrant Clinics
Family Planning Clinics
Long Term Care facilities

Morgan Plant &
Associates
322 S. West Street
Carlisle, PA 17013
717-245-0902 (voice)
717-245-0953 (fax)
mrgnplant@AOL.com

Fax

To: John Jewett **From:** Morgan Plant

Fax: 783-2664 **Pages:** 1

Date: July 11, 2000

Re:

Urgent **For Review** ☐ **Please Comment** ☐ **Please Reply**

• Comments

This is the list of practice configurations that Jan Towers pulled together.

HAP

THE HOSPITAL & HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA

Original: 2064

July 11, 2000

Mr. John R. McGinley, Jr.
Chairman
Independent Regulatory Review Commission
333 Market Street
14th Floor, Harristown #2
Harrisburg, PA 17101

RE: 16A-499, State Boards of Medicine and Nursing

Dear Chairman McGinley:

The Hospital & Healthsystem Association of Pennsylvania (HAP), on behalf of its approximately 250 member hospitals and health systems, supports the final-form regulations jointly submitted by the State Board of Medicine and the State Board of Nursing that establish the requirements under which certified registered nurse practitioners (CRNPs) may prescribe and dispense medications in Pennsylvania. HAP encourages the Independent Regulatory Review Commission's approval of these regulations.

More than 25 years ago, a law was enacted in Pennsylvania granting CRNPs prescriptive privileges upon adoption of regulations governing those privileges. As you well know, Pennsylvania is one of the last few states in the country to establish prescriptive authority for CRNPs—this, despite the essential role that CRNPs have in providing primary care, particularly to underserved populations across the state. HAP believes that the approval of these regulations would benefit Pennsylvania citizens and that failure to adopt the regulations at this time would likely derail this opportunity to meet patient needs for another extended period of time.

While HAP, in general, supports approval of the regulations, we still have some on-going concerns regarding the limitation on the number of CRNPs per collaborating physician and the education requirements for prescriptive authority.

Limitation on Number of CRNPs Per Collaborating Physician

Sections 18.57 and 21.287 prohibit a physician from collaborating with more than two CRNPs at the same time, if those CRNPs prescribe and dispense medications. The regulations do permit a physician to ask for a waiver to this limitation for "good cause." The provision on limitation of the number of CRNPs per collaborating physician was not contained in the proposed regulations, thus preventing public comment and constructive dialogue about the reasonableness of this standard.

4750 Lindle Road
P.O. Box 8600
Harrisburg, PA 17105-8600
717.564.9200 Phone
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http://www.hap2000.org

HAP

HAP believes that the 2:1 limitation could increase the cost of care and limit access to care in underserved communities. While the State Board of Medicine has stated that prescriptive authority will be a new function for CRNPs, in reality, physicians and CRNPs have been collaborating to meet patient needs for prescriptions through other approaches and arrangements. Therefore, we do not believe that these regulations will require new responsibilities for the collaborating physician.

The State Board of Medicine also has expressed concern that unless some limitation is placed on the number of prescribing CRNPs with whom a physician may collaborate, a physician could enter into collaborative agreements with too many CRNPs, creating unsafe patient care. There has been no evidence presented that this would likely occur or that exceeding the 2:1 limitation will pose harm to patients.

While HAP recognizes that the waiver provision in the regulations may potentially address our concern, neither board has identified the circumstances or criteria that would be used to evaluate a waiver request. Absent clarity regarding the waiver process, HAP is concerned that there will be inconsistent approaches to responding to waiver requests by each of the boards and because of that, the decision-making process will not be timely in its response to community health needs. Further dialogue on this issue is needed between both boards since the regulations provide no guidance on what might constitute reasons for good cause or the criteria that might be used to evaluate such requests.

Education Requirement for Prescriptive Authority

Sections 18.53(2) and 21.283(2) require a CRNP, who wishes to prescribe and dispense drugs to complete a specific course in advanced pharmacology, which is approved by both the State Board of Medicine and the State Board of Nursing and is not less than 45 hours in length.

HAP supports that CRNPs be adequately educated and trained in prescribing and dispensing drugs for the patient population that he or she cares for, including requiring a discrete pharmacology course in the CRNP formal education process. HAP also recognizes that many CRNPs practicing today did not complete such a course as part of their education. We do believe, however, that for many of these CRNPs, the courses completed in their formal education program, their continuing education, and their years of actual practice provide the knowledge and experience needed to prescribe and dispense medications without having to now take another 45-hour course. HAP supports establishing the 45-hour requirement in CRNP programs for currently enrolled students, but believes both boards need to consider alternative ways for actively practicing CRNPs

HAP

to demonstrate competency in the prescription of drugs. Additionally, both boards should provide guidance on which courses would qualify CRNPs to exercise prescribing authority and how the CRNP educational programs should proceed to receive approval for these courses.

HAP, again, reiterates its general support for these regulations. Should the Independent Regulatory Review Commission oppose the regulations, we would urge the Commission to request that the boards remove sections 18.57 and 21.287 from the regulations prior to resubmission of the regulatory package for Commission approval. The Commission could then encourage the boards to consider promulgating a separate regulation on these two sections to enable a more thorough debate and public dialogue regarding whether supervision limitations need to be established, and if so, what reasonable limitations would be, and finally, what criteria would be established for waiving those limitations.

We appreciate the opportunity to provide our comments. Should you have any questions regarding the above comments and recommendations, please contact Betsy H. Taylor, Director, Legal and Regulatory Services, at HAP, at (717) 561-5526 or via e-mail at btaylor@hap2000.org., or Lynn Gurski-Leighton, Director, Clinical Services, at HAP, at (717) 561-5308 or via e-mail at lgleighton@hap2000.org.

Sincerely,

Paula A. Bussard

PAULA A. BUSSARD
Senior Vice President, Policy and Regulatory Services

c: Herbert Abramson, Legal Counsel, Bureau of Professional and Occupational Affairs
K. Stephen Anderson, CRNA, Chairman, State Board of Nursing
Clarence D. Bell, Chairman, Consumer Protection and Professional Licensure Committee, PA Senate
Howard A. Burde, Esq., Deputy General Counsel, Office of General Counsel
Robert Cameron, Esq., Legal Counsel, State Board of Nursing
Dorothy Childress, Commissioner, Bureau of Professional and Occupational Affairs
Mario J. Civera, Jr., Chairman, Professional Licensure Committee, PA House of Representatives
Charles Hummer, MD, Chairman, State Board of Medicine
Gerald Smith, Legal Counsel, State Board of Medicine
James Smith, Analyst, Independent Regulatory Review Commission

HAP

THE HOSPITAL & HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA

4750 Lindle Road
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Harrisburg, PA 17105-8600
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FAX TRANSMISSION

4 *page(s), including cover sheet*

TO: John McGinley

FAX: 783-2664

FROM: Paula Bussard

DATE: 7-11-00

SUBJECT:

MESSAGE:

UNIVERSITY of PENNSYLVANIA

School of Nursing
Office of the Dean
Philadelphia, PA 19104-6096
Fax: 215-573-2114
Tel: 215-898-8283/84
nlang@pobox.upenn.edu

Norma M. Lang, PhD, RN, FAAN. FRCN
Professor
Margaret Bond Simon Dean of Nursing

Original: 2064

EMBARGOED MATERIAL

July 11, 2000

John R. McGinley, Jr., Chairman
Independent Regulatory Review Commission
333 Market Street
14th Floor
Harrisburg, PA 17101

IRRC Reference #2064

Dear Mr. McGinley:

It is with mixed emotions that I write on behalf of the faculty and students of the University of Pennsylvania School of Nursing. First, the efforts to implement prescriptive privileges for advanced nurse practitioners is most welcome by the entire nursing profession and we applaud the efforts of the Commonwealth's Board of Nursing and Board of Medicine in this area. However, we have major concerns regarding the CRNP regulations that are currently before the IRRC.

Of greatest concern is the two CRNP: one physician ratio that was added after the close of the October 1999 public comment period on the proposed regulations. Not only does this ratio create profound limitations on advanced practice nurses but, more importantly, it significantly reduces access to care for the citizens of Pennsylvania. This is particularly true in rural and underserved urban areas of the state where advanced practice nurses provide much needed care. In the School of Nursing's Penn Nursing Network, a consortium of nurse owned/managed practices, advanced practice nurses are providing primary health care to the poorest members of the Philadelphia urban communities. Their efforts have mended many ties in these communities where citizens felt themselves forgotten and disenfranchised by more traditional health care avenues. The new regulations will prevent these citizens from receiving the type of care that they have now become accustomed to and ties now bound will be broken once again. The only solution that will serve the public, who have not had an opportunity to comment, is to completely eliminate this ratio.

EMBARGOED MATERIAL

Our second concern is the change to the statutory authority over CRNP's regarding the number of drugs they are permitted to prescribe without authorization by a collaborating physician. In the earlier regulations, they were permitted to prescribe 17 classes "without limitation." There were only five classes of drugs that required authorization by a collaborating physician. Once again, after the public comment period, this was changed to 22 classes of drugs requiring physician authorization. Surely, this does not do service to the public who will have to wait for their prescriptions until a physician can personally approve them. This is an unnecessary delay when a CRNP could have properly prescribed them at the start. In addition, this regulation restricts advanced practice nurses in their efforts to provide quality care and places greater burdens on physicians who will have to shoulder the full responsibility and liability for every prescription. It is difficult to see its advantage.

Also of concern is the number of hours in an advanced pharmacology course the regulations now require—45 hours in one course. This is an onerous requirement for those nurses that have been practicing safely for years. It will place an unnecessary burden on them and their families, a burden in time and a significant financial burden. Changing the regulation to a summation of advanced pharmacology hours to credit a total of 45 hours over a five year period would allow credit for previous knowledge gained.

Since so many important changes have been made without the opportunity for comment, we feel it is imperative that the regulations be disapproved and sent back for further consideration. The good health of the citizens of this State are at stake.

