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House of Representatives
COMMONWEALTH OF PENNSYLVANIA
HARRISBURG

COMMITTEES

PROFESSIONAL LICENSURE – MAJORITY CHAIRMAN
FINANCE
RULES
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#2729

November 17, 2008

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INDEPENDENT REGULATORY
REVIEW COMMISSION

Mr. Kim Kaufman
Executive Director
Independent Regulatory Review Commission
333 Market Street, 14th Floor
Harrisburg, PA 17101

RE: Proposed Regulation 16A-5124
State Board of Nursing
Certified Registered Nurse Practitioners General Revisions

Dear Chairperson Bowen:

The House Professional Licensure Committee on this date voted to take no formal action on Regulation 16A-5124 until final regulation is promulgated and submit the following comment:

1. The Committee **STRONGLY** disagrees with the board's change in Section 21.251, Definitions, defining "collaborative agreement" as an oral or written agreement and the changes in Section 21.285, Prescriptive authority collaborative agreement, deleting the general requirement for a collaborative agreement to be written and signed. The Committee has serious concerns with permitting an oral collaborative agreement. An oral collaborative agreement does not provide any consumer protection; cannot be proven if called into question; does not protect the physician or the CRNP; and could cause problems with discipline by the board, all due to lack of proof as to the substance of the agreement. The Committee suggests that the board continue with the status quo of requiring all collaborative agreements to be written.
2. The Committee urges the board to continue to specify the minimum requirements for what needs to be contained within the non-prescriptive collaborative agreement. The definition of the term "collaboration" in the Professional Nursing Law establishes required elements, and these are carried over in the current regulations in the definition of "Direction." The Committee suggests these elements should either be included in the definition of "collaborative agreement" or be specified in a separate section that establishes the required elements all non-prescriptive collaborative agreements must contain.
3. The Committee suggests that the board use the term "individual" rather than "person" in Section 21.261(c). The term "person" may include an entity other than an individual. Since the board only licenses individuals, the Committee believes the term "individual' is more appropriate.

4. Section 21.282(a) lists tasks in which a CRNP may undertake; however, this section lacks the criteria for performing such tasks to ensure patient safety. The Committee suggests that this section be amended to specify that a CRNP may only perform a task listed if the CRNP is acting within the scope of the CRNP's collaborative agreement and if the task is within the CRNP's specialty certification, education or training.
5. Section 21.282a(a) allows a CRNP to establish a medical diagnosis. The Committee questions the use of this phrase and suggests the board specify that the CRNP may only establish a medical diagnosis in accordance with the CRNP's scope of practice and specialty area so as not to conflict with a physician's ability to establish a medical diagnosis.
6. Section 21.283(a) permits a CRNP with prescriptive authority to prescribe when acting within the collaborative agreement. The Committee suggests adding that the CRNP must also be acting within their scope of practice and clinical specialty also.
7. Section 21.284(e) changes the dosage a CRNP may prescribe for Schedule II, III, and IV controlled substances. The Committee would like to know if there is a requirement for this change to be submitted to the drug review committee. If this change is required to be submitted to the drug review committee, the Committee would like to know if this change was submitted and the response from the drug review committee. If this change was not submitted to the drug review committee, the Committee would like to know what the current acceptable practice standards are and the justifications the board used to suggest this change.
8. The Committee questions the deletion of Section 21.286(a). The Committee would like this language to remain to ensure that patients are informed at the time they make the appointment if the patient will be seen be a CRNP. If a patient is not adequately informed the patient could find out at the time of the appointment that he/she will be seen by the CRNP rather than a physician. At that point, if the patient did not wish to proceed with the appointment, the patient would most likely have to pay a fee for cancelling the appointment at such a late notice. The patient would also be inconvenienced with making arrangements in order to keep the appointment (such as leave time for work or hiring a babysitter) and inconvenienced with making another appointment to see the physician at a much later time.
9. The Committee questions the changes to Section 21.286(b). The Committee would like to see the term "certified registered nurse practitioner" spelled out on the name tag because many people do not know the meaning of the abbreviation CRNP.
10. The Committee questions the deletion of Section 21.286(c). The Committee would like this language to remain to ensure that patients are adequately informed and does not find the requirements of this section to be over burdensome for a CRNP.
11. The Committee questions the deletion of Section 21.287. The Committee believes this restriction is necessary for patient safety and to ensure the quality of care. The Committee asks that the language remain or be rephrased to address a CRNP rather than a physician.
12. Section 21.288, CRNP standards of conduct, specifies that a CRNP may only undertake a specific practice or procedure if the CRNP has the necessary knowledge, preparation, experience and competency and if the practice is within the CRNP's scope of practice or clinical specialty. The Committee suggests that this section should also specify that the practice or procedure be within the specifications of the CRNP's collaborative agreement.

13. The Committee questions the deletion of sections 21.921 through 21.294. The Committee believes these sections should remain. The deletion implies that they will no longer apply. Since the statutory requirement in which these sections are based continues to apply, the Committee suggests retaining these sections.
14. The board uses the abbreviation "CRNP" throughout the regulation, however, in Section 21.351(1), the board uses both the abbreviation "CRNP" and the words "certified registered nurse practitioner". For consistency, the Committee suggests deleting the words "certified registered nurse practitioner" and replacing them with the abbreviation "CRNP".
15. Section 21.351, Penalties for violation, does not require a CRNP to practice within the specifications of their collaborative agreement. The Committee suggests rephrasing Section 21.351(1) to read "The CRNP has engaged in the performance of medical functions and tasks beyond the scope of practice permitted for a CRNP, beyond the scope of practice of the CRNP's clinical specialty area as provided in the act and this subchapter, or beyond the specifications of the CRNP's collaborative agreement."
16. The Committee suggests the board require a CRNP to only form collaborative agreements with a physician who holds an unrestricted license in this Commonwealth.

Sincerely,

P. Michael Sturla
Chairman, House Professional Licensure Committee