



Pennsylvania Academy of
FAMILY PHYSICIANS

Original: 2353

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2003 OCT 27 AM 8:55

INDEPENDENT STATE OF PENNSYLVANIA
REVIEW COMMISSION

October 24, 2003

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Ms. Ann Steffanic, Board Administrator
Pennsylvania State Board of Nursing
Bureau of Professional and Occupational Affairs
PO Box 2649
Harrisburg, PA 17105-2649

Re: CRNP General Revisions Draft Regulations

VIA FACSIMILE (783-0822) AND U.S. MAIL

Dear Ms. Steffanic:

On behalf of the over 4,800 members of the Pennsylvania Academy of Family Physicians (PAFP), I respectfully submit our comments to the pre-draft regulations to implement Act 206 of 2002.

In §21.285(b)(1), the PAFP suggests language be added to require that a certified registered nurse practitioner (CRNP) have a collaborative agreement with each physician in the "physician group" as listed on the pre-draft. As a matter of practicality, when a patient calls for an appointment in a family physician group office setting, the patient may see a different physician at different office visits. Just the same, a patient may see a different CRNP at different times. In this setting, it is difficult to delineate responsibility inherent in the statutory defined collaborative relationship between the physician and the CRNP. Additional language is needed to clear any ambiguity and provide ample protection for the patient that clearly delineates the physician that the CRNP is working in collaboration with at the time he or she treats a patient.

In Section 8.2 (B) of the Act, the law clearly states when a CRNP is performing "acts of medical diagnosis" that the CRNP must perform those functions in collaboration with "a physician." The law does not permit a CRNP to have one collaborative agreement with several physicians. Instead, a CRNP must be in collaborative agreement with one physician.

The PAFP strenuously objects to the Board's reasoning, explained in its September 24, 2003 letter, in its attempt to delete the rules for identification of a CRNP and physician supervision of more than four prescribing CRNPs as "outdated or unnecessary." These two sections of the current regulations are neither outdated nor unnecessary. Instead, they are both vitally important to maintaining quality control and ensuring office-based patient safety.

Specifically, in §21.286 of the current regulations, the PAFP believes the spirit of this regulatory section is to ensure patients understand if they are being treated by a physician or a CRNP. The current regulatory language contained in §21.287, sets a reasonable and non-arbitrary limit and standard, with an extremely flexible exception process. Further, it would be the Board, independent of any other entity (as the enabling Act prescribes) that would make the decisions and administer the exception provisions as contained in the current regulatory language. It is the opinion of the PAFP that to eliminate collaboration ratios in their entirety, is the equivalent of unfettered discretion and abject independence for a CRNP, which was not the intent of Act 206 of 2002.

The PAFP suggests that §21.288, be amended to add that these functions should not be performed unless they are listed in the written collaborative agreement and are delineated with written protocol. Further, §21.288(2) should be substantially revised, as there is nothing in the prior law or the new Act 206 of 2002 that could be construed as allowing CRNPs to admit patients to hospitals. They can have privileges to treat patients in the hospital within the confines of the collaborative agreement after the physician admits the patient.

Thank you for this opportunity to provide commentary on the pre-draft regulatory submission. If you would like to discuss the issue further, please contact me direct at (717) 699-2991.

Sincerely,



Wanda D. Filer, MD
President

CC: Chairs, Senate Consumer Protection and Professional Licensure Committee
Chairs, House Professional Licensure Committee
Independent Regulatory Review Commission

Original: 2353

PENNSYLVANIA COALITION OF NURSE PRACTITIONERS

REGISTERED NURSE PRACTITIONER PRESCRIPTIVE AUTHORITY

Below are the comments of the Pennsylvania Coalition of Nurse Practitioners regarding the Prescriptive Authority Fee Schedule for CRNPs being proposed by the Board of Nursing for the Commonwealth of Pennsylvania. While we are aware that there is a need to meet the financial needs of the Board when a new regulation is being implemented, we are concerned about the added cost these particular regulations impose on certified registered nurse practitioners who wish to practice in this state. It is our concern that this additional burden will encourage nurse practitioners to leave the state, rather than stay or come into the state to practice at a time when their services are badly needed.

