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INDEPENDENT REGULATORY
REVIEW COMMISSION

Suite 100
321 Norristown Rd, Ste 100
Ambler, PA 19002

Tel: 267 965 7962
Fax: 267 965 7981

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

**RE: No. 16A-5124 (CRNP general revisions)
Proposed Rulemaking
Pennsylvania State Board of Nursing**

November 26, 2008

Dear Ms. Steffanic:

Evercare supports the Pennsylvania State Board of Nursing proposed revisions to Chapter 21, Subchapter C (relating to Certified Registered Nurse Practitioners). Existing regulations for Certified Registered Nurse Practitioners in Pennsylvania prevent CRNPs from being utilized to the full extent of their education and training. The proposed rulemaking would allow them to perform in a manner more consistent with their scope of practice, particularly in two following areas:

Prescriptive Authority

CRNPs are required to complete advanced degrees in masters or post-masters programs with **at least 45 hours of course work specific to advanced pharmacology**. They are also required to pass a National certifying examination. After obtaining an initial CRNP license, **there is a requirement for at least 16 hours of continuing education in pharmacology every two years** in order to renew a CRNP license. The CRNP is also **required to maintain a DEA certification** in order to prescribe Schedule II, III and IV controlled substances. Consistent with these comprehensive requirements, the proposed rulemaking includes these changes:

- 1) CRNPs would be authorized to write prescriptions for Schedule II controlled substances for up to a 30-day dose instead of the current limit of a 72-hour dose and to write prescriptions for Schedule III or IV controlled substances for up to a 90-day dose. This allows consumers to take advantage of the common 30-day and 90-day insurance discounts for these medications and avoids multiple trips to the pharmacy or notification of the pharmacy in the case of nursing facility residents.
- 2) The current provision that the CRNP must notify the collaborating physician within 24 hours about prescribing these drugs is deleted as unnecessary paperwork that does not have a positive influence on patient care.
- 3) The current provision that only a physician may refill a prescription for controlled substances is deleted as an unnecessary duplication of health care efforts.
- 4) The current provision prohibiting CRNPs from prescribing drugs for off-label use without the approval of the collaborating physician is deleted, since many drugs are prescribed for off-label usage as common practice.

- 5) The rulemaking clarifies that CRNPs may issue orders, either written *or oral* for drugs and other medically therapeutic or corrective measures in keeping with the scope of the CRNP's specialty and prescriptive authority collaborative agreement.

Physician Collaboration

The proposed rulemaking appropriately clarifies the definition of the *prescriptive authority collaborative agreement* to indicate that it is **“the written and signed agreement between a CRNP with prescriptive authority and a collaborating physician in which they agree to the details of their collaboration.”** The details of their collaboration may be additionally specified in an oral or written agreement between the CRNP and the collaborating physician as is appropriate given the individualized nature of each collaborative arrangement. This clarification allows CRNPs to perform in a manner consistent with their scope of practice.

Evercare is the nation's largest employer of CRNPs and we are a leader in the deployment of advanced nurse practice to improve quality of care for those with special needs. We believe that the proposed revisions will result in a direct positive impact on the well-being of those we serve.

Submitted by:



Marynell Benson
Executive Director, Evercare Pennsylvania