Thank you for your consideration of these important issues.

Sincerely,

Norma M. Lang

UNIVERSITY OF PENNSYLVANIA
School of Nursing
Nursing Education Building
420 Guardian Drive
Philadelphia, PA 19104-6096
Telephone Number (215) 898-8283 Fax Number (215) 573-2114

Norma M. Lang, Ph.D., R.N., F.A.A.N., F.R.C.N.
Professor
Margaret Bond Simon Dean of Nursing

To: John McGinley
FRRC

Date: 7/12/00

RECEIVER'S FAX NUMBER: 717-783-2664 ~~215-573-2114~~

Number of pages including this cover sheet: 3 Time: _____

MESSAGE

* Note: If you do not receive the number of pages indicated, please advise immediately via telephone.

Original: 2064

PolicyFinder

H-360.987 Principles Guiding AMA Policy Regarding Supervision of Medical Care Delivered by Advanced Practice Nurses in Integrated Practice

PolicyFinder
- Search Tips
- About AMA Policy
- Download PolicyFinder

- Principles of Medical Ethics
- AMA Strategic Plan and Vision
- Our Illustrious History

The AMA endorses the following principles: (1) Physicians must retain authority for patie care in any team care arrangement, e.g., integrated practice, to assure patient safety an quality of care.

(2) Medical societies should work with legislatures and licensing boards to prevent dilutic of the authority of physicians to lead the health care team.

(3) Exercising independent medical judgment to select the drug of choice must continue be the responsibility only of physicians.

(4) Physicians should recognize physician assistants and advanced practice nurses un physician leadership, as effective physician extenders and valued members of the health care team.

(5) Physicians should encourage state medical and nursing boards to explore the feasib of working together to coordinate their regulatory initiatives and activities.

(6) Physicians must be responsible and have authority for initiating and implementing quality control programs for nonphysicians delivering medical care in integrated practice (BOT Rep. 23, A-96; Reaffirmation A-99)

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PolicyFinder

H-35.975 Ratio of Physician to Physician Extenders

Our AMA endorses the principle that the appropriate ratio of physician to physician extenders should be determined by physicians at the practice level, consistent with goo medical practice, and state law where relevant. (CME Rep. 10, I-98)

Original: 2064

◀ prev / next Results ▶ | Back to results list | ◀ prev / next Policy number ▶

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7/11/00

To: John Jewett @ 3-2664
From: Susan M Shaeffer
Re: AMA Policy on Ratio

3 pages total

Original: 2064

EMBARGOED MATERIAL

July 11, 2000

Robert Nyce, Executive Director
Independent Regulatory Review Commission
222 Market Street, 14th Floor
Harrisburg, PA 17101

Dear Mr.Nyce,

I urge you to disapprove the amendment to the CRNP regulations that was recently voted upon by the Board of Nursing and Board of Medicine. I have significant concerns about the impact these regulations will have on the access to health care for my patient population. I strongly urge the IRRC to disapprove the regulations because of the following issues that are vital to the welfare of citizens of Pennsylvania:(1) The ratio limitation of 1 physician to 2 CRNP's would create significant hardship for my work setting and possibly result in access to care issues for patients (2) The requirement for "a specific course" in advanced pharmacology which overlooks the preparation of certain CRNP's who graduated from programs that had equal pharmacology integrated into their program (3) Specific missing drug categories would result in restricting practice by CRNP's currently with expertise and need to prescribe certain drugs.(4) This proposed amendment does not allow for maintaining the statutory Board authority over CRNP acts of medical prescripion and instead shifts it to individual collaborating physicians which pins undue liability on collaborating physicians.

I am a nurse practitioner with 25years of experience providing quality patient care, 15 of those years as a nurse practitioner. I have worked in a college health setting for the past 14 years and have four nurse practitioner colleagues. We all work effectively in a collaborative relationship with our staff gynecologist. In14 years of providing gynecology care this ratio has never been problematic. These regulation amendments under consideration, if approved would create the significant and unjustified necessity of changing a system that has been working well, with the exception of freedom to prescribe drugs and ultimately these proposed changes will be at the expense of the patient.

Thank you for your attention to these concerns. Please disapprove the regulations as they are written and return them to the Boards for further negotiation and collaboration with the regulated community.

Sincerely,

Jo Anna Moyer

Jo Anna Moyer CRNP

cc: Governor Tom Ridge

July 11, 2000

Robert Nyce, Executive Director
Independent Regulatory Review Commission
222 Market Street, 14th Floor
Harrisburg, PA 17101

Dear Mr.Nyce,

I urge you to disapprove the amendment to the CRNP regulations that was recently voted upon by the Board of Nursing and Board of Medicine. I have significant concerns about the impact these regulations will have on the access to health care for my patient population. I strongly urge the IRRC to disapprove the regulations because of the following issues that are vital to the welfare of citizens of Pennsylvania:(1) The ratio limitation of 1 physician to 2 CRNP's would create significant hardship for my work setting and possibly result in access to care issues for patients (2) The requirement for "a specific course" in advanced pharmacology which overlooks the preparation of certain CRNP's who graduated from programs that had equal pharmacology integrated into their program (3) Specific missing drug categories would result in restricting practice by CRNP's currently with expertise and need to prescribe certain drugs.(4) This proposed amendment does not allow for maintaining the statutory Board authority over CRNP acts of medical prescripion and instead shifts it to individual collaborating physicians which pins undue liability on collaborating physicians.

I am a nurse practitioner with 14 years of experience providing quality patient care. I have worked in a college health setting for the past 10 years and have four nurse practitioner colleagues. We all work effectively in a collaborative relationship with our staff gynecologist. In 10 years of providing well woman and problem gynecology care this ratio has never been problematic. These regulation amendments under consideration, if approved would create the significant and unjustified necessity of changing a system that has been working well, with the exception of freedom to prescribe drugs and ultimately these proposed changes will be at the expense of the patient.

Thank you for your attention to these concerns. Please disapprove the regulations as they are written and return them to the Boards for further negotiation and collaboration with the regulated community.

Sincerely,

Jill Buchanan, CRNP

Jill Buchanan CRNP

cc: Governor Tom Ridge

Shomper, Kris

From: Sullivan-Marx, Eileen [eileens@nursing.upenn.edu]
Sent: Tuesday, July 11, 2000 9:36 AM
To: 'kriss@IRRC.STATE.PA.US'
Subject: RE: IRRC Reference #2064

Original: 2064

July 9, 2000

John R. McGinley, Jr.
Chairman
Independent Regulatory Review Commission
333 Market Street, 14th floor
Harrisburg, PA 17101

RE: IRRC #2064

Dear Mr. McGinley:

I am pleased that the Commonwealth's Board of Nursing and Board of Medicine have moved forward regarding regulations for prescriptive privileges for nurse practitioners. However, I have some serious concerns about specific aspects of the proposed regulations that impede reasonable practice and place an undue burden on citizens and providers of care.

1) A ratio limitation on the number of CRNPs that may practice with a physician (2:1) is not tenable in practice. This is a substantive change that has not been discussed adequately in public forums. There has been no precedent for such a limitation in Pennsylvania or any other state. This clearly places a limitation on access to care for Pennsylvania citizens, especially those served by Medicare and Medicaid. There are no comparable regulations at the national level for Medicare reimbursement. In 1997, Congress passed the Balanced Budget Act granting direct reimbursement to nurse practitioners to ensure access of care to all Medicare beneficiaries. Limiting the number of practitioners in Pennsylvania that can practice with a specific physician will decrease access of care to Pennsylvania's older citizens.

2) I also request that hours for advanced pharmacology education be summarized to 45 hours for several courses rather than in one course. This will minimize costly tuition and time lost from work for CRNPs who have been practicing safely for years.

3) Allow all CRNPs to have prescriptive privileges of unclassified therapeutic agents, medical devices, and pharmaceutical aids. CRNPs are specifically educated as nurses to promote function and independence for patients. Ease of prescriptive authority to order such aids and devices will
benefit Pennsylvania's citizens.

4) Maintain the statutory authority of the Board of Nursing for CNRP prescriptive privilege rather than place responsibility on individual collaborating physicians. There has not been adequate public comment in the
area of classes of drugs that CRNPs will prescribe. Currently, the regulations have been changed to allow 21 classes of drugs per collaborating
physician. This is not consistent with other states or standard of practice.
Classes of drugs should be regulated at the state level.

Thank you for your attention to these matters. I would be happy to respond
to any questions at 215-898-4063 or email: eileens@nursing.upenn.edu.

Sincerely,

Eileen M. Sullivan-Marx, RN, CRNP, PhD, FAAN
Assistant Professor
Director, Adult Health Nurse Practitioner Program
University of Pennsylvania
School of Nursing

-----Original Message-----
From: kriss@IRRC.STATE.PA.US [mailto:kriss@IRRC.STATE.PA.US]
Sent: Monday, July 10, 2000 8:28 AM
To: eileens@nursing.upenn.edu
Cc: jims@IRRC.STATE.PA.US; Management@IRRC.STATE.PA.US
Subject: IRRC Reference #2064

We received an email from the above email address; however, no information
was contained in the message. If you want to comment on this regulation,
please do so before our blackout period (Tuesday, July 11, at 10:30 a.m.)
begins.

Shomper, Kris

From: Susan Beidler [beidls@nursing.upenn.edu]
Sent: Monday, July 10, 2000 12:55 PM
To: irrc@irrc.state.pa.us
Subject: Proposed CRNP regulations

Original: 2064

Dear Chairman McGinley,

I am writing to expressed several concerns regarding the proposed CRNP regulations.

First let me introduce myself. My name is Susan Beidler. I have been practicing as a professional nurse in the Commonwealth of Pa since 1976 and as a Family Nurse Practitioner since 1981. I am currently enrolled in a combined PhD in nursing and Masters of Bioethics program at the University of Pennsylvania. In addition to my clinical practice, I have held a variety of academic appointments and am currently a research assistant for a NIH/NINR funded study conducted by a University of Pennsylvania nurse researcher. My most recent clinical position was as a FNP at the Abbottsford and Schuylkill Falls Community Health Centers in Philadelphia for the past 5 1/2 years. Health centers such as these, and the vulnerable patients they serve. will suffer drastically from the proposed regulations.

