

Regulatory Analysis Form

This space for use by IRRRC

(1) Agency

Department of State, Bureau of Professional and Occupational Affairs, State Board of Nursing

(2) I.D. Number (Governor's Office Use)

16A-5116

IRRC Number: 2353

(3) Short Title

CRNP Prescriptive Authority Fees

(4) PA Code Cite

49 Pa. Code § 21.253

(5) Agency Contacts & Telephone Numbers

Primary Contact: Teresa Lazo-Miller, Counsel
State Board of Nursing (717) 783-7200
Secondary Contact: Joyce McKeever, Deputy Chief
Counsel, Department of State (717) 783-7200

(6) Type of Rulemaking (check one)

Proposed Rulemaking
 Final Order Adopting Regulation
 Final Order, Proposed Rulemaking
Omitted

(7) Is a 120-Day Emergency Certification Attached?

No
 Yes: By the Attorney General
 Yes: By the Governor

(8) Briefly explain the regulation in clear and nontechnical language.

The regulation amends the fee schedule for the State Board of Nursing by implementing certain application and renewal fees for certified registered nurse practitioners who wish to prescribe and dispense drugs. The new fees are needed following promulgation of final rulemaking by the State Boards of Medicine and Nursing, effective November 18, 2000 (30 Pa. B. 5943) continued by Act 206 of 2002 (P.L. 1567, No. 206), permitting qualified certified registered nurse practitioners (CRNPs) to prescribe and dispense drugs pursuant to the regulations at 49 Pa. Code §§ 21.283-21.287 (relating to CRNP practice). CRNPs wishing to prescribe are required to apply for prescriptive authority approval by submitting an application to the State Board of Nursing. Successful applicants are issued prescriptive authority approval. Current regulations do not provide for fees which reflect the cost of providing the enumerated services.

(9) State the statutory authority for the regulation and any relevant state or federal court decisions.

The regulatory amendments are adopted under sections 11.2(a) and (d) of the Professional Nursing Law, Act of May 22, 1951, P.L. 317, (63 P.S. §§221.2(a) and (d)).

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(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.

Yes. The Board is required by statute to adopt regulations setting fees. See Item No. 9 for the specific law.

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

The enabling statute of the Board requires that the Board set fees by regulation so that revenues meet or exceed expenditures over a biennial period. The operating expenses of the Board are generally borne by the licensee population through biennial renewal revenue. Expenses related to services which are provided directly to individual licensees or applicants are excluded from general operating revenues, so that only the licensee who uses a particular service pays for the service being provided to him or her. By this regulation, the cost of providing the service will be apportioned to users, rather than burdening the entire licensee population.

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

Nonregulation could potentially adversely impact the fiscal integrity of the Board. If left unregulated, the costs of providing services would be borne by the general licensing population. CRNPs represent a small portion of nurses licensed by the Board. Other nurses would not benefit from the services.

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

The licensing population generally will benefit by having costs of services which are utilized by only a portion of the licensees or applicants paid by those actually receiving the service. There were 5,969 certified registered nurse practitioners with active certifications in the Commonwealth as October 2004, as compared with approximately 200,000 currently licensed registered nurses and approximately 54,000 licensed practical nurses who possess active licenses. The Board anticipates that over half of the registered nurse practitioners currently certified in the Commonwealth will apply for and maintain prescriptive authority approval. As of March, 2005, 3,032 certified registered nurse practitioners held prescriptive authority approval.

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(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 identified no group of individuals or entities who will be adversely affected by the regulation. Applicants for services or licenses will be required to bear up-to-date costs of providing the services involved.

(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.)

Applicants for CRNP prescriptive authority approval and CRNPs wishing to maintain and renew prescriptive authority approval will be required to pay the applicable fees. The Board estimates that 1,400 CRNPs will apply for prescriptive authority approval biennially. The Board estimates that 3,000 holders of prescriptive authority approvals will renew the approvals biennially.

