337 Dickinson Avenue
Swarthmore, PA 19081
October 25, 1999

Cindy Warner
Health Licensing Division
Bureau of Professional and Occupational Affairs
PO Box 2649
Harrisburg, PA 17105-2649

Dear Ms. Warner:

I am a relatively new Pediatric Nurse Practitioner, and have practiced for 4 years in Philadelphia, Pennsylvania. I am very happy to see the results of the hard work of the Board of Nursing and Board of Medicine in preparing the proposed amendment to the CRNP regulations relating to CRNP prescriptive authority. I know this has been discussed for many more years than I have been in the profession. I look forward to the passage of these regulations (with some minor adjustments). This will enable me, and other Certified Registered Nurse Practitioners make better use of our advanced education and skills in the service of Pennsylvania's health care consumers.

My main concern about the Regulations is the use of an incomplete list of those medications that CRNP's would be able to prescribe. At first glance, the list seems quite thorough, but on further examination, quite a few commonly used medications have been omitted. I would not be surprised that this might be a simple oversight, as any comprehensive list of medications would be quite lengthy. One example of omitted categories include a variety of eyedrops used commonly for bacterial or allergic conjunctivitis, while systemic antibiotics and antihistamine medications are included. I have no objection to the exclusion of particular classes of medications (such as gold compounds or radioactive agents), but am concerned that some commonly used medications could be inadvertently omitted. I will not belabor these details, as I understand that my colleague, Melinda Jenkins, has already done so. Essentially, I believe that sections 18.54 b, and 21.284 b would be much more helpful if listed as a negative, rather than a positive formulary.

As has been mentioned by several of my colleagues, Section G3 indicates that the collaborating physician would be assigning prescriptive authority. I understand that this power only is assigned by the Boards of Medicine and Nursing.

I look forward to the smooth approval of these Regulations with minor changes as noted above, in the hope that Certified Registered Nurse Practitioners can more fully care for the patients that we have been educated and committed to serve here in Pennsylvania. Please feel free to phone me at 610 544 8890 if I can answer any questions.

Thank you for your efforts to provide safe and comprehensive care to the citizens of Pennsylvania.

Sincerely,

Colleen Guiney RN, MSN, CRNP

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3536 Schoolhouse Lane
Harrisburg, PA 17109
October 25, 1999

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

and

Christine Alichnie, Ph.D., R.N.
Chairperson, State Board of Nursing

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Dear Drs. Kimball and Alichnie:

During the late 1970s and 1980s, I had opportunity to work closely with a number of Certified Registered Nurse Practitioners in clinics which provided quality health care to large numbers of urban poor. I believe nurse practitioners provide an invaluable service.

However, I am greatly concerned that use of a standardized examination is not part of the certification process. It is based solely upon completion of the educational program. Many graduates of pre-licensure nursing education programs do not pass the licensure examination after multiple attempts. I believe that requiring the applicant for certification to pass a standardized examination is in the best interest of the health care consumer and that it should be a prerequisite for prescriptive authority.

Sincerely,

Carol Mohl-Jones, MSN, RN

Carol Mohl-Jones, MSN, RN

John A. Lehman
554 Pine Street
Meadville, PA 16335
Ph 814 337-2155

Sunday, October 24, 1999

Christine Alichnie, PhD, RN
Health Licensing Division
Bureau of Professional & Occupational Affairs
PO Box 2649
Harrisburg, PA 17105-2649

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RE: CRNP Prescriptive Authority

Dear Christine,

I get my care from nurse practitioner at the Erie Veterans Affairs Medical Center and I like this because this nurse is extremely professional and appears to me to be very competent. She takes the time necessary to conduct an excellent two-way communication with me as a patient. Most Doctors I have seen over the years seem to suffer from a time constraint, which limits their time for communication. For adequate diagnosis communication is crucial. For conditions that require a lab or a specialist, I am dutifully referred to the appropriate specialist of lab. I also see that for unusual conditions she confers with a MD. I have been treated by a MD at the Veterans Affairs Medical Center as well as in the civilian medical environment. As far as I can see the care from the nurse practitioner is equal to the care receive from the doctors.

These people are now doing a fine job that fills some of the gaps in the fields normally covered by Medical Doctors and at a bargain price. In my experience with the Veterans Administration hospital we see many of these nurse practitioners providing a tremendous service and at a bargain price. With the limited Veterans Affairs budget this is a very good solution to a budget problem which looks to become worse not better as time goes on.

Sincerely;

John A. Lehman

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110 Peggy Lane
Chalfont, PA 18914

October 22, 1999

Cindy Warner
Health Licensing Division
Bureau of Professional and Occupational Affairs
PO Box 2649
Harrisburg, PA 17105-2649

Dear Ms. Warner,

I want to express my support for the proposed amendment to the CRNP regulations relating to CRNP prescriptive authority. This proposal will enable CRNP's in Pennsylvania to utilize our advanced nursing practice education for the benefit of the people of Pennsylvania and bring us more in alignment with current practice in most other states.

My main concern with the regulations relates to the Section 21.284 regarding prescribing and dispensing parameters. I believe by using a negative formulary there would be elimination of confusion regarding what drugs can be prescribed which would clearer parameters for oversight purposes.

I wish to thank the Board of Nursing and the Board of Medicine for their efforts. I have had many concerns about the advisory nature relating to this issue. I view the services of the nurse practitioner to be an enhancement in providing care to the people of Pennsylvania. We wish to promote better health and management of health conditions for the people of our state as an addition to the medical care currently received.

Thank you for giving me the opportunity to respond to these regulations.

Sincerely,

Sharon Pennington Spear

Sharon Pennington Spear, MSN RN CRNP
215 822 3018

402 Elm St.
Indiana, PA 15701
10-22-99

Bureau of Prof. & Occup. Affairs
Harrisburg, PA 17105

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Dear Ms. Warner,

I was interested to see that the boards are trying to organize prescriptive authority for Advanced Practice Practitioners. I am concerned regarding the requirement for an Advanced Pharmacology Course. As a practitioner practicing for the past 23 yrs in PA, I wonder if there is a way for us to be "grandfathered" in?! My practice area is a very specialized area (OB-Gyn) and have no need for prescribing gen. medicine category drugs.

Sincerely,

Sandy Whitson CRNP, RNC
402 Elm St.
Indiana PA 15701

October 19, 1999

Cindy Warner
Health Licensing Division
Bureau of Professional and Occupational Affairs
P.O. Box 2649
Harrisburg, Pa 17105-2649

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

I am writing to voice my support for the proposed rulemaking from the joint State Boards of Medicine and Nursing on CRNP prescriptive authority. The language is clear, concise and appropriate to the arena of advanced practice nursing. I do have a couple of specific questions regarding certain preparations.

There is not clear category for ENT preparations, except for the myotics and mydriatics, that are clearly excluded. Are all ENT preparations such as antibiotics, antivirals, and anti-inflammatory agents included under the general categories of anti-infective agents and central nervous system agents. Also, can medications such as nonsteroidal anti-inflammatory agents be separated out of the category of central nervous system agents, section 21.284, part (c)(3), which require collaborative agreements to prescribe. Commonly used over the counter medications are excluded under this category, such as aspirin and ibuprofen.

Finally, I did not understand where the category of hormones and synthetic substitutes fit. Under that category, agents such as cortisone, decadron and prednisone are not mentioned. Does this exclude topical steroids used widely for various dermatitis conditions? Is insulin considered as a hormone or hypoglycemic preparation?

These were the only major questions I had about the proposed regulations. I support the guidelines as they are written and recognize that specific questions will be clarified when the guidelines are closer to adoption.

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Thank-you for your work in this effort. Michael Hill

Sincerely, Michael Hill, MSN,CRNP,RN-CS,CEN

- Home address: 5202 Eragas Drive, Erie, Pa. 16511
  Phone: (814) 899-5242
- Work address: Hamot Medical Center, 201 State St. Erie, Pa. 16550
  Phone: (814) 877-7029

Sue Gibson, CRNP, MSN
238 South Church Street
Boalsburg, PA 16827

October 12, 1999

Ms. Cindy Warner
Health Licensing Division
Bureau of Professional and Occupational Affairs
P.O. Box 2649
Harrisburg, PA 17105-2649

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Re: CRNP Prescriptive Authority

Dear Ms. Warner and the Boards of Medicine and Nursing,

I have read with great interest the proposed regulations governing prescriptive authority for nurse practitioners, as published in the October 2nd edition of the Pennsylvania Bulletin. In general, I believe the proposed regulations are reasonable. I have long held that the person who chooses the drug should be the person whose name appears on the prescription. In addition, I believe that these regulations will actually cut down on medication and dispensing errors, since verbal and telephone orders (which nurse practitioners have had to rely on heavily in order to practice legally) are difficult to validate after the fact. I do have two minor concerns:

1. The stipulation in Section 18.54(e) that "the CRNP shall immediately advise the patient to stop taking the drug" if found to be prescribing or dispensing inappropriately could have adverse consequences for some patients. For example, the withdrawal symptoms that may ensue when an antidepressant medication is abruptly stopped can be very uncomfortable for the patient. Perhaps it would be better to require that the physician advise the CRNP and the patient how to proceed in such a situation.
2. In Section 18.54(g)(2), the proposed regulation reads that the CRNP may not "prescribe or dispense a drug for a use not permitted by the US Food and Drug Administration." I assume this refers to use of drugs for indications not approved by the FDA. The use of the word "permitted" is unfortunate here, as the FDA does not deny "permission" to prescribe drugs for so-called off-label uses. As a nurse practitioner in the specialty of psychiatry, I object to this rule, since many off-label uses are quite common and accepted practice in psychiatry (as I understand is also the case in cancer care and other specialty areas). In addition, it is a rule that is impossible to enforce. I urge the Boards to consider dropping this requirement.

Sincerely,

Sue Gibson, CRNP

October 15, 1999

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Ms. Aldrich;

I am writing to you in regards to the proposed rulemaking of certified registered nurse practitioners prescriptive authority.

I am not totally in agreement with the proposed rulemaking but it is something that I can live with at this time.

I am not a doctor; I do not wish to be a doctor. I am a nurse practitioner with an advanced degree. I have national (board) certification with the American Nurses Credentialing Center & the American Academy of Nurse Practitioners as a Family Nurse Practitioner.

Sincerely,

Joanne Laurie CRNP
N. Tower Rd
RD 1 Box 399
Fombell PA 16123

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Form letter
39 signatures

We, the undersigned, support the proposed Certified Registered Nurse Practitioners Prescriptive authority agreement between the Board of Nursing and the Board of Medicine. This agreement was recently published in the PA Bulletin. We believe that it would enhance the ability of CRNP's to provide quality care for the citizens of the Commonwealth of Pennsylvania.

PRINTED NAME	ADDRESS	SIGNATURE
Beverly Hall	RD#1 Box 231 New Castle, PA.	Beverly Hall
Debra McDonald	563 Oneida Valley Rd Butler, PA 16001	Debra Ann McDonald
Darlene Neill	1605 Mercer Rd. Butler Pa. 16001	Darlene Neill
Carol Weitzel	1103 Villa Dr. Butler Pa 16001	Carol Weitzel
Anita Farmer	520 Sawmill Run Rd. Butler, PA 16001	Anita Farmer
Lisa White	136 Roe Ave Butler, Pa 16001	Lisa White
Gloria Stock CPHT	126 Robbie Way Portersville, PA 16051	Gloria J Stock
William Mueller	207 Egart Ave Butler	William Mueller
Ruthann Pickerd	116 Osche Rd. Butler PA 16002	Ruthann Pickerd
Andrea Kanode MS, RD	1304 Litman Grove Lane Butler PA 16001	Andrea Kanode MS, RD
Mary L. Ottolenghi Dawn M. Clinger, MSW	30 K+I Lane Butler Pa PO Box 495 E. Butler, PA 16029	Mary L. Ottolenghi Dawn M. Clinger MSW

RECEIVED
1999 NOV 4 PM 4:
INDEPENDENT REGULATORY REVIEW COMMISSION

LISA LONG PARSLEY, RN, BSN

October 29, 1999

Ms. Cindy Warner
Health Licensing Division
Bureau of Professional and Occupational Affairs
PO Box 2649
Harrisburg, PA 17105-2649

RE: CERTIFIED REGISTERED NURSE PRACTIONER PRESCRIPTIVE AUTHORITY

Dear Ms. Warner:

Regarding Certified Registered Nurse Practitioner prescriptive authority, I strongly urge that Pennsylvania should follow the wise example of most other states and list merely the drugs the nurse practitioner cannot prescribe, rather than create a list of drugs that nurse practitioners can prescribe. Use of a negative formulary would make practice safe and clear. In the unlikely event that the language passes as written, it creates a confusing, cumbersome, unscientific, and arbitrary list of prescribable drugs, where the consumer must innocently assume the greatest risk. To list drugs types that can be prescribed with such vague language as is currently proposed assures the death of the amendment giving nurse practitioners prescriptive authority,

Pennsylvania is among the handful of States, most of them backward in their healthcare status according to several population indices, which currently restrict nurse practitioners from writing prescriptions within legislated guidelines. As a Women's Health Nurse Practitioner Student at the University of Pennsylvania, I hope to practice in a few short years. However, I can assure you that if I am unable to write prescriptions for birth control or approved hormonal replacement therapies, I will be greatly discouraged from practicing in Pennsylvania, to my regret. It would be smarter to practice in Maryland or New Jersey, where prescriptive authority exists. Managed care demands quick, efficient, correct, and clear action from the nurse practitioner, not encumbered by reams of excessive rulemaking prohibiting safe, affordable maintenance care.

Also, the section inaccurately referring to the assignment of prescriptive authority of the CRNP to the collaborating physician rather than the State Board of Nursing should be removed. Where there is already oversight in place over the actions of the CRNP by the State Board of Nursing, further assignment to a secondary body weakens the authority of the State Board of Nursing. It is illogical, invites conflict, and abrogates the legislated action of the Pennsylvania State Board of Nursing, an outcome no one desires.

I urge the respective Nursing and Medical Boards of Pennsylvania to rewrite this legislation with an eye to brevity, clarity, existing authority, and allegiance to reason embodied in administrative rulemaking and law. Thank you.

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Sincerely,

Lisa Parsley, RN

Lisa Long Parsley, RN, BSN

199 WEST KING STREET • MALVERN, PENNSYLVANIA • 19355-2473
PH: 610-722-5622
E-MAIL: LISAPAR2@NURSING.UPENN.EDU

S. Ramakrishna, M.D., F.C.C.P.
BOARD CERTIFIED
PULMONARY, CRITICAL CARE & SLEEP DISORDERS
401 COLFAX AVENUE
SCRANTON, PENNSYLVANIA 18510
TELEPHONE: (570) 969-8585
FAX: (570) 969-8524

October 27, 1999

Cindy Warner
Health Licensing Division
Bureau of Professional & Occupational Affairs
P.O. Box 2649
Harrisburg, PA 17105-2649

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Form letter (8)

Dear Ms. Warner:

The purpose of this letter is to inform you of my comments on the proposed regulations providing for prescriptive authority for certified registered nurse practitioners, as published for comment in the October 2, 1999, **Pennsylvania Bulletin.**

The proposed regulations lack an important patient safeguard - **a requirement for a written collaborative agreement between a CRNP and a specific collaborating physician.** Such an agreement must identify the CRNP and all physicians who will serve in a collaborating role. It must assure that lines of communication between the CRNP and physician are clear, and that emergency procedures are in place.

CRNPs must have demonstrated training in pharmacology before receiving authority to prescribe; patients must be told when a CRNP is providing care and, if requested, must have the right to see the physician; and the regulations must require adequate professional liability insurance coverage for the CRNP in this expanded role.

Finally, the regulations must retain the joint rule promulgation and oversight responsibilities of the State Board of Medicine.

Sincerely,

S. Ramakrishna, M.D.

SR/jg

From: "W.K. Grosh" <letter@lancnews.infi.net>
To: PADOS-DOMAIN.GWIA("medicine@pados.dos.state.pa.us"...
Date: Wed, Oct 20, 1999 3:43 PM
Subject: Nurse Prescribing Regs

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Dear Sirs:

Should nurses be prescribing? No; unless they have graduated from 4 years of Medical School! If 4 years of Medical School are no longer necessary to practice medicine and prescribe medications, then by all means cut back on qualifications to be a physician! You can't have it both ways!

Sincerely,

W.K.Grosh, M.D.

Renée J. Mathur, MD
Dermatology

Suite 304, Good Samaritan Medical Arts Building
1020 Franklin Street
(814) 536-4223

Johnstown, PA 15905
FAX: (814) 536-6584

October 24, 1999

Ms. Cindy Warner
Health Licensing Division
Bureau of Professional & Occupational Affairs
PO Box 2649
Harrisburg PA 17105-2649

Dear Ms. Warner:

As a physician licensed to practice in Pennsylvania, I am writing to comment on the proposed regulations, jointly promulgated by the State Boards of Medicine and Nursing, establishing prescriptive authority for certified registered nurse practitioners (CRNPs).

Nurses, especially CRNPs, provide a vital role on the health care team. They are not, however, qualified by training and experience to assume a leadership role on that team or to practice independently of the physician. There is no way to equate the training of a nurse practitioner or other advanced practice nurse, even those with master's level education, with that of a physician.

What is needed to address the prescriptive authority issue are regulations which clearly delineates the provisions of the Medical Practice Act of 1985 that the nurse practitioners act in collaboration with and under the direction of a physician in the performance of acts of medical diagnosis and treatment.