- By adding an additional fee of \$90, the fee for a new nurse practitioner to practice in this state now becomes \$290, making it among the very highest licensure/authorization rates for nurse practitioners in the U.S. The same applies to the \$145 biennial renewal rate being considered at this time.
- Of even graver concern is the additional fee of \$75 for each additional collaborative agreement. For CRNPs working in environments where collaborating physicians often change regularly such as emergency rooms, in - hospital units, outpatient clinics and health care clinics sponsored by various agencies, the cost for resubmitting each collaborative agreement change is prohibitive and would encourage nurse practitioners not to work in these settings, not employers to employ them. For nurse practitioners who contract for their services, resubmitting collaborative agreements at this expense would also be an unnecessarily burdensome cost and create barriers to practice.

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We are aware that the determination of this fee is based on a cost analysis that analyzes the amount of work necessitated by the regulatory requirement. It is of concern to us that the cost, therefore, is based on the implementation of a burden of work that is not required by regulation. There is currently nothing in the CRNP regulations that requires the Board to evaluate and approve the submitted collaborative agreements. The regulation requires only that the agreements be submitted to and filed by the Board. If the regulation were implemented in this manner, the need for assessing such high costs to the work of the Board would be substantially reduced.

- It is also our understanding that the assumption of work time, was based on the first reviews of collaborative agreements, which becomes less time consuming as the Board gains experience in reviewing similar documents, thus requiring less time to review and less manpower to conduct the reviews. Even if the reviews stayed in place, which according to regulation should not be the case, the amount of time to review agreements should be significantly reduced over time, thus

reducing the cost to the nurse practitioner community applying for authority to prescribe.

- We have also been told that these fees will be retroactive to the passage of the regulation nearly three years ago. The cost to CRNPs for these fees would be unreasonable, even if they had only one collaborating agreement during that time. For those with multiple agreements it would be catastrophic. CRNPs applied for prescriptive authority in good faith (without knowing the cost) that fees would be reasonable and not form barriers to their practice in the Commonwealth. This fee structure and the associated rules would violate that trust.

We are concerned that the fee schedule, as currently proposed, will limit the ability of nurse practitioners to function in the Commonwealth of Pennsylvania, creating new barriers to practice and driving them to states with more reasonable rules and fees. We ask that the Board reexamine the rationale for the fee schedule and that they adopt a fee structure and rules more conducive to encouraging nurse practitioners to practice in Pennsylvania where their services are so badly needed. While we do not wish to overburden the Board, we also feel that fees should be reasonable and that there are valid reasons to reexamine the assessments undertaken to determine these fees and the undue burden it will place on nurse practitioners wishing to provide care to patients in this state. We ask that you reexamine these fees and their rationale in light of the existing need for nurse practitioners to practice in Pennsylvania.

We thank you for the opportunity to provide this feedback and make these suggestions and requests. We will be glad to discuss this with you further at any time. We may be contacted at the numbers below.

Jan Towers PhD, NP-C, CRNP, FAANP
Pennsylvania Coalition of Nurse Practitioners
893 Stone Jug Road
Biglerville, Pennsylvania 17307

Phone 717-677-6400
717-334-2462



AMERICAN ACADEMY OF NURSE PRACTITIONERS

Incorporated 1985

Office of Health Policy: P.O. Box 40130 • Washington, DC 20016 • Phone: 202-966-6414 • Fax: 202-966-2856
E-mail: dcoffice@aanp.org • Web Site: www.aanp.org

FAX MESSAGE

FAX MESSAGE TO: Janet Shields
LOCATION: Board of Nursing

FAX NUMBER: 717-783-0822
TELEPHONE NUMBER: 717-783-7142

FROM: Dr. Jan Towers
TELEPHONE NUMBER: 202-966-6414
FAX NUMBER: 202-966-2856

MESSAGE: Comments are attached

DATE: 10/03/03

SIGNATURE: 

NUMBER OF PAGES INCLUDING COVER PAGE: 3

cc: Laurette D. Keiser

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OCT - 6 2003

DOS LEGAL COUNSEL

Brown, Martha**RECEIVED**

From: Steffanic, Ann
Sent: Friday, October 03, 2003 1:59 PM
To: Brown, Martha
Subject: FW: Fees for NPs

2003 OCT -9 AM 10:17

INDEPENDENT REGULATORY
REVIEW COMMISSION

-----Original Message-----

From: Lori Martin-Plank/Rick Plank [mailto:LMP@epix.net]
Sent: Friday, October 03, 2003 01:18 PM
To: Steffanic, Ann
Subject: Fees for NPs

