REPLY TO

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June 14, 2000

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TASK FORCE ON ADOPTION LAW

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

Dear Chairman McGinley:

I am writing today in reference to the **final-form** Certified Registered Nurse Practitioners (CRNP's) Prescriptive Authority Regulation (#16A-499) recently issued by the State Boards of Medicine and Nursing.

Enclosed please find a copy of a letter directed to Senator Clarence Bell, Chairman of the Senate Consumer Protection & Professional Licensure Committee, from Jessie Rohner, Executive Administrator for the Pennsylvania State Nurses Association (PSNA), in which she outlines her organization's concerns with the CRNP regulation in its final version. As you can see from Ms. Rohner's letter, the PSNA objects, in part, to the rule which restricts a physician from entering into collaborative agreements with no more than 2 CRNP's. It is my hope, in forwarding this correspondence to you, that the Commission will take into consideration the concerns raised by the PSNA when rendering a decision on this regulation.

Thank you for your attention to this matter.

Sincerely,

Stewart J. Greenleaf

SJG:ep Enclosure



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ELLIN ELL HEBBLATÓRY REVIEW COMMISSION

June 12, 2000

The Honorable Clarence D. Bell 20 East Wing Senate Box 203009 Harrisburg, PA 17120-2020

Dear Senator Bell:

The Pennsylvania State Nurses Association (PSNA) is writing to express a serious concern with the proposed amendments to the CRNP regulations. Specifically the Association is strongly opposed to the ratio mandating that one (1) physician could have a collaborative relationship with only two (2) prescribing CRNPs. This ratio limitation would severely hamper the practice of the CRNP and ultimately impact on quality health care for Pennsylvania citizens by limiting access to care. Many CRNPs provide services to underserved rural and urban populations. The proposed ratio could increase the possibility of fewer health care services being provided to the poor and already underserved populations. Also, the regulations are not specific regarding whether the CRNP is working full time or part time. A strict interpretation of the regulations would mean that CRNPs who work part time would be required to meet the same ratio as those working full time.

Also of concern is the fact that this limitation was added after the close of the public comment period in October 1999. Stakeholders and the public have not had an opportunity to comment on what PSNA considers to be a substantive change. The Association believes that because the ratio would limit access to care, it should be climinated from the proposed regulations. We urge you to disapprove this amendment.

Thank you for your consideration of PSNA's concerns.

Sincerely.

Jessic F. Rohner, DrPH, RN Executive Administrator

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JFR: fm

cc: IRRC