The proposed rulemaking has a number of important omissions. The most critical omission is the specific requirement for a written collaborative agreement between the CRNP and a supervising physician. The proposed rules refer to a collaborative agreement but don't require an actual document. The rules don't specify that either board be made aware of the agreement, the parties involved, and what, if any, restrictions were placed on that relationship.

I would ask the Board to amend the proposed regulations to specify the requirements of a collaborative agreement and to require that such agreements be available upon request, and that they clearly identify the nurse practitioners and all physicians working in collaboration.

The regulations must also specify a minimum education requirement in advanced pharmacology. Nurses simply don't have the depth and breadth of training and hands-on experience in actual treatment settings dealing with drugs and their interactions. I believe that this issue must be addressed in the regulations.

Finally, I strongly urge that the Board address the issue of professional liability for CRNPs with prescriptive authority. The added responsibilities of prescribing and administering of medications, including controlled substances (Schedule II-IV drugs) point to the need for increased liability coverage for this potential increase in exposure for the nurse in this expanded role.

Promulgation of these regulations with appropriate safeguards is essential to regulate the current and future practice of nurse practitioners.

Renée J. Mathur MD

MARC L. SCHWARTZ, MD, FACP, FACC
STEVEN W. BREECKER, MD, FACC
associates

Suite G4280
Thomas Jefferson University Hospital
111 South 11th Street
Philadelphia, PA 19107-5092

CARDIOVASCULAR MEDICINE

(215) 955-8706
Fax: (215) 955-8509

June 16, 1999

Kathleen C. Mebus
Director of State Legislation
Hospital & Health Systems Association of PA
4759 Lindle Road
PO Box 8600
Harrisburg, PA 17105-8600

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Dear Ms. Mebus,

Thank-you for sending me the packet of information regarding House Bill #50.

Obviously, the intent of this Bill is to have the State Board of Nursing supervise the nurse practitioner practice of medicine throughout the state without any input from physicians. Despite HAP's confidence in the "safeguards that are present in the Pennsylvania Regulatory Review Process" the result of this Bill will be to allow these nurse practitioners to deliver care in an unsupervised manner when they have neither the basic scientific education nor the clinical training to do so. Let me remind you that physicians in this state are required to undergo 4 years of undergraduate and 4 years of medical school education as well as 2 years of clinical training before they can deliver unsupervised patient care. Accordingly it seems unreasonable and unsafe to give nurse practitioners, with much less training, the same legal right.

Nurse practitioners can serve a useful purpose in our health care system but only with the input, guidance, and supervision of physicians.

Additionally, this Bill does not address malpractice insurance coverage issues. As you well know, physicians in this state are required to maintain high levels of malpractice insurance. If nurse practitioners are going to be able to practice medicine independently as physicians do, why shouldn't they also be required to carry malpractice insurance as physicians do?

I understand HAP's position regarding this Bill, but I do not think that nurse practitioners can deliver high quality medical care without close interaction with a supervisory physician.

Furthermore, given that many times in the past HAP has asked for physician support for its concerns, I find it incredible that HAP is now supporting a proposal that will clearly result in further deterioration in the role that physicians play in our health care system. Because of the financial environment in which we all operate I would think that it would be in both of our best interests if HAP and Pennsylvania physicians were working <u>together</u> to improve our health care system. No one will be best served if health care systems and physicians adopt antagonistic positions toward each other.

Sincerely,

Marc L. Schwartz MD, FACP, FACC
President,
Thomas Jefferson University Hospital Medical Staff

cc. Thomas J. Lewis
CEO,
Thomas Jefferson University Hospital

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Form letter (75)

Dear Ms. Warner,

I am using this means to expedite my comments on the proposed regulations providing for prescriptive authority for certified registered nurse practitioners, published for comment in the Oct 2, 1999 *Pennsylvania Bulletin.*

The proposed regulations lack an important patient safeguard – a requirement for a written collaborative agreement between a CRNP and a specific collaborating physician. Such an agreement must identify the CRNP and all physicians who will serve in a collaborating role. It must assure that lines of communication between the CRNP and physician are clear, and that emergency procedures are in place.

CRNPs must have demonstrated training in pharmacology before receiving authority to prescribe.

Patients must be told when a CRNP is providing care and must have the right to see a physician.

The regulations must require adequate professional liability insurance coverage for the CRNP in this expanded role.

Finally, the regulations must retain the joint rule promulgation and oversight responsibilities of the State Board of Medicine.

Signature

Cathy L. Brzek PA-C
Print name

PATTI BROWN, MD
1623 MORGANTOWN RD
HEALTHSOUTH READING REHAB HOS
READING PA 19607-9455

October 24, 1999

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form letter (44)

Ms. Cindy Warner
Health Licensing Division
Bureau of Professional & Occupational Affairs
PO Box 2649
Harrisburg PA 17105-2649

Dear Ms. Warner:

As a physician licensed to practice in Pennsylvania, I am writing to comment on the proposed regulations, jointly promulgated by the State Boards of Medicine and Nursing, establishing prescriptive authority for certified registered nurse practitioners (CRNPs).

Nurses, especially CRNPs, provide a vital role on the health care team. They are not, however, qualified by training and experience to assume a leadership role on that team or to practice independently of the physician. There is no way to equate the training of a nurse practitioner or other advanced practice nurse, even those with master's level education, with that of a physician.

What is needed to address the prescriptive authority issue are regulations which clearly delineates the provisions of the Medical Practice Act of 1985 that the nurse practitioners act in collaboration with and under the direction of a physician in the performance of acts of medical diagnosis and treatment.

The proposed rulemaking has a number of important omissions. The most critical omission is the specific requirement for a written collaborative agreement between the CRNP and a supervising physician. The proposed rules refer to a collaborative agreement but don't require an actual document. The rules don't specify that either board be made aware of the agreement, the parties involved, and what, if any, restrictions were placed on that relationship.

I would ask the Board to amend the proposed regulations to specify the requirements of a collaborative agreement and to require that such agreements be available upon request, and that they clearly identify the nurse practitioners and all physicians working in collaboration.

The regulations must also specify a minimum education requirement in advanced pharmacology. Nurses simply don't have the depth and breadth of training and hands-on experience in actual treatment settings dealing with drugs and their interactions. I believe that this issue must be addressed in the regulations.

Finally, I strongly urge that the Board address the issue of professional liability for CRNPs with prescriptive authority. The added responsibilities of prescribing and administering of medications, including controlled substances (Schedule II-IV drugs) point to the need for increased liability coverage for this potential increase in exposure for the nurse in this expanded role.

Promulgation of these regulations with appropriate safeguards is essential to regulate the current and future practice of nurse practitioners.

Patti Brown MD
PATTI BROWN, MD

610-796-6354
PHONE

Thank you for your prompt attention to this matter

Philadelphia College of
Osteopathic Medicine
4190 City Avenue
Philadelphia, Pa. 19131

October 27, 1999

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Form letter (43)

Cindy Warner
Health Licensing Division
Bureau of Professional & Occupational Affairs
P.O. Box 2649
Harrisburg, Pa. 17105-2649

Dear Ms. Warner,

I am using this means to expedite my comments on the proposed regulations providing for prescriptive authority for certified registered nurse practitioners, published for comment in the October 2, 1999, Pennsylvania Bulletin.

I am opposed to any change to expand the role of the CRNP to prescribe medications or perform invasive procedures. What is frightening is that they wish to do these things without the oversight of a physician.

Physicians go to four years of college, four years of medical school and do a residency that generally last from three to five years. Doctors sit for at least two sets of board exams before they can become independent practitioners. Some CRNP's have a college education, but most do not. At the master's level, a CRNP only has two years of experience; one year of academic teaching and one year of clinical training. CRNP's only take one certifying exam.

CRNP's seek to license themselves by severing their ties with the State Board of Medicine. Nothing could be more detrimental to health care of Pennsylvania. Regulations must retain the joint rule promulgation and oversight responsibilities of the State Board of Medicine.

I think it would be a big mistake for Pennsylvania to allow CRNP's the expanded role as defined in House Bill 50.

Very truly yours,

Signature

Larry Fidelstein, DO.

Printed Name

Philadelphia College of
Osteopathic Medicine
4190 City Avenue
Philadelphia, Pa. 19131
October 27, 1999

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Form letter (28)

Cindy Warner
Health Licensing Division
Bureau of Professional & Occupational Affairs
P.O. Box 2649
Harrisburg, Pa. 17105-2649

Dear Ms. Warner,

I am using this means to expedite my comments on the proposed regulations providing for prescriptive authority for certified registered nurse practitioners, published for comment in the October 2, 1999, Pennsylvania Bulletin.

I am opposed to any change to expand the role of the CRNP to prescribe medications or perform invasive procedures. What is frightening is that they wish to do these things without the oversight of a physician.

Physicians go to four years of college, four years of medical school and do a residency that generally last from three to five years. Doctors sit for at least two sets of board exams before they can become independent practitioners. Some CRNP's have a college education, but most do not. At the master's level, a CRNP only has two years of experience; one year of academic teaching and one year of clinical training. CRNP's only take one certifying exam.

CRNP's seek to license themselves by severing their ties with the State Board of Medicine. Nothing could be more detrimental to health care of Pennsylvania. Regulations must retain the joint rule promulgation and oversight responsibilities of the State Board of Medicine.

I think it would be a big mistake for Pennsylvania to allow CRNP's the expanded role as defined in House Bill 50.

Very truly yours,

[signature] DO

Signature

Michael B Fischer

Printed Name

Temple University Health System
Medical Staff
Lower Bucks Hospital
501 Bath Road
Bristol, PA 1[illegible]
Tel (215) 785-9212

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RECEIVED
OCT 28 1999
Licensing Boards

Ms. Cindy Warner, Health Licensing Division
Bureau of Professional and Occupational Affairs
PO Box 2649
Harrisburg, PA 17105-2649

Dear Ms. Warner:

As chairman of the busiest emergency department in Bucks County, and a physician licensed to practice in Pennsylvania, I am writing to comment on the proposed regulations, jointly promulgated by the State Boards of Medicine and Nursing, establishing prescriptive authority for certified registered nurse practitioners (CRNPs).

Recently at Lower Bucks Hospital, we have begun working with CRNPs in the emergency department. Nurses provide a vital role as part of the health care team. However, even one with special training, including a CRNP, is not qualified by education and experience to assume a leadership role on that team or to practice independently of the physician. There is no way to equate the training of a nurse practitioner or other advanced practice nurse, even those with a master's level education, with that of a physician.

To preserve the quality of patient care in Pennsylvania, it is essential that regulations addressing prescriptive authority for nurse practitioners be in accordance with the Medical Practice Act of 1985. Nurse practitioners should act in collaboration with and under the direction of a physician in the performance of acts of medical diagnosis and treatment.

Patients in the emergency department often have life-threatening conditions, which require the expertise of a physician for appropriate care. Research has shown that over 10% of patients presenting to the emergency department, who on initial assessment were thought to have minor problems, were found to have serious illness necessitating admission to the hospital. A recent study by the RAND Corporation noted that nurses triaging patients under-estimated the severity of a patient's illness a substantial percentage of the time.

The proposed regulations should be amended in the following ways:

- Specify the requirements of a ***written collaborative agreement*** and stipulate that such agreements be available upon request, that they clearly identify the nurse practitioners and all physicians working in collaboration, and include any restrictions in the relationship.

- Identify a minimum ***education requirement in advance pharmacology***. Nurses simply do not have the depth and breadth of training and hands-on experience in actual treatment settings dealing with drugs and their interactions. This should be reflected in the regulations.

- Address the issue of ***professional liability*** for CRNPs with prescriptive authority. The added responsibilities of prescribing and administering of medications, including controlled substances (Schedule II-IV drugs) point to the need for increased liability coverage for this potential increase in exposure for the nurse in this expanded role.

Please revise the proposed rules to ensure appropriate safeguards to regulate the current and future practice of nurse practitioners in Pennsylvania. Thank you for your consideration.

Sincerely,

Dana Mark Weber, M.D., FACEP

Dana Mark Weber, MD, FACEP

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S CHIVUKULA MD FACC
333 Oxford Valley Rd.
Fairless Hills
PA

Ms. Cindy Warner, Health Licensing Division
Bureau of Professional and Occupational Affairs
PO Box 2649
Harrisburg, PA 17105-2649

Dear Ms. Warner:

As a physician licensed to practice in Pennsylvania, I am writing to comment on the proposed regulations, jointly promulgated by the State Boards of Medicine and Nursing, establishing prescriptive authority for certified registered nurse practitioners (CRNPs).

Nurses provide a vital role as part of the health care team. However, even one with special training, including a CRNP, is not qualified by education and experience to assume a leadership role on that team or to practice independently of the physician. There is no way to equate the training of a nurse practitioner or other advanced practice nurse, even those with a master's level education, with that of a physician.

Regulations regarding prescriptive authority must clearly delineate the provisions of the Medical Practice Act of 1985, stating that nurse practitioners act in collaboration with and under the direction of a physician in the performance of acts of medical diagnosis and treatment.

The currently proposed rulemaking omits several essential provisions. Most critically, the proposed rules lack the specific requirement for a written collaborative agreement between the CRNP and a supervising physician, stating the parties involved and any restrictions on the relationship. The Board should amend the proposed regulations in the following ways:

- Specify the requirements of a ***written collaborative agreement*** and stipulate that such agreements be available upon request, and that they clearly identify the nurse practitioners and all physicians working in collaboration.

- Identify a minimum ***education requirement in advance pharmacology***. Nurses simply do not have the depth and breadth of training and hands-on experience in actual treatment settings dealing with drugs and their interactions. This should be reflected in the regulations.

- Address the issue of ***professional liability*** for CRNPs with prescriptive authority. The added responsibilities of prescribing and administering of medications, including controlled substances (Schedule II-IV drugs) point to the need for increased liability coverage for this potential increase in exposure for the nurse in this expanded role.

Expanding the scope of practice for advanced practice nurses, without maintaining the requirement for physician supervision, is a threat to the quality of patient care in Pennsylvania. Please revise the proposed rules to ensure appropriate safeguards to regulate the current and future practice of nurse practitioners in the Commonwealth. Thank you for your consideration.

Sincerely,

S Chivukula

NORMAN MAKOUS, M.D., P.C.
829 SPRUCE STREET, SUITE 102
PHILADELPHIA, PA 19107
(215) 627-5707

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CRNP Prescribing Regs. Commentary

Patients must be protected. The treatment of any disease, prevention failing, requires diagnosis before treatment of any form including pharmacology therapy. Advanced pharmacology must be supplemented or include training in patho-physiology. This there fore amounts to the training time equivalency of that of physicians, if CRNP are to prescribe independently from physician supervision.

Patients must be informed that an APN is taking care of them and that they have a right to request to be seen by a physician.

Without training equivalency a CRNP must have a written agreement with a physician including the degree of diagnostic and prescriptive authority.

This increased CRNP authority will increase their liability which must be covered by liability insurance.

Norman Makous MD

Norman Makous M.D.
829 Spruce St.
Phila., Pa. 19107

HEARTCARE ASSOCIATES OF BUCKS COUNTY, P.C.

Raj S. Shah, M.D.
Bindu C. Kansupada, M.D.
Atul D. Trivedi, M.D.
Roberto T. Carvajal, M.D.

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October 26, 1999

Form letter (209)

Ms. Cindy Warner
Health Licensing Division
Bureau of Professional & Occupational Affairs
P. O. Box 2649
Harrisburg, PA 17105-2649

Dear Ms. Warner:

As a physician licensed to practice in Pennsylvania, I am writing to comment on the proposed regulations, jointly promulgated by the State Boards of Medicine and Nursing, establishing prescriptive authority for certified registered nurse practitioners (CRNPs).

Nurses, especially CRNPs, provide a vital role on the health care team. They are not, however, qualified by training and experience to assume a leadership role on that team or to practice independently of the physician. There is no way to equate the training of a nurse practitioner or other advanced practice nurse, even those with master's level education, with that of a physician.

What is needed to address the prescriptive authority issue are regulations which clearly delineates the provisions of the Medical Practice Act of 1985 that the nurse practitioners act in collaboration with and under the direction of a physician in the performance of acts of medical diagnosis and treatment.

The proposed rule making has a number of important omissions. The most critical omission is the specific requirement for a written collaborative agreement between the CRNP and a supervision physician. The proposed rules refer to a collaborative agreement but don't require an actual document. The rules don't specify that either board be made aware of the agreement, the parties involved, and what, if any, restrictions were placed on that relationship.

I would ask the Board to amend the proposed regulations to specify the requirements of a collaborative agreement and to require that such agreements be available upon request, and that they clearly identify the nurse practitioners and all physicians working in collaboration.

HEARTCARE ASSOCIATES OF BUCKS COUNTY, P.C.

Raj S. Shah, M.D.
Bindu C. Kansupada, M.D.
Atul D. Trivedi, M.D.
Roberto T. Carvajal, M.D.

The regulations must also specify a minimum education requirement in advanced pharmacology. Nurses simply don't have the depth and breadth of training and hands-on experience in actual treatment settings dealing with drugs and their interactions. I believe that this issue must be addressed in the regulations.

Finally, I strongly urge that the Board address the issue of professional liability for CRNPs with prescriptive authority. The added responsibilities of prescribing and administering of medications, including controlled substances (Scheduled II-IV drugs) point to the need for increased liability coverage for this potential increase in exposure for the nurse in this expanded role.

Promulgation of these regulations with appropriate safeguards is essential to regulate the current and future practice of nurse practitioners.