The Abbottsford and Schuylkill Falls centers have been serving their respective communities for the past 8 years and have been able to achieve impressive outcomes. This has been done with a model of care that has been both effective and recognized by the federal government through the "Models That Work" award program. These centers are staffed by several nurse practitioners, mostly part-time, in collaboration with one family physician. At no point in time did the issue of nurse practitioner to physician ratio ever become a quality care or safety issue. It seems to me that this type of model, a model that works, is what should be considered when attempting to create guidelines for ratios of NPs and physicians in collaborative practices. The imposition of a restrictive collaborative agreement, such as mandating a 2 NP:1 physician ratio, serves no one. This ratio is indefensible and should be totally eliminated.

In addition, the establishment of a 45 hour course for pharmacology, rather than the recognition of the summation of 45 hours of pharmacology content, imposes further unsubstantiated restrictions on the establishment of pharmacology privileges for NPs. This further places a financial constraint on NPs and/or their employers for no good reason.

I strongly urge you to disapprove the CRNP regulations as they are currently written and return them to the boards for further revision.

Respectfully,

Susan M. Beidler MSN, CRNP, MSN
Family Nurse Practitioner &
Predoctoral Fellow
International Center of Research for Vulnerable Women, Children and Families
University of Pennsylvania
School of Nursing

7/10/2000

Shomper, Kris

From: Melinda Jenkins [mjenkins@smtp.nursing.upenn.edu]
Sent: Monday, July 10, 2000 11:08 PM
To: irrc@irrc.state.pa.us; Mrgnplant@aol.com; 'SMShanaman@email.msn.com '; 'shanaman@worldnet.att.net '
Subject: CRNP regs (#2064)

Original: 2064


PA HPSAs 5_97.doc


Card for Melinda Jenkins

Hello,
A group of us met today with IRRC staff to discuss the CRNP regulations. We oppose the regs due to several reasons. The chief reason is the 2:1 CRNP:physician ratio that will severely limit access to care.

I have found on the internet a list of Health Professional Shortage Areas in Pennsylvania. 55 out of our 67 counties have at least one shortage area.

Please see the attached file.
Sincerely, Melinda Jenkins

From the web site: www.shusterman.com/hpsa.html

Taken from the Federal Register May 30, 1997, vol. 62, #104, pp. 29395-29445.

Health Professional Shortage Areas

PRIMARY MEDICAL CARE: Pennsylvania County Listing

County Name
Adams
  Population Group: MFW--Adams/Franklin
Allegheny
  Service Area: Arlington Heights/St Clair
  Service Area: Homewood-Brushton
  Service Area: Manchester
  Service Area: McKees Rocks-Stowe
  Service Area: North Braddock
  Service Area: South Braddock
  Service Area: West End Pittsburgh
  Population Group: Low Inc--Hill District
  Population Group: Low Inc--Mckeesport
  Population Group: Pov Pop--East Liberty
*Armstrong
  Service Area: Armstrong-Clarion
  Service Area: Dayton/Rural Valley
  Service Area: Kiski Valley
  Service Area: New Bethlehem/Hawthorn
  Service Area: Northeast Butler
Beaver
  Service Area: East Liverpool (OH/PA/WV)
*Bedford
  Service Area: Broad Top/Cromwell
  Service Area: Pleasantville
Berks
  Population Group: Med Ind--Welsh Mountain
Blair
  Service Area: Pleasantville
*Bradford
  Service Area: La Porte
Butler
  Service Area: Northeast Butler
Cambria
  Service Area: Coalport
  Service Area: Nanty-Glo
  Facility: Sci Cresson
*Cameron
Centre
  Service Area: Snow Shoe
  Population Group: Low Inc--Philipsburg
Chester
  Population Group: Med Ind--Welsh Mountain
*Clarion
  Service Area: Armstrong-Clarion

Shomper, Kris

Full Name:	Melinda Jenkins, PhD, CRNP
Last Name:	Jenkins, PhD, CRNP
First Name:	Melinda
Job Title:	Asst. Prof. of Primary Care, Director--FNP Program
Company:	University of Pennsylvania School of Nursing
Other Address:	420 Guardian Drive Philadelphia, PA 19104-6096
Business:	215-898-2280
Business Fax:	215-573-3781
E-mail:	mjenkins@nursing.upenn.edu

REPRESENTATIVE VANCE: But you agreed to that and you actually pushed that.

DR. McCORMICK: Well, what was the date?

REPRESENTATIVE VANCE: Early 90's. It was not that long ago, sir.

DR. McCORMICK: Well, the question I see today is where do you set the standard of care for the quality of care. Do you set it at the lowest possible level or do you set it at the highest possible level? You know, a lot of folks don't stop at stop signs. Does that mean we should stop making that mandatory that you stop at stop signs just because some people don't do it?

REPRESENTATIVE VANCE: I'm not sure I follow that correlation. We'll leave that issue alone. In the interest of time, I will stop right now, Mr. Chairman.

CHAIRMAN CIVERA: Representative Preston?

REPRESENTATIVE PRESTON: Thank you, Mr. Chairman. When I was talking to Representative Vance, it was the question about the physician's assistant. Within my area, for example, I probably have one of the few newer hospitals ever really close in Allegheny County. That was the Forbes Hospital in Wilkinsburg. The truth was, why it closed, the doctors

didn't want to come in the area. That's why it closed but yet in the sense they are more than happy to have clinics there where they have physician assistants look at someone but when the patient has to see the doctor, they have to go all the way out to Monroeville. Somewhere along the line we have to reach, coming into the new millennium, a happy medium here and this kind of looks like it because doctors don't make house calls anymore. Nurse practitioners are in the area. This is part of the issue that I'm dealing with because I have -- I don't know if it's still true or not but I used to have the highest percentage of registered voters over the age of 62 in the state as my constituents. I'm concerned about that because I get more complaints about the Access Program and things like that and I have had it where I have other clinics in the area. I have the Homewood area where doctors in Oakmont, the patient is in Homewood and the patient calls me to ask me, how am I getting advised on something because we checked and the doctor wasn't even in the office in Oakmont. I'm just giving you -- these are some of the examples of some of the problems and I would suggest to you, ladies and gentlemen, that we have to come together -- 24, 25 years, eight years, you don't keep your same computer or your same software. There is

going to have to be a little give and take and I think that is what the Chairman is saying and I understand about the wall but I have been through -- I have supported you in a lot of cases but when I had the podiatrist not being able to be a M.D. but an ophthalmologist could be a M.D. I'm just looking at what I feel are very conservative opinions because you want to hold on to your fort. Out of respect, we are going to have to have a little give and take on this position. I just wanted to bring this to your attention. I'm more than happy to try to work with you. Thank you, Mr. Chairman.

DR. McCORMICK: May I comment?

CHAIRMAN CIVERA: Yes, you may.

DR. McCORMICK: I think it boils down to the same issue, number one. People should be doing the things they are qualified to do and, number two, because in some instances lower standards of care exist, that doesn't mean it's correct and that we should make that the common standard. I would submit to you that what you are describing in your area is inappropriate and that's not good medical care for the patients of your district. I don't think lowering that standard does anybody any good.

REPRESENTATIVE PRESTON: But I think

somewhere along the line we have to have a good mixture of quantity and quality and accessibility.

CHAIRMAN CIVERA: Representative Gordner?

REPRESENTATIVE GORDNER: Thank you, Mr. Chairman, and thanks to Representative Dailey and Representative Vance, my questions will be shorter than yesterday. Dr. McCormick, you are actively involved in family practice?

DR. McCORMICK: Yes.

REPRESENTATIVE GORDNER: How many docs are in your practice?

DR. McCORMICK: There are six in our group.

REPRESENTATIVE GORDNER: Do you employ physician assistants?

DR. McCORMICK: No.

REPRESENTATIVE GORDNER: You have no physician assistants?

DR. McCORMICK: No.

REPRESENTATIVE GORDNER: Do you have any nurse practitioners?

DR. McCORMICK: No.

REPRESENTATIVE GORDNER: If I could ask Dr. Floyd the same thing. You are involved in OB-GYN?

DR. FLOYD: Currently.

REPRESENTATIVE GORDNER: And how many medical

Morgan Plant &
Associates
322 S. West Street
Carlisle, PA 17013
717-245-0902 (voice)
717-245-0953 (fax)
mrgnplant@AOL.com

Fax

To: John Jewett
Fax 7832664

From: Morgan Plant
Pages: 6
Date: 7/10/00

Re:
HB50 Testimony

x Urgent For Review ☐ Please Comment ☐ Please Reply

• Comments

Rural Route 5, Box 1463
Honesdale, Pennsylvania 18431
July 10, 2000

Robert Nyce, Executive Director
Independent Regulatory Review commission
333 Market Street, Fourteenth Floor
Harrisburg, Pennsylvania 17101

Original: 2064

Dear Mr. Nyce,

I am a Family Nurse Practitioner residing and practicing in rural northeast PA. I provide Certified Registered Nurse Practitioner services in two healthcare offices in Wayne County. My provision of professional services would be greatly impacted by the prescriptive authority regulations coming up for approval by the Independent Review Commission. At this time I urge you to disapprove the amendment to the CRNP regulations that were recently voted upon by the Board of Nursing. The issues I am most concerned about include:

1. **The Two CRNP/1 Physician ratio.** This ratio focuses on hypothetical and undocumented abuses of CRNP's by physicians, and is also incongruent with most states, where such a ratio is not mandated (the two states that do have such a mandate require a 5 CRNP/2 physician ratio). The proposed ratio would significantly limit the functioning of numerous CRNP practices, thus limiting the provision of essential healthcare in and for underserved rural and rural populations.
2. **The mandate of a specific 45-hour pharmacology course.** Defining the advanced pharmacology curriculum to include 45 hours in total, rather than 45 hours in one course would allow credit for previous coursework, even though it may not have been all in one course. Such a provision would also allow for significant timesavings, when CRNPs could be serving patients.
3. **Utilization of the American Hospital Formulary in the provision of drug categories the CRNP is allowed to prescribe.** The missing categories should be inserted as drugs the CRNP may prescribe and dispense.
4. **Authority over CRNP acts of medical prescription should be maintained by the statutory Board authority, rather than by an individual collaborating physician.** CRNPs have been practicing collaboratively with physicians for years, but the responsibility for a CRNP's prescriptive responsibilities should not rest with solely one physician.

