

Regulatory Analysis Form

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INDEPENDENT REGULATORY
REVIEW COMMISSION
IRRC Number: 2700

(1) Agency

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

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

16A-5133

(3) Short Title

Clinical Nurse Specialists

(4) PA Code Cite

49 Pa. Code §§21.801 – 21.805,
21.811 – 21.815, 21.821 – 21.828
and 21.831

(5) Agency Contacts & Telephone Numbers

Primary Contact: Teresa Lazo, 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.

These proposed amendments adopt §§ 21.801 – 21.831 to set forth requirements for the certification and renewal of certification for clinical nurse specialists in accordance with sections 3, 6.2, 7, 8.5 and 8.6 of the Professional Nursing Law (act) (63 P.S. § 213, 216.2, 217, 218.5 and 218.6).

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

Section 8.5 of the act (63 P.S. § 218.5) requires the Board to issue certification to individuals who meet the qualifications for certification as a clinical nurse specialist (CNS). The Board is further authorized to establish rules and regulations for the practice of professional nursing and the administration of the acts under section 2.1(k) of the act (63 P.S. § 212.1(k)).

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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.

These regulations are mandated by state law, specifically by the act of July 20, 2007 (P.L. 320, No. 49) (Act 49 of 2007), which amended §§ 3, 6.2, 7, 8.5 and 8.6 of the act (63 P.S. §§ 213, 216.2, 217, 218.5 and 218.6)

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

The regulation provides for the procedure by which an individual may become certified as a CNS by the Board, in accordance with the statutory mandate.

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

Without the regulation, there would be no procedure by which an individual could become certified as a CNS.

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

These proposed amendments will benefit consumers of nursing services by assuring that individuals using the title CNS are properly credentialed.

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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.)

Any individual who has been using the title CNS and who cannot become certified by the Board because he/she does not meet the qualifications for certification will be adversely affected because he/she will no longer be permitted to use the title.

(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.)

Everyone will be required to comply with the regulation, which prohibits persons who are not certified by the Board from using the title CNS.

The Board estimates approximately 1,250 initial applicants for certification over the first two-year period after the rulemaking is final, and approximately half that number every biennial period thereafter. Additionally, the Bureau experiences a 10% drop in biennial renewal from the initial registration.

(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 consulted with the National Association of Clinical Nurse Specialists and state spokespersons in the drafting of the regulation.

(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.

There are fees associated with certification and biennial renewal.

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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.

There are no anticipated costs or savings to local governments.

(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's expenses in enforcing the Act are offset by biennial renewal fees. The Board anticipates disciplinary actions will arise in .1836% of the license population of 1,250 in the first two years at the same rate as in other licensure classes. The Board anticipates two to three disciplinary actions annually. The Board estimates the cost of a single disciplinary action at \$3,318.77, generating an annual cost to the Board of \$6,637 – 9,956. In renewal years, the numbers will double based on prosecutions for practicing on a lapsed license and failure to complete mandatory continuing education. In addition, the regulatory, administrative and monitoring functions of the Board, for 1,250 licensees, is approximately \$10,700 annually. The Board's expenses in processing applications for individuals are offset by application fees.

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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 Year	FY +1 Year 08-09	FY +2 Year 09-10	FY +3 Year 10-11	FY +4 Year 11-12	FY +5 Year 12-13
SAVINGS:						
Regulated Community	N/A	N/A	N/A	N/A	N/A	
Local Government	N/A	N/A	N/A	N/A	N/A	
State Government	N/A	N/A	N/A	N/A	N/A	
Total Savings						
COSTS:						
Regulated Community	N/A	N/A	6,500	125,000	13,000	59,250
Local Government	0	0	0	0	0	0
State Government	20,000	20,000	17,337	20,656	17,337	30,000
Total Costs	20,000	20,000	23,837	145,656	30,337	89,250
REVENUE LOSSES:						
Regulated Community	N/A	N/A	N/A	N/A	N/A	N/A
Local Government	N/A	N/A	N/A	N/A	N/A	N/A
State Government	N/A	N/A	N/A	N/A	N/A	N/A
Total Revenue Losses						

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

It is anticipated that the regulation will become final in late FY 2008-2009. In FY 2008-2009, no applications are anticipated. The Board calculated based on 6,500 applicants each year thereafter, beginning with FY 2009-2010.

The initial costs to state government refer to the cost of promulgating the regulations related to CNSs.

Thereafter, the costs to state government are based on annual operating expenses of \$10,700 plus the costs for 2-3 annual disciplinary actions. Upon the first biennial renewal cycle, the estimated expenses to the Board were increased to account for the additional anticipated prosecutions that accompany a renewal cycle, specifically, prosecutions for practice on a lapsed license and continuing education violations.

In Addition there are two cohorts of renewal annually, so the biennial renewal fees generated by licensees is listed at half the amount of the entire group biennially.

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

Program	FY—04-05	FY—05-06	FY—06-07	FY—07-08
State Board of Nursing	\$ 5,946,037	\$ 6,388,169	\$ 7,985,000	\$ 8,660,000

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

No costs or adverse effects are anticipated to result from the regulations.

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

No nonregulatory approaches were considered.

(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.

The Board is not aware of any federal standards that relate to the issues addressed in this rulemaking.

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

Four of the states contiguous to Pennsylvania recognize/certify clinical nurse specialists: New Jersey, Ohio, Delaware and West Virginia. New York and Maryland do not recognize/certify clinical nurse specialists. The regulation will not put Pennsylvania at a competitive disadvantage.

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

No other regulations of the Board or other state agencies would be affected by these regulations.

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

The Board holds monthly meetings at which all information relative to this rulemaking will be discussed. Meetings are held in the Board's offices at 2601 North Third Street, Harrisburg, Pennsylvania. A schedule of Board meeting dates is available from the Board administrator at (717) 783-7142 or on the Department of State's website at www.dos.state.pa.us/bpoa.

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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.

The proposed amendments will impose minimal paperwork requirements, in that CNSs will be required to maintain certificates of attendance at continuing education programs for five years. This requirement is not "new" in that, approximately simultaneously, the Board will be publishing final rulemaking related to continuing education requirements for RNs. CNSs may use the CE they complete for renewal of their CNS certification toward the RN CE requirement for license renewal.

(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 groups of persons with special needs will be adversely affected by the proposed amendments.

(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 regulations will be effective on final publication in the Pennsylvania Bulletin.

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

The proposed amendments have not been given a sunset date. The Board would regularly evaluate the effectiveness of the proposed amendments following their adoption as final rulemaking.

FACE SHEET
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WITH THE LEGISLATIVE REFERENCE BUREAU

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

Amy M. Elliott

BY: (DEPUTY ATTORNEY GENERAL)

MAY 27 2008

DATE OF APPROVAL

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

State Board of Nursing
(AGENCY)

DOCUMENT/FISCAL NOTE NO. 16A-5133

DATE OF ADOPTION: _____

BY: *Mary E. Bowen*
Mary E. Bowen, RN, CRNP

TITLE: Chairperson
(EXECUTIVE OFFICER, CHAIRMAN OR SECRETARY)

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to form and legality.
Executive or Independent
Agencies

Andrew C. Clark

Andrew C. Clark

APR 29 2008

DATE OF APPROVAL

(Deputy General Counsel
(~~Chief Counsel,~~
Independent Agency
~~Strike inapplicable~~
title)

- 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 Ch. 21, Subchapter H
CLINICAL NURSE SPECIALISTS

The State Board of Nursing (Board) proposes to amend Chapter 21 by adding a new subchapter H (relating to clinical nurse specialists), to read as set forth in Annex A.

