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November 29, 2008

Mr. Arthur Coccodrilli, Chairman
Independent Regulatory Review Commission
333 Market Street
Harrisburg, PA 17101

Re: Regulation No. 16A-5124 (CRNP general revisions)

Dear Mr. Coccodrilli:

I write to you concerning proposed regulations drafted by the State Board of Nursing which would significantly expand the scope of practice parameters for certified registered nurse practitioners (CRNPs).

Under the topic of scope of practice:

Current law requires that when a CRNP is making medical diagnoses he or she may do so only in collaboration with a physician. Most recently, the General Assembly in Act 48 of 2007 made amendments to the CRNP scope of practice by enumerating a list of 8 specific functions that they may perform. The General Assembly again asserted the specific legal requirement that the CRNP may perform the 8 listed functions only in collaboration with a physician.

The proposed regulations under §21.282a attempt to add another extremely broad list of medical examination, diagnosis and treatment tasks and functions that a CRNP may perform, many of which may exceed the education and training of CRNPs, and *without indicating that the tasks may only be performed in collaboration with a physician*.

For example, in the first enumerated task, the regulations intend to permit the CRNP to "establish medical diagnoses." However, the law is clear that a CRNP can only make medical diagnoses in collaboration with a physician.

The broad and all-inclusive list of medical functions under §21.282a is not in the best interest of the public health, safety and welfare.

The list of medical functions should be left to the physician-CRNP collaborative teams, not written into regulation so that they become specific practice rights.

The regulation is not reasonable or clear in informing CRNPs, or anyone else reading the regulations, the limitation of a CRNP's authority.

The broad and all-inclusive list of medical functions under §21.282a should be deleted and left to the physician-CRNP collaborative teams, thus making them consistent with existing regulations for physician assistants.

At a minimum, the entire section needs to begin with the same language the General Assembly used in its enactment of Act 48 of 2007 that provides for specific physician collaboration.

Finally, under the topic of controlled substance prescribing:

> Current law requires that the Board of Nursing "shall not change by addition, or deletion, the categories of authorized drugs without prior approval of the Drug Review Committee." Additionally, the only way for a CRNP to prescribe in the Commonwealth is via a collaborative agreement with a physician. Subject to the terms of the collaborative agreement, the current regulatory law permits a CRNP to write a Schedule II controlled substance for up to a 72 hour dose and notify the physician within 24 hours. The CRNP can also write a prescription for a Schedule III or IV controlled substance for up to 30 days and any refills must b approved by the collaborating physician.

The draft regulations would obliterate the current defined timeline for notification to the collaborating physician as well as physician involvement in the diagnosis and treatment involving prescriptions of controlled scheduled drugs.

> The proposed draft regulations should not change the existing patient safety requirements that instill a check and balance to the physician-CRNP collaborative teams practicing in the state.

Thank you for your consideration of these comments.

Sincerely,

Heather Kirk Hart

Heather Kirk Hart, MD

CC: The Honorable Robert M. Tomlinson, Chair Senate Consumer Protection and Professional Licensure Committee, Room 362, Main Capitol Building, Harrisburg, PA 17120-3006

The Honorable P. Michael Sturla, Chair, House Professional Licensure Committee, Room 333, Main Capitol Building, Harrisburg, PA 17120-2096