(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.

The Board entertained public comment for a 30 period and considered the comments and suggestions received in final rulemaking. Persons and groups involved included individual CRNPs and the following CRNP organizations: the Pennsylvania Coalition of Nurse Practitioners and the American Academy of Nurse Practitioners.

(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.

The Board estimates that 1,400 persons will avail themselves of obtaining prescriptive authority approval biennially at an estimated biennial cost of \$70,000.00. Biennial, the Board anticipates 3,000 renewals, for an estimated cost of \$75,000.00. However, only those requesting the services will be affected. No legal, accounting or consulting procedures will be implicated in complying with the regulatory amendments.

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(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.

Local governments would not be affected by this 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.

The Board will not incur an increase in administrative cost by implementing the regulation. Rather, the regulatory amendments will permit the Board to recoup the costs of providing the enumerated services.

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(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 +1	FY +2	FY +3	FY +4	FY +5
SAVINGS:						
Regulated Community	N/A	N/A	N/A	N/A	N/A	N/A
Local Government						
State Government						
Total Savings						
COSTS:						
Regulated Community	\$0	\$35,000.00	\$110,000.00	\$35,000.00	\$110,000.00	\$35,000.00
Local Government						
State Government						
Total Costs						
REVENUE LOSSES:	N/A	N/A	N/A	N/A	N/A	N/A
Regulated Community						
Local Government						
State Government						
Total Revenue Losses						

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

The cost estimates are based upon the following number of persons which the Board estimates will avail themselves of the specified service over a fiscal year (one-half biennium) period multiplied by the savings or additional cost to the applicant for the service:

	Number of people		Cost		
a) application for prescriptive authority	700	X	\$50	=	\$35,000
b) each additional collaborative agreement for prescriptive authority	250	X	\$30	=	\$ 7,500
c) biennial renewal of prescriptive authority	1,500	X	\$25	=	\$37,500

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

Program	FY 01-02	FY 02-03	FY 03-04	FY 04-05 (budgeted)
State Board of Nursing	\$4,324,290.12	\$5,091,980.11	\$5,270,287.07	\$5,989,000.00

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

The amendments to the existing regulations will assure that the costs of providing the specified services to certain applicants and licensees will be borne by individuals who receive the service.

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

No non-regulatory alternatives were considered because the Board's enabling statute requires the Board to promulgate regulations to establish fees or changes thereto.

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

No alternative regulatory schemes were considered.

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(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 licensure 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?

Because the fees established by the proposed regulation represented the Board's actual costs in providing the services requested at the time the cost calculations were made, it is difficult to compare the fees with those of other states. However, a survey of the surrounding states indicates that initial and renew fees for prescriptive authority approval in West Virginia are both \$125, while Ohio requires an initial application (approval and prescriptive authority) fee of \$100, with biennial renewal of the certificate to prescribe costing \$50. These fees are in addition to certification or licensure fees to become a nurse practitioner. The four other surrounding states combine nurse practitioner certification/licensure fees with prescriptive authority fees. In Maryland, the initial nurse practitioner certification is \$82.00 and the annual renewal fee \$67—there is no distinct fee for prescriptive authority. The fee for nurse practitioner certification covers approval of the written (collaborative) agreement needed to prescribe. If the nurse practitioner wishes to prescribe controlled substances, there is \$60 biennial fee for registration with the Office of Maryland Drug Control. New York has a similar scheme, in which the initial nurse practitioner certification and registration fee are \$80. The triennial certification renewal fee is \$80. If the individual satisfies all requirements for certification as a nurse practitioner, he or she will be authorized to issue prescriptions—there is no distinct fee for prescriptive authority. New Jersey also has no separate prescriptive authority approval fee; however, the nurse practitioner application fee is \$100, initial certification fee is \$100, and biennial renewal of certification costs \$100. A written joint protocol for prescriptive practice with a collaborating physician is needed in order to apply for controlled dangerous substance registration with the State of New Jersey Drug Control Unit. This registration is available for a fee of \$20 for both the application and annual renewal. Delaware nurse practitioners pay a \$67 fee for advanced practice certification and renew biennially for \$67. Those wishing to prescribe non-controlled substances complete a separate application, for which there is no fee. Delaware nurse practitioners who wish to prescribe controlled substances must register biennially with the Delaware Office of Narcotics and Dangerous Drugs, for a fee of \$20 for both initial registration and annual renewal. Based on the foregoing data, and considering the new, lower fees, the regulation should not put Pennsylvania at a competitive disadvantage with other states.