Effective Date

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

Statutory Authority

The amendments are required by the act of July 20, 2007 (P.L. 320, No. 49) (Act 49), which amended the Professional Nursing Law (act) (63 P.S. §§ 211 et seq.) to authorize the Board to certify clinical nurse specialists (CNSs) in accordance with statutory criteria, to provide title protection for CNSs, to require CNSs to complete continuing education to renew their certification, and to require CNSs to maintain professional liability insurance. Section 5 of Act 49 requires the Board to promulgate regulations to implement Act 49 within 18 months of its effective date, or by March 18, 2009.

Background and Purpose

Clinical nurse specialists are nurses educated at the master's degree level. Prior to the amendments made by Act 49 of 2007, CNSs were not recognized as a distinct category of master's educated nurse under the Professional Nursing Law. The amendments are required to effectuate Act 49.

Description of Proposed Amendments

The Board proposes a comprehensive new subchapter H (§§ 21.801-21.831) to its regulations to govern clinical nurse specialists. The specific proposals are outlined below.

§ 21.801 (relating to definitions)

Section 21.801 will provide definitions for terms used throughout the subchapter.

§ 21.802 (relating to scope)

This section will set out the scope of the Board's regulations in subchapter H.

§ 21.803 (relating to applicability of rules relating to professional nurses)

Because a CNS must also be a professional nurse licensed by the Board, this section provides that the general provisions in §§ 21.1 – 21.4 governing registered nurses and §§ 21.11 – 21.18a, relating to responsibilities of the registered nurse, apply to CNSs.

§ 21.804 (relating to education and examination of applicants)

This section provides that the Board will approve educational programs for CNSs, will maintain a list of approved educational programs on its website, and will consider additional programs for inclusion on the approved list as required by section 6.2(c) of the act, 63 P.S. § 216.2(c).

§ 21.805 (relating to fees)

This section provides for fees for both fee for service functions of the Board, such as the review and approval of the certification application, restoration of certification after sanction, reactivation after a lapse of 5 or more years, and verification of licensure history, and for biennial renewal fees for CNSs.

§ 21.811 (relating to qualifications for initial certification)

This section sets forth the qualifications for certification, which mirror the qualifications set forth in Act 49 of 2007. In order to qualify for initial certification as a CNS, an applicant must hold a current, unrestricted license as a professional nurse in the Commonwealth. In addition, the nurse must meet one of three sets of criteria.

First, as set forth in subsection (a), the nurse must have completed a master's degree in nursing, doctorate degree in nursing or post-master's degree or certificate in nursing at an accredited, Board-approved nursing education program that prepared the applicant to practice as a CNS and must submit evidence of current national certification by examination as a CNS in a designated specialty area. The examination must be offered by a Board-recognized national nursing, nursing specialty or credentialing organization. These provisions mirror the qualifications set forth in section 8.5(a)(1) of the act (63 P.S. § 218.5(a)(1)). In paragraph (1) of subsection (a), the Board provides that national nursing, nursing specialty and credentialing organizations may apply to the Board for recognition. In paragraph (2) of subsection (a), the Board notes that it will maintain the list of Board-recognized organizations on its website.

National certification under § 21.811(a) includes the American Nurses Credentialing Center (ANCC) specialties – adult health CNS, adult psychiatric and mental health CNS, child/adolescent psychiatric and mental health CNS, gerontological CNS, pediatric CNS, public/community health CNS and diabetes management, advanced CNS. In addition, the Board anticipates that the Oncology Nursing Certification Corporation, the American Association of Critical Care Nurses, the Hospice and Palliative Nurses Association and the National Association

of Orthopaedic Nurses may request inclusion on the list of Board-recognized providers of national examinations at the CNS level.

Second, as set forth in subsection (b), the nurse must have completed a master's degree in nursing, doctorate degree in nursing or post-master's degree or certificate in nursing at an accredited, Board-approved nursing education program that prepared the applicant to practice as a CNS and, if there is no certification examination available in the specialty area, must demonstrate equivalence to national certification. These provisions mirror the qualifications set forth in section 8.5(a)(2) of the act.

In § 21.811(b)(1)-(3), the Board sets forth how an applicant can demonstrate equivalence to national certification. Section 21.811(b)(1)(A) allows a CNS to take a CNS certifying examination in an area that encompasses the CNS's specialty area. Section 21.811(b)(1)(B) allows a CNS to demonstrate certification by an organization that utilizes a method of measuring competence other than an examination; generally, portfolio review. Section 21.811(b)(2) explains how an organization offering an alternative to examination may obtain approval from the Board and § 21.811(b)(3) provides that the Board will maintain a list of approved organizations for alternative review on its website.

The Board anticipates that the Wound, Ostomy, Continence Nurses Association, which offers a portfolio review at the CNS level, will request recognition under § 21.811(b)(2).

Third, the nurse may have graduated from an educational program that culminated in the award of a master's degree or higher in a related discipline that previously qualified the nurse for national certification as a CNS and evidence of current national certification by the American Nurses Credentialing Center (ANCC), in accordance with section 8.5(b)(1) of the act, 63 P.S. § 218.5(b)(1).

A nurse would be eligible for certification as a CNS under § 21.811(c) as, for example, an adult psychiatric mental health CNS if the nurse held a bachelor's degree in nursing and a master's degree in psychology, which previously qualified the nurse to sit for the ANCC CNS certifying examination.

§ 21.812 (relating to certification by endorsement or change of clinical specialty area)

Section 21.812 provides for certification by endorsement from another state, territory or possession of the United States or a foreign country, and change of clinical specialty area by a CNS already certified by the Board.

§ 21.813 (relating application for certification)

Section 21.813 provides information about the application for certification and supporting documentation for applicants for initial certification, applicants for certification by endorsement, and applicants for certification in an additional specialty area.

§ 21.821 (relating to CNS standards of conduct)

This section provides that, in addition to the standards of conduct for professional nurses set forth in § 21.18 (relating to standards of nursing conduct), a CNS may undertake a specific practice or procedure only if the CNS has the necessary knowledge, preparation, experience and competency to properly execute the practice or procedure and that the CNS must practice within the scope of practice of the particular clinical specialty area in which the nurse is certified by the Board. This provision mirrors a provision related to CRNPs.

§ 21.822 (relating to biennial renewal of certification)

This section sets forth the particulars related to a CNS's biennial renewal of the CNS certification. As with CRNPs, the certification expiration date is tied to the nurse's RN license expiration date. The biennial continuing education required by statute is cross-referenced in § 21.822(d).