Roberto T. Carvajal, M. D.

R. S. Shah, M. D.

B. C. Kansupada, M. D.
M. D.

Atul D. Trivedi, M. D.

M. B. Patel, M. D.

BCK:afw

THE HEART GROUP

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217 HARRISBURG AVENUE
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EDWARD W. SUPPLE, M.D., F.A.C.C.
SETH J. WORLEY, M.D., F.A.C.C.

October 11, 1999

RE: CRNP Prescriptive Authority

Ms. Cindy Warner
Health Licensing Division
Bureau of Professional and Occupational Affairs
P. O. Box 2649
Harrisburg, PA 17105-2649

Dear Ms. Warner,

I would like to express my support for the proposed regulations for CRNP prescriptive authority published in the Pennsylvania Bulletin on October 2, 1999. As a cardiologist in Lancaster, I work with several nurse practitioners. I have also had the opportunity to work in other states that allow prescriptive authority for nurse practitioners. They are well educated and capable of prescribing medications safely. Please finalize these regulations as soon as possible.

Sincerely,

Paul N. Casale, MD

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Form letter (9)

BENJAMIN FRANKLIN CLINIC
An Affiliate of
Pennsylvania Hospital
University of Pennsylvania Health System

THE MIDWIFE AND THE DOCTOR

Valerie Jorgensen, M.D.
Judith Colla, C.N.M.

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form letter

Cindy Warner
Health Licensing Division
Bureau of Professional and Occupational Affairs
P.O. Box 2649
Harrisburg, PA 17105-2649

Dear Ms. Warner,

I am writing in support of the proposal to include prescriptive privileges in the scope of practice of certified registered nurse practitioners (CRNPs). This is a measure that is long overdue. Lack of prescriptive authority is a major barrier to practice for CRNPs and limits access to care for many patients. Most states in this country provide prescriptive priviledges to advanced practice nurses.

Currently, nurse-practitioners must utilize their consulting physician for any prescription medication, including simple things like prenatal vitamins. This is very burdensome for the nurse-practitioner, her patients and her consulting physician. This change would provide greater accountability for all involved, would improve care for patients and would decrease the liability for physicians who provide consultation for advanced practice nurses.

Nurse-practitioners currently have the educational background to utilize many therapeutic regimes and not being able to do so has been cited as an obstacle to practice by both private and publicly funded studies which have looked at improving access to primary care. CRNPs are on the front lines of our health care system and need to be able to practice effectively. I encourage the Board of Medicine to approve this new regulatory language for advanced practice nurses.

Sincerely,

V. Jorgensen MD

V. Jorgensen, MD

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MARILYN J. HEINE, MD
501 BATH ROAD
BRISTOL, PA 19007

November 2. 1999

RE:
CRNP PRESCRIPTIVE AUTHORITY

Ms. Cindy Warner
Health Licensing Division
Bureau of Professional and Occupational Affairs
P.O. Box 2649
Harrisburg, PA 17105-2649

Dear Ms. Warner:

Your consideration would be greatly appreciated in revising the CRNP Prescribing Regulations, recently promulgated by the State Boards of Medicine and Nursing, in the interest of safeguarding quality of patient care in Pennsylvania.

It is of great concern to me that the proposed regulations do not require CRNPs' prescription of those drugs listed in 18.54(b) to be under physician oversight. Physicians specializing in internal medicine train for 4 years medical school, 3 years residency, and may go on to 3-4 years fellowship in, for example infectious diseases to learn the best approach to prescribing anti-infectives, or cardiology for cardiovascular drugs, or endocrinology for endocrine replacement and hypoglycemic drugs. An advanced pharmacology course cannot replace such extensive training. There is significant chance for toxicity and polypharmacy drug overdoses and interactions in this group of medications.

A CRNP who would be authorized to prescribe and dispense such agents should be required to do so in a clearly defined collaborative agreement with physician oversight. CRNPs will not be adequately trained in the pathophysiology of diseases, nor have sufficient understanding of underlying disease processes that could influence patients' metabolism of these agents.

The limited oversight in the prescription of Schedule II, III, and IV controlled substances with no oversight of Schedule V drugs, seems imprudent. CRNPs have no required training in addiction medicine. Such laxity seems counter to the need to protect patient interests.

Please revise the regulations with the above concerns in mind. Thank you.

Sincerely,

Marilyn J Heine MD

Marilyn J. Heine, MD

Jan R. J. de Vries, M.D.
305 Stonycreek Street
Boswell PA 15531
October 26 1999

TO: State Board of Medicine,
Pennsylvania Department of State,
Chairman, Dr. Daniel B. Kimball, Jr., M.D.

Dear Doctor Kimball,

It has come to my attention, that there is an impression as if the Pennsylvania State Board of Medicine supports House Bill 50, which is now under consideration.
I am confident that you, as a physician, are well aware of the significant differences in education and training between physicians (M.D. and D.O.) and nurses (R.N.). While nurses contribute significantly and with dedication to the care of Pennsylvanians, and all through the United States, in health and in illness, it is in collaboration with physicians. House Bill 50 specifically eliminates that element of collaboration and therefore deserves to be exposed as deleterious to the welfare of our citizens.
I must urge you and other members of your Board to make that clear to our legislators, in public hearings and in private conversations. It is part of your responsibility to see to it that Pennsylvanians receive the best health care available in our Commonwealth.
A collaborative agreement between (a) physician(s) and one or two (but no more than two per doctor), as is now mandated, needs to be further confirmed and defined. Such agreement must have the legal status of an enforceable contract.
Such agreement must spell out specifically which aspects of the practice of medicine may be delegated to an Advanced Nurse Practitioner under the collaborative agreement. This to specify an inclusive or exclusive list of prescription drugs, a list of diagnostic and therapeutic procedures and the frequency (no less than weekly) and timeliness (no later than 72 hours) of interaction between physician and A.N.P.

Dear Doctor Kimball, I trust that you will agree that these items are reasonable and necessary, so that the "underserved population" of our Commonwealth will have access to high quality medical care.
Thank you for your attention to my suggestions,
Sincerely yours,
Jan R. J. de Vries.

CC. Vivian Lowenstein, MSN, CNM, CRNP.
Howard K. Goldstein, Esq.
Kishor S. Mehta
Alvin A. Kinsel, M.D.
Sant Ram, M.D.
Blairanne Revak, M.D.
Richard E. Wright M.D.

100 Eagleville Road
P O Box 45
Eagleville, PA 19408-0045
(610) 539-6000

Arlin J. Silberman, DO
Chairman, Department of Psychiatry

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November 2, 1999

RE:
CRNP PRESCRIPTIVE AUTHORITY

Ms. Cindy Warner
Health Licensing Division
Bureau of Professional and Occupational Affairs
P.O. Box 2649
Harrisburg, PA 17105-2649

Dear Ms. Warner:

Please revise the jointly promulgated regulations for CRNP Prescriptive Authority. As a specialist in addiction medicine, I am deeply concerned that controlled substances should be wisely prescribed. CRNPs have no required training in addiction medicine. They should not be authorized to prescribe or dispense Schedule II-V drugs.

The regulations as proposed present significant risk for the inappropriate prescription and dispensing of controlled substances. CRNPs will have inadequate background to understand underlying disease processes, how these potentially lethal medications are metabolized, the interaction of these agents with other medications which a patient may be prescribed, or the patient's concurrent use of alcohol. In addition, increased prescription of controlled substances will likely lead to additional problems with diversion of drugs into illicit channels.

Your consideration in this vital matter would be greatly appreciated.

Sincerely,

Arlin J. Silberman, DO

WESTMINSTER FAMILY MEDICINE

WARREN J. BEAVER, M.D. KEVIN P. SHAFFER, M.D. JACK E. YAKISH, M.D.

State Board of Medicine
Cindy Warner
Health Licensing Division
Bureau of Professional and Occupational Affairs
P. O. Box 2649
Harrisburg, PA 17105-2649

October 29, 1999

Dear Ms. Warner:

As Family Physicians in Erie, Pennsylvania, we oppose regulations which would allow Advanced Practice Nurses to expand prescribing privileges. We are concerned this would seriously undermine the high quality of care which your constituents and our patients deserve. We have spent 9 nine years in training and 15 years in clinical practice. We do not accept that a lesser trained person can prescribe in the same manner.

Like you, we are committed to the welfare of the citizens of this Commonwealth and we are committed to service on their behalf. Our advanced practice nurse colleagues provide a valuable service in a collaborative arrangement with physician oversight. This has allowed them to assist in expanding a patient's access to care while still ensuring the safety of the patient due to expert oversight.

We are seriously concerned that the efforts written into these prescriptive regulations will have deleterious effects on the health and welfare of Pennsylvania citizens.

We are available to discuss this concern with you more fully and stand ready to assist you. Furthermore, we recommend the Boards of Medicine and Nursing:

- specify reporting requirements to, or responsibilities of, the collaborating physician;
- specify requirements for written collaborative agreements regarding prescriptive authority;
- specify number of hours of advanced pharmacology training required for APNs to prescribe;
- require that patients be informed they have the right to be seen by a physician;
- require the wearing of an identifying nametag by an APN.

The regulations must be modified to include these important safeguards.

Please contact Dr. Shaffer at 814/833-5653 if you would like to meet or speak further about this issue.

Respectfully:

Warren J. Beaver, M. D.

Kevin P. Shaffer, M. D.

Jack E. Yakish, M. D.

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WJB/KPS/JEY/nmv

3822 Colonial Avenue, Suite A • Erie, Pennsylvania 16506 • 814/833-5653 • FAX 814/838-1153

DONALD B. CRIDER, M. D.
BLAIR MEDICAL CENTER
501 HOWARD AVENUE
ALTOONA, PENNSYLVANIA 16601
TELEPHONE 942-1462

October 29, 1999

Ms. Cindy Warner
Health Licensing Division
Bureau of Professional &
Occupational Affairs
P. O. Box 2649
Harrisburg, PA 17105-2649

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Dear Ms. Warner:

I would like to provide input on the proposed regulations promulgated by the State Board of Medicine and Nursing, in relation to certified registered nurse practitioners (CRNPs), developing prescriptive authority. I am writing as a practicing physician in Pennsylvania and I am certified in Psychiatry.

As I understand it, the Medical Practice Act of 1985 states that nurse practitioners will function in collaboration with and under the direction of a physician. It is my opinion that this collaborative agreement must be spelled out in very explicit terms, in writing, so that individual physicians and individual CRNPs will be identified.

If the CRNPs works in a specialized area, such as mental health, I feel that it would only be appropriate that the physician involved by a psychiatrist. This situation probably would apply to many other medical specialities also.

It is my own opinion that CRNPs are not qualified by training to practice independently of a physician or to direct a health care team in terms of providing prescriptions.

Very truly yours,

Donald B. Crider MD
Donald B. Crider, M.D.
Certified in Psychiatry

DBC/jvk

From: Susan Roedder <sroedder@pol.net>
To: PADOS-DOMAIN.GWIA("medicine@pados.dos.state.pa.us"...
Date: Fri, Oct 29, 1999 7:21 AM
Subject: prescribing privileges for advanced practice nurses

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To the State Board of Medicine: Re: Prescriptive authority of advanced practice nurses.
The new regulations expanding prescribing privileges of advanced practice nurses should have certain modifications added in order to ensure patient safety. Certainly mainly of our patients, particularly the elderly may not even know that they are being seen by someone other than a physician. A nametag clearly identifying the practitioner as a nurse must be worn, and, in accordance with current policy ensuring patient rights, the patients must also be informed that they have the right to be seen by a physician. With respect to the nurse's collaborating physician, reporting requirements of the nurse and responsibilities of the collaborating physician must be clearly specified. Finally, there must be detailed specification as to the advanced pharmacology training required for advanced practice nurses to prescribe, particularly the number of hours.
Overall, I am opposed to expanding prescribing privileges- Lest you think that I, as a physician, am trying to "protect the turf," I would like to point out that I would instead require at least 2 years of postgraduate work before allowing licensing as a general practitioner, and also require that a portion of CME be in advanced pharmacology. Prescribing in today's environment is increasingly complex and our population is an aging one in which multiple drug use is common. Our population is also an increasingly obese one. Diabetes and hypertension are rampant. Consider the following:
New treatment guidelines in hypertension call for achieving lower levels of target blood pressure. To achieve this, requires the prescription of at least 2 drugs in most people. Likewise, new guidelines in heart failure call for the addition of beta blockers to dig, diuretics, and ace inhibitors; spironolactone is also being added to treatment regimens. In the area of diabetes, the need to do a better job of controlling blood sugars is quite apparent, and our experts are calling for combination therapies and earlier use of insulin. For the many patients with both diabetes and hypertension, or hypertension and heart failure, it is immediately apparent that their treatment regimens will be complex. Shouldn't we be requiring more education for those prescribing drugs rather than less?
Susan L. Roedder, M.D.
Flourtown, Pennsylvania
(PA licensed physician; board certified IM and EM)

RHEUMATOLOGY ASSOCIATES OF NORTHWESTERN PENNSYLVANIA, P.C.

William S. Makarowski, M.D., F.A.C.R.

October 28, 1999

Cindy Warner
Health Licensing Division
Bureau of Professional & Occupational Affairs
P.O. Box 2649
Harrisburg, PA 17105-2649

Dear Ms. Warner:

I am writing in response to the proposed rule-making for certified registered nurse practitioners. I am particularly concerned about those medications that would be allowed under "prescribing and dispensing parameters" (Section 18.54).

I am wondering why anti-inflammatory medications are notoriously absent from the list of medications for which a CRNP may prescribe. As you know, anti-inflammatory medications are not only available over the counter but are used by many patients without any prescribing directives other than those that they may receive from television or other advertising presentations.

Since a rheumatology practice requires the use of nonsteroidals as well as the use of steroids in the management of rheumatic problems, I believe that the guidelines should also allow CRNPs to prescribe anti-inflammatory medications and steroids when deemed appropriate.

If I am not reading the guidelines and recommendations properly, please inform me so that I may be more appropriately educated. I do support the regulations in HB50 but would recommend that those additions, as noted in my letter, be also included.

Sincerely,

William S. Makarowski, M.D., F.A.C.R.

WSM:pjm

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Arthritis Care Center, 1781 West 26th Street • Erie, Pennsylvania 16508-1256 • Telephone (814) 454-5896 • Fax (814) 456-0037

PennState Geisinger
Health System

Central Pennsylvania
Poison Center
M.C. H043
PO Box 850
Hershey PA 17033
717 531 7057 Tel
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October 28, 1999

J. Ward Donovan, MD
Director

Keith K. Burkhart, MD
Medical Director

Susan Lizarralde, Pharm. D
Managing Director

Betsy Wieger, BS
Education Coordinator

Ms. Cindy Warner, Health Licensing Division
Bureau of Professional and Occupational Affairs
P.O. Box 2649
Harrisburg, PA 17105-2649

Dear Ms. Warner;

This letter is written to express concerns regarding proposed regulations under, Chapter 18, Subchapter C, Certified Register Nurse Practitioners (CRNPs). This regulation proposes to establish prescriptive authority for CRNPs. I am both a Board Certified Emergency Medicine physician and currently the Medical Director for the Central Pennsylvania Poison Center. I have both trained NPs and worked along side of established CRNPs in the Emergency Department. I enjoy and appreciate the vital role these individuals play in the health care team, as physician extenders. The understanding of pharmacology leads to the ability to prescribe drugs without limitations. Adverse drug reactions are a major health concern to the citizens of Pennsylvania and the nation. Approximately 10% of hospital admissions are the results of drug interactions or drug-disease interactions. CRNP prescriptive authority most likely will only further add to this problem. Significant liability also comes with this ability. I am often asked to be an expert witness for drug misuse, inappropriate use, and sometimes although appropriate unavoidable adverse events.

I very much enjoy having CRNPs as a part of my health care team, I hope to continue to guide CRNPs in the appropriate, timely, and safe administration of medications.

Sincerely,

Keith K. Burkhart, M.D., FACMT, FACEP
Associate Professor of Medicine
And Pharmacology
Medical Director, Central Pennsylvania
Poison Center

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KKB/tmy

Donald C. Steckel, M.D.
3 Hospital Drive
Lewisburg, PA 17837

DONALD C. STECKEL, M.D.
Internal Medicine
CAROL A. STECKEL, P.A.C
570-524-4141
Fax 570-524-5218

October 28, 1999

Ms. Cindy Warner
Bureau of Professional & Occupational Affairs
P.O. Box 2649
Harrisburg, PA 17105-2649

Dear Ms. Warner,

I am writing with respect to House Bill 50, which was recently introduced and would allow the nursing board to remove the requirement that nurse practitioners be supervised by and collaborate with physicians. This bill would permit nurses to perform the same clinical functions as many physicians. Advanced nurse practitioners could perform therapeutic and invasive procedures, prescribe, dispense and administer drugs including schedule 2 through 4 controlled substances and order or administer anesthetics. This bill would also allow the nursing board to remove, independent of the State Board of Medicine, critical physician oversight that currently exists.

I have worked closely with nurses throughout my career. I recognize the important role that nurse practitioners and other health care providers play on the health care delivery team. In fact, my sister is a certified physician's assistant and works with me. She is a very valuable asset to my practice. However, I am concerned about the quality of patient care when practitioners are given responsibilities that fall outside the bounds of their educational training.

This bill would in effect allow advanced nurse practitioners to practice independently on the same level as a general practitioner or the family practice specialist. There is a significant difference in the amount of education that a general practitioner or family practice physician has compared to that of an advanced nurse practitioner. In addition, the depth and quality of education of each is not comparable.