Barbara Safreit, Associate Dean of Yale Law School, has written "Once the state has legally recognized the Advanced Practice Nurse as a competent provider, it is odd indeed to condition practice upon the agreement or permission of a private individual...any state that adopts such a mechanism has in effect yielded its governmental power to one individual...the physician" (Safreit, B.J., 1996).

Owing to these factors, I respectfully request that you disapprove the regulations and return them to the Board of Nursing. It is essential for the Board to represent the interests of our profession.

Thank your for your consideration.

Sincerely yours,

Elizabeth A. Dorn, M.S.N.,C.R.N.P.

EMBARGOED MATERIAL

Sharon L. Zache, RN, MS
2 Katie Lane
Mohnton, PA 19540

July 8, 2000

Original: 2064

Mr. Robert Nyce, Executive Director
Independent Regulatory Review Commission
333 Market St., 14th Floor
Harrisburg, PA 17101

Dear Mr. Nyce -

I am writing in regards to the proposed rules and regulations for certified registered nurse practitioners that were recently passed by the Boards of Medicine and Nursing, and will be up for review by you shortly. I am concerned specifically about two of the proposed regulations, one dealing with the requirement for a specific 45-hour pharmacology course, and the other for limiting the CRNP to physician ratio to 2:1, neither of which were mentioned when the regs were published in the Pennsylvania Bulletin last fall.

The majority of us who received our master's degrees 8 or more years ago had pharmacology integrated into our clinical and didactic courses and did not have a specific pharmacology course. This would require literally several thousand of us who now write prescriptions with a physician's co-signature in the state (and have had no problems) to go back to school and take that course. It is like telling physicians who had only one year of residency many years ago and who have been practicing for years that, sorry, that's not good enough - you have to go back for the additional two years of residency in order to practice, like everyone is now required to do. I feel that this would place an unnecessary financial burden , in addition to the tremendous amount of time, on someone who, according to state laws, was adequately educated and has been practicing up to this time. I suggest that, if this must stay in, you rephrase it to say a 45-hour course, "or its equivalent."

The second concern is that of the CRNP:physician ratio of 2:1. This is a totally arbitrary number, and no one on the Board of Medicine can come up with a reason as to why this was decided on. There are only two other states in the country who even have ratios, and those are listed as 5:1. Many Nurse Practitioners practice part-time, and the physicians who employ them will be unduly restricted with this 2:1 clause. I suggest that you increase the ratio to 5:1, and define the numbers as being full-time equivalents.

I am glad that we have at least come this far is granting prescriptive authority to Nurse Practitioners in Pennsylvania. I hope that you can view our suggestions with objectivity, and do what is best for the health and welfare of the citizens of the Commonwealth.

Thank you for your time in this matter.

Sincerely,

Sharon L. Zache

Sharon L. Zache, RN, MS, CRNP

Original: 2064

EMBARGOED MATERIAL

1003 North 64th Street
Philadelphia Pa. 19151
July 8, 2000

Mr. Robert Nyce
Executive Director
IRRC
333 Market Street, 14th Floor
Harrisburg, PA 17101

Dear Mr. Nyce:

As you review the new regulations for the practice of Certified Registered Nurse Practitioners in the state of Pennsylvania, I ask that you carefully consider the impact that these new regulations will have on the populations served by the nurse practitioners in the state of Pennsylvania. While granting prescriptive authority to nurse practitioners will greatly enhance the public's access to needed medications, there are numerous components to the regulations as written that will negatively impact the ability of the nurse practitioners to provide care.

The first of these is the ration of 2 C.R.N.P.s to one physician. Currently I practice in a nurse-managed center in a housing project in North Philadelphia. Seven part-time nurse practitioners collaborate with one family physician in providing excellent care. One of the main reasons that there are seven of us is that it is largely a faculty practice and each nurse practitioner has faculty responsibilities and practices clinically part time. The 2:1 ratio would virtually eliminate this style of practice at a loss both to the public who are receiving care by a topnotch, well educated and current practitioner as well as to the future nurse practitioners who are being educated by someone who is currently clinically active as well as academically sound. This ratio is completely arbitrary and has no precedent in medical coverage. An attending physician on staff at a hospital is frequently responsible for 8 or more residents, fellows and medical students at any given time. These are all considered training positions, as opposed to nurse practitioners that are already fully licensed and able to provide safe and competent care. I request that there be no such ratio.

In addition, the regulations as currently written left out numerous categories that nurse practitioners routinely use to treat patients. These are eye, ear, nose, and throat preparations, hormones and synthetic substitutes, oxytocics, unclassified therapeutic

agents, medical devices, and pharmaceutical aids. Following the language of the American Hospital Formulary would maintain the current availability of medications.

Lastly, the new language reads that the collaborating physician can attest that "he or she has knowledge or experience with any drug that a CRNP can prescribe." This holds the physician liable for drugs used in an area in which the C.R.N.P. may have experience and comfort in prescribing, but the collaborating physician does not use on a routine basis. One example of this may be a family practice physician who does not see children routinely collaborating with a pediatric nurse practitioner who is well versed in the latest pediatric preparations. This limits the availability of the medications available to children due to a physician's inability to remain current in all medications in all fields. Given our pharmacology requirements, nurse practitioners would like to maintain responsibility for those medications that we prescribe as opposed to placing the responsibility on the physician.

Although these regulations were approved by our Board of Nursing under pressure from the governor, as a rule the majority of Nurse Practitioners in the state feel that although granting us prescriptive authority, they place other restrictions which are unnecessary, were never open to public comment, and would limit the effectiveness of nurse practitioners and therefore impact negatively on the health of the citizens of Pennsylvania. We ask that they be returned to the Board of Medicine and Board of Nursing for further discussion.

Thank you for your time and attention to these matters. I can be contacted at 215-878-2993 for further discussion.

Sincerely,

Patty Hewson

Patty Hewson, C.R.N.P.

Cc: Mario Civera
Clarence Bell

Original: 2064

July 6, 2000

Mr. Robert Nyce
Executive Director IRRC
333 Market St.
14th Floor
Harrisburg, PA 17101

Dear Mr. Nyce,

I am the President of the Nurse Practitioner Association of Southwestern Pennsylvania (NPASP) for the upcoming year. The group has been following the activity of the regulations on prescriptive privileges for nurse practitioners in PA. I heard today that the Independent Regulatory Review Commission (IRRC) will be meeting to address this issue next week.

I am writing to request a report of the actions taken by the IRRC at that time and to find out what happens after that. This will allow us to communicate with the nurse practitioners in our area about the status of this practice issue.

Thank you for considering this request.

Sincerely yours,

Linda Snyder

Linda Snyder, CRNP
President - NPASP
1528 Village Green Drive
Jefferson Hills, PA 15025
(412) 653-1237

Allyson P. Whittington BSN, MSN, PNP
110 Whitney Drive
Cranberry Twp., PA 16066

July 2, 2000

Mr Robert Nyce
Executive Director, IRRC
333 Market Street, 14th Floor
Harrisburg, PA 17101

Dear Mr. Nyce,

I am a Pediatric Nurse Practitioner (PNP) in the state of Pennsylvania, and I have reviewed the amendment to the certified registered nurse practitioner (CRNP) regulations that were recently approved by the Board of Nursing and Board of Medicine. I am aware of the vast amount of attention and effort on the Board's part that went into the negotiation of the amendment. However, I have grave concerns about the effects that these regulations may have on access to essential health care for children of the Commonwealth. I strongly urge the IRRC to disapprove the regulations based on the following four issues that are critical to the health, safety, and welfare of the citizens of the Commonwealth:

1. **Ensure access to care by eliminating the 2 CRNP: 1 physician ratio.**

The ratio limitation is a substantive change that was added after the close of the October 1999 public comment period on the proposed regulations. Stakeholders and the public have had no opportunity to comment on this most limiting and arbitrary aspect of the regulations. When objections to the ratio were raised on 3/15/00 by members of the Board of Nursing and the Board of Medicine, comments by the Chair of the Board of Medicine and the Physician General that supported the ratio focused on hypothetical and undocumented abuses of CRNPs by physicians. There are only two other states known to have ratios--New York and Colorado. The ratio in both is 5 NPs: 1 physician. Access to care is clearly threatened by this tiny ratio, by the fact that a physician-not a CRNP-must apply for the waiver, by the lack of definition of "good cause" for a waiver, and by the undefined process to obtain a waiver from the ratio. This contradicts the Boards' claim in the Regulatory Analysis Form that "this rulemaking is expected to result in greater availability of quality, cost-effective health care services". We believe that the ratio is indefensible and should be totally eliminated. CRNP practices and nurse-run centers across the state provide essential health care for underserved rural and urban populations. Many of these practices can be recognized by their Medicaid, Title X, and CHIP reimbursement as well as by their large volume of uncompensated care. Most of these centers are staffed with multiple part-time CRNPs, are affiliated with schools of nursing, hospitals, and other reputable agencies, and hold numerous collaborative relationships. Unbiased research has shown their patient outcomes to be equal to or better than those of physician practices. Prescribing CRNPs should not be forced to pay the expense of a totally arbitrary number of physician collaborators. Prescribing CRNPs should not be at the mercy of physician-initiated waivers **to be determined by Boards with a history of over 20 years of stalemate regarding CRNP practice.**

2. **Allow summation of advanced pharmacology hours.**

Allow summation of advanced pharmacology hours to credit a total of 45 hours. A 45-hour course was not specified in the proposed regulations published for public comment, nor in the written comments of the Independent Regulatory Review Commission, nor in the written comments of the Pennsylvania Medical Society. While we acknowledge the importance of advanced pharmacology education for CRNPs, we believe that requiring "a specific course... of not less than 45 hours" is quite arbitrary. For the approximately 2,500 experienced Pennsylvania CRNPs without a documented 45-hour course, the estimated cost of a 45-hour pharmacology course, including time lost from work, is $5,000.00, a substantial amount. Defining the advanced pharmacology hours to include 45 hours in total rather than 45 hours in one course would allow them credit for previous coursework even though it may not have been all in one course. This will minimize costly tuition and time lost from work for CRNPs who have been safely practicing for years.