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

This regulation will have no effect on other regulations of the Board or other agencies.

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

The Board reviews its regulatory proposals at regularly scheduled public meetings each month. Meetings are held in the Board's offices at 2601 North Third Street, Harrisburg, Pennsylvania. The meeting dates are posted on the internet at <http://www.dos.state.pa.us> and are available by calling the Board office at (717) 783-7142.

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(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.

No changes to reporting, record keeping or other paperwork is required by this regulation.

(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.

The Board has perceived no special needs of any subset of its licensees for whom special provisions should be made.

(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 be effective upon final publication in the Pennsylvania Bulletin.

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

The Board reviews its revenues and costs of its programs on a fiscal year and biennial basis.

CDL-1

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FACE SHEET
FOR FILING DOCUMENTS
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(Pursuant to Commonwealth Documents Law)

DO NOT WRITE IN THIS SPACE

2353

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

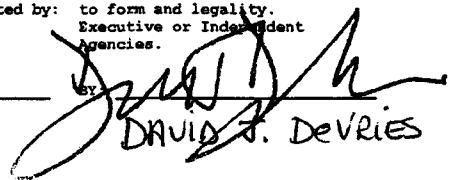
Copy below is hereby certified to be a true and correct copy of a document issued, prescribed or promulgated by:

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BY: _____
(DEPUTY ATTORNEY GENERAL)

State Board of Nursing

(AGENCY)

BY: 
DAVID J. DeVries

DOCUMENT/FISCAL NOTE NO. 16A-5116

DATE OF APPROVAL

DATE OF ADOPTION: _____

7.26.05

DATE OF APPROVAL

BY: 
Janet Hunter Shields, MSN, CRNP, CS

EXECUTIVE

Deputy General Counsel
(~~Chief Counsel~~
~~Independent Agency~~)

(Strike inapplicable title)

Chairperson
TITLE: _____
(EXECUTIVE OFFICER, CHAIRMAN OR SECRETARY)

[] Check if applicable
Copy not approved.
Objections attached.

[] Check if applicable.
No Attorney General approval
or objection within 30 days
after submission.

FINAL RULEMAKING
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF NURSING
49 PA. CODE, CHAPTER 21
PRESCRIPTIVE AUTHORITY FEES

The State Board of Nursing (Board) amends §21.253 (relating to fees), by establishing certain application and renewal fees for certified registered nurse practitioners who wish to prescribe and dispense drugs, to read as set forth in Annex A.

Statutory Authority

The amendments are authorized under section 11.2(a) and (d) of the Professional Nursing Law (act) (63 P.S. §221.2(a) and (d)).

Background and Purpose

Under final rulemaking jointly promulgated by the State Boards of Medicine and Nursing, effective November 18, 2000 (30 Pa. B. 5943) and continued under the amendment of section 2.1 of the act by the act of December 9, 2002, P.L. 1567 (63 P.S. § 212.1(l)), qualified certified registered nurse practitioners (CRNPs) may prescribe and dispense drugs under section 8.3 of the Professional Nursing Law (63 P.S. §218.3) and §§ 21.283-21.287 (relating to CRNP practice). CRNPs wishing to prescribe drugs are required to apply for prescriptive authority approval by submitting an application to the Board demonstrating successful completion of not less than 45 hours of coursework in advanced pharmacology and a signed, written collaborative agreement between the prescribing CRNP and a supervising physician. See §§ 21.283(2) and 21.285 (relating to prescribing and dispensing drugs; and collaborative agreements). Successful applicants are issued prescriptive authority approval.