I do not feel that House Bill 50 will in any way advance the cause and quality of medicine in this country. The only state that has allowed nurses to practice independently is Alaska. All the other states require a collaborative practice arrangement. As you review this bill, I am sure you will keep in mind the disparity in the length and depth of training of advanced nurse practitioners compared to the medical profession.

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Sincerely,

Donald C. Steckel, MD

Donald C. Steckel, M.D.

Mark A. Piasio, M.D., F.A.A.O.S., F.A.C.S.

October 27, 1999

Ms. Cindy Warner
Health Licensing Division
Bureau of Professional and Occupational Affairs
P.O. Box 2649
Harrisburg, PA 17105-2649

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RE: Advanced Practice Nursing Regulations

Dear Ms. Warner:

I am sure you have had many comments with respect to the new regulations proposed for advanced practice nursing. Without being redundant, I would simply recommend that you avail yourself to a book entitled Medical Education in the United States and Canada, a Report to the Carnegie Foundation for the Advancement of Teaching. This report was formulated by Abraham Flexner, and is known as the Flexner Report. It is a landmark in American medical education, written in 1910, and is as appropriate now as it was at that time. I think if you avail yourself and review this study, you will see the unfortunate severe consequence of allowing the practice of medicine to lesser trained individuals. As they say in the military, before taking down a fence, one should know why it was placed there, and I think that is certainly an appropriate adage for what we are facing today.

I look forward to your comments, and thank you for your attention to this matter.

Sincerely,

Mark A. Piasio, M.D.

MAP/ksf

90 Beaver Drive, 110B, DuBois, PA 15801 Phone: 814-375-9617 Fax: 814-375-9624

Medical Center Clinic, P.C.

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CHARLES H. SRODES, M.D., F.A.C.P.
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CYNTHIA K. EVANS, M.D.
KATHY J. SELVAGGI, M.D.
BACHAR KASSEM, M.D.
WENDY A. BREYER, M.D.

SHADYSIDE OFFICE:
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PITTSBURGH, PENNSYLVANIA 15232
(412) 681-4401

Cindy Warner
Health Licensing Division
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P.O. Box 2649
Harrisburg, PA 17105-2649

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October 28, 1999

Dear Ms. Warner,

I am writing to voice my support <u>in favor of</u> the proposed regulations regarding Certified Registered Nurse Prescriptive Authority.

I am one of seven physicians in a busy Hematology/Oncology practice based in Southwestern Pennsylvania. Our practice employs 5 CRNP's who work collaboratively with the physicians in caring for our patients. These nurse practitioners are highly trained, responsible, and offer safe patient care. They are also quite skilled in symptom management. Many of the disease complications and treatment induced side effects are managed pharmacologically. Prescriptive authority if approved, will allow the nurse practitioners to be even more instrumental in providing relief and comfort to our patients.

I am also in favor of CRNP prescriptive authority for controlled substances. Pain management is a common issue with our patients and the nurse practitioners have much experience in recommending narcotic dosing and minimizing side effects.

Giving prescriptive authority to CRNP's in the state of Pennsylvania will enhance quality of patient care.

Sincerely,

D Meisner, MD, FACP

Dennis Meisner, MD

MONROEVILLE OFFICE:
PROFESSIONAL BUILDING 2 • 2580 HAYMAKER ROAD - SUITE 404 - MONROEVILLE, PENNSYLVANIA 15146 • (412) 373-4411

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FRANK L. SWIFT, M. D.
1510 N. WASHINGTON AVENUE
SCRANTON, PENNSYLVANIA
DIAMOND 3-3529

27 Oct. 1999

Cindy Warner
Health Licensure Division
Bureau of Professional and Occupational Affairs
P.O. Box 2649
Harrisburg, Pa. 17105-2649

Dear Mrs Warner,

I am writing this letter to comment on proposed regulations to provide prescriptive authority to registered nurse practitioners as published in Penna. Bulletin on Oct. 2, 1999

These regulations lack important safeguards — a requirement for a written collaborative agreement between CRNP and a specific collaborating physician. Such an agreement must identify the CRNP and all physicians who will function in the collaborating role. Lines of communication and emergency procedures should be in place between the CRNP and the physician.

CRNPs must demonstrate training in pharmacology before receiving authority to prescribe. Patients must be informed when CRNPs are providing care and must have the right to see the physician if requested. CRNPs must maintain adequate professional liability insurance coverage in the expanded role.

Finally the regulations must retain the

FRANK L. SWIFT, M. D.
1510 N. WASHINGTON AVENUE
SCRANTON, PENNSYLVANIA

DIAMOND 3-3529

joint rule promulgated, and oversight responsibilities of the State Board of Medicine.

Sincerely yours,

Frank L. Swift MD

TEMPLE UNIVERSITY
A Commonwealth University
Health Sciences Center
Department of Psychiatry
Jones Hall, 7th Floor
3401 N. Broad Street
Philadelphia, Pennsylvania 19140

October 27, 1999

Dear Mr. Varner:

This is a letter of support, from a physician, for nurse-practitioners to be allowed to prescribe independently of a physician.

There is no shortage of physician specialists in the United States, but there is no end in sight of a shortage of primary care physicians. Giving nurse practitioners prescribing privileges would encourage them to practice, and increase access to primary health care.

Yours truly,

Allan Cristol, MD
Professor of Psychiatry

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DONALD C. BROWN, M.D., F.A.C.S.
IRWIN PROFESSIONAL CENTER
100 PENNSYLVANIA AVENUE
IRWIN, PENNSYLVANIA 15642

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October 26, 1999

Health Licensing Division
Bureau of Professional &
Occupational Affairs
P.O. Box 2649
Harrisburg, PA 17105-2649

Attention: Ms. Cindy Warner

Dear Ms. Warner:

I am communicating with you to comment on the proposed regulations which have been jointly proposed by the State Boards of Medicine and Nursing to establish prescribing authority for Certified Registered Nurse Practitioners.

Certified Registered Nurse Practitioners are not qualified by their training and experience to practice independently of a Physician. Training of a Nurse Practitioner or other advanced practiced nurses is quite simply not equivalent to that of a Physician. Regulations are needed to clarify the provisions of the Medical Practice Act of 1985 that Nurse Practitioners must act in collaboration with and under the direction of a Physician in the performance of acts of medical diagnosis and treatment. The proposed ruling does not have a requirement for a written collaborative agreement between the CRNP and the supervising Physician. There is a reference to such an agreement but no requirement for such an actual document in writing. I am asking the Board to alter the proposed regulations so that the requirement of such a collaborative agreement will be in writing and clearly identify that the Nurse Practitioners and all Physicians are working in collaboration.

In addition, I feel that the regulations should specify a minimum educational requirement in the science of advanced pharmacology. I do not believe that nurses have the breadth of training and actual experience in treatment settings dealing with drugs and their interactions to be able to obtain independent prescriptive authority.

I am also strongly concerned that the idea of prescriptive authority for CRNPs greatly increases the issue of their professional and legal responsibility, adding additional responsibilities of

prescribing and administering medications (including controlled substances) to the point that CRNPs being granted such prescriptive authority would definitely require increased liability coverage for the potential increased exposure of the nurse in such a situation.

I am asking that you strongly endorse amending the proposed regulations as above to add what I consider are necessary safeguards regarding the current and future practice of Nurse Practitioners.

Sincerley yours,

D. Brown MD

Donald C. Brown, M.D.

DCB/nr

NORTHEASTERN PENNSYLVANIA
N E P P O
PHYSICIANS ORGANIZATION

October 26, 1999

Cindy Warner
Health Licensing Division
Bureau of Professional & Occupational Affairs
P.O. Box 2649
Harrisburg, PA 17105-2649

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Dear Ms. Warner:

The purpose of this letter is to inform you of my comments on the proposed regulations providing for prescriptive authority for certified registered nurse practitioners, as published for comment in the October 2, 1999, *Pennsylvania Bulletin*.

As a family physician, I have had the opportunity to work with CRNP's since the time of my residency training in the mid-1970's. The proposed regulations do not contain an important patient safeguard, that is the requirement for a collaborative agreement between a CRNP and a practicing physician. Although the intent of the regulations is ostensibly to provide access to care for patients who do not have ready access to physicians, especially in rural and inner-city areas, it is just as important to provide such patients with an appropriate level of care.

No one would argue that the training and education which nurse practitioners receive is equal to the training and experience of licensed physicians. Therefore, a written agreement between an identified CRNP and any and all physicians who will serve in a collaborating role is necessary to provide a level of safety for the patient.

Such an agreement should contain a process for communication between the CRNP and collaborating physicians and should document emergency procedures to be followed. In the real world even such relatively simple processes as transferring a patient from one facility to another can be extremely complicated when lines of communication are not set up prior to the event.

With respect to the authority to prescribe medications, it is imperative that CRNP's obtain a sufficient number of hours of training in pharmacology, and prescribing ability should be limited to those medications for which the CRNP has received specific training.

Based on my experience in practicing collaboratively with CRNP's, I feel that patients must be clearly informed when a CRNP is providing care. The patient must have the right to see the physician if they ask, and CRNP's should be subject to the same requirements regarding informed consent as are physicians. In addition, I believe the regulations should require adequate professional liability insurance coverage for the CRNP. Since in many cases the CRNP will be providing care relatively outside the direct control of physicians, they should carry the same amount of liability insurance.

RM. 204 BDA BUILDING ABINGTON EXECUTIVE PARK P.O. BOX 760 CLARKS SUMMIT, PA 18411 (570) 586-1797 FAX (570) 586-4624

One of the best ways to maintain the idea of collaboration between physicians and CRNP's and to continually monitor the practices under which they operate is that the regulations should retain the joint rule promulgation and oversight responsibilities of the State Boards of Medicine and Nursing.

Sincerely,

Leo M. Hartz, M.D., ABQAURP
Medical Director
NEPPO

\\NTSERVER_1\USERS\Dataswap\Med Mngt Secretary\LCMS-Warner.doc\LMHcab

J. POGGI, D.O., LTD., A.B.F.P.
FAMILY PRACTICE
277 NEILAN ROAD
SOMERSET, PA 15501-8012
PHONE (814) 443-3637

DIPLOMATE OF AMERICAN BOARD
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October 26, 1999

Ms. Cindy Warner
Health Licensing Division
Bureau of Professional & Occupational Affairs
PO Box 2649
Harrisburg, PA 17105-2649

Ms. Warner:

As an osteopathic medical practitioner, licensed in the Commonwealth, I am writing to inform you that I strongly oppose enactment of House Bill 50, Printer's No. 1199. As a physician who cares for many of your constituents, I urge you to defeat the bill in totality.

This proposal would create a new category of nurses called "Advance Practice Registered Nurses" (APRN). It would give these APRNs unrestricted practice rights, unrestricted prescribing rights (including narcotics), and the ability to perform invasive procedures, without the involvement or supervision of a physician. In other words, under H.B. 50, APRNs would have the same scope of practice afforded to physicians.

Enactment of H.B. 50 would pose a clear and continuing danger to patients throughout Pennsylvania. APRNs would neither have the education nor training necessary to have such a broad scope of practice. Patients would risk receiving incomplete or substandard care from ancillary providers who simply do not have the training physicians receive as a matter of course. Moreover, functioning as physicians in the guise of nurses, APRNs would not be subject to the mandatory malpractice insurance requirements of physicians.

In order to become a fully licensed, practicing physician, in addition to four

years of college, we, physicians, are required to attend four years at an osteopathic medical college. Moreover, for basic licensure as a physician, we are required to successfully complete a year long rotating internship. Following this year of internship, a residency program of from two to five years with extensive clinical training must be completed in order to be eligible for Board certification in a specialty. Any subspecialty training or fellowship would be in addition to this.

Contrast this level of physician training that protects Pennsylvanians and gives us one of the best health care systems in the world with the training of registered nurses. In Pennsylvania, one can be licensed as a registered nurse after completing an associate's degree. This can be done within two or three years after high school graduation. A master's degree in nursing can be obtained after completing thirty six credit hours of post-graduate education in a relatively short period of time, depending on class load. However, unlike medical students, nurses can obtain these master degrees on a part-time basis, and may do so intermittently. Medical school is full-time and continuous. Even if there are some additional training requirements to become an APRN, these will not make APRNs physicians (although it is proposed that they have the same scope of practice).

Nurses play an extremely valuable role in our health care delivery system. APRNs have a place as physician extenders, but they are not physicians and do not have the intensive training and expertise as physicians. They should, therefore, remain under the jurisdiction of a physician. They should not have prescription privileges. If they wish to practice medicine as physicians, they should pursue this career by attending medical school.

Enactment of H.B. 50 would put millions of Pennsylvanians at risk. I urge you to reject this ill-advised and dangerous proposal.

Sincerely,

Alfred J. Poggi, D.O.

SOMERSET CENTRAL MEDICAL ASSOCIATES, LTD.

Barbara J. Campbell, M. D.
Orthopaedic Surgeon

Diplomate of the American Board of Orthopaedic Surgery
Fellow, American Academy of Orthopaedic Surgeons
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October 25, 1999

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Ms. Cindy Warner
Licensing Division
Bureau of Professional and Occupational Affairs
PO Box 2649
Harrisburg, Pennsylvania 17105-2649

Dear Ms. Warner:

I am writing to you concerning the proposed regulations giving Certified Registered Nurse Practitioners the right to practice medicine.

There is a good reason why CRNP's need supervision by medical or osteopathic physicians.

They do not have the same training or experience.

The proposed regulations do not have an important patient safeguard. That is, a requirement for written collaborative agreement between CRNP's and a specific physician. This must assure that the lines of communication between CRNP's and physicians are clear and that emergency procedures are in place.

Do you believe that CRNP's have adequate training in pharmacology? I do not believe this to be true.

Also, the regulation must include a right of a patient to see a physician.

Also, CRNP's must be required to obtain professional liability coverage or this requirement must be removed from medical doctors.

And, lastly, the regulations must retain the joint rule promulgation and oversight responsibilities of the State Board of Medicine.

Sincerely,

Barbara J. Campbell, M.D.

BJC:max

JONATHAN L. KATES, M.D.

Diplomate of the American Board of Orthopaedic Surgery
Fellow, American Academy of Orthopaedic Surgeons
Member, American Orthopaedic Society for Sports Medicine
Member, Arthroscopy Association of North America

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October 25, 1999

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Ms. Cindy Warner
Licensing Division
Bureau of Professional and Occupational Affairs
PO Box 2649
Harrisburg, Pennsylvania 17105-2649

Dear Ms. Warner:

I am writing to you concerning the proposed regulations giving Certified Registered Nurse Practitioners the right to practice medicine.

There is a good reason why CRNP's need supervision by medical or osteopathic physicians.

They do not have the same training or experience.

The proposed regulations do not have an important patient safeguard. That is, a requirement for written collaborative agreement between CRNP's and a specific physician. This must assure that the lines of communication between CRNP's and physicians are clear and that emergency procedures are in place.

Do you believe that CRNP's have adequate training in pharmacology? I do not believe this to be true.

Also, the regulation must include a right of a patient to see a physician.

Also, CRNP's must be required to obtain professional liability coverage or this requirement must be removed from medical doctors.

And, lastly, the regulations must retain the joint rule promulgation and oversight responsibilities of the State Board of Medicine.

With Regards,

Jonathan L. Kates, M.D.

JLK:max

OPHTHALMOLOGY

C. M. ALEXANDER, M.D., LTD.

October 25, 1999

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Ms Cindy Warner
Health Licensing Division
Bureau of Professional & Occupational Affairs
P.O. Box 2649
Harrisburg, PA 17105-2649

Dear Ms Warner:

As a physician licensed to practice in Pennsylvania, I am writing to comment on the proposed regulations, jointly promulgated by the State Boards of Medicine and Nursing, establishing prescriptive authority for certified registered nurse practitioners (CRNPs).

Nurses, especially CRNPs, provide a vital role on the health care team. They are not, however, qualified by training and experience to assume a leadership role on that team or to practice independently of the physician. There is no way to equate the training of a nurse practitioner or other advanced practice nurse, even those with master's level education, with that of a physician.

What is needed to address the prescriptive authority issue are regulations which clearly delineates the provisions of the Medical Practice Act of 1985 that the nurse practitioners act in collaboration with and under the direction of a physician in the performance of acts of medical diagnosis and treatment.

The proposed rulemakeing has number of important omissions. The most critical omission is the specific requirement for a written collaborative agreement between the CRNP and a supervising physician. The proposed rules refer to a collaborative agreement but don't require an actual document. The rules don't specify that either board be made aware of the agreement, the parties involved, and what, if any, restrictions were placed on that relationship.

I would ask the Board to amend the proposed regulations to specify the requirements of a collaborative agreement and to require that such agreements be available upon request, and that they clearly identify the nurse practitioners and all physicians working in collaboration.

930 WEST SPROUL ROAD SPRINGFIELD, PENNA. 19064 TELEPHONE (215) KI 4-7070

The regulations must also specify a minimum education requirement in advanced pharmacology. Nurses simply don't have the depth and breadth of training and hands-on experience in actual treatment setting dealing with drugs and their interactions. I believe that this issue must be addressed in the regulations.

Finally, I strongly urge that the Board address the issue of professional liability for CRNPs with prescriptive authority. The added responsibilities of prescribing and administering of medications, including controlled substances (Schedule II-IV drugs) point to the need for increased liability coverage for this potential increase in exposure for the nurse in this expanded role.

Promulgation of these regulations with appropriate safegards is essential to regulate the current and future practice of nurse practitioners.