§ 21.823 (relating to CNS-level continuing education; waiver; and sanctions)

The Board also provides, in § 21.823(a), that in lieu of meeting the continuing education requirement in section 12.1(b) of the act (63 P.S. § 222(b)) (pertaining to continuing education for professional nurses), a CNS may submit proof that the CNS has completed 30 hours of continuing education required by section 8.5(c)(2) of the act. (63 P.S. § 218.5(c)(2)). This provision is similar to the provision requiring continuing education of CRNPs. Both CRNPs and CNSs will be required to complete just 30 hours of continuing education at the professional nurse level to renew their RN license, rather than requiring a CNS to complete an additional 30 hours of continuing education at the RN level to renew the CNS certificate.

Subsection 21.823(b) sets forth the circumstances under which the Board might waive the continuing education requirement, and provides that a request for waiver must be made at least 90 days prior to the end of the renewal period.

Finally, subsection 21.283(c) reminds licensees that they may be sanctioned for failure to meet the statutorily-mandated continuing education requirements.

§ 21.824 (relating to inactive status and reactivation)

In order to renew a license that has been placed on inactive status, a CNS must provide proof of compliance with the continuing education requirement in the biennial renewal period immediately preceding the request for reactivation. This provision is consistent with provisions related to CRNPs. In addition, if the CNS's professional nursing license was also on inactive status, the CNS will have to renew the RN license and, if necessary, meet the continued competency requirements for RNs set forth in § 21.30a (relating to continued competency).

§ 21.825 (relating to sources of continuing education)

This section provides for pre-approved providers of continuing education courses, similar to the provisions related to both professional nurses and CRNPs. The section also provides for CNSs or continuing education providers to obtain Board approval for continuing education. Finally, this section provides for CNSs to obtain continuing education credit for individual study, teaching, publishing, and the like.

§21.826 (relating to requirements for continuing education courses)

This section sets forth the minimum standards for courses, including adequate instructors, facilities and an established mechanism to measure the quality of the continuing education program.

§ 21.827 (relating to continuing education course approval)

This section relates to the approval of a continuing education course. Every continuing education provider must provide a certificate of attendance to nurses who complete the program. Providers who are not on the list of pre-approved providers, must submit information to the Board to determine whether the provider's proposed course should be authorized for continuing education credit.

§ 21.828 (relating to CNS responsibilities)

This section provides that the CNS is required to maintain documentation of the continuing education completed. The section also describes the verification procedure on the biennial renewal application.

§ 21.831 (relating to penalties for violations)

This section sets forth the penalties for violations of the act or regulations of the Board.

Fiscal Impact and Paperwork Requirements

The amendments will have no adverse fiscal impact on the Commonwealth or its political subdivisions, because the costs of the Board's activities are supported by fees charged to licensees and others who benefit from specific activities of the Board. The amendments will impose no additional paperwork requirements upon the Commonwealth or political subdivisions.

Sunset Date

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

Regulatory Review

Under section 5(a) of the Regulatory Review Act (71 P.S. § 745.5(a)), on June 4, 2008, the Board submitted a copy of this proposed rulemaking and a copy of a Regulatory Analysis form to the Independent Regulatory Review Commission (IRRC) and to the Chairpersons of the Senate Consumer Protection and Professional Licensure Committee and the House Professional Licensure Committee. A copy of this material is available to the public upon request.

Under section 5(g) of the Regulatory Review Act, IRRC may convey any comments, recommendations or objections to the proposed rulemaking within 30 days of the close of the public comment period. The comments, recommendations or objections shall specify the regulatory review criteria which have not been met. The Regulatory Review Act specifies detailed procedures for review, prior to final publication of the rulemaking, by the Board, the General Assembly and the Governor of comments, recommendations or objections raised.

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, within 30 days of publication of this proposed rulemaking in the *Pennsylvania Bulletin*. Please reference No. 16A-5133 (clinical nurse specialists), when submitting comments.

Mary Bowen, RN, DNS, CNAA, Chairman
State Board of Nursing

ANNEX A

PENNSYLVANIA CODE
TITLE 49. PROFESSIONAL AND VOCATIONAL STANDARDS

PART I. DEPARTMENT OF STATE

Subpart A. PROFESSIONAL AND OCCUPATIONAL AFFAIRS

CHAPTER 21. STATE BOARD OF NURSING

Subchapter H. CLINICAL NURSE SPECIALISTS

GENERAL PROVISIONS

§ 21.801. Definitions.

The following words and terms, when used in this subchapter, have the following meanings, unless the content clearly indicates otherwise:

Act – The Professional Nursing Law (63 P.S. §§ 211-225.5), which provides for the certification of Clinical Nurse Specialists.

Approved – Approved by the Board.

Approved program – Those educational programs accredited by the NLNAC or CCNE for preparing a professional nurse to practice as a Clinical Nurse Specialist.

Board – The State Board of Nursing of the Commonwealth.

CCNE – Commission on Collegiate Nursing Education – The organization recognized by the United States Secretary of Education as a national accreditation agency that provides a nongovernmental peer review process in accordance with nationally recognized standards established for the practice of accreditation in the United States.

CNS – Clinical Nurse Specialist – A registered nurse licensed in this Commonwealth who meets the educational and examination or equivalency requirements of the act and who is certified by the Board to function in a particular clinical specialty area.

National certification – The credential awarded by a Board-recognized organization evidencing that an individual has passed a national certification examination to practice as a CNS in a particular specialty area and has maintained current national certification in the area as specified by the organization.

National certification organization – An organization recognized by the Board and maintained on the approved list on the Board’s website that has as one of its purposes the examination of individuals to practice as CNSs in a particular specialty area.

NLNAC – National League for Nursing Accrediting Commission – The organization that is recognized as the accrediting body for all types of nursing education programs by the United States Department of Education and that is responsible for the specialized accreditation of nursing education programs, both post-secondary and higher degrees.

Nursing specialty organization – An organization recognized by the Board and maintained on the approved list on the Board’s website that has as one of its purposes the evaluation of the credentials of an individual to practice as a CNS in a particular specialty area.

§ 21.802. Scope.

In this subchapter the Board:

- (1) Provides for certification of clinical nurse specialists who meet the qualifications set forth in the act.
- (2) Administers the act by providing rules and regulations relating to the issuance and renewal of clinical nurse specialist certification.
- (3) Provides rules and regulations for the conduct of clinical nurse specialists.
- (4) Regulates the practice of clinical nurse specialists.

§ 21.803. Applicability of rules relating to professional nurses.

The provisions of §§ 21.1 – 21.4a (relating to general provisions governing registered nurses), 21.6 (relating to professional corporations) and §§ 21.11 – 21.18a (relating to responsibilities of the registered nurse) apply to nurses certified under this subchapter.

21.804. Approved educational programs; approval of credentialing organizations.

- (a) The Board will approve educational programs as set forth in section 6.2(c) of the act (63 P.S. § 216.2(c)).
- (b) The Board will maintain a list of approved educational programs on its website as set forth in section 6.2(c)(2) of the act.
- (c) Educational programs that prepare nurses to practice as clinical nurse specialists created after March 20, 2008, shall submit evidence that the program meets the criteria set forth in section 6.2(c)(1) of the act to the Board for inclusion on the list of approved programs.
- (d) Organizations that evaluate the credentials of nurses for certification by the Board under § 21.811(b) (relating to qualifications for certification) shall submit documentation of their credentials review process and standards to the Board for consideration and inclusion on the list of approved organizations.

