Pennsylvania MEDICAL SOCIETY®

October 15, 2009

Arthur Coccodrilli, Chair
Pennsylvania Independent Regulatory
Review Commission
333 Market Street, 14th Floor
Harrisburg, PA 17101

Re: No. 16A-5124 CRNP General Revisions

Dear Mr. Coccodrilli:

As President of the Pennsylvania Medical Society, I am writing to provide comments on the final-form regulations for certified registered nurse practitioners prior to their publication in the *Pennsylvania Bulletin.*

Pennsylvania physicians recognize the contribution that certified registered nurse practitioners provide in the delivery of health care services within the commonwealth. I would also like to acknowledge and thank the State Board of Nursing for bringing the Medical Society to the table during discussions where many of our issues were addressed. There still remain some concerns, however, regarding the CRNP/physician ratio, CRNP identification, and the function of drug review committee.

CRNP/Physician Ratio

The Pennsylvania Medical Society believes that the current ratio of four certified registered nurse practitioners with prescriptive authority to one collaborating physician should remain in the regulations. The ratio insures that the physician has adequate time to interact with the nurse practitioners to provide safe, high quality care, and specifically with regard to prescribing drugs. There has been only one request for exception in all the years the restriction was in place. I'm more than a little curious to why the rationale for the elimination of the ratio has changed. In previous versions of the annex the reason was stated that, "the State Board of Medicine is the proper regulatory body to adopt regulations relating to the parameters of a physician's practice."[1] Now Section 21.287 "is outdated and contrary to the statutory scheme..."

During the discussions with the Nursing Board, Society representatives responded to the statement regarding the Board's lack of authority to regulate physicians by suggesting that the language indicate that the 4:1 ratio was appropriate behavior for nurse practitioners with prescriptive authority, absent a request for exception. As an aside, it is interesting that the physicians who commented in favor of the deletion of the ratio apparently were unaware of their opportunity to seek exception if the restriction negatively impacted patient care.

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[1] Proposed rulemaking, 38 Pa.B. 6161

CRNP Identification

The deletion of Section 21.286(a) requiring a receptionist to notify a patient that they will be seeing a nurse practitioner makes sense as it would be difficult to enforce. I am sure if the patient is unhappy about not seeing the physician they will certainly make the staff aware of it. Deletion of that requirement, however, makes it even more important that the nurse practitioner identifies himself/herself to the patient at the time of the visit.

Section 21.286(b) regarding an advertisement of a publicly displayed sign should spell out CRNP. CRNP is not a title, it's an acronym and it could be confusing to most people. Just as chiropractors and optometrists are required to identify themselves as "Doctor of Chiropractic" or "Doctor of Optometry" nurse practitioners with a doctoral degree should be identified as a "Doctor of Nursing."

Drug Review Committee

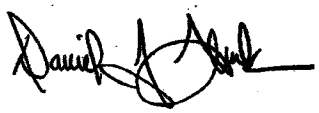
I recognize that the Board of Nursing has no jurisdiction over the activities of the Department of Health; however it is disingenuous to state that the drug formulary was deemed approved without any explanation when the Drug Review Committee (DRC) has not been appointed. The Society believes that the DRC has the responsibility to make all decisions related to the drug formulary and its use.

Other Concerns

The Society is still concerned over deletions in the proposed regulations of references to the collaborating physician's responsibilities. This includes: the attestation of knowledge of drugs being used; limitations on use; communication between physicians and nurse practitioners; and recording of communications. The Society will seek clarification of these issues through amendments to the Medical Board regulations to make sure that physicians are aware of these responsibilities when entering into a collaborative agreement with nurse practitioners.

While the Medical Society generally concurs with the changes the nursing board has made to the proposed regulations, there remain areas of concern. Therefore the Society takes no position on these regulations.

Sincerely,



Daniel J. Glunk, MD
President

Cc: Honorable Robert M. Tomlinson, Chair
Senate Consumer Protection and Professional Licensure Committee
Honorable Michael P. McGeehan, Chair
House Professional Licensure Committee
Ann L. O'Sullivan, Ph.D., RN, FAAN, Chair
State Board of Nursing

From: Smith, James M.
Sent: Thursday, October 15, 2009 11:25 AM
To: IRRC
Cc: Gelnett, Wanda B.; Wilmarth, Fiona E.; Stephens, Michael J.
Subject: FW: CRNP Final Comments
Attachments: finalCRNPcomments.pdf

Comment on Final #2729

From: Wilson, Catherine [mailto:CWilson@pamedsoc.org]
Sent: Thursday, October 15, 2009 11:13 AM
To: Smith, James M.
Subject: CRNP Final Comments

Dear Mr. Smith,

Don McCoy asked that I forward a copy of the Pennsylvania Medical Society's final comments regarding the CRNP regulations. If you have any questions or concerns regarding the comments, please contact me.

Catherine Wilson
Director, Health Policy
Pennsylvania Medical Society
(800) 228-7823, ext. 2648