

<h1 style="margin: 0;">Regulatory Analysis Form</h1>		<p><b>This space for use by IRRC</b></p> <p>DATE OF REVIEW: 11/3/18</p> <p>REVIEW COMMISSION</p>
<p>(1) Agency</p> <p><b>Department of State, Bureau of Professional and Occupational Affairs, State Board of Nursing</b></p>		<p>IRRC Number: <b>2314</b></p>
<p>(2) I.D. Number (Governor's Office Use)</p> <p><b>16A-5117</b></p>		
<p>(3) Short Title</p> <p><b>Continuing Education</b></p>		
<p>(4) PA Code Cite</p> <p><b>49 Pa. Code, §§ 21.332-.337</b></p>	<p>(5) Agency Contacts &amp; Telephone Numbers</p> <p>Primary Contact: Teresa Lazo-Miller, Counsel State Board of Nursing (717) 783-7200</p> <p>Secondary Contact: Joyce McKeever, Deputy Chief Counsel, Department of State (717) 783-7200</p>	
<p>(6) Type of Rulemaking (check one)</p> <p><input checked="" type="checkbox"/> <b>Proposed Rulemaking</b></p> <p><input type="checkbox"/> <b>Final Order Adopting Regulation</b></p> <p><input type="checkbox"/> <b>Policy Statement</b></p>	<p>(7) Is a 120-Day Emergency Certification Attached?</p> <p><input checked="" type="checkbox"/> <b>No</b></p> <p><input type="checkbox"/> <b>Yes: By the Attorney General</b></p> <p><input type="checkbox"/> <b>Yes: By the Governor</b></p>	
<p>(8) Briefly explain the regulation in clear and nontechnical language.</p> <p><b>The regulation details the requirements of continuing education for certified registered nurse practitioners (CRNPs), who are approved to prescribe and dispense drugs.</b></p>		
<p>(9) State the statutory authority for the regulation and any relevant state or federal court decisions.</p> <p><b>Section 2 of the Professional Nursing Law, (Act), Act of May 22, 1951 (P.L. 317, No. 1), <u>as amended</u>, 63 P.S. § 212, authorizes the State Boards of Medicine and Nursing to jointly promulgate the regulations related to the practice of professional nursing. The boards promulgated a regulation granting prescriptive authority to qualified CRNPs and requiring those who are granted that authority to maintain currency through continuing education. See 49 Pa. Code §§ 21.283 and 18.53. Section 2.1(k) of the Act, 63 P.S. § 212.1(k), authorizes the State Board of Nursing to establish rules and regulations to implement the Act.</b></p>		

### Regulatory Analysis Form

(10) Is the regulation mandated by any federal or state law or court order, or federal regulation? If yes, cite the specific law, case or regulation, and any deadlines for action.

**The regulation is not mandated by federal or state law or court order or federal regulation.**

(11) Explain the compelling public interest that justifies the regulation. What is the problem it addresses?

**The regulation gives needed detail to the general statement in the jointly promulgated regulation that “[a]CRNP who has prescriptive authority shall complete at least 16 hours of State Board of Nursing approved continuing education in pharmacology.”**

(12) State the public health, safety, environmental or general welfare risks associated with nonregulation.

**Nonregulation could lead to CRNPs not obtaining appropriate continuing education and would make it difficult for the Board to enforce continuing education requirements.**

(13) Describe who will benefit from the regulation. (Quantify the benefits as completely as possible and approximate the number of people who will benefit.)

**CRNPs with prescriptive authority (approximately 600-1000) will benefit by having the continuing education requirement clarified. Continuing education providers will benefit by having a process by which to obtain approval of their courses. The general public will benefit by being assured that CRNPs with prescriptive authority keep up to date with current practice.**

### **Regulatory Analysis Form**

(14) Describe who will be adversely affected by the regulation. (Quantify the adverse effects as completely as possible and approximate the number of people who will be adversely affected.)

**The Board has not identified any groups that will be adversely affected by the regulation.**

(15) List the persons, groups or entities that will be required to comply with the regulation. (Approximate the number of people who will be required to comply.)

**All CRNPs (600-1000) with prescriptive authority and continuing education providers (unknown number) will be required to comply with the regulation.**

(16) Describe the communications with and input from the public in the development and drafting of the regulation. List the persons and/or groups who were involved, if applicable.

