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Steffanic, Ann

From: Schalles, Scott R. [sschalles@IRRC.STATE.PA.US]
Sent: Monday, December 08, 2008 11:17 AM
To: Steffanic, Ann
Subject: FW: IRRC Website - New Message

2008 DEC 10 PM 1:45

INDEPENDENT REGULATORY
REVIEW COMMISSION

Comment received by IRRC on Board of Nursing regulation #16A-5124.

From: Gelnett, Wanda B.
Sent: Monday, December 08, 2008 11:15 AM
To: Schalles, Scott R.
Subject: FW: IRRC Website - New Message

Wanda Gelnett

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From: Miller, Sarah E.
Sent: Monday, December 08, 2008 11:08 AM
To: Gelnett, Wanda B.; Wilmarth, Fiona E.
Subject: FW: IRRC Website - New Message

CRNP comments

From: Independent Regulatory Review Commission [mailto:No-Reply@irrc.state.pa.us]
Sent: Monday, December 08, 2008 10:49 AM
To: Help
Subject: IRRC Website - New Message



IRRC

Independent Regulatory Review Commission

A new message has arrived from the IRRC Website

First Name: John

Last Name: Kelly, DO

Company: PaACEP

Email: dblunk@pamedsoc.org

12/8/2008

Subject: CRNP Regulations - Comment

Message:

Ref: No. 16A-5124 Proposed CRNPs Scope of Practice Regulations Dear Mr. Coccodrilli: On behalf of the Pennsylvania Chapter of the American College of Emergency Physicians (PaACEP), I am writing to comment on the proposed Certified Registered Nurse Practitioners (CRNP) Regulations, which were published for public comment in the November 8, 2008, issue of the Pennsylvania Bulletin. Emergency physicians have had a long and mutually beneficial working relationship with CRNPs. Our combined mission is to provide quality patient care in Pennsylvania's emergency departments. CRNPs provide services in various roles including out-of-hospital patient care, patient triage, patient care in the emergency department, and selective administrative functions. PaACEP supports using CRNPs to the fullest extent of their training and education with physician collaboration and oversight, so that important patient safety measures are met. The chapter does have some areas of concern regarding the proposed regulations.

Section: 21.251 Definitions The proposed definition provides no guidance for developing an agreement that outlines the responsibilities and accountabilities of the physician and the CRNP. There should be a signed and written agreement between the parties with similar practice experience that clearly delineates the details of the collaborative agreement, i.e., practice environment, allowed procedures, availability of physician support, prescribing restrictions (if any), etc. The agreement should also delineate the maximum number of collaborating relationships which a physician could be involved in at any given time.

Section 21.285 Prescriptive authority collaborative agreement Specific prescriptive authority and requirements are the focus of this section. Unfortunately, the proposed regulations would eliminate current requirements that are important for tailoring an agreement between the collaborating physician and the CRNP. It is important that the prescriptive responsibilities and accountability of both parties are clearly defined for the specific practice setting in order for the collaborating physician to be better able to attest to the knowledge and experience with any drug that a CRNP may prescribe.

Section 21.286 Identification of the CRNP In the busy and often stressful emergency department practice setting, providers often wear similar garb or are masked. As a result, the patient may not clearly know or understand who is providing their care. Only requiring a name badge with a CRNP identification is not enough. Patients also need verbal notification regarding who is providing their care. PaACEP recommends that the current patient notification and identification language be retained. PaACEP appreciates this opportunity to comment on the proposed CRNP scope of practice regulations. Sincerely, John J. Kelly, DO, FACEP President, PaACEP cc: Senate Consumer Protection and Professional Licensure Committee House Professional Licensure Committee State Board of Nursing