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December 5, 2008

Ann Steffanic, Board Administrator
Pennsylvania State Board of Nursing
Bureau of Professional and Occupational Affairs
P.O. Box 2649
Harrisburg, PA 17105-2649

INDEPENDENT REGULATORY
REVIEW COMMISSION

RE: 16A-5124—CRNP General Revisions

Dear Ms. Steffanic:

The Hospital & Healthsystem Association of Pennsylvania (HAP), on behalf of its members, more than 250 acute and specialty hospitals and health systems, appreciates the opportunity to comment on the proposed revisions to the State Board of Nursing's Certified Registered Nurse Practitioner (CRNP) regulations. These regulations are of particular interest to HAP and its members because of the increased utilization of CRNPs in acute and specialty hospitals throughout the Commonwealth.

HAP supports the overall direction taken by the State Board of Nursing in amending Chapter 21, subchapter C relating to CRNPs. HAP believes that the proposed regulations significantly improve the existing regulations by further defining the advanced scope of practice for CRNPs in Pennsylvania, thereby ensuring access to care in communities where a shortage of primary care and other specialty physicians is prevalent.

HAP believes that the Board of Nursing has made a substantial improvement in §21.283 of the regulations where they reiterate that a CRNP can issue written and oral orders for medical, diagnostic, and therapeutic measures within their scope of practice and as allowed per facility policy. HAP agrees that this clarification enhances patient access to care in all practice settings by expanding the utilization of CRNPs in a manner comparable to other mid-level practitioners. This section of the proposed regulations provides practitioners and facilities with a clearer set of guidelines for the CRNP's scope of practice to care for patients and enhances the ability of other practitioners on the health care team to provide more timely and appropriate care to patients as well.

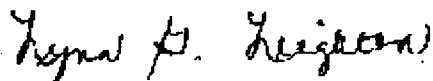
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HAP supports the deletion or amended provisions related to CRNP identification; prescribing and dispensing practices associated with Schedule II, III, and IV controlled substances and professional drug samples; and physician supervision requirements for CRNPs with prescriptive authority. Additionally, HAP appreciates the Board's decision to delete the sections relating to health care facility policies, recognizing that professional practice regulations should not dictate licensed and accredited hospital requirements. HAP previously indicated that it did not believe the State Board of Nursing regulations related to facility requirements were necessary or appropriate. Current hospital regulations and standards require hospitals to credential, privilege, and evaluate ongoing professional practice for CRNPs. Additionally, hospitals are required to have different multidisciplinary hospital committees and medical staff committees to evaluate issues associated with patient safety and quality that would, if necessary, consider the appropriate scope of practice for various health care professionals, including but not limited to CRNPs.

HAP appreciates the opportunity to provide comments on the CRNP proposed rulemaking. If you have any questions about HAP's comments, please feel free to contact me at (717) 561-5308 or by email at lgleighton@haponline.org or Mary Marshall, HAP's director, workforce and professional services at (717) 561-5312 or by email at mmarshall@haponline.org.

Sincerely,



Lynn G. Leighton
Vice President
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