

15TH DISTRICT
JEFFREY E. PICCOLA

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Senate of Pennsylvania

June 16, 2000

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JUN 16 PM 1:46

REGULATORY
REVIEW COMMISSION

Original: 2064

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

Dear Mr. Nyce:

Please find enclosed several letters that I have received regarding the proposed final regulation #16A-499, State Board of Medicine and State Board of Nursing: Nurse Practitioner Prescribing.

It is my understanding that as of the date of this letter, the House Professional Licensure Committee has approved these regulations. However, some valid concerns have been raised regarding the physician and prescribing CRNPs ratio and the course of training in advanced pharmacology required of CRNPs.

Thank you for the Commission's consideration of these concerns.

Sincerely,
A handwritten signature in black ink, appearing to read 'JEP' with a flourish at the end.
JEFFREY E. PICCOLA

JEP/mas
Enclosures



PENNSYLVANIA STATE NURSES ASSOCIATION

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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 eliminated from the proposed regulations. We urge you to disapprove this amendment.

Thank you for your consideration of PSNA's concerns.

Sincerely,

Jessie F. Rohner, DrPH, RN
Executive Administrator

JFR:fm

cc: IRRC

Pennsylvania Coalition of Nurse Practitioners

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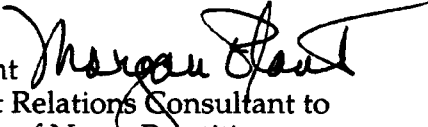
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June 12, 2000

INDEPENDENT ADMINISTRATIVE
REVIEW COMMISSION

TO: House Professional Licensure Committee Members
Senate Consumer Protection and Professional Licensure Committee
Members

FROM: Morgan Plant 
Government Relations Consultant to
PA Coalition of Nurse Practitioners

RE: Request for Disapproval of Final Regulation #16A-499:
State Board of Medicine and State Board of Nursing:
Nurse Practitioner Prescribing

Background

For over 25 years nurse practitioners in Pennsylvania have been seeking to have jointly promulgated regulations for nurse practitioner prescribing passed by the State Board of Medicine and the State Board of Nursing, to comply with legislation passed by the General Assembly in the mid-1970's which granted prescriptive authority to nurse practitioners. For most of that time the Board of Medicine has refused to cooperate in this endeavor.

Early in 1999 Reps. Patricia Vance, Kathy Manderino and 126 others introduced HB 50 to address this conundrum. Subsequently the State Board of Medicine agreed to regs, which were published in October 1999. The PA Coalition of Nurse Practitioners did not oppose these regulations as they were published. However, subsequent to their publication the regs were substantially rewritten by the Board of Medicine, and passed by both boards, before the public, and the affected nurse practitioner community, had a chance to review and comment on them. **The regs, as they are currently written, contain provisions which are barriers to access to health care, and are opposed by the PA Coalition of Nurse Practitioners.**

2 CRNP: 1 physician ratio should be eliminated

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 25 years of stalemate regarding CRNP practice.

For this reason we ask that the Committee request that the regs be revised to eliminate the ratio. We believe this ratio serves no purpose in protecting the public and creates a barrier for physicians who collaborate with nurse practitioners.

45 Hour Advanced Pharmacology Course

We also suggest that an allowance should be made for a 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.

Should you have any questions or desire further information please do not hesitate to contact me at 717-245-0902. Thank you for your consideration of this request.