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December 5, 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 change and expand the scope of practice for certified registered nurse practitioners (CNRPs) in the Commonwealth.

The proposed regulations dilute and eviscerate the concept of a collaborative agreement by allowing a CRNP to operate under an oral agreement with a physician. Without a formal written document, neither Board or the patients would be able to determine the scope and appropriateness of this agreement. It appears that this oral agreement could be so informal as to allow a CRNP to change the physician with whom they collaborate on a daily basis.

The proposed regulations do not require the physician with whom the oral or written collaborative agreement or the prescriptive authority collaborative agreement to be in active practice or to be certified in the same or similar specialty as the CRNP with whom they collaborate. The CRNP can make an oral agreement with any "licensed physician" without regards to distance, specialty or even the state in which this physician is licensed.

**The regulations should mandate that the collaborative agreement be in writing and approved by the Board before the CRNP begins practice. Any changes to the agreement should also require Board approval.**

In one case a CRNP practicing primary care in a freestanding clinic was using a surgeon with no experience in primary care as their collaborating physician. It is essential for patient safety that the physician be in active practice (at least 20 hours per week) and be certified in the same or similar specialty as the CRNP with whom they collaborate. This standard would be similar to regulations governing the review of records for auto insurance and peer review under Act 68. It is ludicrous to assume that CRNP in a primary care specialty could fulfill the collaborative agreement requirement with an physician in a specialty such as orthopedic surgery, psychiatry or dermatology.

**The regulations should use the "same or similar specialty" standards for all collaborative agreements. The "licensed physician" should have a Pennsylvania license and should be in active medical practice in the "same or similar" specialty at least 20 hours per week.**

INDEPENDENT REGULATORY  
REVIEW COMMISSION

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The current regulations require a 1:4 ratio between physician and prescribing CRNP's. The proposed regulations eliminate this requirement. By eliminating the ratio, it would be possible for a single physician to collaborate with any number of CRNP's, possibly to the extreme of a single physician collaborating with every CRNP in the Commonwealth. Expanding the number of CRNP's with whom a physician can establish a collaborative agreement almost guarantees that the quality of the collaboration will decline with increased risks to patient care.

**The current regulatory ratio of 1:4 for collaborative agreements should continue to provide a modicum of safety for patients in the Commonwealth.**

I appreciate your thoughtful consideration of these comments.

Sincerely,

A handwritten signature in black ink, appearing to read 'Karl F. Stine'.

Karl F. Stine, M.D.

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

Ms. Ann Steffanic, Board Administrator, State Board of Nursing, PO Box 2649, Harrisburg, PA 17105-2649