AMERICAN ACADEMY OF NURSE PRACTITIONERS

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FAX MESSAGE

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MEMO: The comments of the American Academy of Nurse Practitioners regarding the proposed General Revisions for the Regulation of Certified Registered Nurse Practitioners (16A – 5124 CRNP General Revisions) were put in the mail but in case you do not receive them, they are attached.

We thank you for the opportunity to comment on these proposed regulations.

DATE: 12/8/08 SIGNATURE: Jan Towers – Dag

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Comments on the Proposed General Revisions of Rules for the Regulation of Certified Registered Nurse Practitioners (16A-5124 CRNP General Revisions)

by the American Academy of Nurse Practitioners

December 5, 2008

The American Academy of Nurse Practitioners thanks you for the opportunity to comment on the above listed proposed rules for CRNPs in the Commonwealth of Pennsylvania.

While noting that the proposed rules are, with one exception, consistent with current statute governing the regulation of CRNPs in the Commonwealth of Pennsylvania, it should be noted that CRNP's in Pennsylvania still are unable to function to the full scope of practice for which they are educationally prepared, and that the current statute and proposed regulation revision still fall short of the recommended statutes and rules recommended by the National Council of State Boards of Nursing (enclosed).

Given that the current statute and regulation are still extremely restrictive, it is our opinion that the Pennsylvania Legislature and the Board of Nursing have made significant strides to facilitate the use of CRNP s in the provision of health care in the Commonwealth and that the proposed rules reflect that movement. With the reported shortage of primary care providers in the Commonwealth and throughout the nation, it is important that nurse practitioners be given the ability to practice to their full scope without restriction.

It is our understanding, however, that there has been some resistance to certain sections of the proposed rules upon which we would like to comment:

Section 21.284b. Relating to the expansion of Schedule III and IV prescriptions from a 30 day dose to a 90 day dose limitation and a Schedule II prescription from a 72 hour dose to a 30 day dose limitation.

Our review of the rationale for this expansion presented by both the Board of Nursing and the Pennsylvania Coalition of Nurse Practitioners finds that the arguments they present are valid and that the recommended changes are necessary in the interest of safe, high quality, cost effective care.. In the vast majority of states these restrictions are nonexistent, and where they do exist, steps are being taken to change this unsafe restriction. In the states surrounding Pennsylvania alone, nurse practitioners are authorized to prescribe Schedule III-V without restriction, and in all but two, they are authorized to prescribe Schedule II within the DEA guidelines without additional restrictions.(U.S.Drug Enforcement Agency, 2008). It will be noted that pending legislation/regulatory changes exist in those remaining states as well.

Section 21.287 :Removal of the 4:1 physician to nurse practitioner ratio.

Again, we are supportive of the valid arguments presented by both the Board of Nursing and the Pennsylvania Coalition of Nurse Practitioners . A ratio restriction has the potential for limiting access to health care and appears to be based on an outdated supervisory model of practice that does not exist in the collaborative/consultative relationship of nurse practitioners with all health care providers including physicians. We concur with the recommendation to remove this regulatory ratio. We also note that nowhere in statute is this ratio required and that such a requirement appears to exceed the expectation of the statute on which these regulations are based..Very few states have ratios such as this, and only one of the states surrounding the Commonwealth of Pennsylvania maintains a ratio requirement. That state is also in the process of making statutory/regulatory changes to remove the unnecessary ratio.

Section 21.284a (b) (1) : Placing name of Collaboration Physician on Prescription Blanks

We find this proposed requirement to be inconsistent with the remaining proposed revisions and suggest that such a requirement implies a supervisory relationship with a collaborating/consulting physician, and does not take into account that nurse practitioners function under their own license and maintain their own liability responsibilities. We suggest that this requirement is not necessary, confuses patients and the public regarding the responsibility of the nurse practitioner for his/her practice, leads to delays in treatment because a collaborating physician is contacted instead of the prescribing nurse practitioner and creates a liability problem for both the nurse practitioner and the collaborating/consulting physician. There are many ways to determine who a collaborating physician is if a questions arises. In addition, questions that arise regarding a prescription should be directed to the prescriber who knows and is caring for the patient. It is the responsibility of the nurse practitioner to confer with collaborators/consultants when there are questions related to what is written on a prescription pad

Section 21.285.: Collaborative Agreement

We concur with the interpretation of the statute by both the Board of Nursing and the Pennsylvania Coalition of Nurse Practitioners, that requires a written agreement for prescriptive authority and not for any other activities of the CRNP. Prior to 2000, nurse practitioners were not required to have written agreements with physicians for purposes of collaboration with no harmful consequences. It is common practice in states where collaboration is required that it be for the prescription writing aspect of the nurse practitioner's practice only. The fact that the statute calls only for written agreements related to prescriptive authority is clear and has precedence. To require these agreements for other CRNP activities limits access and interfere's with the early detection and nonprescription therapies that may keep patients healthy and out of emergency rooms and hospitals.

Section 21.286: Identification of the CRNP

We agree with the statements of the Pennsylvania Coalition of Nurse Practitioners and the proposed regulation of the State Board of Nursing. Nurse practitioners are proud of their discipline and have no problems identifying themselves as nurse practitioners. Regarding this and the issue of identification of doctorally prepared nurse practitioners, the recommendations of some groups in the medical community are excessive and seem to ignore the fact that many other health care professionals are doctorally prepared and hold that title in the context of their profession.

Conclusion

In conclusion we would like to commend the State Board of Nursing for the steps it has taken to authorize nurse practitioners to practice more closely to the full scope of practice for which they are prepared. We encourage you to continue to work toward the model statute and regulations for advanced practice nurses adopted by the House of Delegates of the National Council of State Boards of Nursing in August 2008.. We are available to you to provide additional information at your request. We encourage you to **maintain** your position on the disputed **Sections 21.285, 21.287, 21.284b,** and **21.286** and to **reconsider** your position on **Section 21.284a.**