§ 21.805. Fees.

- (a) The following fees are charged by the Board:

<u>Certification as a clinical nurse specialist.....</u>	<u>\$100</u>
<u>Biennial renewal fee.....</u>	<u>\$50</u>
<u>Restoration of certificate after sanction</u>	<u>\$50</u>
<u>Restoration of certificate after lapse of 5 years or greater.....</u>	<u>\$50</u>
<u>Fee for verification of certification.....</u>	<u>\$15</u>
<u>Fee for certification of license history</u>	<u>\$30</u>
<u>Approval of a continuing education activity, per credit hour.....</u>	<u>\$75</u>

(b) In addition to the application fee prescribed in subsection (a), which is payable directly to the Board, a candidate for national certification will also pay an additional fee to the national certification organization. A candidate may contact the national certification organization for more information regarding the national CNS examination and examination fee. In addition to the application fee prescribed in subsection (a), which is payable directly to the Board, a candidate for credentials review by a Board-recognized organization will also pay an additional fee to the credentialing organization. A candidate may contact the credentialing organization for more information regarding the evaluation of credentials and the fee for credentials evaluation.

CERTIFICATION REQUIREMENTS

§ 21.811. Qualifications for initial certification.

An applicant for initial certification as a CNS by the Board must hold a current, unrestricted license to practice professional nursing in the Commonwealth and shall show evidence of one of the following:

- (a) *Nursing education and national certification by examination.* Completion of an accredited, Board-approved master's degree in nursing, doctorate degree in nursing, or post-master's degree or certificate in nursing that prepared the applicant to practice as a CNS and current national certification by examination at the CNS level from a Board-recognized national nursing, nursing specialty or credentialing organization in a designated specialty area, as provided in section 8.5(a)(1) of the act (63 P.S. § 218.5(a)(1)).

- (1) For purposes of conferring certification under § 21.811(a), an organization may apply to the Board for inclusion on the list of Board-recognized national nursing, nursing specialty and credentialing organizations for purposes of this section. An applicant shall provide evidence that it is accredited or recognized by the American Board of Nursing Specialties (ABNS) or the National Council of State Boards of Nursing (NCSBN) to offer a CNS certification examination. The CNS certification examination offered by the organization must have, as a minimum prerequisite, the completion of a master's degree in nursing, doctorate degree in nursing or post-master's degree or certificate in nursing in the specialty area of examination.

- (2) The Board will provide on its website a list of the national nursing, nursing specialty and credentialing organizations recognized by the Board for conferring CNS national certification by examination under § 21.811(a).

- (b) *Nursing education and equivalency to national certification by examination.* Completion of an accredited, Board-approved master's degree in nursing, doctorate degree in nursing, or post-master's degree or certificate in nursing that prepared the applicant to practice as a CNS and, if there is no certification examination available in the specialty area, evidence that the applicant has met the equivalence requirements under section 8.5(a)(2) of the act (63 P.S. § 218.5(a)(2)) as follows:

(1) An applicant for certification as a CNS under this subsection may demonstrate equivalence to national certification by examination in the CNS's specialty area as follows:

(A) For a CNS who, by virtue of the CNS's educational program being accepted by a national certification organization, is authorized to take a national certification examination in a CNS specialty, the CNS may demonstrate a passing score on a national CNS certifying examination from a national certification organization on the list under § 21.811(a)(2), in an area that encompasses the CNS's specialty area.

(B) For a CNS who is not eligible to take a national certification examination in the CNS specialty area or in an area that encompasses the CNS specialty area, the CNS may demonstrate certification by a Board-recognized national nursing, nursing specialty or credentialing organization within the past 3 years, or recertification if the certification or other process occurred more than 3 years ago.

(2) For purposes of conferring certification under § 21.811(b)(1)(B), an organization may apply to the Board for inclusion on the list of Board-recognized national nursing, nursing specialty and credentialing organizations by submitting documentation of the organization's credentials review standards and process. The Board will recognize organizations that include a reliable mechanism to evaluate an individual's

ability to apply the skills and knowledge obtained in the individual's educational program at the advanced practice nursing level in a particular specialty.

(3) The Board will provide on its website a list of the national nursing, nursing specialty and credentialing organizations recognized by the Board for certification of CNSs under § 21.811(b)(1)(B).

(c) Related education and national certification. Completion of an educational program that culminated in the award of a master's degree in nursing or higher degree, in a related discipline that, prior to the effective date of the act of July 20, 2007 (P.L. 320, No. 49), qualified a nurse for national certification as a CNS, and current national certification as a CNS by the American Nurses Credentialing Center (ANCC), as provided in section 8.5(b)(1) of the act (63 P.S. § 218.5(b)(1)).

§ 21.812. Qualifications for certification by endorsement or change of clinical specialty area.

(a) Certification by Endorsement. An applicant for certification by the Board who holds a current, unrestricted license, certificate or authorization to practice as a CNS from another state, territory or possession of the United States or a foreign country, shall meet the certification requirements of the Board at the time of application.

(b) Change of Clinical Specialty Area. A CNS who is already certified by the Board may apply for certification in an additional specialty area. In order to be granted

certification in an additional specialty area, the CNS must meet the educational and national certification or equivalency requirements for the specialty area in which the CNS is applying for certification.

§ 21.813. Application for certification.

- (a) An applicant for certification as a CNS shall submit an application form provided by the Board to the Board for its review and approval.
- (b) An applicant for initial certification as a CNS shall include documentation satisfactory to the Board that the applicant meets the educational qualifications and national certification requirements set forth in §§ 21.811 (relating to qualifications for initial certification).
- (c) In addition to the documentation set forth in paragraphs (a) and (b), an applicant for certification by endorsement shall include documentation satisfactory to the Board of the following:
 - (1) Verification of current, unrestricted licensure, certification or authority to practice as a professional nurse and CNS issued by the proper licensing authority of another state, territory or possession of the United States or a foreign country.
 - (2) A written statement from the out-of state licensing, credentialing or authorizing entity setting forth the licensure, certification or authorization to practice requirements at the time the applicant was first licensed, certified or authorized to practice by that entity.

- (d) An applicant who holds certification from the Board as a CNS who is applying for certification in an additional specialty area under § 21.812(b) shall submit, in addition to the documentation required under paragraphs (a) and (b), documentation of the following:
- (1) Official transcript from the applicant's CNS program and any additional educational programs, including degree awarded, demonstrating a concentration in the specialty area in which the applicant is seeking certification.
 - (2) Proof of current national certification as a CNS from a Board-recognized national certification organization or proof the applicant meets the equivalency requirements for the specialty area in which the applicant is apply for certification.
- (e) An applicant shall remit the certification fee set forth in § 21.805 (relating to fees).
- (f) An applicant shall submit additional information as identified on the application or as requested in writing by the Board. If supporting material is not provided within 12 months, the applicant will be required to file a new application.