Dear Ms. Steffanic--we were advised to respond to you if we had issues with the fees to be charged. I strongly object to the \$75 charge imposed with each collaborative agreement. Many NPs, including myself, have several part-time jobs to supplement a 9month academic appointment. These jobs are usually temporary and pay no benefits so the collaborative agreement costs must be borne by the individual NP. The academic appointment itself involves a practice component and this would come out of the individual NPs pocket. My employer, Temple University, pays for nothing--no memberships, licenses, or conference costs. My NP practice is included in my appointment, so I derive no monetary gain from it. My salary is less than that of a beginning staff RN or GN. Also, with dual national certification (FNP, GNP), there is often a need to work in different areas, necessitating different collaborating physicians. Again, costs become prohibitive for the individual NP. Finally, many NPs are forced by system takeovers to leave and find another job, necessitating another collaborative agreement. All of this is costly and it is not the norm in other states where NPs practice. I urge the Board to refrain from charging for each individual collaborative agreement.

Thank you.

Lorraine Martin-Plank, CRNP

10/3/2003

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INDEPENDENT REGULATORY
REVIEW COMMISSION

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 3, 2003

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

Re: Public Comment: Proposed Rulemaking
State Board of Nursing
16A-5116: CRNP Prescriptive Authority Fees

Dear Chairman McGinley:

Pursuant to Section 5(c) of the Regulatory Review Act (71 P.S. § 745.5(c)), enclosed are copies of written comments regarding regulation 16A-5116.

Sincerely,

Janet Hunter Shields, MSN, CRNP, CS

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

JHS/MHB:kmh

Enclosure

cc: Joyce McKeever, Deputy Chief Counsel
Department of State
Ann W. Steffanic, Board Administrator
State Board of Nursing

21ST SENATORIAL DISTRICT
MARY JO WHITE

SENATE BOX 203021
THE STATE CAPITOL
HARRISBURG, PA 17120-3049
(717) 787-9684
TTY (800) 365-1581
FAX: (717) 787-6088
EMAIL: mwhite@psen.gov
WEBSITE: white.psenategop.com

Majority Caucus Administrator



Senate of Pennsylvania
October 3, 2003

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Ann Steffanic
State Board of Nursing
P.O. Box 2649
Harrisburg, PA 17105-2649

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DOS LEGAL COUNSEL

Dear Ms. Steffanic:

I wish to comment on the proposed fee schedule for Certified Registered Nurse Practitioners (CRNP) Prescriptive Authority proposed by the State Board of Nursing.

The proposed fees would be among the highest in the country. Under the proposed provisions, a \$90 fee schedule is to be paid in addition to the fee for RN licensure, \$100 and the fee for recognition as a CRNP in the Commonwealth, \$100. This brings the total initial licensure fee for CRNP's to \$290.

The biennial renewal rate will be \$45 for an RN license and \$50 for CRNP recognition and \$50 for prescriptive authority for a \$145 total.

The fee of \$75 for additional collaborative agreements can have a negative impact in many venues. There is confusion, what constitutes a new collaborative agreement. Nurse practitioners working in emergency rooms, outpatient clients, hospitals and health care clinics sponsored by various agencies will have regular changes in collaborative physicians that require them to resubmit collaborative agreements to the Board. In these instances, the scope and practice of the CRNP would not change, only the name of the collaborating physician. Each time the nurse practitioners will have to resubmit collaborative agreements at this cost. This requirement for the CRNP to resubmit a collaborative agreement would be set in the regulations promulgated by the Board of Nursing and Board of Medicine.

Currently, extensive, time consuming evaluations are given when collaborative practice agreements are submitted to the Board. Nurse practitioners in some instances report up to 6 months delay with the current method used to obtain CRNP prescriptive authority in PA. This is also an expense for the Board. If costs for receiving and storing agreements were less, the Board would incur less expense and could reduce the fees needed to operate this part of CRNP licensure.

In conclusion, higher fees, unclear rules about what does and does not constitute a collaborative agreement and unnecessary paper work for each new collaborative agreement give me reason to encourage you to eliminate the fee for additional collaborative agreements and ask that you give more time for evaluation to the proposed fee schedule for CRNP's. Thank you for your attention to my comments.