C.M. ALEXANDER, M.D.

(610) 544-7070

Leo J. Motter, MD
Dept of Internal Medicine
Pennsylvania State University
Box 850
Hershey, PA 17033
22 October 1999

Cindy Warner
Health Licensing Division
Bureau of Professional and Occupational Affairs
PO Box 2649
Harrisburg, PA 17105-2649

Dear Ms. Warner,

I am writing to let you know that I am opposed to current legislation proposing to expand prescribing privileges of advanced practice nurses. While most nurses I know are competent professionals, the fact is that they simply do not have the training and experience of physicians. Every physician must have a minimum of eleven years of advanced education and training (four years of college, four years of medical school, and at least three years of specialized residency training). In addition to the *amount* of training nurses receive, the *type* of training is very different from that of physicians. Whereas nurses focus on patient care, physicians focus from the very beginning on how to diagnose illness and prescribe proper treatment. Physicians are far more knowledgeable about pharmaceuticals and how they should be used.

I hope that you will revise the currently proposed regulations (1) to specify reporting requirements to, or responsibilities of, the collaborating physician; (2) to specify the number of hours of advanced pharmacology training required for advanced practice nurses to prescribe; (3) require that patients be informed that they have the right to be seen by a physician; (4) require the wearing of an identifying nametag by the advanced practice nurse.

Patients will be endangered if precribing authority is recklessly extended to people who are not properly trained in diagnosing and precribing. I hope that you will keep Pennsylvania's standards for patient care very high, as they have been in the past.

Sincerely yours,

Leo J. Motter, MD

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(814) 237-0376

John T. Fisher, M.D.
David B. Werner, M.D.
Jeffrey L. Heimer, M.D.

Tyrone Hospital
One Hospital Drive
Tyrone, PA 16686
(814) 684-5210

October 22, 1999

State Board of Medicine
Health Licensing Division
Bureau of Professional and
Occupational Affairs
P.O. Box 2649
Harrisburg, PA 17105-2649
Attn: Cindy Warner

Re: Regulations Regarding Advanced Practice Nurses

Dear Sirs,

We wish to indicate that as physicians, we oppose any language in regulations which would give APNs prescribing authority without very strict supervision and close monitoring by physicians. It is neither safe, nor sensible to permit the prescribing of major medications without the long-term experience gained only by medical training and years of experience.

Sincerely,

John T. Fisher, M.D.

David B. Werner, M.D.

JTF/st

cc: Local Legislators

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INDEPENDENT REGULATORY REVIEW COMMISSION

Cindy Warner
Health Licensing Division
Bureau of Professional and Occupational Affairs
P.O. Box 2649
Harrisburg, PA 17105-2649

October 21, 1999

Dear Cindy,

I am writing to express my concerns regarding proposed legislation expanding the prescribing privileges of advanced practice nurses, which was published October 4, 1999 in the Pennsylvania Bulletin.

As a physician, I feel that prior to advanced practice nurses prescribing medication including controlled substances they need extensive education including written testing to demonstrate competency. This curriculum should be written and continuously modified by a panel of supervising multi-specialty physicians and pharmacists.

I also feel that standards of accountability to a supervising physician need to be written and in place prior to implementation of prescribing authority by advanced practice nurses. These standards need to include protocols, varied by specialty, for anticipated problem situations.

Standards of practice should include factors to protect the patients rights, such as: patients must be informed of their right to see a physician and all advanced practice nurses should wear name tags clearly identifying them as nurses.

I strongly advise you to review this legislation carefully and urge you to proceed cautiously. As you know the consequence of a medication error may be death. Thank you

Sincerely,

William J. Jordan, M.D.

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Madonna L. Talbert, M.D.
Lois A. Kronenwetter, M.D.
Thomas E. Fromuth, M.D.
Robert W. Larkin, Jr., M.D.

Gynecology
Laurence W. France, M.D.

Microsurgery
Daniel P. Kegel, M.D.

Nurse Midwifery
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Dianne H. Lytle, CNM
Sally A. Towne, MSN, CNM

Obstetrical Nurses
Denise Baird, RNC
Brenda A. Houck, RN
Elizabeth Louie, RNC, BSN
Jenny L. Monn, BS, RN

Infertility Nurse Specialist
Saundra L. Allen, RNC

Cindy Warner
Health Licensing Division
Bureau of Professional &
Occupational Affairs
P.O. Box 2649
Harrisburg, PA 17105-2649

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10/21/99

Dear Ms. Warner;

When I pulled up House Bill 50 from the legislature's web site last month I was quite surprised at the scope of the bill. It not only requests prescriptive authority without physician supervision or written collaborative agreements, but it also authorizes "procedures" without supervision. I'd rather not have a nurse doing certain procedures on me or my family.

Also, in reading the bill I noticed the omission of Certified Registered Nurse Midwives (CRNMs) from the bill. As you can see from my letterhead we employ several midwives. They would love prescriptive authority under our supervision. Why are they not part of this bill? Is it because their organization would rather not circumvent physician supervision?

I think this bill needs to be rethought and rewritten before it is submitted for a vote.

Sincerely,

Laurence W. France, M.D.

LEE C. MILLER, M.D., F.A.P.A.
Psychiatry

Northwood Office Center, Suite 9
2201 Forest Hills Drive
Harrisburg, Pennsylvania 17112
Telephone: (717) 540-4420

October 21, 1999

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Cindy Warner
Health Licensing Division
Bureau of Professional and Occupational Affairs
P.O. Box 2649
Harrisburg, PA 17105-2649

Dear Ms. Warner:

I am writing to express concern about expanded prescriptive authority for advanced practice nurses. As you contemplate writing regulations which will be applicable to advanced practice nurses, I urge you to drastically limit prescription authority. I am opposed to the whole concept of prescription of medications by nurses of any type, and believe strongly that it represents a threat to the safety of the public. However, if advanced practice nurses are to have some prescriptive authority, I hope that the regulations will mandate extensive training and close supervision by physicians.

Thank you for your consideration of my opinions in this matter.

Sincerely,

Lee C. Miller, M.D.

KENNETH B. SKOLNICK, M.D., P.C.

KENNETH B. SKOLNICK, M.D. **SUSAN L. HOMITZ, M.S., C.C.C.-A**

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- HEAD & NECK SURGERY
- FACIAL COSMETIC SURGERY
- ALLERGY-IMMUNOLOGY
- OTOLOGY-AUDIOLOGY

October 21, 1999

Ms. Cindy Warner
Health Licensing Division
Bureau of Professional Occupational Affairs
P.O. Box 2649
Harrisburg, PA 17105-2649

Dear Ms. Warner:

I have reviewed the regulations expanding the prescribing privileges of advanced practice nurses. I am appalled by the regulations that would give these nurses expanded authority to write prescriptions, including scheduled drugs. There must be requirements for them to report to a collaborating physician. Patients must be informed that they have the right to see a physician. Furthermore, specific hours of additional training for them to prescribe, even under a collaborating physician, must be specified. It is dangerous to the health of all our patients not to provide them with the access to the most competent people for prescribing potentially very dangerous drugs. The most qualified person is the physician. The advanced practice nurses should not be given significantly expanded prescribing privileges to the detriment of our patients.

If I can be of any further assistance, please do not hesitate to call.

Very truly yours,

Kenneth B. Skolnick, M.D.

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KBS/mjb
CC: Senator J. Barry Stout
Rep. Frank LaGrotta
Rep. Michael Veon
Rep. Nicholas A. Colafella
Rep. Susan Laughlin
Rep. Victor Lescovitz

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MONACA, PA 15061
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2400 CORPORATE DRIVE
FRANKLIN PARK CORPORATE CENTRE
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(724) 933-0330

Western Pennsylvania Orthopedic and Sports Medicine, Inc.

2 Celeste Drive
Johnstown, PA 15905
(814) 255-6781
FAX (814) 255-5716

October 20, 1999

J. Michael Moses, MD
Don A. Lowry, MD
Richard D. Schroeder, MD
Ian Katz, MD
Vincent E. Vena, MD
Oleg Cooley, PA-C
Sharon Kaseler, PA-C, SA
James Burda, PA-C
William Danchanko, CST

Cindy Warner
Health Licensing Division
Bureau of Professional and Occupational Affairs
PO Box 2649
Harrisburg, PA 17105-2649

Dear Ms. Warner:

With respect to the recent regulations expanding prescribing privileges of advanced practice nurses, I would offer the following comments. This whole issue speaks to the absurdity of the political environment regarding this area. I want to personally voice my strong opposition to these aforementioned privileges. Giving APNs broad prescriptive authority including scheduled II to V drugs, will most likely lead to continued increase in abuses of prescription medications across the Commonwealth. We in Cambria County, as physicians, are now being monitored very closely in our prescriptions to our patients especially those prescriptions centered around narcotic medications. Therefore, only the collaborating physician should be able to specify such requirements and/or responsibilities for prescriptions of such drugs. Secondarily, there must be specific requirements for written agreements regarding prescriptive authority and that there is no question that there must be a specified number of hours of advanced pharmacology training required for APNs to prescribe. Even if this requirement were to be held closely adhered to, I continue to disagree that these ancillary medical professionals be allowed to prescribe such scheduled medications.

All patients certainly must be informed that they have the right to be seen by a physician when such prescriptive rights are in question, and that all APN individuals and personnel must be required to wear a proper identifying name tag indicating their name and professional status.

These safeguards are of minimum to a political regulation which I am wholly and firmly in disagreement with.

Sincerely yours,

J. Michael Moses, M.D.

JMM/kts

cc: Rep. Edward Wojnaroski

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October 20,1999

Cindy Warner
Health Licensing Division
Bureau of Professional and Occupational Affairs
P.O. Box 2649
Harrisburg, PA 17105-2649

Re: CRNP regulations on prescriptive authority

Dear Ms. Warner,

I own my own OB/GYN practice and employ 2 nurse midwives and 3 nurse practitioners. Over the last 15 years I have found that advanced practice nurses are an asset to my practice. I have found them to be competent and responsible as well as very aware of their limits. I have never felt that they were trying to take over my practice, nor that they were trying to over-step their specialty. The approval of prescriptive authority for CRNP's would simplify the process of caring for patients.

CRNP's are well educated and must update their education to remain nationally certified. This national certification is a voluntary process which they proudly undertake. I have never known the nurse practitioners to fail to ask for a consultation when they were unsure. I feel that they have been well trained in their specialty and uphold high standards for continuing education and educating others. They are very eager to share their knowledge with peers and patients alike. Their patients are pleased with the care that is provided and they continue to ask to see the CRNP's. It is confusing for the patient to see my name on the prescription that the CRNP has given them, when often the patient has not met me. Allowing CRNP's to have prescriptive authority would eliminate this confusion.

Please know that I support the prescriptive authority for CRNP's.

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Sincerely,

Fredericka Heller, MD

Fredericka Heller, MD

530 Kenhorst Blvd
Reading PA 19611

From: Daniel Forman <dforman@fast.net>
To: PADOS-DOMAIN.GWIA("medicine@pados.dos.state.pa.us"
Date: Wed, Oct 20, 1999 1:10 AM
Subject: Message status - undeliverable

>X-Mailer: Novell GroupWise 5.2
>Date: Mon, 18 Oct 1999 22:57:49 -0400
>From: Mailer-Daemon@dos.state.pa.us
>To: dforman@fast.net
>Subject: Message status - undeliverable
>
>The message that you sent was undeliverable to the following:
> medicine (user not found)
>
>Possibly truncated original message follows:
>Received: from post3.fast.net
> ([198.69.204.24])
> by dos.state.pa.us; Mon, 18 Oct 1999 22:57:42 -0400
>Received: from oemcomputer (maxtnt07-abe-235.fast.net [209.92.12.235])
> by post3.fast.net (8.9.3/8.8.5) with SMTP id WAA06640
> for <medicine@dos.state.pa.us>; Mon, 18 Oct 1999 22:57:31 -0400 (EDT)
>Message-Id: <3.0.5.32.19991018230928.0079f340@pop.fast.net>
>X-Sender: dforman@pop.fast.net (Unverified)
>X-Mailer: QUALCOMM Windows Eudora Light Version 3.0.5 (32)
>Date: Mon, 18 Oct 1999 23:09:28 -0700
>To: medicine@dos.state.pa.us
>From: Daniel Forman <dforman@fast.net>
>Subject: APN Regulations
>Mime-Version: 1.0
>Content-Type: text/plain; charset="us-ascii"
>
>

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Dr. Daniel Forman
>
5746 Buckingham Ct
>
Laurys Station, PA
>
18059
>
>
>Cindy Warner
>Health Licensing Division
>Burea of Professional and Occupational Affairs
>PO Box 2649
>Harrisburg, PA 17105-2649
>
>
>To Whom it may concern:
>
>As a practicing internist, and particularly as one who just finished a
>formal medical residency training program, I am concerned about the
>institution of prescribing priviledges to Advanced Practice Nurses. As a
>third year medical student I trained in out-patient physician offices and I
>can appretiate the level of knowledge that a nurse right out of graduate

>school may have. I remember making clinical decisions with low complexity
>under the watchful eye of an attending board certified physician. As I
>think back to some of the basic problems I encountered then, I am
>overwhelmed by how much I have learned in the last five additional years of
>training. A good example would be the case of a patient who presents to
>the office with new onset of high blood pressure. A less educated nurse
>practicioner or third year medical student may not know, in detail, how to
>search for secondary causes of hypertension, who is most likely to have a
>secondary cause, and how to select the ideal medication amongst the dozens
>on the market. With that notion in mind I RECOMEND that a nurse
>

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October 18, 1999

Cindy Warner
Health Licensing Division
Bureau of Professional and Occupational Affairs
PO Box 2649
Harrisburg, Pa. 17105-26497

RE: CRNP Prescriptive Authority

Dear Ms. Warner:

I am writing to express my opinion regarding nurse practitioners (CRNP) pursuit of independent prescribing privileges without direct supervision by a physician. This opinion is also shared by my associates. To grant such unlimited prescribing privileges to CRNP's is ludicrous. I have precepted both medical students and CRNP students in my office so I feel qualified to express my feelings about this issue.

To begin with the admission process to medical school is highly selective. Physicians have at least four years of undergraduate college education and often a Master's degree before they apply to medical school. In medical school they receive another four years of education followed by at least three years of residency training. So physicians begin to practice medicine with a minimum of eleven years of education. This is more than twice the training of a CRNP. The training that physicians endure is more rigorous and their instructors are more qualified. It would be impossible for a CRNP to have the depth of knowledge or the breadth of knowledge that a physician has.

In working with students and graduates of both disciplines, I see that physicians are able to take better histories, ask more insightful questions, conduct a better physical examination and offer their patents a greater service than CRNP's. I have two CRNPs' working in my office with me and I could offer countless examples of instances where they had no idea what the diagnosis was or how to approach treatment. This is not to say that CRNP's have no place in medicine. They can be a physician's third arm, increasing his productivity to provide more care, more expediently to a greater number of patients. The prospect of a CRNP having unlimited prescribing privileges without some physicians supervision frightens me.

I think that insurance companies will find it tempting to employ CRNP's for half the salary of physicians to cut their costs. However if patients' care suffers as a result, this would not be a bargain. Would you want your primary care provider to diagnosis, your chronic cough as allergies, when the underlying problem was cancer? Would you want him/her to tell you, and your fatigue was due to stress when you had left a ventricular dysfunction? Would you want your primary care provider to be unaware of the pathophysiology of the disease you were struggling with, without the degree or knowledge that physician possesses that sequelae of many disease processes can be unanticipated and unrecognized?

Yours truly,

Thor Mathos

Thor Mathos, D.O.
cc: file

Norwin Fam. Med. Assoc.
12279 Route 30
N. Huntingdon PA 15642

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PennState Geisinger
Health System

Penn State Geisinger Health Group
HP08
941 Park Drive
Palmyra, PA 17078-3445
717 838 6305
FAX 717 838 5332

John J. Messmer M.D.
Medical Director
Family Medicine

Lori Epstein, CRNP
Family Medicine

George Henning, M.D.
Family Medicine, Obstetrics

James Elia, M.D.
Family Medicine

Rebecca Long, M.D.
Family Medicine, Obstetrics

Cindy Warner
Health Licensing Division
Bureau of Professional and Occupational Affairs
P. O. Box 2649
Harrisburg, PA 17105-2649

18 October 1999

Re: *CRNP Prescriptive Authority*

Dear Ms. Warner:

Please accept for consideration my comments on the proposed rules for amending 49 PA. CODE CHS. 18 AND 21 by H.B. 50 in regard to nurse practitioner prescriptive authority. I currently work in association with a nurse practitioner and have done so in the past. In addition, I have educated nurse practitioner students at Eastern Virginia School of Medicine and Penn State University and am currently teaching medical students at the Penn State College of Medicine.

I believe that with current educational standards in place, graduates of approved nurse practitioner programs can properly prescribe according to the proposed rule changes ***with one important caveat.*** Nurse practitioners do not have the training to practice independent of a physician. By allowing one category of pharmaceuticals to be prescribed without a collaborative agreement with a physician, the nurse practitioner is practicing independently. There must be a physician who has ultimate responsibility or the risk of serious error is too great. One or two years of graduate training are no match for four years of graduate training plus three or more years of supervised post-graduate residency training. The depth of understanding of pharmacology, physiology, biochemistry, and details of medical conditions is superficial for nurse practitioners. The nurse practitioner's training is to be an extension of the physician's senses. When a nurse practitioner sees a person with a complicated problem, he or she has the knowledge and training to communicate a degree of observed and measured data beyond that of the registered nurse. This allows the physician to direct care often without seeing the patient.

