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American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

Pennsylvania Chapter

Recd 12/10/08

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December 6, 2008

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

RE: Proposed Regulations No. 16A-5124 (CRNP General Revisions)

Dear Ms. Steffanic,

On behalf of the 2200 members of the Pennsylvania Chapter of the American Academy of Pediatrics (PA AAP), I write to address the proposed rulemaking which would revise the regulations applicable to the practice of certified registered nurse practitioners. The PA AAP is pleased to have the opportunity to comment on these important regulations which would impact the care of infants, children and adolescents in pediatric settings.

The PA AAP supports collaborative agreements between physicians and nurse practitioners. Many pediatric practices currently employ nurse practitioners. As such, nurse practitioners are considered integral to the delivery of pediatric care. Our experience has been that nurse practitioners want to work within this collaborative arrangement.

In that context, the PA AAP is concerned that these regulations do not include a specific definition of the collaborative agreement. We believe the collaborative agreement should be a written document that is signed by both parties which specifies the supervisory protocol and clearly delineates the nurse practitioner scope of practice. Key aspects to be included in the collaborative agreement should, at a minimum be: the number of CRNP's supervised at any one time, the proximity and availability of the physician to see the patient and the performance of retrospective and current case review to assure medical accountability. In the interest of patient safety, the supervising physician must be immediately available for consultation on the medical treatment of the child and there must be limits to the number of CRNPs supervised by one physician at any given time. While the regulations don't say this directly, in effect, the regulations do uncouple nurse practitioners from physician's collaborative oversight.

In my twenty plus years experience as a pediatrician who has practiced general pediatrics, pediatric emergency medicine, pediatric hospitalist care along with specialty work in the areas of pediatric critical care and pediatric child abuse, I have had the opportunity to work with nurse practitioners across a variety of clinical care venues. In many ways, I consider well child care the most daunting task for a nurse practitioner given the subtle presentations of so many conditions that define simple algorithmic models. In pediatric emergency medicine, time and time again, I see children who are subjected to what amounts to expensive fishing expeditions....getting multiple blood tests and imaging studies for conditions that require none of this based on a failure of patterned recognition. Another spectrum of pediatric care involves the management of children with chronic disease who require care coordination, orchestration of specialty involvement; and extensive knowledge of disease evaluation and management. All the above situations require a specific collaborative agreement between the CRNP and the closely coupled supervising physician.

The PA AAP notes that the depth and breadth of physician training surpasses that of nurse practitioners. This is not just a matter of quantifying years but also the focus of training. Physicians are trained in a cognitive pathway that relies on pattern recognition utilizing a differential diagnosis model. The discipline of this extensive training results in physician sensitivity to subtle nuances that influence the diagnosis decision. Conversely, CRNPs are trained in what to do when given the diagnosis on a patient. Their focus tends to be managing a specific condition within the individual protocol set by the physician or the agreed upon standard of care for a class of patients.

The PA AAP is absolutely supportive of the important role that CRNP's can fill in providing optimal health care. With mentoring and close supervision, CRNP's entering practice build their clinical acumen. The training of CRNP's is not comparable to the training of a physician's medical school years and residency specific training. Just as we would not want physicians to begin independently treating patients upon graduation from medical school, nor should we consider CRNPs ready to effectively treat patients upon graduation from NP training. For physicians, residency is the on-the-job skill training. For CRNPs, MD-supervised clinical work in their area of specialty is their on-the-job skill training. The physician should be ultimately responsible for the quality of care of the patients and this can only be accomplished through a close working relationship with the CRNP and the use of specific collaborative practice agreements.

I have not specifically addressed the prescriptive authority in this letter as we believe this can be outlined within the collaborative agreement.

The PA AAP finds it interesting that these regulations do not require the healthcare provider to tell the parents/caregivers who are entrusting the care of their child what level of training the healthcare provider has attained. We believe the healthcare provider's level of training should be transparent to those responsible for the child's care.

The PA AAP would be pleased to discuss these comments to the proposed regulations with you. Please feel free to contact me at dturkewitz@aap.net.

Respectfully,

David Turkewitz, MD, FAAP
President

cc: Arthur Coccodrilli, Chair -- Independent Regulatory Review Commission

Honorable Robert C. Tomlinson, Chair – Senate Consumer Protection and Professional Licensure Committee

Honorable P. Michael Sturla, Chair – House Professional Licensure Committee