MAINTENANCE OF CERTIFICATION

§ 21.821. CNS standards of conduct.

In addition to the standards of conduct for a professional nurse set forth in § 21.18 (relating to standards of nursing conduct), a CNS shall undertake a specific practice or procedure only if the CNS has the necessary knowledge, preparation, experience and competency to properly execute the practice or procedure.

§ 21.822. Biennial renewal of certification

- (a) The certification of a CNS will expire at the same time as the CNS's professional nursing license as provided at § 21.29 (relating to expiration and renewal of license).
- (b) Notice of application for renewal will be forwarded biennially to each active CNS at the CNS's address of record with the Board prior to the expiration date of the current biennial period.
- (c) As a condition of biennial renewal, a CNS shall hold a valid, unexpired and unrestricted professional nursing license.
- (d) As a condition of biennial renewal, a CNS shall complete a minimum of 30 hours of Board-approved continuing education in the 2 years prior to renewal as required by section 8.5(c)(2) of the act, unless the requirement is waived by the Board or the CNS's certification is on inactive status.

- (e) The applicant shall remit the required renewal fee set forth in § 21.805 (relating to fees) with the applicant's renewal application forms. Upon approval of the renewal application, the CNS will receive a certification for the current renewal period.
- (f) Any written communication with the Board shall be typed or printed and include the CNS's full name, including former names, the current address and certification number.

§ 21.823. CNS-level continuing education; waiver; sanctions.

- (a) In lieu of meeting the requirements of section 12.1(b) of the act (63 P.S. § 222(b)), a CNS may submit proof of completion of the continuing education requirement set forth in section 8.5(c)(2) of the act (63 P.S. § 218.5(c)(2)).
- (b) The Board may waive the requirements of continuing education in cases of illness or undue hardship. It is the duty of each licensee who seeks a waiver to notify the Board in writing and request the waiver at least 90 days prior to the end of the renewal period. The Board will grant, deny or grant in part the request for waiver.
- (c) An individual failing to meet the continuing education requirements for a biennial period will be sanctioned in accordance with 49 Pa. Code § 43b.18a (related to schedule of civil penalties for nurses).

§ 21.824. Inactive status and reactivation.

A CNS who places the CNS's certification on inactive status is not required to meet the continuing education requirements in section 8.5(c)(2) of the act (63 P.S. § 218.5(c)(2)) during the period the certification is on inactive status. Upon application for reactivation of certification, the CNS shall provide the documentation set forth in § 21.828(b) to demonstrate that the CNS has met the continuing education requirements for the biennial period immediately preceding the request for reactivation.

§ 21.825. Sources of continuing education.

(a) The following providers of continuing education and credentialing organizations have currently met the standards for course approval for continuing education and, provided that these providers and credentialing organizations agree to abide by § 21.826 and 21.827 (relating to requirements for continuing education courses and continuing education course approval), they are pre-approved to offer creditable continuing education, subject to reevaluation as set forth in subsection (b):

- (1) Board-approved CNS educational programs and CNS educational programs approved by other state boards of nursing or that hold current accreditation issued by a national nursing accreditation organization.
- (2) National and international nursing organizations and their state and local affiliates.
- (3) National and international medical and osteopathic organizations and their state and local affiliates.

- (4) National pharmaceutical organizations and their state and local affiliates.
 - (5) National nursing specialty organizations.
 - (6) Continuing education programs approved by other state boards of nursing for CNSs.
- (b) The approval given to the providers and credentialing organizations in subsection (a) is subject to reevaluation. A rescission of provider or credentialing organization approval will be made in accordance with 1 Pa. Code Part II (relating to General Rules of Administrative Practice and Procedure) or by amendment of this section.
- (c) CNSs may obtain credit for continuing education offered by providers not indicated in subsection (a) if the provider obtains Board approval of the continuing education prior to its implementation, or the CNS obtains Board approval of the continuing education prior to attending the continuing education. A continuing education provider or CNS may obtain Board approval of continuing education by submitting a request for approval and the supporting documentation listed in § 21.827(b) not less than 60 days prior to the course. The Board will approve or disapprove the request within 45 days.
- (d) CNSs may obtain credit for correspondence courses, taped study courses, and other independent or online study courses if the course is Board approved.
- (e) Up to 15 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 the CNS's area of practice.

- (f) An hour for the purposes of CNS continuing education is 50 minutes.

§ 21.826. Requirements for continuing education courses.

Each course shall have:

- (1) 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.
- (2) Adequate facilities with appropriate instructional materials to carry out continuing education programs.
- (3) An instructor or instructors whose area of expertise is in the subject matter being taught.

§ 21.827. Continuing education course approval.

- (a) As a condition of approval, providers and credentialing organizations are required to provide CNSs who complete continuing education courses with a certificate of completion which contains the information listed in § 21.828(a) (relating to CNS responsibilities).
- (b) Providers or CNSs requesting Board approval for continuing education as set forth in § 21.825(c) shall pay the fee set forth in § 21.805 (relating to fees) and shall submit the following information to the Board:
 - (1) The full name and address of the provider.

- (2) The title of the program.
 - (3) The dates and location of the program.
 - (4) The faculty names, titles, affiliations, degrees and areas of expertise.
 - (5) The schedule of the program – title of subject, lecturer and time allocated.
 - (6) The total number of hours requested.
 - (7) The method of certifying and assuring attendance, and draft of certificate of attendance to be provided to course participants.
 - (8) The course objectives.
 - (9) The target audience.
 - (10) The core subjects.
 - (11) The instruction and evaluation methods.
 - (12) Other information requested by the Board.
- (c) The provider shall provide CNSs who successfully complete a course with a certificate of attendance.
- (d) A separate application shall be submitted whenever a change is made to any information submitted under subsection (b), except for information related to a change in date or location, or both.

§ 21.828. CNS responsibilities.

- (a) A CNS is required to maintain documentation of completion of continuing education, including:
- (1) CNS's name.
 - (2) Dates attended.
 - (3) Continuing education hours.
 - (4) Title of course.
 - (5) Course provider.
 - (6) Location of course.
- (b) Primary responsibility for documenting completion of the continuing education requirements rests with the CNS. A CNS seeking to renew certification shall verify compliance with continuing education requirements. Certificates of attendance and other documentation of completion of continuing education requirements must be maintained for 5 years. The Board approval letter sent to the applicant will be considered acceptable documentation of hours obtained through § 21.825(c) or (e) (relating to sources of continuing education).
- (c) Falsification of information required under this section or failure to complete the continuing education requirements by those who continue to practice as a CNS may result in the institution of formal disciplinary action under section 14(a)(3) of the act (63 P.S. § 221(a)(3)) and § 21.831(3) (relating to penalties for violations).

PENALTIES FOR VIOLATION

§ 21.831. Penalties for violations.

Certification as a CNS may be suspended, revoked or otherwise restricted when, after notice and opportunity to be heard, the Board finds that:

- (1) The CNS has engaged in the performance of functions and tasks beyond the scope of practice permitted for a CNS or beyond the scope of the CNS's clinical specialty area as provided in the act and this subchapter.
- (2) The CNS has performed a task or function which the CNS does not have the necessary knowledge, preparation, experience and competency to perform properly or is not qualified under the act and this subchapter to perform.
- (3) The CNS has violated the act or this subchapter, or engaged in any conduct prohibited for professional nurses.

