

Majority Caucus Secretary



Senate of Pennsylvania

5TH DISTRICT
FRANK A. SALVATORE

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REPLY TO: DISTRICT
 HARRISBURG

COMMITTEES
AGING AND YOUTH
BANKING AND INSURANCE
INTERGOVERNMENTAL AFFAIRS
LAW AND JUSTICE
RULES AND EXECUTIVE NOMINATIONS
URBAN AFFAIRS AND HOUSING

June 20, 2000

The Honorable Kim Pizzingrilli
Secretary of the Commonwealth
302 North Office Building
Harrisburg, PA 17120-0029

RECEIVED
2000 JUN 21 PM 2:45
REVIEW COMMISSION

Dear Secretary Pizzingrilli:

I am writing on behalf of my constituent, Maureen P. Glendon, who is a pediatric nurse practitioner in my district. She has contacted my office regarding the changes that have been projected for the nursing regulations.

I have enclosed a copy of Ms. Glendon's letter, which outlines her concerns. I would appreciate if you could provide me with a response to her concerns.

Thank you in advance for your attention to this matter.

Warm regards,

A handwritten signature in cursive script that reads "Frank".

Frank A. Salvatore

FAS/maw
Enclosure

cc: Robert E. Nyce, IRRC
Dorothy Childress, Commissioner

COPY

3417 Rhawn Street
Phila., PA 19136
June 13, 2000

Senator Hank Salvatore
3330 Grant Avenue
Phila., PA

RECEIVED
2000 JUN 21 PM 2:45
INDEPENDENT REGULATORY
REVIEW COMMISSION

Dear Senator Salvatore,

I am a Pediatric Nurse Practitioner living in your district. I work for the Philadelphia School District at Archbishop Ryan High School, and I provide patient care for 1400 students. As you may know, the Certified Registered Nurse Practitioner (CRNP) regulations were recently voted upon by the Board of Nursing. I urge you to contact the Independent Regulatory Review Commission to ask them to disapprove the amendment to the CRNP regulations. 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 citizens of Pennsylvania. 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.

2. 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. I acknowledge the importance of advanced pharmacology education for CRNPs, I believe that requiring "a specific course... of not less than 45 hours" is very arbitrary. For the 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 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 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. 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.]

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 Board of Nursing to represent the interests of our profession in its role to protect the health, safety, and welfare of Pennsylvania citizens. Please contact me if you would like further information.

Sincerely,



Maureen P. Glendon MSN, RNCS, CRNP
Pediatric Nurse Practitioner
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Email Mo6973@aol.com