Sections 11.2(a) and (d) of the act require the Board to set fees by regulation so that revenues meet or exceed expenditures over a biennial period. General operating expenses of the Board are funded through biennial license renewal fees. Expenses related to applications or services which are provided directly to individual licensees or applicants are excluded from general operating revenues and are funded through fees in which the actual cost of providing the service forms the basis for the fee.

By this final rulemaking the Board amends § 21.253 to add the follow fees for CRNPs: (1) a \$50 fee to accompany the application for prescriptive authority; (2) a \$ 30 fee for approval of each additional collaborative agreement and (3) a \$25 biennial renewal fee. As more fully explained below in response to notice of preposed rulemaking, this final rulemaking substantially reduces the fees as proposed.

Summary of Comments and Responses to Proposed Rulemaking

Notice of proposed rulemaking was published at 33 Pa.B. 4462 (September 6, 2003). Publication was followed by a 30-day public comment period, during which the Board received comments from seven public commentators. On October 1, 2003, the House Professional Licensure Committee (HPLC), and on November 5, 2003, the Independent Regulatory Review Commission (IRRC), sent comments and suggestions to the Board. The Senate Consumer Protection and Professional Licensure Committee (SCP/PLC) did not comment. Responses to these comments are organized by subject as follows:

Rationale and statutory authority for retroactive collection of fees

IRRC questioned the authority of the Board to require a CRNP who has been granted approval to prescribe to pay the initial application fee upon promulgation of the regulation. IRRC expressed the view that such a construction would constitute a constitutionally impermissible retroactive application of the regulation. IRRC also suggested that to so apply the regulation would require express statutory authority. The Board's intent to apply the fees retroactively was explained to the regulated community on each of the at least 3,200 applications for prescriptive authority completed since November 2000. In consideration of IRRC's objections and comment, the Board has reviewed its fee structure and determined that all fees imposed by this rulemaking will become effective upon final publication in the Pennsylvania Bulletin.

Costs to CRNPs

As described in the preamble to proposed rulemaking fees for application and additional collaborative agreements were based upon calculation of actual costs to process application and approvals. The biennial renewal fee was estimated to ensure that required enforcement efforts were met.

Public comments from the Pennsylvania Coalition of Nurse Practitioners (Coalition) and State Senator Mary Jo White assert that the proposed fees are among the highest in the country. Senator White and the Coalition urged the Board to re-evaluate its fee schedule and eliminate the fee for additional collaborative agreements.

In response, the Board first notes that since promulgation of proposed rulemaking, it has instituted a more streamlined process, including a letter application form in order to reduce the staff time needed to review prescriptive authority applications. The Board has also attempted to achieve economies in reducing the costs associated with approval of additional collaborative agreements. Finally, the Board has adjusted downward the cost estimates of enforcement efforts to reduce the biennial fee as proposed.

With regard to comparative fees of other states, the Board responds as follows. Because