FEE REPORT FORM

Agency: State - BPOA

Date: August 7, 2007

Contact: Basil Merenda
Commissioner, Bureau of Professional & Occupational Affairs

Phone No.: 783-7192

Fee Title, Rate and Estimated Collections:

Clinical Nurse Specialist Certification Fee: **\$100.00**

Estimated Biennial Revenue: \$125,000.00 (1,250 applications x \$100.00)

Fee Description:

The fee will be charged to every applicant for certification as a Clinical Nurse Specialist.

Fee Objective:

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

Fee-Related Activities and Costs:

Staff time- review and prepare examination application (.08 hr)	1.62
Staff time-evaluate application (.08 hr)	2.52
Attorney-avg. time to review legal issues (.08 hr)	4.27
Board Mtg: - review/discuss (.08 hr)	50.00
Professional Staff - review qualifications (.75 hr)	29.50
Exec. Sec. - avg. time per app: (.08 hr)	3.74
Administrative Overhead:	12.91
Total Estimated Cost:	104.56
Proposed Fee:	\$100.00

Analysis, Comment, and Recommendation:

It is recommended that a fee of \$100.00 be established to process an application for certification as a Clinical Nurse Specialist.

Page 2 Certification Fee – Clinical Nurse Specialist:

Nurse Practice Advisor (NPA) receives multiple page application, transcripts, certificates and other related documents to validate education. NPA evaluates all documents for compliance with the statute, regulations and board criteria for certification.

If applicant is not a graduate of a Pa. Nurse Board approved program, equivalency evaluation determines if programs are equal to in a Pa. State Board approved program.

If all requirements are met, NPA grants approval, application is forwarded to staff for processing, entry into the data system and issuance of a certificate number correlated to the RN license number.

Approximately ten (10) per cent of all applicants require further processing and sometimes lengthy processing because the state from which they are transferring has no legal recognition of advanced nursing practice; the licensee's education may be spread over several institutions and/or within several states, and/or recognition in another state is based on national certification not recognized by Pennsylvania. Receipt and review of required documents could evolve from several states and can take a great deal of time to process.

Should the applicant be denied certification, there is a process whereby the applicant may appeal to the board. All materials accumulated by the NPA, plus any additional documents the applicant may wish to present, are prepared for review and a decision by the board; clerical staff support is necessary throughout the entire procedure.

Time to cover review and action by legal office, executive secretary and board meeting review has been averaged over total number of applications anticipated in a biennial cycle.

FEE REPORT FORM

Agency: State - BPOA

Date: August 7, 2007

Contact: Basil Merenda
Commissioner, Bureau of Professional & Occupational Affairs

Phone No. 783-7192

Fee Title, Rate and Estimated Collections:

Restoration After Sanction For Clinical Nurse Specialist Fee: \$50.00
Estimated Biennial Revenue: \$500.00 (10 applications x \$50.00)

Fee Description:

The fee will be charged to every person who applies to reactivate their license following legal sanction in Pennsylvania.

This fee is charged in addition to the appropriate biennial renewal fee.

Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Nursing to review and process an application for reactivating a license following legal sanction in Pennsylvania and (2) defray a portion of the Board's administrative overhead.

Fee-Related Activities and Costs:

Legal Office Staff time- pull application and prepare corresponding paperwork	(.25 hr)	5.11
Board administrator - process application	(.25 hr)	6.35
Attorney - review legal issues	(.45 hr)	24.83
Administrative Overhead:		<u>12.91</u>
	Total Estimated Cost:	49.20
	Proposed Fee:	\$50.00

Analysis, Comment, and Recommendation:

It is recommended that a fee of \$50.00 be established to review and evaluate an application to reactivate a Clinical Nurse Specialist license after legal sanction in Pennsylvania.

Page 2

Restoration After Sanction Fee:

Legal office staff reviews application for completeness. Attorney contacts licensee to inform him/her of required documents and possibility of hearing. Attorney will review legal issues and if required the Board will review and vote on reactivating the license.

FEE REPORT FORM

Agency: State - BPOA

Date: August 7, 2007

Contact: Basil Merenda
Commissioner, Bureau of Professional and Occupational Affairs

Phone No. 783-7192

Fee Title, Rate and Estimated Collections:

Reactivation Fee-Lapsed Clinical Nurse Specialist -(after 5 years):

Reactivation Fee: \$50.00

Estimated Biennial Revenue: \$100.00 (2 applications x \$50.00)

Fee Description:

The fee will be charged to every person who applies to reactivate an expired license following five years of inactive (lapsed) status in Pennsylvania. **This fee is charged in addition to the appropriate biennial renewal fee.**

Fee Objective:

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

Fee-Related Activities and Costs:

Staff time- review and prepare examination application (.17 hr)	3.38
Board administrator - process application (.17 hr)	10.03
Professional staff -evaluate application (.17 hr)	6.56
Attorney-avg. time to review legal issues (.03 hr)	1.71
Board Meeting - avg. time to review/vote (.03 hr)	20.00
Exec. Sec. - avg. time per app: (.02 hr)	.75
Administrative Overhead:	<u>11.50</u>
Total Estimated Cost:	53.93
Proposed Fee:	\$50.00

Analysis, Comment, and Recommendation:

It is recommended that a fee of \$50.00 be established to review and evaluate an application for reactivation of a Clinical Nurse Specialist's license after five (5) years of lapsed status.

Page 2

Reactivation Fee: (after five years of lapsed/inactive status)

Board staff reviews application for completeness, verifies that supporting documents are attached, contacts applicant to request any missing information. Application is forwarded to professional staff for review to ensure that legal questions and board criteria for reactivation have been met. Information provided on the application regarding criminal conviction/chemical dependency/etc. may necessitate further research and review. Time to cover review and action by legal office, executive secretary and board meeting review has been averaged over total number of applications anticipated in a biennial cycle.

FEE REPORT FORM

Agency: State - BPOA

Date: August 28, 2007

Contact: Basil Merenda
Commissioner, Bureau of Professional & Occupational Affairs

Phone No. 783-7192

Fee Title, Rate and Estimated Collections:

Verification of Clinical Nurse Specialist Certification:	\$15.00
Estimated Biennial Revenue:	\$1,125.00 (75 verifications x \$15.00)

Fee Description:

The fee will be charged to every applicant who requests verification of Clinical Nurse Specialist Certification.

Fee Objective:

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

Fee-Related Activities and Costs:

Staff time- process request for verification	(.08 hr)	1.70
Bureau Average Administrative Overhead:		12.91
	Total Estimated Cost:	\$14.61
	Proposed Fee:	\$15.00

Analysis, Comment, and Recommendation:

It is recommended that a fee of \$15.00 be established for verification of Clinical Nurse Specialist Certification.

Board Staff: Reviews request for verification, researches computer, microfilm or other files to retrieve pertinent information, transfers that information onto document submitted by requester, affixes Bureau seal onto documents, forwards as instructed by applicant.