**Pursuant to Executive Order 1996-1, the draft regulation was sent to numerous nursing organizations and hospital associations for pre-draft comment. The organizations include: American Association of Neuroscience Nurses, Emergency Nurses Association, GPC – Oncology Nursing Society, The Hospital and Healthsystem Association of Pennsylvania, Intravenous Nurse Society, Licensed Practical Nurses Association of Pennsylvania, Pennsylvania Association of Home Health Agencies, Pennsylvania Association of Private School Administrators, Pennsylvania Association of Non-Profit Homes for the Aging, Pennsylvania Association of Nurse Anesthetists, Pennsylvania Association of Practical Nursing Program Administrators, Pennsylvania Coalition of Nurse Practitioners, Pennsylvania College of Associate Degree Nursing, Pennsylvania Council of Operating Room Nurses, Pennsylvania Department of Health-Bureau of CH Systems, Pennsylvania Health Care Association, Pennsylvania Higher Education Nursing Schools Association, Pennsylvania League for Nursing, Inc., Pennsylvania Organization of Nurse Leaders, Pennsylvania Society of Gastroenterology Nurses and Associates, Pennsylvania State Nurses Association, School Nurse Section, Southwestern Pennsylvania Organization for Nurse Leaders, Pennsylvania Medical Society, Nurses of Pennsylvania, Pennsylvania Association of School Nurses and Practitioners, Pennsylvania Nurses Association, and Professional Nursing Resources, Inc.**

### Regulatory Analysis Form

(17) Provide a specific estimate of the costs and/or savings to the regulated community associated with compliance, including any legal, accounting or consulting procedures which may be required.

**It is estimated that a CRNP can take 16 hours of continuing education for \$225.00 or less. For example the National Conference for Nurse Practitioners offers 30.6 hours of pharmacology continuing education courses for \$225. The annual conference is held over 4 days. The Board believes that many CRNPs will not have to pay for courses because they will be paid for by their employer. For example, the State System of Higher Education has authorized up to \$1,000 for its CRNPs to comply with the continuing education requirement.**

(18) Provide a specific estimate of the costs and/or savings to local governments associated with compliance, including any legal, accounting or consulting procedures which may be required.

**There are no costs or savings to local governments associated with complying with the regulation.**

(19) Provide a specific estimate of the costs and/or savings to state government associated with the implementation of the regulation, including any legal, accounting, or consulting procedures which may be required.

**Because the approval of CRNP programs will be conducted by the Board, there is no cost to state government associated with implementation of the regulation. The Board is required to be self-sustaining.**

### Regulatory Analysis Form

(20) In the table below, provide an estimate of the fiscal savings and costs associated with implementation and compliance for the regulated community, local government, and state government for the current year and five subsequent years.

	Current FY Year	FY +1 Year	FY +2 Year	FY +3 Year	FY +4 Year	FY +5 Year
<b>SAVINGS:</b>	\$	\$	\$	\$	\$	\$
Regulated Community	NA	NA	NA	NA	NA	NA
Local Government	NA	NA	NA	NA	NA	NA
State Government	NA	NA	NA	NA	NA	NA
Total Savings	NA	NA	NA	NA	NA	NA
<b>COSTS:</b>						
Regulated Community	NA	NA	\$90,400	\$90,400	\$90,400	\$90,400
Local Government	NA	NA	NA	NA	NA	NA
State Government	NA	NA	NA	NA	NA	NA
Total Costs	NA	minimal	\$90,400	\$90,400	\$90,400	\$90,400
<b>REVENUE LOSSES:</b>						
Regulated Community	NA	NA	NA	NA	NA	NA
Local Government	NA	NA	NA	NA	NA	NA
State Government	NA	NA	NA	NA	NA	NA
Total Revenue Losses	NA	NA	NA	NA	NA	NA

(20a) Explain how the cost estimates listed above were derived.

The cost estimates were derived by estimating the cost to comply with continuing education requirements at \$225. Because this expense is biennial, the cost is approximately \$113 per year.

Approximately  $\$113 \times 800 = \$90,400$

## Regulatory Analysis Form

(20b) Provide the past three year expenditure history for programs affected by the regulation.

Program	FY -98-99	FY -99-00	FY -00-01 AS OF 12/31/01	BUDGETED FY 01-02
State Board of Nursing	\$3,922,622.16	\$4,514,839.67	\$4,934,157.00	\$4,827,000.00

(21) Using the cost-benefit information provided above, explain how the benefits of the regulation outweigh the adverse effects and costs.