application and approval the fees established by the proposed regulation represent the Board's actual costs in providing the services requested, it is difficult to compare the fees with those of other states. However, a survey of the surrounding states indicates that initial and renewal fees for prescriptive authority approval in West Virginia are both \$125, while Ohio requires an initial application (approval and prescriptive authority) fee of \$100, with biennial renewal of the certificate to prescribe costing \$50. These fees are in addition to certification or licensure fees to become a nurse practitioner. The four other surrounding states combine nurse practitioner certification/licensure fees with prescriptive authority fees. In Maryland, the initial nurse practitioner certification is \$82 and the annual renewal fee \$67—there is no distinct fee for prescriptive authority. The fee for nurse practitioner certification covers approval of the collaborative agreement needed to prescribe. If the nurse practitioner wishes to prescribe controlled substances, there is \$60 biennial fee for registration with the Office of Maryland Drug Control. New York has a similar scheme, in which the initial nurse practitioner certification and registration fee are \$80. The triennial certification renewal fee is \$80. If the individual satisfies all requirements for certification as a nurse practitioner, he or she will be authorized to issue prescriptions—there is no distinct fee for prescriptive authority. New Jersey also has no separate prescriptive authority approval fee; however, the nurse practitioner application fee is \$100, initial certification fee is \$100, and biennial renewal of certification costs \$100. A written joint protocol for prescriptive practice with a collaborating physician is needed in order to apply for controlled dangerous substance registration with the State of New Jersey Drug Control Unit. This registration is available for a fee of \$20 for both the application and annual renewal. Delaware nurse practitioners pay a \$67 fee for advanced practice certification and renew biennially for \$67. Those wishing to prescribe non-controlled substances complete a separate application, for which there is no fee. Delaware nurse practitioners who wish to prescribe controlled substances must register biennially with the Delaware Office of Narcotics and Dangerous Drugs, for a fee of \$20 for both initial registration and annual renewal. Based on the foregoing data, the regulation should not put Pennsylvania at a competitive disadvantage with other states.

Several individual nurse practitioners expressed concern about the procedure and fee for additional collaborative agreements, while State Senator Mary Jo White and the others above urged Board to eliminate the additional collaborative agreement fee. The HPLC noted the Coalition's concerns regarding the fee for additional collaborative agreements. The HPLC requested a detailed explanation as to the rationale for charging a fee for additional collaborative agreements and whether or not the amount of the fee should be reevaluated.

The collaborative agreement is the document that sets forth the limits of an individual CRNP's authority to prescribe drugs. Each collaborative agreement may set forth different limits in terms of the drugs that the CRNP may prescribe and the level of supervision that will be required in order for the CRNP to prescribe. The Board is charged with reviewing collaborative agreements to ensure the agreements are authorized by law and consistent with the scope of practice of a CRNP. The Board cannot fulfill this function unless it reviews additional collaborative agreements. Since publication of proposed rulemaking, the Board has streamlined all of its practices related to its review of prescriptive authority privileges for CRNPs. As a result of this process, the fee adopted in

this final rulemaking for review of additional collaborative agreements has been decreased from \$75 to \$30. The Board will reevaluate the process and procedures for prescriptive authority, including review of additional collaborative agreements, after it has several years of data available. The Board will reconsider the fee for additional collaborative agreements at that time.

Mandatory use of Board-generated collaborative agreement form

IRRC suggested that the Board should consider adding a provision that all applicants must use the Board-generated collaborative agreement form. The Board concurs and made this change as part of its streamlining the application review process. The Board conducted an audit, as noted above, and has been able to reduce the proposed fees.

Circumstances requiring the filing of additional collaborative agreements

IRRC stated that the proposed regulation is unclear on what circumstances require the filing of additional collaborative agreements for prescriptive authority and that the vagueness of this provision may cause applicants to submit additional collaborative agreements to the Board when they are not necessary and thus pay unnecessary fees. The Board requires the filing of additional collaborative agreements only where there is a change in the primary collaborating physician or a change in the categories/drug schedules from which a CRNP may prescribe. This is clearly stated in the application for prescriptive authority approval and in the application for additional collaborative agreement. In addition, Board staff addresses this with licensees on a case-by-case basis. IRRC suggested that the Board add or amend language in § 21.285 (relating to collaborative agreements) to clearly indicate when an additional collaborative agreement for prescriptive authority must be filed. The Board declines to do so, based on the notice given to applicants in the applications for prescriptive authority approval and for additional collaborative agreement, and because Board staff addresses this with licensees on a case-by-case basis.

