



2729

Michael D. Maves, MD, MBA, Executive Vice President, CEO

December 9, 2008

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

Re: No. 16A-5124 CRNP General Revisions

Dear Ms. Steffanic:

On behalf of its physician and student members, the American Medical Association (AMA) would like to express its appreciation for the opportunity to submit the following comments regarding proposed rule No. 16A-5124 relating to general revisions to the regulations for Certified Registered Nurse Practitioners (CRNPs) in Pennsylvania. The AMA fully supports the position of the Pennsylvania Medical Society (the Society) by opposing the rules proposed in No. 16A-5124. The AMA not only endorses the Society's objections and comments regarding these proposed rules, but also incorporates their comments by reference.

It is the AMA's position that the regulations proposed in No. 16A-5124 would result in inappropriate scope of practice expansions and do not contain adequate clarification and safeguards to protect the health and safety of Pennsylvanians. The following comments elaborate on our areas of concern.

Collaborative Agreements

A collaborative agreement should be written and signed so there is a clear delineation of duty, authority, and liability. An oral collaborative agreement does not adequately protect the physician, the CRNP, or the public. Additionally, the proposed regulations delete critical collaborative agreement content requirements, such as: the level of availability of the collaborating physician; a predetermined plan for emergency services; establishing and updating of standard orders and protocols; and documenting accountability of both physicians and CRNPs. It is the AMA's contention that these types of considerations and precautions are examples of collaborative agreement components necessary to effectively safeguard the health and safety of Pennsylvanians.

Medical Examination, Diagnosis, and Treatment

While the proposed regulations list tasks that a CRNP may perform, it does not contain criteria for the performance of those tasks sufficient to ensure patient safety. The listing of expanded practice in the medical examination and treatment of patients does not clarify that those expanded services are to be performed within the parameters of the collaborative agreement, as authorized by statute. Compliance with the collaborative agreement should be mandatory not discretionary, and language

should be included that specifically prohibits surgery or other medical care outside the CRNP's scope of practice. Without appropriate statutory reference, it appears that these tasks may be performed independently.

Prescriptive Authority

The substantial expansion in the ability of CRNPs to prescribe Schedule II-IV controlled substances fails to provide adequate qualifications and safeguards to protect the patient from inappropriate care. Additionally, the proposed regulations make changes to the prescribing parameters without the involvement of physicians knowledgeable in the drugs and their use and the statutorily mandated Drug Review Committee. The proposed regulations even delete the current requirement that the collaborative agreement for CRNPs with prescriptive authority contain an attestation by the collaborating physician that the physician has knowledge and experience with any drug that the CRNP will prescribe. The changes also remove the requirement for the collaborating physician to take corrective action on behalf of the patient if it is determined that the CRNP is prescribing or dispensing a drug inappropriately. Quality of care and patient safety dictate that these types of safeguards be retained.

Identification and Notification

The lack of adequate patient notification and identification requirements limit the patient's ability to know that they are being treated by a CRNP. The proposed language deletes the notification of patients at the time of appointment that they will be seen by a CRNP, permits the CRNP to wear a badge containing their name and the abbreviated title "CRNP," and deletes the requirement that the CRNP notify the patient if he/she holds a *Doctor of Nursing* (emphasis added) degree. Patients are entitled to these disclosures to ensure they have sufficient information to enable them to make informed decisions about who is providing their health care.

Physician/CRNP Collaboration Ratios

The proposed regulations would delete the requirement to limit the ratio between CRNPs with prescriptive authority and the collaborating physician. This type of requirement, currently 4:1 in Pennsylvania, is designed to insure that the physician has adequate time to interact with the CRNP to provide safe, quality care, especially in the prescription of drugs. Since the statute authorized increased scope of practice for nurse practitioners in both drug prescribing and dispensing and other types of care, there is even more need to retain some limit in the numbers of collaborative relationships that can exist at any given time to insure that the physician has adequate time to perform his or her responsibilities as outlined in the collaborative agreement, including availability and involvement with the care of the patient.

Conclusion

The AMA once again thanks the Pennsylvania State Board of Nursing for the opportunity to submit these comments. As emphasized above, we believe that shortcuts should be not be taken when it comes to patient safety and optimum care.

Ms. Ann Steffanic
December 9, 2008
Page 3

The AMA has the utmost respect for CRNPs and believes that as long as there is adequate educational training and appropriate physician supervision, direction and collaboration, CRNPs play an important and integral role in the health care system. Based on the reasons outlined above, the AMA asks the Pennsylvania State Board of Nursing to adopt the Society's recommendations regarding the regulations proposed in No. 16A-5124 to address these concerns. As advocates for physicians, and ultimately our patients, we believe that the patients of Pennsylvania deserve nothing less.

Sincerely,

A handwritten signature in black ink that reads "Michael D. Maves". The signature is written in a cursive, flowing style.

Michael D. Maves, MD, MBA

cc: Robert M. Tomlinson
P. Michael Sturla
Sabina Howell
Barbara Holland, Esq.
Ollice Bates, MD
Daniel J. Glunk, MD