Sincerely,

Mary Jo White

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2003 OCT 10 AM 8:10

INDEPENDENT REVIEW COMMITTEE

Original: 2353

**PENNSYLVANIA COALITION OF NURSE PRACTITIONERS
COMMENTS ON PROPOSED FEE SCHEDULE FOR CERTIFIED
REGISTERED NURSE PRACTITIONERS PRESCRIPTIVE AUTHORITY**

Listed below are the comments of the Pennsylvania Coalition of Nurse Practitioners regarding the Prescriptive Authority Fee Schedule for CRNPs being proposed by the Board of Nursing for the Commonwealth of Pennsylvania.

It will be noted that a \$90 fee schedule is to be paid in addition to the fee for RN licensure (\$100) and the fee for recognition as a CRNP in the Commonwealth of Pennsylvania (\$100). The total initial licensure fee for CRNPs who wish to prescribe in Pennsylvania will, under these provisions, come to (\$290). The biennial renewal rate will be \$45 for RN license plus \$50 for CRNP recognition plus \$50 for prescriptive authority for a total of \$145. These fees, as proposed, would be among the highest in the country.

Of even greater concern is the additional fee of \$75 for additional collaborative agreements which can have a negative impact in many venues. The proposed rule is unclear regarding what would constitute a new collaborative agreement; however, nurse practitioners working in environments such as emergency rooms, outpatient clinics, hospitals and health care clinics sponsored by various agencies will have regular changes in collaborative physicians that would require frequent resubmissions of collaborative agreements to the Board. In these situations, while the scope of practice for the CRNP would not change, the name of the collaborating physician would, thus necessitating the resubmission of the collaborative agreement according to the regulations promulgated by the Board of Nursing and the Board of Medicine. In addition nurse practitioners who contract for their services will continually have to resubmit collaborative agreements at this cost.

While there is no regulatory requirement that the Boards evaluate the submitted collaborative practice agreements, the current practice appears to be to conduct extensive evaluations that are time consuming, unnecessary and not required in regulation. (Nurse practitioners are reporting time delays of up to 6 months in the process utilized for obtaining CRNP prescriptive authority in the state.) This process, of course, incurs more expense to the Board than is either necessary or required. If the regulation were enforced correctly, the cost for receiving and storing the agreements would be less, thus reducing the needed fees to operate this part of CRNP licensure.

We have also been told by a staff member at the Board of Nursing, that these charges will be retroactive to the time that the regulations were initiated. Some nurse practitioners already have multiple collaboration agreements and revisions which would be assessed at significant cost under this rule.

It is clear that the proposed fees are cost prohibitive to nurse practitioners and will create barriers to their utilization in the Commonwealth at a time when their services are greatly needed. We encourage you to take steps to eliminate the fee for additional collaborative agreements and to revisit the proposed fee schedule for CRNPs for further evaluation.

If you would like to discuss this further, I may be reached at 717-334-2462 or 717-677-6400.

Jan Towers PhD, NP-C, CRNP, FAANP
Pennsylvania Coalition of Nurse Practitioners
893 Stone Jug Road
Biglerville, PA 17307

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2003 OCT -6 AM 9:07

HOUSE OF REPRESENTATIVES
REVIEW COMMISSION



SENT FROM:

Thomas J. Golden III, Esq. - Professional Licensure Committee - 787-7515
Fax Number: 783-2322

Date: 9/30/03

SENDING TO:

Fax Number: 787-0251

Department/Company: State Board of Nursing

Name: Martha Brown, Esq.

Number of Pages Including Cover Sheet: 2

Message: PCNP comments to 16A-5116

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SEP 30 2003
DOS LEGAL COUNSEL

Brown, Martha

From: Steffanic, Ann
Sent: Thursday, October 02, 2003 12:07 PM
To: Brown, Martha
Subject: FW: Prposed charges for NP prescriptive authority

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2003 OCT -9 AM 10:18

INDEPENDENT REGULATORY
REVIEW COMMISSION

-----Original Message-----

From: Sheila Gealey [mailto:sgealey@yahoo.com]
Sent: Thursday, October 02, 2003 11:47 AM
To: Ann Steffanic
Subject: Prposed charges for NP prescriptive authority

Dear Ms. Steffanic,

I am opposed to the proposed charges for prescriptive authority for CRNPs. The \$75 charge for each additional collaborative agreement is excessive. Many CRNPs work with three, four or more physicians. Consider the CRNP who works in four different emergency rooms in a healthcare system. Add the \$300 to the original prescriptive authority fee, plus her CRNP license fee, plus her RN license fee. This charge places an onerous burden on CRNPs who practice in different settings.