**The public benefit of maintaining current pharmacologic knowledge in the community of CRNPs with prescriptive authority outweighs the costs of CRNP continuing education programs.**

(22) Describe the nonregulatory alternatives considered and the costs associated with those alternatives. Provide the reasons for their dismissal.

**No nonregulatory alternatives were considered because CRNPs and continuing education providers benefit by having clear rules regarding continuing education.**

(23) Describe alternative regulatory schemes considered and the costs associated with those schemes. Provide the reasons for their dismissal.

**The proposed rulemaking was developed in consultation with nursing educators and nursing associations. Although the proposed rulemaking has been significantly refined since its initial draft, no "alternative regulatory schemes" were considered.**

## **Regulatory Analysis Form**

(24) Are there any provisions that are more stringent than federal standards? If yes, identify the specific provisions and the compelling Pennsylvania interest that demands stronger regulation.

**No federal standards apply.**

(25) How does this regulation compare with those of other states? Will the regulation put Pennsylvania at a competitive disadvantage with other states?

**The regulation will not put Pennsylvania at a competitive disadvantage with other states. Twenty-six states, including Maryland and Ohio, require recertification by a national certifying body, which requires continuing education. Delaware and West Virginia also require continuing education, including pharmacology courses for CRNPs with prescriptive authority. New Jersey requires CRNPs with prescriptive authority to complete 30 credits of continuing education biennially.**

(26) Will the regulation affect existing or proposed regulations of the promulgating agency or other state agencies? If yes, explain and provide specific citations.

**The regulation will not affect existing or proposed regulations of the Board or other state agencies.**

(27) Will any public hearings or informational meetings be scheduled? Please provide the dates, times, and locations, if available.

**The Board's advanced practice committee worked on the regulation in public session and accepted input from nursing associations. The Board will consider all further comments received on proposed rulemaking in open session meetings of the Board.**

## Regulatory Analysis Form

(28) Will the regulation change existing reporting, record keeping, or other paperwork requirements? Describe the changes and attach copies of forms or reports which will be required as a result of implementation, if available.

**The regulation will not change existing reporting requirements. Section 21.283 already requires CRNPs to document compliance with their biennial renewal application. The regulation requires continuing education providers and CRNPs to maintain records for 5 years.**

(29) Please list any special provisions which have been developed to meet the particular needs of affected groups or persons including, but not limited to, minorities, elderly, small businesses, and farmers.

**No particular affected groups were identified.**

(30) What is the anticipated effective date of the regulation; the date by which compliance with the regulation will be required; and the date by which any required permits, licenses or other approvals must be obtained?

**The regulation will become effective on publication of the final-form rulemaking in the Pennsylvania Bulletin.**

(31) Provide the schedule for continual review of the regulation.

**The Board continuously monitors its regulations at its meetings. Meeting dates for 2002 are: November 21-22. Meeting dates for 2003 are: January 9-10, February 13, March 20-21, April 24, May 29-30, June 26, July 28-29, September 18-19, October 23, and December 1-2.**



**FACE SHEET  
FOR FILING DOCUMENTS  
WITH THE LEGISLATIVE REFERENCE BUREAU**

(Pursuant to Commonwealth Documents Law)

#2314 DO NOT WRITE IN THIS SPACE

Copy below is hereby approved as to  
form and legality. Attorney General

Copy below is hereby certified to be a true and correct  
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Agencies.

BY: [Signature]  
(DEPUTY ATTORNEY GENERAL)

State Board of Nursing  
(AGENCY)

[Signature]  
(Deputy General Counsel  
Chief Counsel,  
Independent Agency  
Strike inapplicable  
title)

OCT 08 2002

DATE OF APPROVAL

DOCUMENT/FISCAL NOTE NO. 16A-5117

DATE OF ADOPTION: \_\_\_\_\_

5/22/02  
DATE OF APPROVAL

BY: [Signature]  
K. Stephen Anderson, CRNA

TITLE: Chairperson  
(EXECUTIVE OFFICER, CHAIRMAN OR SECRETARY)

- [ ] Check if applicable  
Copy not approved.  
Objections attached.
- [ ] Check if applicable. No Attorney  
General approval or  
objection within 30 day  
after submission.

PROPOSED RULEMAKING  
COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS  
STATE BOARD OF NURSING  
49 PA. CODE, CHAPTER 21  
CONTINUING EDUCATION

The State Board of Nursing (Board) proposes to amend its regulations by adding new sections detailing the requirements of continuing education for certified registered nurse practitioners (CRNPs) who are approved to prescribe and dispense drugs in accordance with 49 Pa. Code § 21.283(3). The new sections will appear under the heading "Continuing Education" at 49 Pa. Code §§ 21.332 - .337, as set forth in Annex A.