Substitute physicians

A collaborative agreement may have an unlimited number of substitute physicians and these can be easily added or deleted without cost to the CRNP. IRRC further suggested that the Board amend language in § 21.285(b)(1) to clearly reflect the Board's procedures for making amendments to collaborative agreements regarding substitute physicians. The Board declines to make this change, as notice of the Board's administrative procedures in this regard is provided to the nurse practitioners in the applications for prescriptive authority approval and for additional collaborative agreement, and Board staff addresses this with licensees on a case-by-case basis.

Change in primary supervising physician only

In cases where the CRNP is changing only the primary collaborating physician, IRRC suggested that the Board consider reasonable filing alternatives to reduce the financial burden on the

regulated community. This is based on the presumption that less information will need to be reviewed with such a submission. The Board declines to adopt this suggestion at the present time. A change in the collaborating physician could indicate a radically different scope of the collaboration. The Board cannot make this determination without reviewing the terms of the collaborative agreement. The Board will, however, closely monitor the processes related to prescriptive authority to determine if the prescriptive authority process can be streamlined and if the Board may lower the fee for prescriptive authority approval.

Fiscal Impact and Paperwork Requirements

The amendments will have no adverse fiscal impact on the Commonwealth or its political subdivisions. The fees will have a modest fiscal impact on those members of the private sector who apply for services from the Board. The amendments will impose no additional paperwork requirements upon the Commonwealth or political subdivisions. The application process, which is statutorily mandated, will impose modest paperwork requirements on those members of the private sector who apply for and renew prescriptive authority approval.

Compliance with Executive Order 1996-1

In drafting and promulgating the regulation the Board considered the least restrictive alternative to regulate costs for services requested by licensees and applicants. The Board sent this proposed amendment to nursing organizations as required under the directives of Executive Order 1996-1. 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.

Regulatory Review

Under section 5(a) of the Regulatory Review Act (71 P.S. § 745.5(a)), the Board submitted copies of the notice of proposed rulemaking, published at 33 Pa.B. 4462, on September 6, 2003, to IRRC, SCP/PLC and HPLC for review and comment. In compliance with section 5(c) (71 P.S. § 745.5(c)), the Board also provided IRRC, SCP/PLC, and HPLC with copies of all comments received, as well as other documents.

Publication of the notice of proposed rulemaking was followed by a 30-day public comment period, during which the Board received comments from seven public commentators. The Board also received comments from IRRC and HPLC. In preparing this final-form rulemaking, the Board has considered the comments received from IRRC, HPLC and the public.

This final-form regulation was approved by the HPLC on _____, 2005, and deemed approved by SCP/PLC on _____, 2005. IRRC met on _____, 2005, and approved the final-form regulation in accordance with section 5.1(e) of the Regulatory Review Act (71 P.S. § 745.5a(e)).

Additional Information

Further information may be obtained by contacting Ann Steffanic, Administrative Assistant, State Board of Nursing, Post Office Box 2649, Harrisburg, Pennsylvania 17105-2649, or from the Board's website at www.dos.state.pa.us/nurse.

Findings

The State Board of Nursing finds that:

1. Public notice of proposed rulemaking was given under sections 201 and 202 of the act of July 31, 1968 (P.L. 769, No. 240) (45 P.S. §§ 1201–1202) and the regulations promulgated thereunder, 1 Pa. Code §§ 7.1 – 7.2.
2. A public comment period was provided as required by law and all comments were considered.
3. The amendments to the final-form rulemaking do not enlarge the purpose of proposed rulemaking published at 33 Pa.B. 4462 on September 6, 2003.
4. This final-form rulemaking is necessary and appropriate for administering and enforcing the authorizing acts identified in this preamble.

Order

The Board, acting under its authorizing statute, orders that:

1. The regulations of the Board at 49 Pa. Code §§ 21.253 are amended to read as set forth in Annex A.
2. The Board shall submit this order and Annex A to the Office of General Counsel and the Office of Attorney General as required by law.
3. The Board shall certify this order and Annex A and deposit them with the Legislative Reference Bureau as required by law.