FEE REPORT FORM

Agency: State - BPOA

Date: August 28, 2007

Contact: Basil Merenda
Commissioner, Bureau of Professional and Occupational Affairs

Phone No. 783-7192

Fee Title, Rate and Estimated Collections:

Certification of License History for Clinical Nurse Specialist: \$ 30.00

Estimated Biennial Revenue: \$9,000.00 (300 certifications x \$30.00)

Fee Description:

The fee will be charged to every applicant who requests certification of license history.

Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Nursing to review and process a request for certification of license history and (2) defray a portion of the Board's administrative overhead.

Fee-Related Activities and Costs:

Staff time- process request for certification (.50 hr)	10.21
Board Administrator - avg. time to process (.25 hr)	6.35
Administrative Overhead:	<u>12.91</u>
Total Estimated Cost:	\$29.47
Proposed Fee:	\$30.00

Analysis, Comment, and Recommendation:

It is recommended that a fee of \$30.00 be established for certification of license history.

Certification of License History: Clinical Nurse Specialist

Board Staff: Reviews request for certification of license history for Clinical Nurse Specialist; researches files, microfiche, reports and other data to retrieve requested information, provides documentation requested, affixes Bureau seal and forwards as directed by applicant. This procedure is used when other Board documents (Letter of Good Standing or Certification of Scores) are inadequate to fulfill the request. Processing times have been averaged over the total number of requests anticipated in a biennial cycle since it is impossible to know in advance which requests will require contact with other source agencies.

FEE REPORT FORM

Agency: State - BPOA

Date: August 28, 2007

Contact: Basil Merenda
Commissioner, Bureau Of Professional & Occupational Affairs

Phone No. 783-7192

Fee Title, Rate and Estimated Collections:

Continuing Education Course By Credit Hour Application Fee: \$75.00

Estimated Biennial Revenue: \$7,500.00 (100 applications x \$75.00)

(Estimated Biennial Revenue assumes each course awarded equals one hour)

Fee Description:

The fee will be charged to every applicant for each hour of a continuing education course submitted for approval.

Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Nursing to review and process an application, by credit hour, for approval of each continuing education course and (2) defray a portion of the Board's administrative overhead.

Fee-Related Activities and Costs:

Staff time - receive application/send results	(1.50 hr)	38.37
NPA/NEA – avg. cost to evaluate application	(.50 hr)	21.69
Administrative Overhead:		<u>12.91</u>
Total Estimated Cost:		\$72.97
Proposed Fee:		\$75.00

Analysis, Comment, and Recommendation:

It is recommended that a fee of \$75.00 per credit hour, be established to review an application for approval of a continuing education course.

Page 2

Continuing Education Course Approval Fee:

Continuing Education providers and Nurses applying for individual approval of CE must submit an application to the board for approval. Clerk Typist 3 reviews, evaluates and analyzes CE application. Determines if critical elements required by regulation are evident in the application course objectives, overview and content, and determines the number of hours awarded. Questions are referred to NPA/NEA. Contacts program director if additional clarification is needed. NPA/NEA prepares and presents a written summary of findings for the Board of Nursing as needed. If necessary, Advisor requests additional information as required by the Board.

FEE REPORT FORM

Agency: State - BPOA

Date: August 28, 2007

Contact: Basil Merenda
Commissioner, Bureau of Professional & Occupational Affairs

Phone No. 783-7192

Fee Title, Rate and Estimated Collections:

Biennial Renewal Fee: Clinical Nurse Specialist: \$50.00
Estimated Biennial Revenue: \$55,000.00 (1,100 applications x \$50.00)

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 \$50.00 be established for renewal of each Clinical Nurse Specialist.

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1254 Session of
2007

INTRODUCED BY GIBBONS, BELFANTI, CURRY, EACHUS, FREEMAN, GEIST,
GRUCELA, PETRONE, SAYLOR, YOUNGBLOOD, MURT, SOLOBAY, KULA,
SIPTROTH, CREIGHTON, KORTZ, HORNAMAN, GERGELY, FABRIZIO,
JAMES, THOMAS AND CALTAGIRONE; MAY 10, 2007

AS AMENDED ON THIRD CONSIDERATION, IN SENATE, JULY 12, 2007

AN ACT

1 Amending the act of May 22, 1951 (P.L.317, No.69), entitled, as
2 amended, "An act relating to the practice of professional
3 nursing; providing for the licensing of nurses and for the,
4 revocation and suspension of such licenses, subject to
5 appeal, and for their reinstatement; providing for the
6 renewal of such licenses; regulating nursing in general;
7 prescribing penalties and repealing certain laws," providing
8 for the definition of "clinical nurse specialist"; and
9 providing for clinical nurse specialists.

10 The General Assembly of the Commonwealth of Pennsylvania
11 hereby enacts as follows:

12 Section 1. Section 2 of the act of May 22, 1951 (P.L.317,
13 No.69), known as The Professional Nursing Law, is amended by
14 adding a clause to read:

15 Section 2. Definitions.--When used in this act, the
16 following words and phrases shall have the following meanings
17 unless the context provides otherwise:

18 * * *

19 (15) "Clinical nurse specialist" means a registered nurse
20 licensed in this Commonwealth who is certified by the State

1 Board of Nursing as a clinical nurse specialist.

2 Section 2. Section 3 of the act, amended December 20, 1985
3 (P.L.409, No.109), is amended to read:

4 Section 3. Registered Nurse, Clinical Nurse Specialist, Use
5 of Title and Abbreviation "R.N." or "C.N.S."; Credentials;
6 Fraud.--(a) Any person who holds a license to practice
7 professional nursing in this Commonwealth, or who is maintained
8 on inactive status in accordance with section 11 of this act,
9 shall have the right to use the title "registered nurse" and the
10 abbreviation "R.N." No other person shall engage in the practice
11 of professional nursing or use the title "registered nurse" or
12 the abbreviation "R.N." to indicate that the person using the
13 same is a registered nurse. No person shall sell or fraudulently
14 obtain or fraudulently furnish any nursing diploma, license,
15 record, or registration or aid or abet therein.

16 (b) An individual who holds a license to practice
17 professional nursing in this Commonwealth who meets the
18 requirements UNDER SECTIONS 6.2 AND 8.5 OF THIS ACT to be a <—
19 clinical nurse specialist shall have the right to use the title
20 "clinical nurse specialist" and the abbreviation "C.N.S." No
21 other person shall have that right.

22 Section 3. Sections 6.2 and 7 of the act are amended by
23 adding subsections to read:

24 Section 6.2. Education Programs, Approved Lists,
25 Distribution; Student Credits Where School Removed from List.--*

26 * *

27 (c) (1) Educational programs for the education of clinical <—
28 nurse specialists that are operated within a regionally
29 accredited college or university and that culminate in at least <—
30 a master's degree or doctorate in nursing or a post-master's

1 certificate in nursing, with a concentration in the role of the
2 clinical nurse specialist and that are approved by a national
3 accrediting body AND WHERE A MASTER'S DEGREE, DOCTORATE IN <—
4 NURSING OR A POST MASTER'S DEGREE IS AWARDED, WITH A PROGRAM
5 CONCENTRATION IN THE ROLE OF A CLINICAL NURSE SPECIALIST. THESE <—
6 PROGRAMS SPECIALIST, MUST BE APPROVED BY A NATIONAL ACCREDITING <—
7 BODY for nursing education programs recognized by the board AND <—
8 shall be considered approved programs only for the purposes of
9 conferring certification to practice as a clinical nurse
10 specialist.