My current nurse practitioner has worked with me for four years and is of the highest caliber in skill and knowledge, but I would never agree that she could work without at least having a phone link to me or another physician. Even now, she often needs my greater expertise in the subtleties of drug prescription to make a treatment decision.

I have read comments by nurse practitioners who say that they can refer

patients who need services beyond their expertise since primary care physicians refer patients also. The error in this logic is that the point when referral will be necessary is much lower in complexity than for the typical family physician.

Nurse practitioners tend to be satisfied in understanding a problem sufficiently well to give basic treatment. Physicians want to understand the problem entirely, down to the molecular level. Consequently, physicians are much more likely to detect and treat at a level of sophistication expected by society. Without a physician to call at all times, the nurse practitioner will be tempted to overlook problems or refer to a subspecialist at greater cost to society.

The nurse practitioners with whom I have worked have been useful adjuncts in patient care. It is currently awkward to have the nurse practitioner write a prescription then get me to sign it while the patient waits when she is completely correct in her assessment and plan. To be able to write prescriptions *in cooperation with me* would be useful to me and to our patients. I would not put my nurse practitioner in the place of making decisions on her own any more than I would place a fourth year medical student with more training than she has in the same position.

If the current regulations pass, it is imperative that the nurse practitioner be required to be in collaboration with a physician **for all medications**.

Sincerely,

John J. Messmer, M.D.
Assistant Professor
Family & Community Medicine

cc: Pa. Medical Society
Representatives Krebs, Marsico

JEFFREY H. CHABY D.O., ASSOCIATES
EYE PHYSICIAN AND SURGEON

200 BUTLER AVENUE
LANCASTER, PA
17601
TELEPHONE (717) 393-0800

RECEIVED
1999 NOV -4 PM 4:01
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REVIEW COMMISSION

October 17, 1999

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Cindy Warner
Health Licensing Division
Bureau of Professional
and Occupational Affairs
P.O. Box 2649
Harrisburg, PA 17105 -2649

RE: Advanced Practical Nurses

Dear Ms. Warner:

When considering regulations expanding prescribing privileges for advanced practical nurses, one must consider the betterment of the citizens of the Commonwealth of Pennsylvania.

As a citizen and physician in the Commonwealth of Pennsylvania, I must oppose the regulations as presently published as they do not provide enough safeguard for the people of the Commonwealth of Pennsylvania. The pharmacology training for prescriptive authority should be far greater in regards to knowing the usages and complications of pharmaceuticals.

It should also be noted that the PIAA has recently done a study where collaborative agreement between physicians and ANPs result in higher frequency and awards of liability when ANPs make an error. The regulations should also specify more completely what the agreements between physicians and nurses entail.

For these reasons and many others, the regulations as published are not for the betterment of the people of the Commonwealth of Pennsylvania.

Thank you very much in advance for your attention to this matter.

Sincerely,

JHC

Jeffrey H. Chaby, D.O.

JHC:lb
cc: Senator Noah W. Wenger
cc: Representative John E. Barley

This letter was dictated in the presence of the patient after full explanation.

Audrey A. Zelkovic, M.D.

Oct. 17, 1999

Dear Ms. Warner,

I stongly oppose language in the regulations which would give APN's broad prescriptive authority, including schedules II-V. I agree with the revisions as set forth by the PA. Medical Society.

Sincerely,
Audrey G. Zelkovic, M.D.
Former Board Member

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UPMC HEALTH SYSTEM

University of Pittsburgh Cancer Institute

200 Lothrop Street
Pittsburgh, PA 15213-2582

Hematology/Oncology
412-648-6575
Fax: 412-648-6579

Cancer Information
and Referral Services
800-237-4724

Department of Medicine

Division of Hematology/Oncology

October 15, 1999

Cindy Warner
Health Licensing Division
Bureau of Professional and Occupational Affairs
PO Box 2649
Harrisburg, PA 17105-2649

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Re Proposal: CRNP Prescriptive Authority (49PA Code CHS 18 & 21)

Dear Ms. Warner:

I wish to comment on this proposal and the manner in which I believe it would impact on the quality and safety of patient care in my specialty: medical oncology. I have practiced medical oncology in major academic medical centers and National Cancer Institute-designated comprehensive cancer centers for 23 years. I have played a leadership role in teaching patient care and clinical research in all these centers. I have considerable insight into the complexities of cancer therapy and patient evaluation and care. I know the complexity involved in prescribing and overseeing cancer chemotherapy. I do *not* feel it is appropriate for CRNPs to prescribe thrombolytes, anticoagulants or antineoplastics.

I do not agree that CRNP training provides these individuals with adequate patient evaluation experience and detailed understanding of the potentially lethal effects and complexities of cytotoxic chemotherapy. I participate in training of CRNP students in oncology and cancer chemotherapy—the superficiality with which these topics are covered does *not* provide background adequate to monitor and follow patients on cytotoxic therapy.

I do not fully understand the rationale for this broad increase in responsibilities and authorities—it appears these regulations would broaden prescriptive powers equivalent to those of physicians.

I would be happy to provide further information and commentary on this proposal, which I frankly believe to be ill-conceived.

Sincerely,

Donald L. Trump, M.D., F.A.C.P.
Chief, Division of Hematology-Oncology
Professor of Medicine and Surgery
University of Pittsburgh
Chief, Division of Hematology-Oncology
UPMC, Shadyside
Deputy Director for Clinical Oncology
University of Pittsburgh Cancer Institute

1017 Melrose Ave.
Melrose Park, PA 19027
October 16, 1999

Cindy Warner
Health Licensing Division
Bureau of Professional and Occupational Affairs
P.O. Box 2649
Harrisburg, PA 17105-2649

Dear Ms. Warner,

Please allow me to express my strong opposition to any expansion of prescribing privileges for "advanced practice nurses". I prefer that this entire enterprise be totally scrapped. Though I am a physician, I am writing primarily as a consumer/patient. I believe my family has been and will be adversely affected by reduced physician participation in our healthcare, which is increasingly the norm due to control exerted by managed care companies. Expanded privileges for non-physicians means less physician participation, which will adversely affect my family's healthcare.

If you cannot stop this unfortunate runaway train, then I urge you at least to revise your published regulations to specify many additional safeguards. I support those that have been suggested by the PA Medical Society as a basis for your revisions.

Sincerely,

Sandy D. Melnick, M.D.

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ALLIED UROLOGY ASSOCIATES

311 West 24th Street, Suite 101 • Erie, PA 16502
814-452-4214 • 1-800-531-5812

William C. Adkins, M.D. Zdzislaw J. Chorazy, M.D. Floyd M. Csir, M.D.
David A. Dulabon, M.D. Peter S. Lund, M.D.

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October 15, 1999

To Whom It May Concern

This is in regard to the upcoming changes in regulations expanding prescription privileges for advanced practice nurses.

I am a physician who is currently practicing urology. In fact, we have an advanced practice nurse in our practice who works under the direct supervision of our physicians. We find this individual to be an excellent adjunct to our practice and we plan to continue to use advanced practice nurses in caring for our patients.

However, I feel that nurses need supervision specifically related to their prescribing authority. **It is imperative that prescriptive authority should be in collaboration with and under the supervision of a physician.** Their training is dramatically less extensive and the integrity of medical care could be severely compromised should these new regulations allow advanced practice nurses to function without supervision.

In addition, it is extremely important for patients to be informed that they are seeing an advanced practice nurse rather than a physician. These patients should also be given the opportunity to see a physician should they so desire.

I hope these issues will be given consideration during your deliberations on these new regulations.

Thank you very much.

Cordially,

Peter S. Lund, M.D.

PSL/em

From: <SVUA@aol.com>
To: PADOS-DOMAIN.GWIA("medicine@pados.dos.state.pa.us"...
Date: Tue, Oct 19, 1999 9:14 PM
Subject: nurses perscribing reg.

Peter S. Lund, M.D.
431 Hilltop Road
Erie, PA 16509

October 15, 1999

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To Whom It May Concern:

This letter is in reference to the upcoming changes in regulations expanding prescription privileges for advanced practice nurses.

I am a physician who is currently practicing urology. In fact, we have an advanced practice nurse in our practice that works under the direct supervision of our physicians. We find this individual to be an excellent adjunct to our practice and we plan to continue to use advanced practice nurses in caring for our patients.

However, I feel that nurses need supervision specifically related to their prescribing authority. It is imperative that prescriptive authority should be in collaboration with and under the supervision of a physician. Their training is dramatically less extensive and the integrity of medical care could be severely compromised should these new regulations allow advanced practice nurses to function without supervision.

In addition, it is extremely important for patients to be informed that they are seeing an advanced practice nurse rather than a physician. These patients should also be given the opportunity to see a physician should they so desire.

I hope these issues will be given consideration during your deliberations on these new regulations.

Thank you very much.

Cordially,

Peter S. Lund, M.D.

PATRICK J. McANDREW, D.O.
MATTHEW C. HALEY, D.O.
141 Salem Avenue
Carbondale, PA 18407
Telephone: (570) 281-3366

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October 15, 1999

Ms. Cindy Warner
Health Licensing Division
Bureau of Professional and Occupational Affairs
P.O. Box 2649
Harrisburg, PA 17105-2649

Dear Ms. Warner:

I would just like to make my voice heard concerning recent regulations which would give advanced practitioning nurses in the state of Pennsylvania broad prescriptive authority including Schedule II through V medications. I feel as though, as I'm sure most physicians in the state of Pennsylvania and across the United States do, that even entertaining such thoughts or regulations is ludicrous and it is an insult to the American Medical Association and the American Osteopathic Association.

The original intention of nurse practitioners in the United States of America was to help provide care in conjunction with physicians to people who are in underserved areas, i.e. very rural areas of our country. Unfortunately what seems to have happened, which is very obvious, is that some high ranking authorities in our health maintenance organizations across the United States have gotten into the pockets of politicians as well as physicians who sit on the boards which make up the regulations concerning who can and cannot prescribe medications and give out proper health care to our patients. Unfortunately, that leaves us with what is currently being debated upon in recent times which is allowing glorified nurses to make life threatening decisions and to be put into situations which are inappropriate and unethical.

I understand that we are trying to have it revised so that the regulations which apply to the APNs specify reporting requirements to or responsibilities of the collaborating physician specify requirements for written collaborative agreements regarding prescriptive authority and specify the number of hours of advanced pharmacology training required for APNs to prescribe. Unfortunately, this is not enough. The mere thought of even having these regulations on the table is a disgrace to our profession and a slap in the face to every physician who went to medical school and residency training for 11 plus years to provide proper health care and ethical health care to their patients.

I can assure you that I am not alone with my comments. In being a young physician in the Northeastern Pennsylvania area, which is just as rural as any other section of Pennsylvania, I can assure you that whatever politicians support any legislation to allow these regulations to occur at any level outside of the original scope of a nurse practitioner, which is to assist a physician and to have no prescription authority, I along with my colleagues will make it a point to lobby and/or campaign against those persons. Because what they would be telling myself and their other constituents is that they would allow the families in their area to have inferior health care available and/or provided to them. We forgot the original scope of nurse practitioners is to provide health care in areas where it is underserved. And if the regulation included language which restricted the APNs to only those areas, under the direction of a physician, and not in areas where the health care is plentiful, then I feel as though you would have more support from the health care profession as a whole.

Sincerely,

Matthew C. Haley, D.O.

MCH/dsl

WESTMORELAND
REGIONAL HOSPITAL
PART OF THE WESTMORELAND HEALTH SYSTEM

Joseph J. Peluso
President and Chief Executive Officer

532 West Pittsburgh Street
Greensburg, PA 15601-2282
(412) 832-4000

October 14, 1999

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State Board of Medicine
Cindy Warner
Health Licensing Division
Bureau of Professional and Occupational Affairs
PO Box 2649
Harrisburg, Pa. 17105-2649

Dear Ms. Warner:

I strongly oppose language in the proposed legislation that would allow broad prescriptive authority to advanced practice nurses. The legislation should specify the responsibilities of the collaborating physician. The amount of training required for APN's in Pharmacology should be specified. Also, patients need to be informed that they have the right to be seen by a physician.

Respectfully,

Richard S. Brickley, M.D.
Director
Department of Anesthesiology

RSB/sm

INSTITUTE FOR CLINICAL SCIENCE

PENNSYLVANIA HOSPITAL, DUNCAN BUILDING 3A
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e mail 104657.346@compuserve.com

F. WILLIAM SUNDERMAN, M.D., Ph.D.
Director

October 14, 1999

Pennsylvania Medical Society
Cindy Warner
Health Licensing Division
Bureau of Professional and Occupational Affairs
Post Office Box 2649
Harrisburg, PA 17105-2649

RE: Pennsylvania Medical Society
MRN 17773880005 dated
October 12, 1999. APN regulations

Dear Ms. Warner,

In addition to appropriate revisions in the Memorandum it is my opinion that Advanced Practice Nurses (APNs) should be required to have a certificate or diploma from a certified Medical School in which a specific course of instructions had been formulated for APNs. The instructions should include pharmacology, therapeutics, physical diagnosis, etc. The APN should also be required to pass State Board examinations given every 5 years.

It is apparent that the nurses are trying to practice medicine. May I relate a personal experience?

I was a patient in a hospital last month for treatment of a leg injury. During my stay a young lady dressed in street clothing with a stethoscope draped around her neck came to my room and stated that she wanted to listen to my breath sounds. I assumed she was an intern and addressed her as "doctor". She corrected me and stated that she was a nurse. I told her to proceed.

I was wearing a heavy pajama coat. The nurse proceeded to move her stethoscope around my back without removing the coat. When she completed her maneuvers I asked her to tell me what she heard. Her reply was "your breath sound are clear".

I asked her to tell me what she meant by "clear". She did not reply. I proceeded to give her a brief lecture on vesicular and tubular breath sounds. I informed her that I doubted that she could hear breath sounds through my heavy pajama. I told her that her activity was a fraud done only to impress patients. I strongly advised her to discontinue this type of dishonest activity. She blushed and left my room.

Please let me know if I can be helpful.

Sincerely,

F. William Sunderman

F. William Sunderman, Sr., M.D., Ph.D.

FWS/bn

CC: Roger F. Mecum
Executive Vice President
Pennsylvania Medical Society

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Dale R. Pokorney, M.D.
Lynn Ryan Williams, M.D., M.P.H.
PRACTICE LIMITED TO DERMATOLOGY

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3105 WILMINGTON RD.
NEW CASTLE, PA 16105
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October 14, 1999

Ms. Cindy Warner
[illegible]
Bureau of Professional and Occupational Affairs
P.O. Box 2649
Harrisburg, PA 17105-2649

Dear Ms. Warner:

[illegible] regarding the proposed bills to expand prescribing privileges of advanced practice nurses.

Physicians spend 8 additional years in formal training beyond the required time to gain a college degree. [illegible] would have the authority to prescribe [illegible] prescriptions [illegible] effects on complex human physiology and [illegible] training.

I am in full agreement of the recommendations of the Pennsylvania Medical Society which suggest these regulations should be more specific:

1. [illegible] of the collaborating [illegible]
2. Specify requirements for written collaborative agreements regarding prescriptive authority.
3. Specify number of hours of advanced pharmacology training required for APNs to prescribe.
4. Require that patients be informed they have the right to be seen by a physician.
5. Require the wearing of an identifying nametag by an APN.

The regulations must be modified to include these important safeguards.

I believe these recommendations should be the minimum requirements. I am additionally concerned about [illegible] independent actions of any health care professional who has not had the most rigorous of training.

When college students approach me regarding a choice in professional careers in healthcare, I always advise if they want to practice independently, the need to attend either an allopathic or osteopathic medical school. To do less would not allow them the breadth of knowledge necessary to become an independent practitioner of medicine.

Sincerely,

Dale R. Pokorney, M.D.

DRP/erm

cc: Representative Michael Gruitza
Senator Bob Robbins

Springside Family Practice

840 Duncan Avenue • Chambersburg, PA 17201-1755 • (717) 261-1269 • Fax (717) 261-0664

October 13, 1999

Cindy Warner
Health Licensing Division
Bureau of Professional and Occupational Affairs
P.O. Box 2649
Harrisburg, PA 17105-2649

Dear Ms. Warner;

In response to the advanced practitioner nurse prescribing regulations I would like to comment as a family physician. Clearly, the training, education, experience and responsibilities of a physician are much greater than those of an advance practitioner nurse. I am certain that you have heard many comments from the Medical Society as well as a multitude of physicians who have responded to this issue and I will not burden you with reiterating them.

What I did want to bring to your attention is the attached risk management course which I completed this week which addressed this very issue regarding liability of physician oversight of midlevel practitioners including advance practitioner nurses. Pennsylvania Medical Society Liability Insurance Company (PMSLIC) provides these courses to its insureds annually as an educational experience as well as risk management. I think the attached information will summarize the medical community's concerns about advanced practitioner nurses having independent prescribing privileges.

I hope this information is enlightening and useful to you, I would be happy to discuss issues further with you should you desire.

Sincerely,

Mark A. Swartz, M.D.