4. This order shall take effect immediately upon publication in the *Pennsylvania Bulletin*.

JANET HUNTER SHIELDS, MSN, CRNP, CS
Chairperson

ANNEX A

**TITLE 49. PROFESSIONAL AND VOCATIONAL STANDARDS
PART I. DEPARTMENT OF STATE
SUBPART A. PROFESSIONAL AND OCCUPATIONAL AFFAIRS
CHAPTER 21. STATE BOARD OF NURSING
SUBCHAPTER C. CERTIFIED REGISTERED NURSE PRACTITIONERS
GENERAL PROVISIONS**

*** * ***

§21.253. Fees.

The following fees are charged by the Board:

<u>Application for prescriptive authority.....</u>	<u>\$9050</u>
<u>Each additional collaborative agreement for prescriptive authority</u>	<u>\$7530</u>
<u>Biennial renewal of prescriptive authority.....</u>	<u>\$5025</u>

FEE REPORT FORM

Agency: State - BPOA

Date: March 18, 2005

Contact: Basil Merenda

Phone No. 783-7192

Fee Title, Rate and Estimated Collections:

Application Fee – CRNP Prescriptive Authority: \$50.00

Covers processing of basic application consisting of one (1) CRNP Prescriptive Authority Application, one (1) Verification of Advanced Pharmacology form and one (1) Collaborative Agreement.

PLUS

\$30.00 for EACH additional Collaborative Agreement

Estimated Biennial Revenue: \$151,600.00 (3,032 applications x \$50.00)

(1st cycle only – thereafter volume projected to be 1,400 biennially)

Fee Description:

The fee will be charged to every person who applies for CRNP Prescriptive Authority.

Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Nursing to review and process an application for CRNP Prescriptive Authority and (2) defray a portion of the Board's administrative overhead.

Fee-Related Activities and Costs:

(for basic application)

Staff time-(CT2) review/prepare application	(.50 hr)	8.54
Board administrator- avg. cost per app.		.08
Nurse Practice Advisor-evaluate application	(.75 hr)	24.83
Board Meeting - avg. cost per app-review/evaluate		3.30
Legal Office – avg. cost per app		.11
Administrative Overhead:		<u>11.50</u>
	Total Estimated Cost	48.36
	Proposed Fee:	\$50.00

Analysis, Comment, and Recommendation:

It is recommended that a fee of \$50.00 be established to process a basic application for CRNP Prescriptive Authority.

Staff receives application, enters data into computer system, forwards to Nurse Practice Advisor who evaluates for compliance with requirements. If pharmacology courses are from non-board approved programs, reviews to determine if required critical content elements are evident in the course objectives, overview and content; determines whether total number of hours meets the regulations and if course is equivalent to an advanced pharmacology course in a Board-approved CRNP program; analyzes course outline and evaluates the collaborative agreement to ascertain compliance with regulations.

Following review and analysis by the Nurse Practice Advisor, the application is returned to clerical staff for processing which may include preparation of discrepancy notification(s) or updating of information in the computer system.

In situations where the Nurse Practice Advisor cannot make a determination regarding compliance, the application may require review and processing by the Board Administrator, the full board and the legal office. Costs of the additional review(s) have been averaged over the total number of applications anticipated in a biennial cycle as follows:

It is estimated that 1% of the applications (30) will require further review by the Board Administrator and the full board and 12 applications will also require review and processing by the Legal Office.

FEE REPORT FORM

Agency: State - BPOA

Date: March 21, 2005

Contact: Basil Merenda

Phone No. 783-7192

Fee Title, Rate and Estimated Collections:

Biennial Renewal Fee: Each Prescriptive Authority (CRNP): \$25.00

Estimated Biennial Revenue: \$75,000.00 (3,000 applications x \$25.00)

Fee Description:

The fee will be biennially to every applicant for license renewal.

