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July 3, 2008

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

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INDEPENDENT REGULATORY
REVIEW COMMISSION

Re: No. 16A-5133 (clinical nurse specialists)

Dear Ms. Steffanic,

I have several questions regarding the proposed rulemaking for clinical nurse specialists.

Question # 1: Under § 21.813. Application for certification, section (c) states that "in addition to the documentation in subsections (a) and (b), an applicant for certification by endorsement shall include documentation satisfactory to the Board of the following..." Requirement "b" which is referred to in section "c" requires the candidate to have national certification. The message I am getting from this section is that that CNS from another state would not be eligible for licensure by endorsement unless s/he is currently nationally certified in their specialty area. Is this correct? If so, what of the CNS candidate licensed in another state who does not have national certification? The premise of endorsement is that an individual can obtain a license by virtue of the fact that they are already in possession of a license in the given profession in another state. There are several states which do not require national certification, yet have highly qualified and skilled CNS's who would be denied licensure in this commonwealth via this requirement.

Question # 2: I am equally curious about CNS's who received their master's level CNS education before the ANCC required the 500 hours of supervised clinical practice to be included in their educational programs. I recall a time when CNSs were eligible for ANCC certification upon acquisition of 500 hours of clinical practice- post degree conferral. Many CNSs never sat for their ANCC CNS exam. Since their graduate program didn't include 500 hours of supervised clinical practice, it would seem to me that several qualified CNS's would be prohibited from licensure as they no longer meet current ANCC requirements to sit for the CNS exams. This is unfortunate as many CNS's pioneered the CNS role in their respective organizations at a time when Pennsylvania offered no CNS licensure.

Question # 3: Flowing from questions 1 and 2 above, I am curious as to why certification is being required for initial CNS licensure. When CRNPs were licensed in this state, a transition period was required under which those who were not nationally certified were eligible for licensure. CRNP candidates were informed of a future date when CRNP licensure would not be awarded without possession of a national certification. Why is this not the case with the clinical nurse specialist? It would seem that this would be the most common sense approach to address the issues raised by question number 2 (above).

Question/comment: Did the board consider provisions for CRNPs who do not practice as CRNPs, but whose practice more closely reflects the CNS role? Would there be a mechanism

by which the CRNP could obtain a CNS license? This question had its genesis in a conversation with two colleagues who are considering surrendering their CRNP designation because of the costs associated with malpractice insurance requirements. Since they do not work as CRNPs, they are paying the malpractice insurance out of pocket (as opposed to an employer paying these premiums). These individuals both possess a master's degree in clinical nursing specialty area, but are ineligible for certification as a CNS as they graduated from an NP program.

I thank you in advance, for your time and consideration.

Respectfully,

A handwritten signature in cursive script that reads "Timothy J. Legg". The signature is written in dark ink and is positioned above the printed name.

Timothy J. Legg PhD, RN, CRNP, NHA