3. **Follow the language of the American Hospital Formulary.**

Follow the language of the American Hospital Formulary cited to list each and every drug category in the book. The missing categories must be inserted as drugs a CRNP may prescribe and dispense. These categories were discussed in the March 15 joint public meeting of the Boards and their inclusion was a condition of the Board of Nursing's March 30 vote to approve the regulations. They are: "eye, ear, nose, and throat preparations; hormones and synthetic substitutes; oxytocics; unclassified therapeutic agents; medical devices; pharmaceutical aids".

4. **Maintain the statutory Board authority over CRNP acts of medical prescription instead of shifting to an individual collaborating physician the authorization to identify drug categories that a CRNP may prescribe and dispense.**

Maintain the statutory Board authority over CRNP acts of medical prescription instead of shifting to an individual collaborating physician the authorization to identify drug categories that a CRNP may prescribe and dispense. As published in October, the regulations listed only 5 classes of drugs that a CRNP might prescribe with authorization documented in the collaborative agreement; 17 classes were allowed to be prescribed "without limitation". A substantive change was made in the March 15 document to list 21 classes of drugs that must be authorized by the collaborative agreement. Furthermore, the revised regulations require the collaborating physician to attest "that he or she has knowledge and experience with any drug that the CRNP will prescribe." Thus, the revised regulations pin the responsibility and potentially very costly liability for each and every prescription upon the collaborating physician. Again, the affected regulated community and the public have not had the opportunity to comment on this substantive change.

I agree with Barbara Safreit, Associate Dean of Yale Law School, who wrote, "Once the state has legally recognized the APN [Advanced Practice Nurse] as a competent provider, it is odd indeed to condition practice upon the agreement or permission of a private individual...Any state that adopts such a mechanism has in effect yielded its governmental power to one private individual, the physician...At worst, [such schemes] constitute a wholesale privatization of a core governmental function: assessing competence for licensed practice." (p. 452) [Safreit, B.J. (1992).

Health care dollars and regulatory sense: The role of advanced practice nursing. Yale Journal on Regulation, 9, 417-490.]

Please disapprove these regulations as written and return them to the Board of Nursing and the Board of medicine for further negotiation. Thank you for your attention to these concerns before the regulations are approved.

Very truly yours,

Allyson P. Whittington

Allyson P. Whittington

IRRC # 2064FF Title Certified Registered Nurse Practitioner's Regulation

(Form C - CRNPConcerns)		
NAME	ADDRESS	DATE of CORRESPONDENCE
Laura Kind McKenna, MSN, CRNP	7707 Pine Road Wyndmoor, PA 19038	June 7, 2000
Melinda Jenkins, PhD, CRNP Duplicate to Rep. Gannon	PO Box 360 Swarthmore, PA 19081	June 7, 2000
Ann Lee, CRNP	116 Interstate Pkwy Bradford , PA 16701	June 8, 2000
Ann Linguiti, MSN, RN, CRNP	7930 Montgomery Ave. Elkins Park, PA 19027	June 7, 2000
Francine Loreto Redman, MSN, CRNP	142 South 2nd St. Columbia, PA 17512	June 11, 2000
James D. Mendez, MSN, CRNP	University of PA Medical Center One Silverstein 3400 Spruce Street Philadelphia, PA 19104	June 7, 2000
R. Alex Price, MSN, CRNP, CS	University of PA Health System Ground Rhoads 36th and Hamilton Walk Philadelphia, PA 19104	June 12, 2000
Susan E. Potts-Nulty MSN, CRNP	8056 Crispin St. Philadelphia, PA 19136	June 15, 2000
Nora MaGinnis, CRNP	No address given	June 8, 2000
Elizbeth A. Coyne, RN, MSN, CRNP, CEN	7925 Ridge Ave. Unit #5 Phildelphia, PA 19128	June 9, 2000
Alyson P. Whittington	110 Whitney Drive Cranberry Twp., PA 16066	July 2, 2000
Ann Linguiti Pron, MSN, RN, CRNP	7930 Montgomery Avenue Elkins Park, PA 19027	June 29, 2000
Mihee Kim	1146 Harrogate Way Ambler, PA 19002	June 29, 2000
Sylvia Metzler	2232 N. Palethorp Street Phila., PA 19133	June 29, 2000
Cynthia Krapels	501 S. Hancock Street Phila., PA 19147	June 29, 2000

Jean Betschart MSN, MN, CPNP, CDE	3000 Swallow Hill Rd. # 517 Pittsburgh, PA 15220	June 30, 2000
Jeanne Smucker, CRNP, PhD	1054 Blackforest Rd. Pittsburgh, PA 15235	June 30, 2000
Allyson P. Whittington	110 Whitney Drive Cranberry Twp., PA 16066	July 2, 2000
Denise Kochanek	114 Altadena Drive Pittsburgh, PA 15228	July 2, 2000
Judity Worrell	C/O Gwynedd-Mercy College Gwynedd-Valley, PA 19437	June 29, 2000
Janet E. Roach	2221 North Broad Street Philadelphia, PA 19132	June 29, 2000
Fran Cornelius	854 Neighbor's Way Perkasie, PA 18944	June 27, 2000
Maureen E. Leonardo	620 College Hall Pittsburgh, PA 15282	July 2, 2000
Margarete Lieb Zalon	Zalonm1@UofS.edu	July 6, 2000
Allyson Whittington	rswnapw@fyi.net	July 2, 2000
Jennifer Gabany	Jgabany@hotmail.com	July 8, 2000
Jo Ann D'Agostino	34th Street and Civic Center Boulevard Philadelphia, PA 19104-4399	July 5, 2000
Donna L. Torrisi	3205 Defense Terrace Philadelphia, PA 19129	June 23, 2000
Karen Vujevich	373 Burrows Street Pittsburgh, PA 15213-2261	June 29, 2000
Kathleen Palombo Sorkin	427 Greenhurst Drive Pittsburgh, PA 15243	July 6, 2000
Nancy Youngblood	153 Grandview Road Ardmore, PA 19003	June 29, 2000
Pamela Heald	1400 Locust Street Pittsburgh, PA 15219	July 5, 2000
Cynthia Gifford-Hollingsworth	3200 Henry Avenue Philadelphia, PA 19129-1191	June 30, 2000
Jennifer Steele	2209 Menlo Avenue Glenside, PA 19038	June 29, 2000

Pennsylvania Coalition of Nurse Practitioners
893 Stone Jug Road, Biglerville, PA 17307

July 5, 2000

Original: 2064

Honorable John R. McGinley, Jr., Chairman
Independent Regulatory Review Commission
14th Floor, Harristown #2
333 Market Street
Harrisburg, PA 17101

Re: 16A-499, State Boards of Medicine and Nursing

Dear Sir:

For the reasons set forth below, the Pennsylvania Coalition of Nurse Practitioners ("PCNP") urges the Independent Regulatory Review Commission ("IRRC") to disapprove final form regulations jointly submitted by the State Board of Medicine ("Medical Board") and the State Board of Nursing ("Nursing Board") to establish parameters governing the prescribing and dispensing of drugs by Certified Registered Nurse Practitioners ("CRNPs").

The boards have "found" that the additions and changes in final form "do not enlarge the purpose of the proposed rulemaking." (Preamble 16A-499, p. 16) However, that finding is simply not correct.

The PCNP would have preferred a different resolution by the Medical and Nursing Boards on many substantive provisions of these regulations. Nevertheless, the PCNP is basing its request for disapproval on only those provisions which appeared in the regulations for the first time in final form or which were changed in an especially egregious way in final form.

If IRRC were to disapprove these regulations and the Medical and Nursing Boards were subsequently to amend the regulations to address the PCNP's objections adequately, the PCNP would not oppose the revised regulations when resubmitted pursuant to 71 P. S. § 745.7(c).

Limitation on number of CRNPs per collaborating physician

Sections 18.57 and 21.287, would prohibit a physician from collaborating during the same time period with more than two CRNPs who prescribe and dispense drugs. A physician could ask the boards for a waiver of this limitation for "good cause." For numerous reasons, these sections are the most objectionable provisions in the regulations.

First, imposing a 2:1 ratio would disrupt the delivery of health care, especially in view of the fact that physicians have frequently been collaborating with more than two CRNPs. The boards have cited no evidence to support the need for a 2:1 limitation. In fact, the two commentators whose comments apparently served as the catalyst for these sections actually proposed a 4:1 ratio rather than the 2:1 ratio the boards adopted. (Preamble 16A-499, pp. 12-13)

Second, the proposed regulations contained no language imposing any limitation on the number of prescribing CRNPs with whom a physician could collaborate. The insertion of the 2:1 limitation at the final form stage deprived both CRNPs and collaborating physicians of a fair opportunity to challenge the limitation altogether or to present evidence supporting a ratio higher than 2:1.

