

2729

A PARTNERSHIP

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November 26, 2008

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

Re: CRNP – State Board of Nursing General Provisions

Dear Ann:

Please find enclosed my comments in respect to Proposed Regulations on
Certified Registered Nurse Practitioners,

If you have any questions, please do not hesitate to contact me.

Very truly yours,

RIEDERS, TRAVIS, HUMPHREY, HARRIS,
WATERS & WAFFENSCHMIDT


Clifford A. Rieders, Esquire

CAR/dsb

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INDEPENDENT REGULATORY
REVIEW COMMISSION

Annex A

**TITLE 49. PROFESSIONAL AND VOCATIONAL
STANDARDS**

PART I. DEPARTMENT OF STATE

**Subpart A. PROFESSIONAL AND OCCUPATIONAL
AFFAIRS**

CHAPTER 21. STATE BOARD OF NURSING

**Subchapter C. CERTIFIED REGISTERED NURSE
PRACTITIONERS**

GENERAL PROVISIONS

I. CRNP

Removing the language "under the direction of" a physician is a mistake and should be reconsidered.

Removing the requirement that the physician be licensed to practice "medicine" will lead to potential problems.

The collaborative agreements should not be "oral" or their scope and effectiveness could never be proved or relied upon.

CRNP's, in terms of the designation, should be required to put on any writing containing the designation "Certified Registered Nurse Practitioner is not a physician." The CRNP designation is not fully understood by the public in the way that a medical doctor's degree is.

To the extent that a CRNP works in a specialty, they should be required to spell out what that specialty is. Likewise, a CRNP who does specialize should be required to report to a physician in the same specialty or subspecialty or mischief may be caused.

II. § 21.282(a).

A CRNP should not be permitted to perform "medical diagnoses" or establish final "assessments."

Subsection (b) is too ambiguous in stating that a CRNP may order, perform and supervise diagnostic tests to the extent that such is within the CRNP's "capabilities and consistent with other laws and regulations...."

Any development and implementation of "treatment plans" should be subject to review by the corroborating physician.

III. § 21.287

There should be a limit on the number of CRNP's that could be directly supervised by any physician. Therefore, § 21.287 or its equivalent is needed. To permit an unlimited number of CRNP's under "oral" collaboration is nothing more than making CRNP's into physicians.

IV. § 21.311

The accountability section, 21.311, should absolutely be included and should not simply be "reserved."