Fee Objective:

The fee should defray a portion of the State Board of Nursing administrative overhead, specifically helping to defray the difference between the Board's total biennial expenditures and its total biennial revenues from non-renewal sources.

Analysis, Comment, and Recommendation:

It is recommended that a fee of \$25.00 be established for renewal of each Prescriptive Authority approval.

FEE REPORT FORM

Agency: State - BPOA

Date: March 18, 2005

Contact: Basil Merenda

Phone No. 783-7192

Fee Title, Rate and Estimated Collections:

Each Additional Collaborative Agreement for CRNP Prescriptive Authority: \$30.00

Estimated Biennial Revenue: \$15,000.00 (500 applications x \$30.00)

Fee Description:

The fee will be charged to evaluate **each additional** Collaborative Agreement for CRNP Prescriptive Authority approval.

Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Nursing to review and evaluate each additional Collaborative Agreement for CRNP Prescriptive Authority and (2) defray a portion of the Board's administrative overhead.

Fee-Related Activities and Costs:

Staff time-review and prepare app	(.50 hr)	8.54
Nurse Practice Advisor-evaluate application	(.25 hr)	8.28
Legal Office – avg. cost per app		.11
Administrative Overhead:		<u>11.50</u>
	Total Estimated Cost	28.43
	Proposed Fee:	\$30.00

Analysis, Comment, and Recommendation:

It is recommended that a fee of \$30.00 be established to process each additional Collaborative Agreement for CRNP Prescriptive Authority.

Staff receives application, dates stamps and forwards to Nurse Practice Advisor who reviews for completeness, verifies that supporting documents are attached, contacts applicant to request any missing information, and evaluates to ascertain compliance with regulations.

Following review, analysis and decision by the Nurse Practice Advisor, the application is returned to clerical staff for processing which may include preparation of discrepancy notification(s) or letter of approval and updating of information in the computer system.

In situations where the Nurse Practice Advisor cannot make a determination regarding compliance, the application may require additional review and processing by the Legal Office. Costs of the additional review(s) have been averaged over the total number of applications anticipated in a biennial cycle.



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

September 30, 2005

The Honorable John R. McGinley, Jr., Chairman
INDEPENDENT REGULATORY REVIEW COMMISSION
14th Floor, Harristown 2, 333 Market Street
Harrisburg, Pennsylvania 17101

Re: Final Regulation
State Board of Nursing
16A-5116: Prescriptive Authority Fees

Dear Chairman McGinley:

Enclosed is a copy of a final rulemaking package of the State Board of Nursing pertaining to prescriptive authority fees.

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

Sincerely

Janet Hunter Shields, MSN, CRNP, CS

Janet Hunter Shields, MSN, CRNP, CS, Chairperson
State Board of Nursing

JHS/TLM:apm

Enclosure

c: Basil L. Merenda, Commissioner
Bureau of Professional and Occupational Affairs
Albert Masland, 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-5116

SUBJECT: State Board of Nursing: Certified Registered Nurse Practitioners (CRNPs)
Prescriptive Authority Fees

AGENCY: DEPARTMENT OF STATE # 2353

TYPE OF REGULATION

- 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

RECEIVED
 2005 SEP 30 AM 11:05
 HOUSE OF REPRESENTATIVES

FILING OF REGULATION

DATE	SIGNATURE	DESIGNATION
9/30/05	<i>Sandra Harper</i>	HOUSE COMMITTEE ON PROFESSIONAL LICENSURE
9/30/05	<i>Mary Walmer</i>	SENATE COMMITTEE ON CONSUMER PROTECTION & PROFESSIONAL LICENSURE
9/30/05	<i>Alph Lind</i>	INDEPENDENT REGULATORY REVIEW COMMISSION
9/30/05	<i>Steph. J. Hoff</i>	ATTORNEY GENERAL (for Final Omitted only)
		LEGISLATIVE REFERENCE BUREAU (for Proposed only)