Third, by articulating no standard other than "good cause," the boards have failed to provide notice of the specific types of circumstances which would justify a "waiver" or to set forth the specific criteria which the boards would use in evaluating waiver requests. For example, the regulations provide absolutely no indication if granting or denying waiver requests would depend substantially—or not at all—on the degree to which CRNPs are needed in a region because of the existence of a physician shortage, on the relative education and experience levels of the specific physician and CRNPs, on the nature of the practice involved, on the frequency with which the physician would see the patient, on the range or type of drugs which the CRNP would prescribe and dispense, or on the number of non-prescribing CRNPs with whom the physician would also be collaborating. Because the regulations articulate no meaningful standards to guide the boards' decisionmaking, a physician would have no way to assess whether applying for a waiver would be worth the effort and to determine what evidence he or she would need to present. Furthermore, the potential for inconsistent and arbitrary decisions would be high.

Fourth, obtaining a waiver would require approval from both the Medical Board and the Nursing Board. It has taken those two boards 26 years to agree on regulations allowing CRNPs to prescribe and dispense drugs. In the absence of meaningful standards to guide their decisionmaking, there is no reason to believe that the boards would be able to agree on granting waivers in a timely manner. The fact that the boards have used the vague concept of "good cause" rather than meaningful criteria may well indicate that the boards are already having difficulty agreeing on the specific circumstances under which waivers should be granted.

Fifth, the regulations fail to make clear if obtaining a waiver would mean that a physician could collaborate with an unlimited number of CRNPs or if the boards would apply different ratios on a case-by-case basis. If the former is the boards' intent, it is unlikely that many waivers would be granted. If the latter is the boards' intent, all of the aforementioned objections to the inadequacy of the "good cause" standard would apply as well to the failure to spell out the criteria for determining what ratio should be set in particular waiver cases.

Initial education requirement

Sections 18.53(2) and 21.283(2) would require a CRNP who wishes to prescribe and dispense drugs to complete a specific course in advanced pharmacology which is approved by both the Medical Board and the Nursing Board and which is not less than 45 hours in length. The PCNP did not object to the provision in the proposed regulations requiring a prescribing CRNP to complete a CRNP program which "includes a core course in advanced pharmacology," nor do they object to

being required to complete 45 hours of pharmacology preparation. The problem occurs when the 45 hours is limited to a single course, since many NP programs provide combination of courses and integrated content that exceed 45 hours, but do not have a specific course of 45 hours in the curriculum. For instance, depending on the length of the semester or quarter, pharmacology courses can be 30 hours in length with additional pharmacology content integrated into other courses. The changes the boards have made to the proposed regulations and the decision to make all provisions of the regulations effective immediately (Regulatory Analysis Form, #30) raise serious problems.

First, the failure to give credit for successfully completed pharmacology education, which was not part of a discrete course, would impose a time and financial hardship on many of the most experienced CRNPs. Although the PCNP believes the cost will actually be higher, the boards themselves have estimated the cost of the required 45 hours of education to be $630 to $1,875. (Regulatory Analysis Form, #3)

Second, the regulations do not themselves approve any specific providers or courses and do not spell out a procedure for either providers or CRNPs to apply for approval. The regulations also contain no deadline for the boards to provide guidance to providers and CRNPs about which courses would qualify a CRNP to exercise prescribing authority. Therefore, it is entirely possible that no CRNP would be able to take advantage of the prescribing authority within the reasonably foreseeable future.

Third, current regulations at 49 Pa. Code §§ 18.21-18.22 and 21.251-21.252 permit a CRNP to collaborate with a physician regarding the prescription of drugs with the physician responsible for signing the prescriptions. Nothing in the new regulations would expressly repeal §§ 18.21-18.22 and 21.251-21.252. Furthermore, the boards have represented that the new regulations "will not affect existing . . . regulations" of the Board of Nursing and the Board of Medicine. (Regulatory Analysis Form, #26) Therefore, it is assumed that a CRNP would have the option to continue functioning under the current regulations indefinitely or, at least, until the CRNP could successfully complete an approved 45-hour course. If that assumption is incorrect, then the failure to delay the effective date of the 45-hour requirement and the failure to provide guidance about approved courses would also create problems for CRNPs.

For all of the above reasons, the requirement of a single 45-hour course would cause extreme hardship for CRNPs and would disrupt the delivery of health care throughout the Commonwealth.

Continuing education requirement

Sections 18.53(3) and 21.283(3) would require a prescribing CRNP to obtain 16 hours of continuing education in pharmacology every two years. Although the PCNP supports continuing education for prescribing CRNPs, there are serious problems with the regulations.

First, a CRNP would receive credit for only continuing education approved by the Nursing Board. However, the regulations do not themselves approve any specific providers or courses, do not spell out a procedure for either providers or CRNPs to apply for board approval, and set no timetable for the Nursing Board to act.

Second, because the regulations would take effect upon publication in the Pennsylvania Bulletin (Regulatory Analysis Form, #30) and because the regulations provide no guidance to the contrary, the continuing education requirement presumably would take effect with the next certification renewal date. Therefore, within a relatively short time period, a prescribing CRNP could be required to complete a 45-hour course in pharmacology in order to obtain prescribing authority plus 16 hours of continuing education. Although the PCNP believes the costs will be higher, the boards themselves have estimated the cost of the 45-hour course at $630 to $1,875 and the cost of the continuing education at $120 to $960. (Regulatory Analysis Form, #17) Based on the boards' own estimates, a CRNP could be forced within a relatively short period of time to spend as much as $750 to $2,835.

Third, the proposed regulations contained no continuing education requirement.

Fourth, although the PCNP does not raise the point as an objection, it does wish to call to IRRC's attention that, historically, continuing education requirements have been imposed either by a statute setting forth the hours and parameters of the continuing education or by a statute authorizing or requiring a board or commission to promulgate a continuing education requirement by regulation. There is no express authorization or requirement for continuing education for prescribing CRNPs in either the Professional Nursing Law or in the Medical Practice Act. The boards concluded that they have the legal authority for the requirement because of language in the current regulations at 49 Pa. Code §§ 18.41(c) and 21.271(d) requiring a CRNP to provide "[e]vidence of continuing competency in the area of medical diagnosis and therapeutics." If the boards are correct, then that language would also presumably authorize them to impose a continuing education requirement on non-prescribing CRNPs. Furthermore, approval of the continuing education requirement in the absence of clear statutory authorization would set a precedent for other licensing boards to establish continuing education requirements without statutory authorization.

Collaborative agreements

Section 18.55(a) and 21.285(a) are, in effect, definitions of "collaborative agreement." Sections 18.55(b) and (c) and 21.285(b) and (c) would apply expressly to collaborative agreements between a prescribing CRNP and the collaborating physician. However, the boards have stated that the regulations "define and require a written collaborative agreement" and that "[a]ll [of the 4,667 registered] CRNPs will be expected to comply with the requirement of a written collaborative agreement." (emphasis added) (Regulatory Analysis Form, #8 and #15, respectively) As interpreted by the boards, there are serious problems with the purported "requirement" for a written collaborative agreement for CRNPs who do not wish to prescribe and dispense drugs.

First, the proposed regulations contained no language regarding collaborative agreements between a non-prescribing CRNP and the physician. Therefore, the insertion of a "requirement" in the final form regulations applicable to non-prescribing CRNPs deprived both non-prescribing CRNPs and their collaborating physicians of notice and an opportunity to be heard on a matter which could have a serious effect on them.

Second, notwithstanding the boards' representations in the regulatory analysis, the actual language of Sections 18.55(a) and 21.285(a) does not expressly require non-prescribing CRNPs to have a written collaborative agreement. To the contrary, a fair reading leads to the conclusion that

Sections 18.55(a) and 21.285(a) simply define the term "collaborative agreement" for purposes of Sections 18.55(b) and (c) and 21.285(b) and (c).

Third, the current regulations at 49 Pa. Code §§ 18.21 and 21.251 require that CRNPs perform certain functions in "collaboration with" a physician but do not require a written collaborative agreement between a specific CRNP and a specific physician. Especially in an institutional setting, it is common for a CRNP to have a collaborative agreement which, in effect, covers the CRNP and a number of physicians. Requiring a written collaborative agreement between a CRNP and each physician on the immediate effective date of the new regulations would disrupt the delivery of health care across the Commonwealth.

Fourth, the boards have cited no evidence of the need to impose Sections 18.55 and 21.285 on non-prescribing CRNPs. In fact, in explaining the genesis and rationale for these sections, the boards referred to commentators—including IRRC—which recommended written collaborative agreements before the CRNP could prescribe drugs. (Preamble 16A-499, pp. 6-7)

Identification of CRNPs

Sections 18.56 and 21.286 would require all CRNPs to disclose that they are CRNPs and to wear name tags identifying themselves as CRNPs. Purely from the standpoint of public policy, these sections do not raise the same level of concern as do the provisions analyzed in the foregoing paragraphs. However, consistent with its comments on other parts of the regulations, the PCNP notes several problems with these sections.

First, because the proposed regulations contained no language regarding disclosures and name tags and did not address practice by CRNPs who do not wish to prescribe and dispense drugs, non-prescribing CRNPs were deprived of notice and an opportunity to be heard on a matter affecting them.

Second, the boards represented that the disclosure and name tag requirements are a response to recommendations by several commentators—including IRRC—that "a CRNP who prescribes medications provide clear and conspicuous notice to patients that he or she is a CRNP." (emphasis added) (Preamble 16A-499, p. 12) The boards cited no evidence of the need to impose these requirements on non-prescribing CRNPs.

Thank you for your consideration.

Sincerely,

Jan Towers

Jan Towers, PhD, NP-C, CRNP (FNP)
Chair PA Coalition of Nurse Practitioners

Pennsylvania Coalition of Nurse Practitioners
893 Stone Jug Road, Biglerville, PA 17307

FAX MESSAGE

FAX MESSAGE TO: Honorable John R. McGinley, Jr., Chairman
LOCATION: Harrisburg, PA

FAX NUMBER: 717 783-2664
TELEPHONE NUMBER: 717 783-5417

FROM: Dr. Jan Towers
TELEPHONE NUMBER: 717-334-2462
FAX NUMBER: 717-334-4075

MESSAGE Regarding CRNP Regulations

DATE 7-6-00 SIGNATURE J Towers

NUMBER OF PAGES INCLUDING COVER PAGE 6

July 1, 2000

Original: 2064

Dear Mr. Nyce,

I am a Pediatric Nurse Practitioner and I have several concerns about the effects of the new, proposed regulations on the care of children in Pennsylvania.