### **Effective Date**

The amendments will be effective upon publication of the final rulemaking in the Pennsylvania Bulletin.

### **Statutory Authority**

The amendments are authorized under section 2.1(k) of the Professional Nursing Law (Act) (63 P.S. § 212.1(k)).

### **Background and Need for the Amendment**

On November 17, 2000, the State Boards of Medicine and Nursing jointly promulgated § 21.283 of the State Board of Nursing regulations granting prescriptive authority to CRNPs. Section 21.283(3) of the regulations provides that "[a] CRNP who has prescriptive authority shall complete at least 16 hours of State Board of Nursing approved continuing education in pharmacology in the 2 years prior to the biennial renewal date of the CRNP certification. The CRNP shall show proof that the CRNP completed the continuing education when submitting a biennial renewal."

Because the State Board of Nursing was designated to approve the continuing education, joint promulgation of these amendments is not required. The Board proposes these amendments detailing the connection between certification of CRNPs and their completion of continuing education and explaining the processes for submission of proof of completion and approval of programs, courses and providers.

### **Description of Proposed Amendments**

Section 21.332 sets forth the regulatory authority for the continuing education requirement and would provide that CRNPs who are on inactive status need not complete the continuing education requirements except for the biennial period immediately preceding a request for reactivation to active status. In addition, if a CRNP's prescriptive authority has been

in inactive status for three years or longer, prescriptive authority would only be reactivated by completing the requirements of § 21.283(2) (relating to initial approval for prescriptive authority) or by demonstrating that the person has been practicing with prescriptive authority in another jurisdiction for at least one of those three years. The other jurisdiction must have requirements for initial approval and continuing education at least equivalent to those in Pennsylvania and the continuing education must have been completed within the last year. The proposed amendment also provides that CRNPs who fail to meet the continuing education requirements may be subject to discipline. Finally, the proposed amendment provides that the Board may waive the requirements in cases of certified illness or undue hardship.

Section 21.333 of the proposed amendment specifies the subject matter that will meet the requirement in the jointly promulgated regulation that CRNPs complete 16 hours in pharmacology. This proposed section provides that pharmacology courses must provide CRNPs with the knowledge and skills to understand the pharmacokinetics and pharmacodynamics of broad drug categories and to analyze the relationship between pharmacologic agents and physiologic/pathologic responses.

Proposed § 21.334(a) sets forth a list of providers the Board has determined qualify for approval for all continuing education courses they offer. These providers will only be pre-approved, however, if they agree to comply with § 21.334(c), which requires the provider to provide CRNPs who complete a course with a certificate of completion that complies with § 21.337(a) and agree to maintain records of course attendance for a minimum of five years. The section provides for credit for courses offered by other providers if the course is pre-approved by the Board. In addition, CRNPs may apply on an individual basis, prior to attendance at a course, for approval for that course. Finally, the proposed amendment provides essential details regarding the continuing education requirement, such as granting up to 4 hours credit for serving in a teaching capacity, defining an hour as 50 clock minutes and providing that the Board will determine the number of hours approved for each course that is individually approved by the Board.

Proposed § 21.335 sets forth the standards that all courses must meet. Every course must have an established mechanism to measure the quality of the course, have established criteria for selecting and evaluating faculty, have established criteria for the evaluation of each participant who completes the course, provide adequate facilities and instructional materials, and be offered by instructors who have suitable qualifications. The qualifications of instructors are further addressed in § 21.336(c).

Section 21.336 sets forth the procedure for approval of continuing education courses offered by providers who are not on the list of pre-approved providers in § 21.334.

Proposed § 21.337 lists the responsibilities of CRNPs in maintaining documentation of their completion of required continuing education, places the onus on CRNPs to document their

completion of continuing education, and provides that falsification of the documentation or prescribing or dispensing drugs without completing the requirements of § 21.332 may result in the withdrawal of prescriptive authority approval, the suspension or revocation of certification as a certified registered nurse practitioner, the suspension or revocation of any nursing license and the imposition of a civil penalty.