Sheila Gealey, CRNP
314 Old Plank Road
Butler, PA 16002

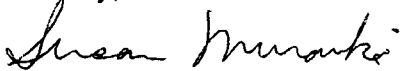
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9211 Palmer Rd.
North East, PA 16428
Sept. 29, 2003

Dear Ms. Steffanic,

I am writing in regards to the proposal to amend Section 21.253 of 49 PA Code about renewal fees for CRNPs who wish to prescribe drugs. I feel the \$75 fee for additional collaborative agreements is excessive. The bulk of the work of reviewing and approving an application for prescriptive authority is verification of all the information about the NP, not the information about the NP's collaborating doctors. If an NP works with more than one physician, all that will be different on additional collaborative agreements is the name of the physician. To look over the additional applications to see that they match the initial application should not take enough time to warrant a \$75 fee, plus the check of the additional application is work that would not have to be done by a lawyer but by someone not as highly paid as a lawyer. Please reconsider the amount you are requesting be paid for additional agreements.

Sincerely,



Susan Murawski, NP

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DOS LEGAL COUNSEL

03 OCT - 3 2003

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Ann Steffanic
Administrative Assistant
State Board of Nursing
P. O. Box 2649
Harrisburg, PA 17105-2649

720 Sequoia Street
Pittsburgh, PA 15237
Sept 28, 2003

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2003 OCT -8 AM 9:00

INDEPENDENT REGULATORY
REVIEW COMMISSION

Dear Ms. Steffanic,

I would like to provide two comments regarding the proposed regulations for prescriptive authority **Reference No. 16A-5116 (Prescriptive Authority Fees)**.

The proposed fee for "each additional collaborative agreement is \$75". I work in two Emergency Departments within a health system with at least 15 physicians on staff at each ED. Would I need an "additional collaborative agreement" for each physician? For 30 physicians, that cost would be \$2250, making it cost prohibitive for me to obtain my prescriptive authority. I would not support such an arrangement. I agree that the cost of providing the service should be charged, but this fee would be excessive and potentially limit my practice.

I moonlight at an additional Emergency Department. Would my initial collaborative agreement fee for my first hospital with several physicians be \$90, and all subsequent agreements for other hospitals \$75? This interpretation I would support.

I would appreciate you forwarding my comments, and providing a response to my questions. Thank you for your cooperation.

Sincerely,

Denise

Denise Ramponi, CRNP, MSN

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OCT - 2 2003

MB

DOS LEGAL COUNSEL

Master of Science in Nursing Program

CLARION UNIVERSITY OF PENNSYLVANIA

EDINBORO UNIVERSITY OF PENNSYLVANIA

SLIPPERY ROCK UNIVERSITY OF PENNSYLVANIA

Graduate Office
Phone: 814-393-2337
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Graduate Office
Phone: 814-732-2856
FAX: 814-732-2611

Graduate Office
Phone: 724-738-2051
FAX: 724-738-2146

September 11, 2003

Ann Steffanic Administrative Assistant
Pennsylvania State Board of Nursing
P.O. Box 2649
Harrisburg, PA 17105-2649

Dear Ms. Steffanic:

I recently learned that the Pennsylvania Bulletin for Saturday, September 6 published a proposal that section 21.253 of 49 Pennsylvania Code be revised to implement application and renewal fees for CRNPs who wish to exercise their legislatively authorized right to prescribe and dispense medications to their patients.

I have no doubt that the procedure in place is onerous and time consuming and, therefore, expensive. I wonder if it is more cumbersome than that imposed on physicians who wish to prescribe and dispense medications to their patients? I also wonder what fee the Pennsylvania Board of Medicine charges for granting this authorization. Are physician assistants charged these extra fees? How does the procedure they must follow differ from that required of nurse practitioners?

It seems to me that rather than charging fees to cover a needlessly cumbersome and time consuming procedure that seems predicated on the assumption that prescribing and dispensing medications is somehow alien to nurse practitioner practice and must, therefore, be hedged around with numerous safeguards, we should streamline the procedure.

I hope that the State Board of Nursing has an advanced practice nurse committee from which it seeks consultation. The topic of credentialing for prescribing would be a perfect topic from which to seek their consultation.

Sincerely yours,



Joyce E. Penrose, DrPH, CRNP, BC
Coordinator, MSN Program
115A Strain Building
Slippery Rock University
Slippery Rock, PA 16057

Phone: 724 738 2323
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SEP 15 2003

DOS LEGAL COUNSEL

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2003 SEP 22 AM 9:28
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