MAS/mav

Enclosure

cc: Representative Coy
Senator Punt
Representative Fleagle

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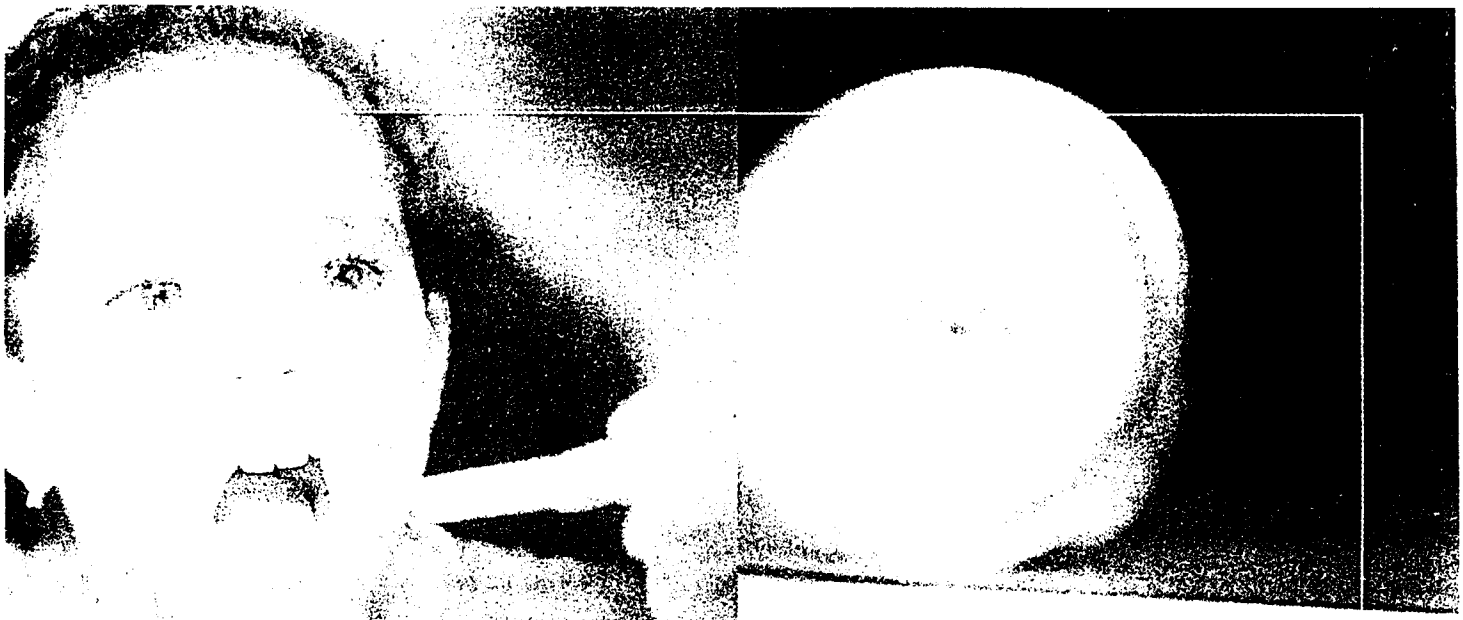
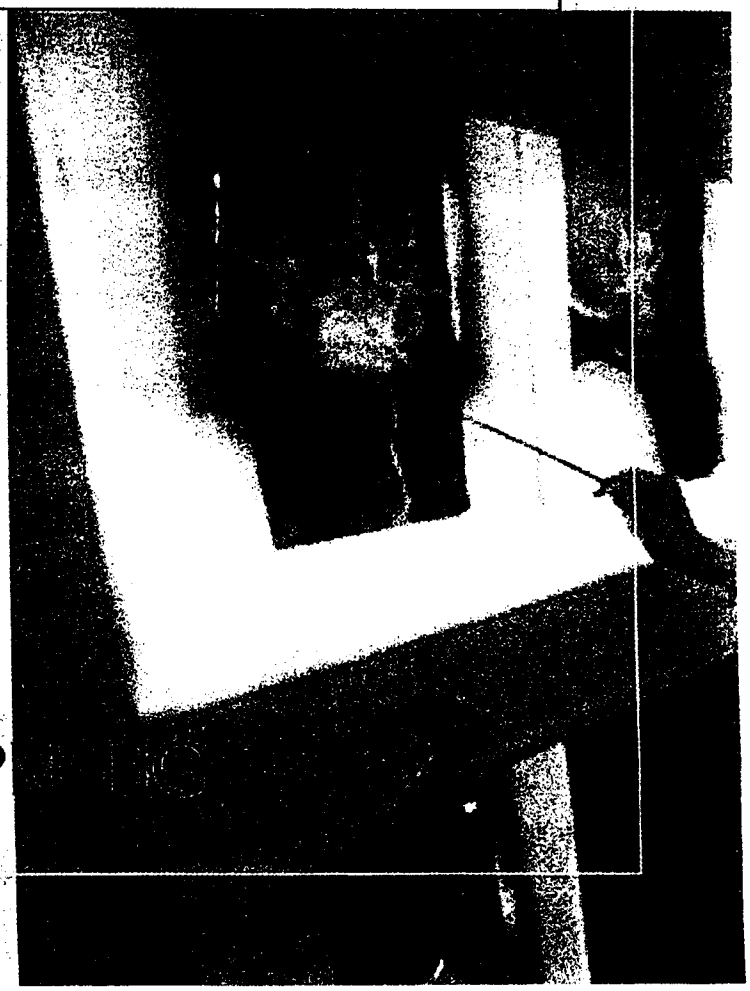
Mark A. Swartz, M.D.
Werner K. Brammer, M.D.



The Diagnostic Dilemma:

EXPLORING RISK MANAGEMENT SOLUTIONS



P

3. Actions of Mid-level Practitioners

A number of diagnostic delay claims involve mid-level practitioners (such as nurse practitioners, physician assistants, midwives, and the like). The PIAA (Physician Insurers Association of America) data lists error in diagnosis as the most frequent problem in claims against these types of professionals. An example of such a case follows:

> *A 31-year-old female, gravida 2, para 0, came in to see a certified nurse midwife (CNM) for an initial pregnancy visit. She had had a ruptured ectopic pregnancy seven weeks before the current pregnancy. The CNM ordered a regular beta hCG. She also performed an ultrasound, but could not visualize the gestational sac. The CNM scheduled a second ultrasound for later that week. The patient's tube ruptured the next day, and the tube had to be removed. As a result, the patient was incapable of becoming pregnant. At no point did the CNM consult a physician about this high-risk pregnancy.*

Paraprofessionals can play an important role on the health care team. But it's important to not lose sight of this simple fact: mid-level practitioners have less training and expertise than physicians and still require some level of physician involvement or supervision, depending on local statutory requirements.

The risk for problems appears to be particularly high when a mid-level practitioner views his/her relationship with a physician as "collaborative," rather than acknowledging that the physician's role is "supervisory." "Collaborative" implies an equal level of training and skill. But when a lawsuit arises, the mid-level practitioner isn't held to be "equal" in causing an error. Legally, the physician often ends up accepting most of the culpability.

These recommendations may aid in reducing malpractice risk as you establish and maintain relationships with paraprofessionals:

1. Assure that mid-level practitioners are appropriately licensed, undergo regular in-service training, and meet continuing education requirements.
2. Make sure your mid-level practitioner understands your supervisory role and acts accordingly.
3. If you work in a setting that precludes you from personally seeing each patient that is seen by a mid-level practitioner (or reviewing each and every case), then common sense dictates the mid-level practitioner should have the same level of malpractice insurance coverage as you do.
4. Make sure the patient understands your role and the role of the paraprofessional. This information can be placed in a new patient brochure, or it can be given verbally: "Ms. Jones will be seeing you on a regular basis, and she will consult with me on particular questions that arise. You may, of course, specifically request an appointment with me at any time."
5. Be careful about the impression you are leaving when you co-sign the practitioner's note. Consider writing, "Under the supervision of" or "Reviewed by" before your name. When job requirements preclude you from seeing the patient personally, you can indicate next to your signature, "Based on the information provided to me."
6. If a mid-level practitioner repeatedly fails to obtain physician consultation when indicated, these actions threaten patient care, are grounds for dismissal, and may be in violation of state laws or regulations.

PAUL J. HOYER, M.D., Ph.D.
AUTOPSY SERVICES / FORENSIC PATHOLOGY

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October 13, 1999

Cindy Warner
Health Licensing Division
Bureau of Professional and Occupation Affairs
P.O. Box 2649
Harrisburg, Pennsylvania 17105-2649

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Re: Advanced practical nurses prescribing regulations.

Dear Ms. Warner:

While the overall regulations are fine there are some problems. It should be made clear to the patient that the provider is a nurse and not a physician. There should be more specificity as to the responsibility of the collaborating physician. Collaborative agreements should be in writing.

Sincerely,

Paul J. Hoyer, M.D.

From: "Geoffrey L. Braden MD" <gastrodoc@home.com>
To: PADOS-DOMAIN.GWIA("medicine@pados.dos.state.pa.us"...
Date: Wed, Oct 13, 1999 8:43 PM
Subject: APN Regulations

Dear Ms. Warner and members of the State Board,

I feel compelled to comment about the possibility of APN's performing independently of physicians and having independence to prescribe medications without physician monitoring.

Our practice is very pro nurse practioner. We employ one nurse practioner full time and will soon be serving as a preceptor for another for her clinical training. I predict we will hire her full time also. Our nurse practioner is invaluable at assisting in the care of office patients. She is extremely intelligent and mature. She graduated number 1 in her nursing school class and I can confidently say that she would be totally incompetent to practice medicine on her own. In a solo situation I would feel more comfortable with a 3rd or 4th year medical student practicing than a nurse practioner. Our medical care system is already under tremendous attack from managed care. It would be extremely short sighted of the board to expand the privileges of APN's. The effect on quality of care and the lawsuits that will be generated are unimagineable. The only group that will benefit from this legislation is the Trial Lawyers Association. I will predict that they are in support of these proposals and may even be lobbying on behalf of them. If you have any questions please call me.

Geoffrey L. Braden MD
Philadelphia, Pa.
215-632-3500

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October 12, 1999

Ms. Cindy Warner
Health Licensing Division
Bureau of Professional Occupational Affairs
P.O. Box 2649
Harrisburg, PA 17105-2649

RE: Nurse Prescribing Regulations

Dear Ms. Warner:

I write to oppose language in the regulations, which would give advanced practice nurses (APNs) broad prescriptive authority. The regulation should be revised to specify reporting requirements to the collaborating physician, specify the responsibilities of the collaborating physician, specify requirements for written, collaborative agreements regarding the prescriptive authority of the APN and the collaborating physician, specify number of hours of advanced pharmacology training required for the APN to prescribe, require that patients be informed that they have the right to be seen by a physician, require that wearing of an identifying name tag by an APN.

The natural consequence of expanding the prescribing the authority of advanced practice nurses will be to have them act independent of physicians. In the American health care system this is not necesssary, as we have an adequate number of qualified, licensed physicians to care for the existing population and may lead to abuse by the emerging health care "industrial complex".

Thank you for your attention to these comments.

Very Truly Yours,

G. A. Arangio, MD

/kf
cc:
Charles Dent
Jennifer L. Mann

1230 South Cedar Crest Blvd., Suite 101 • Allentown, PA 18103-6237 • Phone: (610) 820-5200 • Fax: (610) 820-0359
Satellite Office: 333 Normal Ave. • Kutztown, PA 19530-1640 • Phone: (610) 683-5900
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MONROE GYNECOLOGY, P.C.

• PETER T. YASWINSKI, JR., M.D. •

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(610) 559-8110

99 OCT 15 PM 12:07

HEALTH LICENSING DIVISION

October 12, 1999

Cindy Warner
Health Licensing Division
Bureau of Professional and Occupational Affairs
P.O. Box 2649
Harrisburg, Pennsylvania 17105 - 2649

Dear Ms. Warner,

In this day of increasingly complex medical illnesses and pharmaceutical therapies I feel it is inappropriate for the commonwealth to grant advanced prescribing authority to nurses without the direct supervision of a physician. Pennsylvania is no longer a "wilderness" where physicians are not available in person or by phone and fax. I do not believe nurses should be totally independent practitioners but could have a special role to play in some advanced and supervised situations, e.g. in branch offices or in hospitals.

Thank you for your consideration.

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Sincerely,

Peter Yaswinski MD

Peter Yaswinski, M.D.
F.A.C.O.G.

c.c.: Sen. Boscola, Rep. Battisto

From: "Dr. Eric E. shore" <eshore@home.com>
To: PADOS-DOMAIN.GWIA("medicine@pados.dos.state.pa.us"...
Date: Tue, Oct 12, 1999 10:45 PM
Subject: CRNP Prescriptive Authority

To Whom It May Concern:

I am taking this opportunity to write concerning the proposed expansion of CRNP prescriptive authority, and the substantially diminished requirement for physician supervision for both prescription and invasive procedures under the proposed regulations.

As a physician with 23 years in the practice of Internal Medicine behind me, I am vehemently opposed to allowing inadequately trained personnel to prescribe and treat without supervision. On the other hand, having become sufficiently frustrated with healthcare today, I am now a Law student and, as a future healthcare lawyer, urge you to pass these regulations because of the enormous volume of litigation, and therefore income potential it will generate for me.

Sincerely,

Eric E. Shore, DO, MBA, FAAFP

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George E. Cimochowski, M.D.
Section Chief
Cardiac Surgical Care Services
Community Medical Center

Visiting Assistant Professor
of Cardiothoracic Surgery
Cornell University Medical College

CARDIAC SURGERY ASSOCIATES OF NORTHEAST PENNSYLVANIA

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Russell F. Stahl, M.D.
Joseph J. Stella, D.O.
Fred J. Weber, P.A.-C

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Scranton, PA 18510
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October 27, 1999

Cindy Warner
Health Licensing Division
Bureau of Professional & Occupational Affairs
PO Box 2649
Harrisburg, PA 17105-2649

Dear Ms. Warner:

The purpose of this letter is to inform you of my comments on the proposed regulations providing for prescriptive authority for certified registered nurse practitioners, as published for comment in the October 2, 1999, *Pennsylvania Bulletin*.

The proposed regulations lack an important patient safeguard: a requirement for a written collaborative agreement between a CRNP and a specific collaborating physician. Such an agreement must identify the CRNP and all physicians who will serve in a collaborating role. It must assure that lines of communication between the CRNP and physician are clear and that emergency procedures are in place.

CRNP's must have demonstrated training in pharmacology before receiving authority to prescribe; patients must be told when a CRNP is providing care and, if requested, must have the right to see the physician; and the regulations must require adequate professional liability insurance coverage for the CRNP in this expanded role.

Finally, the regulations must retain the joint rule promulgation and oversight responsibilities of the State Board of Medicine. Thank you for allowing me to comment on this issue.

Sincerely,

Russell F. Stahl, M.D.

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Form letter (15)

From: "Richard L Decker MD" <Richard.Decker@hamot.org>
To: PADOS-DOMAIN.GWIA("medicine@pados.dos.state.pa.us"...
Date: Mon, Oct 25, 1999 3:33 PM
Subject: CRNP Regulations

Cindy Warner
Health Licensing Division
Bureau of Professional and Occupational Affairs

Dear Ms. Warner:

This e-mail is to comment on the proposed regulations on certified registered nurse practitioner prescribing authority promulgated by the State Board of Medicine and the State Board of Nursing.

In order to protect the rights of patients, protect patients from harm, and maintain the high quality of medical care provided in the commonwealth of Pennsylvania, the regulations should be amended as follows:

1. There must be a collaborative agreement with a physician and that physician must maintain ultimate authority for the prescription of medication. The physician should be limited to serving as collaborative physician for no more than four CRNPs. The CRNP should not be allowed to prescribe schedule II narcotics. If that is not possible, then the CRNP should seek permission from the physician prior to prescribing schedule II drugs.

2. The collaborative agreement must be in writing, name the collaborative physician, and list the specific classes of medications that the collaborative physician authorizes the CRNP to prescribe.

3. CRNPs should be required to demonstrate at least 30 hours of training in advanced pharmacology and should demonstrate continuing education in advanced pharmacology at each certification renewal.

4. Patients must be informed that they have a right to be seen by a physician.

5. CRNPs must be clearly identified as such to the patient, preferably on a name tag. In no way should they misrepresent themselves to the patient as being a physician. Even if they have a PhD, they should not use the title "doctor" without clarification.

6. CRNPs should be required to maintain a minimum of $400,000 in professional liability insurance.

Only in this way can the rights and health of patients be maintained. Thank you for the opportunity to comment. Please make these comments known to the state boards of Medicine and Nursing.

Richard L Decker, MD
Program Director
Hamot Family Medicine Residency
104 East Second St

Erie, PA 16507

814.877.3431

PROFESSIONAL LICENSURE COMMITTEE

House Bill 50

Wednesday, October 27, 1999

10:00 a.m.

Room 140, Main Capitol Building, Harrisburg, PA

Opening Remarks
The Honorable Mario J. Civera, Jr.

10:00 a.m.	**Representative Patricia H. Vance, Prime Sponsor of House Bill 50** Member, Pennsylvania House of Representatives 87th Legislative District
10:15 a.m.	**Freida Outlaw, DNSc, RN** Pennsylvania State Nurses Association
10:40 a.m.	**Corey Rigberg, MD, Director of Psychiatry, Pinnacle Health System** **Emily Pressley, DO, RN** Pennsylvania Psychiatric Society
11:05 a.m.	**Michael Kost, CRNA** Pennsylvania Association of Nurse Anesthetists
11:30 a.m.	**John BianRosa, MD, President** Pennsylvania Society of Anesthesiologists **Carol Rose, MD, Past President** Pennsylvania Society of Anesthesiologists
11:55 a.m.	**LUNCH**
12:45 p.m.	**Linda Woodin, CRNP** **Irene Bernstein, Consumer**
1:10 p.m.	**Ulana M. Klufas-Ryall, D.O.** Pennsylvania Osteopathic Medical Association
1:35 p.m.	**Sandra B. Bernstein, MSN, RN, CS** Psychiatric Clinical Nurse Specialist
2:00 p.m.	**Steve Wilson, PA-C, Past President** Pennsylvania Society of Physician Assistants **Sherry Stolberg, PA-C, Program Director** Physician Assistant Program at MCP Hahnemann University in Philadelphia

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Statement of Linda Woodin, CRNP in support of House Bill 50 before the Professional Licensure Committee, October 27th.