The Board received four comments when it sent the regulation to nursing organizations for pre-draft comment. The Pennsylvania Coalition of Nurse Practitioners commented that it found the draft regulation “to be equitable and consistent with the current rules for prescribing CRNPs . . . [and] consistent with those of other states.” The Coalition noted that the Board might want to address its turnaround time for approving courses under § 21.334. The Board will not set any specific turnaround time in the regulation. However, the Board notes that it will appoint a committee to meet monthly and review requests for course approval. The committee will then make a recommendation to the Board on whether to approve the course, reject the course, or ask the provider for additional information. As the requests for approval will be reviewed on a monthly basis, the Board anticipates the approval process will proceed in a timely fashion.

The Albert Einstein Medical Center commented that the draft regulations “[i]n general are very clear and complete.” The Medical Center suggested that the list of pre-approved providers be expanded to include CRNP programs accredited by state boards of nursing in surrounding states. The list of pre-approved providers already includes national associations and national credentialing organizations, which are likely to sponsor continuing education programs offered in multiple states. Therefore, the Board does not believe it is necessary to pre-approve courses approved by other state boards.

The Pennsylvania State Nurses Association commented that, overall, it supported the draft regulation. The Association made four specific comments. First, the Association noted that the American Nurses Credentialing Center (ANCC) did not “offer” courses because it merely credentialed courses, and suggested the language of § 21.334(a) reflect that some of the pre-approved providers were actually providers and others were credentialing organizations. The Board adopted this suggestion. Second, the Association commented that the procedure for CRNPs to obtain approval for up to 4 hours for service as a teacher, speaker, etc., seemed “cumbersome for individuals and the State Board of Nursing” and suggested that the CRNP simply submit documentation of the 4 hours at the same time they submitted their total of 16 hours at biennial renewal. The Board declines to adopt this suggestion. The regulation requires that CRNPs who wish to receive up to 4 credits for such service apply to the Board for approval and that the Board may determine the number of credits it will grant for such service. To permit CRNPs to simply assume that their service would receive credit, and credit for 4 hours, would do a disservice to the CRNP who might find, after the biennial period had expired, that the Board would not accept 4 credits for their teaching service. Third, the Association noted that the Board had failed to define an “hour.” The Board addressed this issue in § 21.334 by defining an hour

as 50 minutes. This is the time period used by the ANCC and most universities. Fourth, the Association queried whether CRNPs who had been on inactive status for 3 years or longer could reactivate their certification to prescribe by taking 45 hours of continuing education. The Board clarified the language in § 21.332(a)(2) to reference the 45 hour course required for initial certification in § 21.283(2) of the regulations, which require the 45 hours to be taken in an approved CRNP education program or, if outside such program, in a program or programs approved by the Boards of Medicine and Nursing. It is unlikely that a continuing education course would be approved for 45 hours, however, if such a course met the requirements of the initial credentialing course, the Boards could approve the course.

Finally, the Board received comments from an individual CRNP who raised four concerns. First, the CRNP inquired why an individual who wished to reactivate a license had to complete 16 hours of continuing education within one year prior to the request to reactivate when CRNPs with active licenses have two years to complete the 16 hour biennial requirement. The Board purposefully made this distinction to reflect the fact that CRNPs in active practice are continuously learning and updating their knowledge while CRNPs on inactive or retired status do not have the educational benefit of being in active practice. Second, the CRNP noted a typographical error that has been corrected. Third, the CRNP commented that she believed there should be additions made to the list of pre-approved continuing education providers and credentialing organizations. The Board finds that its list already includes the major providers and organizations and believes other providers have been given a feasible method for obtaining Board approval. Fourth, the CRNP was concerned that the Board would not have time to approve individual courses submitted by a CRNP. As discussed above, the Board will appoint a committee to meet monthly and review requests for continuing education credit. The Board is confident that CRNPs can submit their requests in advance of the program being offered and the Board will have time to act on requests that are timely submitted.

#### **Compliance with Executive Order 1996-1**

The Board sent this proposed amendment to numerous nursing associations and hospital systems as required under the directives of Executive Order 1996-1. These organizations were: American Association of Neuroscience Nurses, Emergency Nurses Association, GPC – Oncology Nursing Society, The Hospital and Healthsystem Association of Pennsylvania, Intravenous Nurse Society, Licensed Practical Nurses Association of Pennsylvania, Pennsylvania Association of Home Health Agencies, Pennsylvania Association of Private School Administrators, Pennsylvania Association of Non-Profit Homes for the Aging, Pennsylvania Association of Nurse Anesthetists, Pennsylvania Association of Practical Nursing Program Administrators, Pennsylvania Coalition of Nurse Practitioners, Pennsylvania College of Associate Degree Nursing, Pennsylvania Council of Operating Room Nurses, Pennsylvania Department of Health-Bureau of CH Systems, Pennsylvania Health Care Association, Pennsylvania Higher Education Nursing Schools Association, Pennsylvania League for Nursing,