The ratio limitation is a substantive change that was added after the close of the October 1999 public comment period on the proposed reg. Ratios are never an answer to quality - please remove this aspect of the reg.

In addition, I ask that you allow a minimum of 45 hrs of pharmacology for APN's - not a 45 hr course as listed in the regulations. It is also very important to use the language of the American Hospital Formulary and include drugs for "eg, ear, nose, throat preparations hormones and synthetic substitutes, medical devices, pharmaceutical aids, and unclassified therapeutic agents.

Thank you for your attention to these needs of mine in order to give the best possible care.

Sincerely,

Jean L. O'Sullivan

June 30, 2000

Robert Nyce, Executive Director
Independent Regulatory Review Commission
333 Market St., 14th Floor
Harrisburg, PA 17101

Original: 2064

Dear Mr. Nyce:

I am a Women's Health Nurse Practitioner residing in Northeast PA. I currently provide patient care in a Family Planning Center. I urge you to disapprove the amendment to the CRNP regulations that were recently voted upon by the Board of Nursing. I am most concerned about:

1. **The 2 CRNP / 1 physician ratio.** This not only focuses on hypothetical and undocumented abuses of CRNP's by physicians, but also is not congruent with most states which do not have ratios (the two that do have a 5 NP: 2 physician ratio). Establishing a 2:1 ratio would limit/curtail the functioning of many CRNP practices and nurse-run centers across the state which provide essential health care for underserved rural and urban populations.
2. **Requiring a specific 45 hour pharmacology course.** Defining the advanced pharmacology hours to include 45 hours in total rather than 45 hours in one course would allow credit for previous coursework even though it may not have been all in one course.
3. **Follow the language of the American Hospital Formulary cited to list each and every drug category in the book.** The missing categories must be inserted as drugs a CRNP may prescribe and dispense.
4. **Maintain the statutory Board authority over CRNP acts of medical prescription instead of shifting to an individual collaborating physician the authorization to identify drug categories that an ARNP may prescribe and dispense.** These revisions place the responsibility and liability for each and every prescription upon the collaborating physician.

I agree with Barbara Safreit, Associate Dean of f Yale Law School:

Once the state has legally recognized the APN (Advanced Practice Nurse) as a competent provider, it is odd indeed to condition practice upon the agreement or permission of a private individual...any state that adopts such a mechanism has in effect yielded its governmental power to one individual...the physician. (Safreit, B.J., 1996).

PLEASE ASK DISAPPROVE THE REGULATIONS AND RETURN THEM TO THE BOARD OF NURSING. IT IS ESSENTIAL FOR THIS BOARD TO REPRESENT THE INTERESTS OF OUR PROFESSON.

Sincerely,

Sheela Portersmith CRNP

Sheela Portersmith CRNP

HOUSE OF REPRESENTATIVES
COMMONWEALTH OF PENNSYLVANIA

* * * * * * * * * * * *

House Bill 50

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House Professional Licensure Committee

Room 140
Main Capitol Building
Harrisburg, Pennsylvania

Thursday, October 28, 1999 - 9:34 a.m.

--oOo--

BEFORE:

Honorable Mario Civera, Majority Chairperson
Honorable Stephen Barrar
Honorable Karl Boyes
Honorable John Lawless
Honorable Sandra Major
Honorable Jerry Nailor
Honorable Patricia Vance
Honorable Kathy Manderino
Honorable Joseph Markosek

HOUSE OF REPRESENTATIVES
COMMONWEALTH OF PENNSYLVANIA

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House Bill 50

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House Professional Licensure Committee

Room 140
Main Capitol Building
Harrisburg, Pennsylvania

Wednesday, October 27, 1999 - 10:05 a.m.

--oOo--

BEFORE:

Honorable Mario Civera, Majority Chairperson
Honorable Stephen Barrar
Honorable Karl Boyes
Honorable Mary Ann Dailey
Honorable Julie Harhart
Honorable Sandra Major
Honorable Jerry Nailor
Honorable Ron Raymond
Honorable Patricia Vance
Honorable John Gordner
Honorable William Keller
Honorable Joseph Markosek
Honorable David Mayernik
Honorable Michael McGeehan
Honorable Connie Williams

From **State Representative** Mario J. Civera, Jr.

Pennsylvania House of Representatives
164th Legislative District

District Office:
232 Long Lane
Upper Darby, PA 19082
(610) 352-7800

Capitol Office:
Post Office Box 202020
House of Representatives
Main Capitol Building
Harrisburg, PA 17120-2020
(717) 787-3850

2064
KJH
KMS
JMJ
JMS

☑ *For Your Information*
☐ *As Per Your Request*
☐ *Other:* _____

Date Jan. 14, 2000

MARIO J. CIVERA, JR., MEMBER
HOUSE POST OFFICE BOX 202020
MAIN CAPITOL BUILDING
HARRISBURG, PENNSYLVANIA 17120-2020

232 LONG LANE
UPPER DARBY, PENNSYLVANIA 19082

House of Representatives
COMMONWEALTH OF PENNSYLVANIA
HARRISBURG

COMMITTEES

PROFESSIONAL LICENSURE, MAJORITY CHAIRMAN
LIQUOR CONTROL
FIREFIGHTERS' CAUCUS, COCHAIRMAN EMERITUS

ORIGINAL: 2064
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Notebook (2)

November 16, 1999

John R. McGinley, Jr., Chairman
Independent Regulatory Review Commission
14th Floor, Harristown 2
333 Market Street
Harrisburg, PA 17101

Dear Chairman McGinley:

This is to advise you that the House Professional Licensure Committee met on November 16, 1999, and submits the following comments pertaining to the regulations considered by the Committee:

The Committee voted to take no formal action on **Regulation 16A-499** until final-form regulations are promulgated. However, the Committee submits the following comments:

1. The Committee recommends that a minimum number of hours of core education in advanced pharmacology be required in order for a CRNP to be permitted to prescribe and dispense drugs, and that a minimum number of hours of continuing education in advanced pharmacology be required per biennium in order for a CRNP to maintain prescriptive authority.

2. The Committee recommends that a collaborative agreement between a CRNP and a physician be in writing, that the agreement contain a list of the classes of medications that the CRNP is authorized to prescribe, that the agreement identify the collaborating physician, and that the agreement provide for an identified substitute collaborating physician for up to thirty days when the collaborating physician is not available.

3. The Committee recommends that a CRNP who prescribes medications provide a clear and conspicuous notice to patients that he or she is a CRNP.

The Committee voted to take no formal action on **Regulation 16A-600** until final-form regulations are promulgated. However, the Committee submits the following comments:

1. The fee report forms list a total estimated cost for each service based on a formula of staff time expended plus average administrative overhead. However, in all cases the proposed fee to be charged is rounded up to the nearest five dollar increment. The Committee is requesting an explanation as to why the proposed fees are rounded up and are not the actual cost of services as estimated by the Board.

2. Information regarding expenditure history has not been provided in Section 20b of the Regulatory Analysis Form as required. The Committee is requesting that the Board submit the expenditure information, income figures and an explanation of the administrative overhead costs contained in the fee package. The administrative overhead cost for certification of license history is listed as $9.76, while all other services are listed as $11.53. The Committee is requesting an explanation as to what accounts for the difference in administrative overhead costs.

The Committee voted to take no formal action on **Regulation 16A-422** until final-form regulations are promulgated. However, the Committee submits the following comments:

1. The Committee is requesting additional information as to the category of "certification of licensure, registration or scores." The Committee is questioning under what circumstances the Board would "certify" an examination score.

2. The fee report forms list a total estimated cost for each service based on a formula of staff time expended plus average administrative overhead. However, in all cases the proposed fee to be charged is rounded up to the nearest five dollar increment. The Committee is requesting an explanation as to why the proposed fees are rounded up and are not the actual cost of services as estimated by the Board.

3. The administrative overhead costs for certification of examination scores is listed as $9.76 while all other services are listed as $8.08. The Committee is requesting an explanation as to what accounts for the difference in administrative overhead costs.

4. The Committee notes that the expenditure history information provided in Section 20b of the Regulatory Analysis Form shows a substantial increase from 1996-97 to 1997-98 (from $305,331 to $347,362). Expenditures for 1998-99 are budgeted at $345,000. The Committee is requesting an explanation as to what accounted for the increase, including an itemized list of income and expenditures for the fiscal years listed on the form. Without an understanding of the nature of the expenditures it is not possible to assess what costs are reflected in the administrative overhead fees.

5. The Committee notes an apparent typographical error on the Fee Report Form for Application for Licensure of Barber School. The proposed fee is listed as $335.00 at the top of the form and $280.00 on the bottom. The $280.00 figure is consistent with other portions of the rulemaking package.

6. The Committee notes that the fee for Application for Licensure of Barber School would be increased significantly, and that the bulk of the increase would be attributed to a cost of $195.50 for the Board to meet for a half hour and vote on the application. The Committee is requesting an explanation as to why it would be necessary for the Board to take a half hour of time in order to discuss and vote on an application.

The Committee voted to approve **Regulation 16A-567**.

Please feel free to contact my office if any questions should arise.