Good afternoon Mr. Chairman and Committee members,

I am Irene's Nurse Practitioner and I would like to share with you regarding my relationship with the physician colleagues in my practice as well as with Irene and my other patients.

I am currently employed full time as a Nurse Practitioner in a busy family practice in the Harrisburg area. Four physicians, another Nurse Practitioner and I provide care for approximately 7,000 patients currently in our practice. I reside in The Honorable Mr. Frank Tulli's district and I my practice is located in The Honorable Mr. Mark McNaughton's district.

May I make it clear that Irene sought ME out - I did not recruit her as a patient. As I met her, assessed her health needs and recommended appropriate testing and treatment, I had no idea that her case would become testimony before the House of Representatives. My care and concern for her was and is the same as I extend to all of my patients. The testimony you have heard is nothing more than what Nurse Practitioners do on a daily basis in the state of Pennsylvania and around the country. And keep in mind that Pennsylvania is one of only eight remaining states which maintains the need for Advanced Practice Nurses to be governed by a body other than their own.

In our practice, the two Nurse Practitioners provide routine services, freeing up the physicians to manage more complex cases. This provides our patients with expedited management of routine and preventative health concerns. Our ability to determine normal from abnormal findings equips us to do the routine school physicals, driver's permit physicals, pre-employment physicals, and insurance physicals that are a big part of family practice. As the two female providers in the practice, we find the male physicians and their patients requesting our services to handle women's health issues from routine gynecology, birth control and hormone replacement therapy to diagnosis and management of depression, anxiety and stress. More than once have I been called on to discuss "the birds and the bees" and teenage sexuality with an adolescent or teenager, who seems more comfortable talking to "the nurse" rather than to 'the doctor". After a visit or two with me, the patient returns to the care of the physician with a women's health diagnosis, a treatment plan and an understanding of the plan.

Our training also equips us to handle routine illnesses and injuries. Who wants to call your doctor's office with a terrible stomachache or sinus headache and be told the doctor can see you a week from Monday? Nurse Practitioners can expedite the patient's care and recovery. Why would physician's be upset over us independently diagnosing and prescribing for routine concerns? Let's face it,

it doesn't take a rocket scientist to diagnose or treat a sinus infection, a broken ankle, or poison ivy - I'm sure you and your spouses have done it yourselves. However, we also discern the hidden from the obvious - the sore throat that turns out to be mononucleosis, the numbness of assumed pinched nerves that turns out to be multiple sclerosis, the poison ivy that turns out to be the shingles. While you are there, we also screening for routine health concerns - your last tetanus shot, your flu shot, a recent cholesterol level, your blood pressure, cancer screening such as mammograms, PAP smears, prostate and rectal exams. And more than one routine visit ends with "oh by the way...while I'm here" and the patient shares a confidence or details not shared with the physician for fear of disappointing their physician or being chastised for not following recommendations.

We certainly know our roles and our scope of practice. I have referred many patients to the care of the physicians in my group, stating "your condition requires more care and knowledge than I am capable of providing, and I want the best care for you". But I am quick to add "but while you're here, lets get your tetanus shot updated, and I can do your PAP smear when its time, and do you have a copy of that low cholesterol diet we just talked about?" The patient presents to the physician on the next visit with preventative health concerns addressed, lab work ready, and knowledge in hand. The physicians in my practice are quick to schedule their patients with me for a recheck of a burn, suture removal, diabetic teaching, follow-up of blood pressure medications, and management of complex social situations influencing the patients' health and well-being.

I also refer to many physician specialists in the area, including one who will provide testimony at these hearings. The physicians seem to readily accept my judgment and collegiality. Its hard to understand why this physician readily accepts my consults and patients, but apparently feels my profession needs to be controlled by his or her profession.

My twenty plus years in nursing, caring for patients and also their anxious families in the waiting room or on the telephone has helped me to realize that the patient is more than just the symptoms related in the examining room. I have cried with my 39 year old female patient who experienced the miscarriage of the fetus that she and her husband had waited so long for. I have blown bubbles into the view of the 15 month old toddler receiving his immunizations to distract him, much to his mother's relief. I have hugged the 19 year old who chose abortion when she said "do you think I'm bad, will you still care for me?" I listened intently to Irene's concerns at age 86, wondering, as she spoke, if I would even be alive at age 86, and what would my concerns be at that age.

Our visits with patients are relaxed, personal, yet fully professional. We listen to the patient, look at the total situation, educate, encourage, and laugh and cry with our patients and their families.

I recall explaining a common medical problem to the mother of an 11 year old who had had this condition for the umpteenth time. When I was done, the mother stated, "boy, in all the times she had it, the pediatrician never explained that to me." The Pediatrician turned out to be one of the most respected pediatricians in the Harrisburg community. The mother was thankful and relieved by my explanation.

I carry out my role in the context of a family practice. Many other advanced practice nurses carry out their role in community health centers, public health departments, hospitals, nursing homes, business and industry employee health departments, school and college student health clinics and rural clinics. Their mission is the same as mine - to provide expert, personalized care to patients within the scope of our practice. We are here to provide quality routine care, health maintenance and prevention, education and research advancements, and to triage patients to our health care colleagues when the need arises. We know our roles, we know our knowledge base, and we are eager to accept full accountability and self-determination for our practice.

When Irene first came to me, I advised her that choosing a Nurse Practitioner rather than a physician was not an either/or proposition - there may be times that I would recommend she see a physician for specialized care, then return to me for more routine care. This was the case, as you have heard Irene testify.

Therefore, I propose to you that this bill - HB 50 - is not about competition, its about collaboration. Its not about needing supervision, its about accepting accountability for what we do. Its about being a profession - knowing our knowledge base and scope of practice and governing ourselves to carry out the role for the good of all people. Its about providing expert, appropriate health care to the people of Pennsylvania, some who may receive no other care than ours. Its about being free to be fully accountable to provide this care within our Practice act. I urge you to allow us the right to self-governance, and we will provide expert, compassionate and appropriate care to your constituents in collaboration with our physician colleagues.

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PSNA

Testimony of the

Pennsylvania State Nurses Association

Presented by

Freida H. Outlaw, DNSc, RN, CS

Advanced Practice Registered Nurse

House Bill 50

October 27, 1999

Mr. Chairman, Members of the House Professional Licensure Committee:

My name is Dr. Freida Hopkins Outlaw and I am an Advanced Practice Psychiatric Nurse. I have been an advanced practice psychiatric nurse since 1970 with a Master's Degree in Psychiatric Nursing from Boston College and a Doctorate Degree from The Catholic University of America School of Nursing. I have in excess of 1000 hours of post-graduate work in family therapy and 150 hours of play therapy, didactic and clinical supervision. I am certified as a clinical nurse specialist in adult psychiatric-mental health nursing by the American Nurses Credentialing Center (ANCC). Additionally, I completed a two-year study in psychosocial oncology, where I focused on researching the connection between spiritual beliefs and psychological coping in cancer patients. Presently, I am the Director of the Psychiatric Nursing Program at the University of Pennsylvania School of Nursing. I also provide behavioral health care to primarily urban low-income African American women and their children at the Health Annex at Francis J. Myers Recreational Center and the Penrose Elementary School.

Today, I am here representing the Pennsylvania State Nurses Association (PSNA). PSNA represents the nearly 200,000 members of the nursing profession in Pennsylvania. PSNA promotes the nursing profession by fostering high standards of nursing practice and of nursing education, and by promoting workplace advocacy in various settings where nurses practice. PSNA is appreciative of the opportunity to appear here today to speak in support of HB 50, legislation which will recognize in statute the high quality and standards of the nursing profession as it exists today. HB 50 will help assure the people of Pennsylvania continued access to quality care, particularly for the poor and the elderly.

I am proud to be a member of a profession which has shown itself to be dynamic

and responsive to the changing needs of society. Demographics, social and economic trends bring fluidity to the provision of health care to meet the needs of our patients.

While innovative advances in health care or complaints about the delivery of health care may be found in the headlines, the treatment for the cost and accessibility woes plaguing our health care system rests in the, somewhat misunderstood, role of advanced practice nurses. Advanced practice nurses are engaged in the delivery of timely, cost-effective, quality health care, particularly to chronically underserved populations, such as the elderly, the poor, and those in rural and inner-city areas.

Advanced practice nurses form a critical link in America's health care system. The nursing profession provides an emphasis on health promotion and disease prevention in a variety of health care settings. If we remove the barriers to advanced practice nursing, patients would receive a healthy dividend now and in the future.

Who are these advanced practice nurses? The advanced practice nurse is an umbrella term given to a registered nurse (RN) who has met advanced educational and clinical practice requirements beyond the 4 -5 years of basic nursing education required of all BSNs. The principal types of advanced practice nurses are clinical nurse specialists, certified registered nurse practitioners, and certified registered nurse anesthetists. The skills for advanced practice nurses are very similar, but their application is done in a manner consistent with their specialty.

The advanced practice nurse is a health care provider who earns high patient satisfaction scores and who delivers quality, cost effective care. Diagnosis and many aspects of treatment are virtually indistinguishable between advanced practice nurses and

physicians; but other aspects of that care that the advanced practice nurse brings to the patient clearly distinguish us from physicians. Simply stated, the advanced practice nursing care model is different from a physician's model of care. The advanced practice nurse adds the following care that is distinguishable from other health care providers:

* empowers patients and families;
* coordinates community resource use;
* promotes wellness-oriented self-care;
* provides comprehensive health education;
* teaches preventive health promotion activities;
* coordinates care for optimizing utilization; and
* negotiates the health care system as a patient advocate.

Thus, it is clear that the utilization of advanced practice nurses cooperatively and interdependently with physicians provides a system for the best health care of the patient.

CLINICAL NURSE SPECIALIST

Registered nurses with advanced nursing degrees--masters or doctoral--who are experts in a specialized area of clinical practice such as mental health, gerontology, cardiac or cancer care, and community or neonatal health.

CNSs work in hospitals, clinics, schools, nursing homes, their own offices, and other community-based settings, such as industry, home care and HMOs. CNSs are qualified to handle a wide range of physical and mental health problems. They provide primary care and psychotherapy. They conduct health assessments, make diagnoses, deliver treatment, and develop quality control methods. Besides delivering direct patient care, CNSs work in consultation, research, education, and administration. Some work independently or in private practice and can be reimbursed by Medicare, Medicaid, Champus, and private insurers.

CERTIFIED REGISTERED NURSE PRACTITIONER

Most CRNP education programs today confer a master's degree. A majority of states require CRNP's to be nationally certified. They work in clinics, nursing homes, hospitals, schools or their own offices. They are qualified to handle a wide range of basic health problems. They conduct physical exams, take medical histories, diagnose and treat common acute minor illnesses or injuries, order and interpret lab tests and x-rays, and counsel and educate patients. In all 50 states and Washington D.C., CRNPs have independent or dependent statutory or regulatory prescriptive authority. Some work as independent practitioners and may be reimbursed by Medicare and Medicaid, CHAMPUS, and private insurers and HMOs. CRNPs may also work for hospitals, HMOs, or private industry.

CERTIFIED REGISTERED NURSE ANESTHETIST

Registered nurses who complete 2-3 years higher education beyond the bachelor's degree, as well as meeting national certification and recertification requirements.

In this oldest of the advanced nursing specialties, CRNAs administer more than 65 percent of all anesthetics given to patients each year, and are the sole providers of anesthetics in 85 percent of rural hospitals. They work sometimes with an MD anesthesiologist, but frequently independently, in operating rooms, dentist's offices, and ambulatory surgical settings.

Advanced practice nurses are accessible. They provide pre-employment physicals for employers, home health care to the elderly, health education in hospitals, schools, and community clinics, geriatric care in nursing homes, infectious disease control in prisons, pre- and post-natal care in inner-city and rural clinics, primary health care

centers where they manage chronic diseases like hypertension and diabetes, and psychotherapy in public practices, and private practices.

Advanced practice nurses are cost-effective. Advanced practice nurses are not low-priced doctor substitutes. They are first and foremost registered nurses, a profession with its own educational and licensing requirements, regulatory oversight by boards of nursing in all 50 states and the District of Columbia, and competency standards, national certification and continuing education requirements. Advanced practice nurses are skilled in performing a wide range of initial or primary health care services, such as screening and preventative services, that if ignored, can lead to far more serious and costly health problems.

Advanced practice nurses deliver high quality health care. All advanced practice nurses must meet rigorous education, certification and continuing education requirements. Standards of practice are set and monitored by professional nursing organizations. Advanced practice nurses work collaboratively with physicians and other health professionals to coordinate health services for the best outcome for the patient.

Since the formal conceptualization of the advanced practice nurse roles in 1954 and 1965, collaboration has been an integral part of those roles. It is inherent in the definition of primary care. In fact, in the long traditions of nursing and medicine, the ANA and the AMA, during the 1970s defined joint practice as "nurses and physicians collaborating as colleagues to provide patient care". To adopt the view that nurses, physicians, or any one type of professional health care provider can provide for all of the health care needs of an individual, family, or community over an extended period of time is exceedingly myopic. Yes, nurses will compete for office space, for organizational support,

for a share of the health care dollar, and for a voice in the decision-making for health care policies at all levels. But this inherent competition does not obviate the need for the physician to be collaborative, collegial, as well as competitive, in providing patient care.

Let me take a moment to describe how I in my practice provide health care. I believe this is fairly typical of the practice of many psychiatric clinical nurse specialists.

I am the mental health provider at the Health Annex at Francis J. Myers. I provide individual, group, family and play therapy to families, single mothers and children. I also provide mental health services to many schools, primarily elementary in the catchment area of the clinic. I do the initial behavioral clinical assessment, provide the diagnosis using DSM IV criteria and develop the treatment plan. Integral to my practice is the collaboration agreements that I have developed with my colleagues in mental health. I collaborate with a psychiatrist for adults and with an out-patient child psychiatric program for children. Primarily, they provide medication evaluation and management for my patients. They also serve as a peer group for case review.

The continuity and cordination of care inherent in the provision of primary health care to the patient requires interdisciplinary collaboration. The practice of the various components of that primary care to patients has not remained stagnant over time. Rather, the practice of primary care has evolved to recognize the education, the expectations, the roles, and the responsibilities which may reasonably be part of the practice of the health care provider. While some health care providers may be reluctant to yield turf or to recognize the expertise of others, such conflicts must yield to the realities of the health care marketplace and the needs of patients for access to affordable, available and quality

peventative, illness and wellness health care.

HB 50 would continue the process begun by the legislature in 1974 that recognized and authorized advanced practice nursing. As part of that legislative enactment, the Pennsylvania General Assembly authorized the State Board of Medicine to jointly promulgate regulations with the State Board of Nursing authorizing advanced practice nursing "to include acts of medical diagnosis or prescription of medical therapeutic or corrective measures". These regulations were to be implemented by the Board of Nursing. It is now more than 25 years later. Foot-dragging by the Board of Medicine, litigation, and the passage of time have not negated the actions of Pennsylvania's Legislature in 1974. Rather, the passage of time has made even more compelling the need for HB 50, the need for the statutory language of the Nursing Act to recognize the education and the practice and roles of nursing which have evolved as nurses and physicians and other health care providers and patients and the federal government have sought to meet the health care needs of the elderly, the poor, and the rural and inner-city citizens.

Today, we are coming to eliminate joint regulation and to restore the authority of the Board of Nursing to regulate the practice of nursing. PSNA takes this position as a means of maintaining adequate government controls and protections over the practice of nursing, while, at the same time, enhancing the utilization of advanced practice nurses in the service of patient health care.

Pennsylvania is becoming the last state to maintain its law requiring joint regulation of nurses by two boards. Joint regulation requirements are being changed to allow the Boards of Nursing to regulate advanced practice and to ensure that any remaining joint

regulatory requirements cannot be used to impede patient care. While I certainly can't testify as to why other states may be moving away from joint regulation, I can tell you why PSNA believes that this Legislature should allow the State Board of Nursing to have the same authority that every other profession has in this state. That is, the right of the Board of Nursing to regulate the profession of nursing:

* Joint regulation has not allowed advanced practice nurses to provide care consistent with their education and experience;
* No statistics have shown that the state has received a benefit from this type of dual regulation;
* Boards of Medicine have often stalled rules and regulations related to advance practice prescriptive authority or slowed the practice of advanced practice nurses to the detriment of the patient. It bears repeating that 49 other states and the District of Columbia have authorized and implemented prescriptive authority for advanced practice nurses.

Access to quality health care, continuity of affordable health care, the best interests of the patient -- these are the goals of the nursing profession. PSNA believes that you here today share these goals for your constituents. Let us work together to implement these goals by passage of HB 50. PSNA, as the voice for nursing in the state, has collaborated with numerous other nursing groups, including the Alliance of APNs, in developing support for this legislation. PSNA is willing to and gives you its commitment to work with you to attain quality, affordable, accessible patient care.

Thank you for your time and consideration.