Inc., Pennsylvania Organization of Nurse Leaders, Pennsylvania Society of Gastroenterology Nurses and Associates, Pennsylvania State Nurses Association, School Nurse Section, Southwestern Pennsylvania Organization for Nurse Leaders, Pennsylvania Medical Society, Nurses of Pennsylvania, Pennsylvania Association of School Nurses and Practitioners, Pennsylvania Nurses Association, and Professional Nursing Resources, Inc. In addition, the Board considered the impact the regulation would have on the regulated community and on public safety and welfare. The Board finds that the proposed amendment addresses a compelling public interest as described in this Preamble and otherwise complies with Executive Order 1996-1.

### **Fiscal Impact and Paperwork Requirements**

The amendments will have no adverse fiscal impact on the Commonwealth or its political subdivisions. The amendments will impose no additional paperwork requirements upon the Commonwealth, political subdivisions or the private sector.

### **Sunset Date**

The Board continuously monitors the cost effectiveness of its regulations. Therefore, no sunset date has been assigned.

### **Regulatory Review**

Pursuant to section 5(a) of the Regulatory Review Act (71 P.S. § 745.5(a)), the Board submitted a copy of this proposed regulation on October 31, 2002, to the Independent Regulatory Review Commission (IRRC), the Senate Consumer Protection and Professional Licensure Committee (SCP/PLC), and the House Professional Licensure Committee (HPLC). In addition to submitting the proposed rulemaking, the Board has provided IRRC, SCP/PLC, and HPLC with a copy of a detailed Regulatory Analysis Form prepared by the Board in compliance with Executive Order 1996-1, "Regulatory Review and Promulgation." A copy of this material is available to the public upon request.

Under section 5(g) of the Regulatory Review Act (71 P.S. § 745.5(g)), if IRRC has objections to any portion of the proposed rulemaking, it will notify the Board within 10 days of the close of the SCP/PLC and HPLC review period. The notification shall specify the regulatory review criteria that have not been met. The Regulatory Review Act specifies detailed procedures for review of objections by the Board, the General Assembly, and the Governor prior to publication of the regulations.

**Public Comment**

Interested persons are invited to submit written comments, suggestions or objections regarding this proposed rulemaking to Ann Steffanic, Board Administrator, State Board of Nursing, P.O. Box 2649, Harrisburg, PA 17105-2649, [www.dos.state.pa.us](http://www.dos.state.pa.us), within 30 days following publication of this proposed rulemaking in the Pennsylvania Bulletin.

K. Stephen Anderson, CRNA, Chairman  
State Board of Nursing

## CONTINUING EDUCATION

### § 21.332. Requirement of continuing education.

- (a) A certified registered nurse practitioner approved to prescribe and dispense drugs pursuant to §§ 21.283-21.287 of the regulations of the State Board of Nursing and §§ 18.53-18.57 of the regulations of the State Board of Medicine shall comply with this section and §§ 21.333-21.337 of the State Board of Nursing regulations.
  - (1) An individual who places their license and certification on inactive status, or who notifies the Board that all collaborative agreements have expired, is not required to meet the continuing education requirements as outlined in this section and §§ 21.333-21.337, except to the extent that, upon application for reactivation of the license and certification and authorization to prescribe and dispense, such individual shall be required to show proof of continuing education for the biennial period immediately preceding such request for reactivation of the certification and authority to prescribe and dispense drugs.
  - (2) An individual whose prescriptive authority approval has been in an inactive status for 3 years or longer may reactivate the prescriptive authority approval by:
    - (i) completing the requirement in § 21.283(2) by taking at least 45 hours of course work in advanced pharmacology, or
    - (ii) providing evidence to the Board that the applicant has practiced as a certified registered nurse practitioner with prescriptive authority in another jurisdiction which prescriptive authority is equivalent to that in Pennsylvania for at least 1 of the last 3 years, and, as a condition for continued practice in that jurisdiction, has completed continuing education that is substantially equivalent to the requirements of § 21.283(3), within one year prior to the request for reactivation of prescriptive authority.
- (b) Continuing education requirements must be completed each biennial cycle.
  - (1) An applicant for biennial renewal or reactivation of prescriptive authority approval is required to complete, during the two years preceding renewal or reactivation, a minimum of 16 hours of continuing education in pharmacology. Completion of a course described in § 21.283(2) (relating to prescribing and dispensing drugs) shall satisfy the continuing education requirement for the biennial renewal period in which it is completed.
  - (2) A person failing to meet the continuing education requirements for a biennial renewal period will have their prescriptive authority approval withdrawn and will be prohibited from prescribing and dispensing drugs until such time as educational criteria are met, prescriptive authority approval is renewed, and any fees and penalties are properly paid.