Sincerely,

Mario J. Civera, Chairman
House Professional Licensure Committee

MJC/sms
Enclosures
cc: Daniel B. Kimball, Jr., M.D., Chairman
State Board of Medicine
M. Christine Alichnie, Ph.D., RN, Chairperson
State Board of Nursing
Robert G. Pickerill, Chairman
State Board of Vehicle Manufacturers,
Dealers and Salespersons
Richard Sciorillo, Chairman
State Board of Barber Examiners
Rita Halverson, Chairperson
State Real Estate Commission
Honorable Kim H. Pizzingrilli, Secretary of the Commonwealth
Department of State

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Wyatte
Notebook (2)

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INDEPENDENT REGULATORY
REVIEW COMMISSION

Regulation 16A-499

State Board of Nursing and State Board of Medicine

PROPOSAL: Regulation 16A-499 amends 49 PA Code, Chapter 18, regulations of the State Board of Medicine, and Chapter 21, regulations of the State Board of Nursing. Section 15(b) of the Medical Practice Act of 1985, 63 P.S. Sec. 422.15(b), authorizes the boards to promulgate regulations which would authorize Certified Registered Nurse Practitioners to prescribe medications. The proposal would add two new sections to existing regulations regarding CRNPs, who are jointly regulated by the two boards. The first section sets forth the minimum requirements a CRNP must meet in order to prescribe and dispense drugs. The second section specifies which drugs a CRNP may prescribe and dispense, drugs which may be prescribed with restrictions, and drugs which may not be prescribed.

The proposed Rulemaking was published in the Pennsylvania Bulletin on October 2, 1999. The Professional Licensure Committee has until November 22, 1999, to submit comments on the regulation.

ANALYSIS: Proposed Sections 18.53 and 21.283 provide that a CRNP may prescribe and dispense drugs if the CRNP has completed a CRNP program which is approved by the Boards, and if the CRNP program includes a core course in advanced pharmacology. A prescribing CRNP would be required to comply with standards of the State Board of Medicine relating to prescribing, administering and dispensing controlled substances, and packaging and labeling of dispensed drugs. A prescribing CRNP would also be required to comply with standards of the Department of Health relating to prescriptions and labeling of drugs, devices, cosmetics and controlled substances.

Pursuant to paragraph (a) of proposed Sections 18.54 and 21.284, the Boards would adopt the American Hospital Formulary Service Pharmacologic-Therapeutic Classification to identify drugs which a CRNP may prescribe and dispense, subject to other regulatory parameters. Paragraph (b) lists 17 classes of drugs which a CRNP may prescribe without limitation. Paragraph (c) lists five classes of drugs which a CRNP may prescribe if authorization is documented in the collaborative agreement with a physician. Paragraph (d) prohibits a CRNP from prescribing gold compounds, heavy metal antagonists and radioactive agents. The full list of these drugs is set forth in Annex A of the Boards' proposed rulemaking package.

Paragraph (e) of proposed Sections 18.54 and 21.284 provides that a collaborating physician who learns that a CRNP is prescribing or dispensing inappropriately shall immediately advise the CRNP to stop prescribing and dispensing and the pharmacy to stop dispensing the drug. The CRNP shall immediately advise the patient to stop taking the drug, and the action shall be noted by the CRNP in the patient's medical record.

Paragraph (f) would permit a CRNP to prescribe a Schedule II controlled substance for up to a 72 hour dose. The CRNP would be required to notify the collaborating physician of the prescription within 24 hours. A CRNP would be permitted to prescribe a Schedule III or IV controlled substance for up to 30 days. The prescription would not be subject to refills unless authorized by the collaborating physician. Paragraph (g) would prohibit a CRNP from prescribing a Schedule I controlled substance, from prescribing a drug for a use not permitted by the U.S. Food and Drug Administration, and from delegating his or her prescriptive authority to another health care provider.

Paragraph (h) would require that the name and certification number of the CRNP be in printed format at the top of the prescription blank, and a space for the entry of the DEA registration number, if appropriate. The collaborating physician would also be identified as required by Medical Board regulation 16.91. Paragraph (i) would require that the CRNP to document in a 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.

RECOMMENDATIONS: It is recommended that the Professional Licensure Committee take no formal action until final form regulations are promulgated. However, the committee offers the following comments:

1) The Committee recommends that a minimum number of hours of core education in advanced pharmacology be required in order for a CRNP to be permitted to prescribe and dispense drugs, and that a minimum number of hours of continuing education in advanced pharmacology be required per biennium in order for a CRNP to maintain prescriptive authority.

2) The Committee recommends that a collaborative agreement between a CRNP and a physician be in writing, that the agreement contain a list of the classes of medications that the CRNP is authorized to prescribe, that the agreement identify the collaborating physician, and that the agreement provide for an identified substitute collaborating physician for up to thirty days when the collaborating physician is not available.

3) The Committee recommends that a CRNP who prescribes medications provide a clear and conspicuous notice to patients that he or she is a CRNP.

House of Representatives
Professional Licensure Committee
November 10, 1999

POMA
PENNSYLVANIA OSTEOPATHIC MEDICAL ASSOCIATION

717-939-9318
In Pa. 1-800-544-POMA
Fax 717-939-7255
e-mail poma@poma.org

June 29, 2000

Commissioner John R. McGinley, Jr., Chair
Independent Regulatory Review Commission
333 Market Street, 14th Floor
Harrisburg, PA 17101

Original: 2064

RE: Final Rulemaking : State Board of Osteopathic Medicine, State Board of Nursing CRNP Prescriptive Authority (16A-499)

Dear Commissioner:

The regulations have been forwarded to the Independent Regulatory Review Commission for final review.

The Pennsylvania Osteopathic Medical Association (POMA) would appreciate clarification as to how these regulations will affect the osteopathic physicians entering into collaborative agreement.

The osteopathic physician is under the State Board of Osteopathic Medicine, however the CRNP is under the State Board of Nursing and the State Board of Medicine.

We look forward to your response.

Sincerely,

Suzanne K. Kelley D.O.

Suzanne K. Kelley, D.O.
President

SKK/dll

c: The Honorable Clarence Bell, Chair, Senate Consumer Protection and Professional Licensure Committee
The Honorable Mario Civera, Chair, House Professional Licensure Committee
Charles D. Hummer, M.D., Chair, State Board of Medicine
Daniel D. Dowd, Jr., D.O., Chair, State Board of Osteopathic Medicine
Robert S. Muscalus, D.O., Physician General

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PENNSTATE

Penn State Berks
Tulpehocken Road
P.O. Box 7009
Reading, PA 19610-6009

(610) 396-6000
Website: http://www.bk.psu.edu

June 28, 2000

To: Robert Nyce, Executive Director
IRRC
From: Cindy D. Schmeltz MSN, CRNP, FNP-C

Re: Prescriptive Authority

Dear Mr. Nyce,

I would like to express my concerns regarding the prescriptive regulations that are currently being considered. I would like to suggest an alternative to a credit pharmacology course. Many in master programs had an advanced pharmacology course but it might have only been a 3 credit course, or had the pharmacology incorporated within the clinical components which would not meet your proposed criteria. Additionally, most practicing nurse practitioners have attended nationally recognized conferences for continuing education and may have accumulated additional credits / ceu's in this area. Since our surrounding states do not have such stringent criteria, could Pennsylvania model our neighboring states which has proven to be a safe and acceptable practice? Must the criteria be based on a course we might have had several years ago? Could continuing education and current clinical practice be included in this criteria. It is in this method that we remain clinically current-not from the ancient pharmacology course but in day to day practice and continuing education.

I would also like to address the issue of the nurse practitioner / physician ratio of 2:1. I believe that this might cause a significant hardship on certain practices. Most states have a 5:1 ratio, which seems to be more reasonable. Some practices hire multiple practitioners, supplement with part time staff or a physician might serve as a collaborating physician for multiple sites. For example; in my situation in college health. My collaborating physician oversees our health center, and two other colleges. He also has NP's in his private office practice in 2 locations. So which one of us does he tell he can no longer work with? Do you honestly believe that there are enough physicians who are supportive of NP practice to support the 2:1 ratio? I believe that we are lucky to find a physician to be supportive in collaboration at all in the state of Pa. Is there a logical and reasonable explanation why these criteria are being considered? Or is it just that the physicians have a stronger, more influent and powerful lobbying body? I ask you to honestly and logistically consider ... does this make sense?

Sincerely,

Cindy Schmeltz MSN, CRNP

Nurse Practitioner-Supervisor
Health Services

Gelnett, Wanda B.

From: Jenkins, Melinda [mjenkins@nursing.upenn.edu]
Sent: Thursday, June 29, 2000 2:54 PM
To: 'irrc@irrc.state.pa.us'
Cc: 'Mrgnplant@aol.com'; Jenkins, Melinda
Subject: CRNP regs amendment

Original: 2064

Hello,
In response to some questions raised by Mr. John Jewett, I have discovered 2
web sites that may assist the IRRC in thinking about the difference between
Physician's Assistant education and practice and CRNP education and practice.

http://www.aapa.org/ is the web site of the national organization that acredits PA educational programs.
Go to PA Prof & Educ, then PA Educ, then Standards, then Section II for
general information on curriculum. There is another page that lists PA programs in Pennsylvania. It is evident from the information given that there are a variety of levels of education for PAs. Some programs give a
certificate, some a bachelor's degree, and some a master's degree. It is
most likely that programs that do not give a master's degree do not include
a course that could be described as "advanced pharmacology" at the graduate
level.

http://www.pacode.com/secure/data/049/chapter18/subchapDtoc.html is the
web site that lists the Pennsylvania rules and regs for Physician's Assistants. It is not possible to tell from the regs exactly what is required as far as "advanced pharmacology". It is stated that Pennsylvania
programs must meet the national standards that are described above.

From what I can see, there is no written requirement for PAs in Pennsylvania
to have a course in "advanced pharmacology" of any length. Neither is there
any licensure of PAs in Pennsylvania, nor in most other states. They practice under the physician collaborator's license. However, CRNPs are licensed/certified independently in almost every state. This is the major
difference between CRNPs and PAs nationwide. CRNPs and PAs are not equivalent under the law.

The book by Carolyn Buppert, previously given to Mr. Jewett, contains CRNP
regulations from all states in the U.S.

Please contact me if you would like further information.

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