11 (1) (2) Within ninety (90) days of the effective date of
12 this subsection, the board shall announce on its Internet
13 website the recognized national accrediting bodies for purposes
14 of this subsection.

15 (2) (3) Within one hundred eighty (180) days of the <—
16 effective date of this subsection, education programs meeting
17 these requirements shall submit the name, address and telephone
18 number of the program; name and curriculum vitae of the program
19 director; and proof of accreditation to the board by a national
20 accrediting body recognized by the board for inclusion on the
21 list of approved clinical nurse specialist education programs.

22 (3) (4) Programs created more than six (6) months after the <—
23 effective date of this subsection shall submit the information
24 required in this subsection to the board for inclusion on the
25 list of approved programs.

26 Section 7. Graduates of Schools of Other States, Territories
27 or Dominion of Canada.--* * *

28 (c) The board may issue a certification to A clinical nurse <—
29 specialists who have SPECIALIST WHO HAS completed a course of <—
30 study considered by the board to be equivalent to that required

WAKE
CODE

1 in this Commonwealth UNDER SECTIONS 6.2 AND 8.5 OF THIS ACT at
2 the time such course was completed or who is licensed or
3 certified by another state, territory or possession of the
4 United States or a foreign country as deemed equivalent to
5 Pennsylvania's certification requirements, and who has met all
6 the requirements as to character and preliminary education
7 elsewhere in this act.

8 Section 4. The act is amended by adding sections to read:

9 Section 8.5. Clinical Nurse Specialist; Qualifications.--(a)

10 The board may certify a licensed registered nurse as a clinical
11 nurse specialist if the nurse satisfies the requirements
12 established by this act. Certification of a clinical nurse
13 specialist by the board shall expire on the same date as the
14 license of that nurse expires. Beginning on the effective date
15 of this section, a nurse shall not qualify for initial
16 certification by the board unless the nurse holds a master's
17 degree, doctoral degree or post-master's certificate from an
18 educational program in nursing that has been approved by the
19 board and that prepares graduates to practice as a clinical
20 nurse specialist and:

21 (1) holds current national certification as a clinical nurse
22 specialist in a designated specialty or in an area pertinent to
23 the designated specialty;

24 (2) meets equivalence requirements as specified in
25 regulations of the board where there is no certification
26 examination available in the specialty area; and

27 (3) meets all other board requirements to practice as a
28 clinical nurse specialist.

29 (b) Individuals who completed an educational program in a
30 related discipline previously recognized for national

1 certification as a clinical nurse specialist from a board-
2 recognized national certification organization shall be issued
3 certification by the board upon:

4 (1) submitting evidence of having current American Nurses
5 Association or American Nurses Credentialing Center
6 certification; and

7 (2) submitting an application to the board.

8 (c) As a condition of biennial certificate renewal by the
9 board, a clinical nurse specialist shall:

10 (1) Pay a renewal fee as set by the board.

11 (2) In the two years prior to certification renewal,
12 complete at least thirty (30) hours of continuing education
13 approved by the board, as required by section 12.1.

14 (d) For certification under this act, a licensed registered
15 nurse shall file a board-prepared application with the board and
16 pay a fee as established by the board by regulation.

17 (e) A clinical nurse specialist practicing in this
18 Commonwealth shall maintain a level of professional liability
19 coverage as required for a nonparticipating health care provider
20 under the act of March 20, 2002 (P.L.154, No.13), known as the
21 "Medical Care Availability and Reduction of Error (Mcare) Act,"
22 and shall not be eligible to participate in the Medical Care
23 Availability and Reduction of Error (Mcare) Fund.

24 Section 8.6. Scope of Practice for Clinical Nurse
25 Specialist.--(a) Nothing in this act shall permit a clinical
26 nurse specialist to engage in the practice of medicine or
27 surgery as defined in the act of December 20, 1985 (P.L.457,
28 No.112), known as the "Medical Practice Act of 1985"; perform
29 acts of medical diagnosis; or prescribe medical therapeutic or
30 corrective measures. The restrictions in this subsection apply

1 to both physical and mental disorders.

2 (b) Nothing in this act shall be construed to limit or
3 prohibit a clinical nurse specialist from engaging in those
4 activities which normally constitute the practice of nursing,
5 including a nursing diagnosis, as defined in section 2.

6 Section 5. The State Board of Nursing shall promulgate
7 regulations to implement the amendment or addition of sections
8 2(15) and (16), 3, 6.2(c), 7(c), 8.5 and 8.6 of the act within
9 18 months of the effective date of this act.

10 Section 6. This act shall take effect in 60 days.



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

June 4, 2008

The Honorable Arthur Coccodrilli, Chairman
INDEPENDENT REGULATORY REVIEW COMMISSION
14th Floor, Harristown 2, 333 Market Street
Harrisburg, Pennsylvania 17101

Re: Proposed Regulation
State Board of Nursing
16A-5133: Certified Nurse Specialists

Dear Chairman Coccodrilli:

Enclosed is a copy of a proposed rulemaking package of the State Board of Nursing pertaining to certified nurse specialists.

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 that reads "Mary E. Bowen".

Mary E. Bowen, RN, CRNP, Chairperson
State Board of Nursing

MEB/TAL:klh

Enclosure

cc: Basil L. Merenda, Commissioner
Bureau of Professional and Occupational Affairs
Albert H. Masland, Chief Counsel
Department of State
Joyce McKeever, Deputy Chief Counsel
Department of State
Cynthia Montgomery, Regulatory Counsel
Department of State
Cynthia Montgomery, Senior Counsel in Charge
Department of State
Teresa Lazo, Counsel
State Board of Nursing
State Board of Nursing

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

RECEIVED

I.D. NUMBER: 16A-5133
 SUBJECT: CLINICAL NURSE SPECIALISTS
 AGENCY: DEPARTMENT OF STATE
 STATE BOARD OF NURSING

2008 JUN -4 AM 11:21

INDEPENDENT REGULATORY
REVIEW COMMISSION

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
6/14/08	<i>Nelson Bow</i>	HOUSE COMMITTEE ON PROFESSIONAL LICENSURE MAJORITY CHAIRMAN <i>Mike Sturla</i>
6/4/08	<i>Mary Walmer</i>	SENATE COMMITTEE ON CONSUMER PROTECTION & PROFESSIONAL LICENSURE MAJORITY CHAIRMAN <i>Robert M. Tomlinson</i>
6/4/08	<i>Kathy Cooper</i>	INDEPENDENT REGULATORY REVIEW COMMISSION
		ATTORNEY GENERAL (for Final Omitted only)
	<i>Blair 6/4/08</i>	LEGISLATIVE REFERENCE BUREAU (for Proposed only)