- (3) The Board may waive the requirements of continuing education in cases of illness or undue hardship. It shall be the duty of each licensee who seeks a waiver to notify the Board in writing and request such waiver prior to the end of the renewal period. The Board will grant, deny, or grant in part the request for waiver. An individual who requests a waiver may not prescribe or dispense drugs after the expiration of their current prescriptive authority and until such time as the Board grants the waiver request.

**§ 21.333. Continuing education subject matter.**

Pharmacology continuing education courses shall provide the knowledge and skills to understand the pharmacokinetics and pharmacodynamics of broad categories of drugs and to analyze the relationship between pharmacologic agents and physiologic/pathologic responses.

**§ 21.334. Sources of continuing education.**

- (a) As a condition of approval, providers and credentialing organizations are required to provide CRNPs who complete continuing education courses with a certificate of completion which contains the information listed in § 21.337(a). Providers and credentialing organizations shall maintain records of course attendance for a minimum of five years.
- (b) The Board finds that the following providers of continuing education and credentialing organizations have currently met the standards for course approval for pharmacology continuing education. Accordingly, provided that these providers agree to abide by the provisions of § 21.334(a), the courses offered or approved by the following providers or credentialing organizations are approved: Board approved CRNP programs, the American Nurses Credentialing Center's Commission on Accreditation (ANCC), the American Academy of Nurse Practitioners (AANP), the National Association of Pediatric Nurse Practitioners (NAPNP) and the American Medical Association (AMA). The approval given to these providers and credentialing organizations is subject to reevaluation; however, a rescission of provider or credentialing organization approval will be made only in accordance with 1 Pa. Code Part II (relating to General Rules of Administrative Practice and Procedure) or by amendment of this section.
- (c) CRNPs may obtain credit for courses offered by providers not indicated in subsection (b) if the provider receives approval of the course pursuant to § 21.336 prior to its implementation.
- (d) CRNPs may obtain credit for continuing education hours on an individual basis if the CRNP, prior to attendance at the course, obtains Board approval by submitting a request for course approval and supporting documentation listed in § 21.336(a).
- (e) CRNPs may obtain credit for correspondence courses, taped study courses, and other independent study courses if the course is Board-approved.

- (f) Up to 4 hours will be credited for service as a teacher, preceptor, lecturer, or speaker and for publication in a refereed journal or other scholarly publication relating to pharmacology. Application shall be made prior to such service or within 90 days of the publication to assure that the Board will approve such service or publication and to allow the Board to determine the number of contact hours that will be granted.
- (g) An hour for purposes of nurse practitioner continuing education is 50 minutes.

**§ 21.335. Requirements for courses.**

Each course shall have:

- (a) an established mechanism to measure its quality, established criteria for selecting and evaluating faculty, and established criteria for the evaluation of each participant who completes the course.
- (b) adequate facilities with appropriate instructional materials to carry out continuing education programs.
- (c) instructors who have suitable qualifications as detailed in §21.336(c).

**§ 21.336. Continuing education course approval.**

- (a) Providers referenced in § 21.334(c) or CRNPs applying for individual approval in § 21.334(d), when seeking Board approval of a continuing education course shall pay the required fee (see § 21.253) and complete and submit an application for course approval, which shall include the following information:
  - (1) Full name and address of the provider.
  - (2) Title of the program.
  - (3) Dates and location of the program.
  - (4) Faculty names, titles, affiliations, degrees, and areas of expertise.
  - (5) Schedule of program – title of subject, lecturer and time allocated.
  - (6) Total number of hours requested.
  - (7) Method of certifying and assuring attendance, and draft of certificate of attendance to be provided to course participants.
  - (8) Course objectives.
  - (9) Target audience.

- (10) Core subjects.
  - (11) Program coordinator.
  - (12) Instruction and evaluation methods.
  - (13) Any other information requested by the Board.
- (b) Upon approval of a course, the Board will assign a course number and determine the number of hours awarded. The provider shall place the course number on the certificate of attendance and shall provide CRNPs who successfully complete a course with a certificate of attendance.
- (c) Courses will be approved only in the instructor's demonstrated areas of expertise. Expertise may be demonstrated by the instructor's certification in the specialty area to be presented.
- (d) A separate application shall be submitted whenever a change is made to any information submitted pursuant to § 21.336(a), except for information related to a change in date and/or location of the program submitted pursuant to §21.336(a)(3).

**§ 21.337. CRNP responsibilities.**

- (a) A CRNP with prescriptive authority is required to maintain documentation of completion of continuing education, including:
- (1) CRNP name.
  - (2) Dates attended.
  - (3) Continuing education hours.
  - (4) Title of course.
  - (5) Course provider.
  - (6) Location of course.
  - (7) Course number.
- (b) Primary responsibility for documenting completion of the continuing education requirements rests with the CRNP. Documentation must be submitted with the biennial renewal application by those CRNPs with prescriptive authority seeking to renew their prescriptive authority. The evidence to support fulfillment of those requirements shall be maintained for five years after the completion of educational courses. The certificate issued by the course provider pursuant to §§ 21.334(b), 21.334(c) or 21.334(e) shall be

acceptable documentation. Acceptable documentation of hours obtained through §§ 21.334(d) or 21.334(f) shall be the Board approval letter sent to the applicant.

- (c) Falsification of information required under § 21.337, or failure to complete the requirements of § 21.332 by those who continue to prescribe, may result in the withdrawal of prescriptive authority, the suspension or revocation of certification as a nurse practitioner, the suspension or revocation of any nursing license held by the licensee, and the imposition of a civil penalty.



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS  
STATE BOARD OF NURSING

Post Office Box 2649  
Harrisburg, Pennsylvania 17105-2649  
(717) 783-7142

October 31, 2002

The Honorable John R. McGinley, Jr., Chairman  
INDEPENDENT REGULATORY REVIEW COMMISSION  
14<sup>th</sup> Floor, Harrisstown 2, 333 Market Street  
Harrisburg, Pennsylvania 17101

Re: Proposed Regulation  
State Board of Nursing  
16A-5117: Continuing Education

Dear Chairman McGinley:

Enclosed is a copy of a proposed rulemaking package of the State Board of Nursing pertaining to continuing education.

The Board will be pleased to provide whatever information the Commission may require during the course of its review of the rulemaking.

Sincerely,

A handwritten signature in black ink, appearing to read "K. Stephen Anderson".

K. Stephen Anderson, CRNA, Chairperson  
State Board of Nursing

KSA/TLM:kmh

Enclosure

cc: David M. Williams, Acting Commissioner  
Bureau of Professional and Occupational Affairs  
John T. Henderson, Jr., Chief Counsel  
Department of State  
Joyce McKeever, Deputy Chief Counsel  
Department of State  
Cynthia Montgomery, Regulatory Counsel  
Department of State  
Herbert Abramson, Senior Counsel in Charge  
Department of State  
Teresa Lazo-Miller, Counsel  
State Board of Nursing  
State Board of Nursing

**TRANSMITTAL SHEET FOR REGULATIONS SUBJECT TO THE  
REGULATORY REVIEW ACT**

I.D. NUMBER: 16A-5117  
SUBJECT: Continuing Education  
AGENCY: DEPARTMENT OF STATE

**TYPE OF REGULATION**

- X Proposed Regulation
- Final Regulation
- Final Regulation with Notice of Proposed Rulemaking Omitted
- 120-day Emergency Certification of the Attorney General
- 120-day Emergency Certification of the Governor
- Delivery of Tolled Regulation
- a. With Revisions      b. Without Revisions

**FILING OF REGULATION**

DATE	SIGNATURE	DESIGNATION
10-31-02	<u>Lou A. Clark</u>	HOUSE COMMITTEE ON PROFESSIONAL LICENSURE
10/31/02	<u>Jimmy Weaver</u>	SENATE COMMITTEE ON CONSUMER PROTECTION & PROFESSIONAL LICENSURE
10/31/02	<u>Elena Pagan</u>	INDEPENDENT REGULATORY REVIEW COMMISSION
		ATTORNEY GENERAL
10/31/02	<u>Maryna Ganes</u>	LEGISLATIVE REFERENCE BUREAU

October 9, 2002