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P.O. Box 128, Greensburg, PA 15601
(724) 836-6411 FAX (724) 836-4449

December 3, 2008

Independent Regulatory Review Commission
Arthur Coccodrilli, Chairman,
333 Market St., Harrisburg, PA 17101
Re: Pennsylvania State Board of Nursing CRNP regulation changes
Ref. # 16A-5124 CRNP General Revisions

IRRC#: 2729

Dear Mr. Coccodrilli:

I am writing to comment on the above referenced proposed regulatory language changes for nurse practitioners. As you know, when one addresses regulatory or statutory changes, patient safety should be the foremost concern. Our Commonwealth struggles as it tries to meet the demands of an aging population, growing underserved areas, and an increasing number of individuals without health insurance. Barriers to health care exist in many of our regulations and statutes. It is appropriate to address those impediments utilizing the various practitioners at our disposal while keeping patient safety at the forefront.

After reviewing this regulatory package, the Pennsylvania Society of Physician Assistants has concerns in regards to several of the proposed changes:

Sections: 49 Pa. Code § 21.251 & 21.285

Collaborative agreement: It is proposed that the collaborative agreement be "oral **or** written". If allowed, and an oral agreement is formed, there could be no way to verify the agreed upon scope of practice and limitations (if any), put in place by the collaborating physician should it ever be questioned by other practitioners, ancillary staff, or in the event of an untoward outcome. We would recommend that all collaborative agreements remain in written form. An oral agreement would be difficult to enforce in practice and even more so in a court of law.

Section: § 21.287.

Collaborating Physician Ratios: The proposed language has eliminated the "4 to 1" ratio for supervision and offers nothing in its' place. This potentially could allow a physician to collaborate with an unlimited number of CRNP's. One would have to question the safety of this decision.

§ 21.282a (relating to medical examination, diagnosis and treatment)

We would recommend that this section be clarified to specify that a CRNP may only perform a task listed if the CRNP is acting within the scope of the CRNP's collaborative agreement and if the task is within the CRNP's specialty certification, education or training. Furthermore, this section goes on to allow a CRNP to establish a medical diagnosis. A CRNP practices advanced practice nursing. Act 48, amended by the General Assembly in 2007 states that a CRNP can only make medical diagnoses in collaboration with a physician.

Section: § 21.284.

Prescribing and dispensing parameters.

(3) Antineoplastic agents, unclassified therapeutic agents, devices and pharmaceutical aids **[if originally prescribed by the collaborating physician and approved by the collaborating physician for ongoing therapy]**.

Is the physician involved in the ordering of chemotherapeutic agents since they are deleting the reference to the collaborating physician?

Section: § 21.284.

(5) Schedule I controlled substances as defined section 4 of The Controlled Substance, Drug, Device and Cosmetic Act (35 P. S. § 780-104).

(d) **[If a collaborating physician determines that the CRNP is prescribing or dispensing a drug inappropriately, the collaborating physician shall immediately take corrective action on behalf of the patient and notify the patient of the reason for the action and advise the CRNP as soon as possible. This action shall be noted by the CRNP or the collaborating physician, or both, in the patient's medical record.]**

Since the CRNP must have a collaborative written agreement in order to prescribe, the physician therefore has the responsibility of overseeing the prescribing patterns of the CRNP, and is responsible for making sure that errors are not committed. A mechanism for notifying the patients when an error has occurred needs to be documented in some fashion for the purposes of patient safety.

Section: 49 Pa. Code § 21.286

Identification: The proposed language has eliminated the requirement that a patient be notified at the time of scheduling an appointment that they would be seeing a nurse practitioner. It also eliminates the requirement that nurse practitioners with doctorate-level degrees take appropriate steps to inform patients that the CRNP is not a doctor of medicine or doctor of osteopathic

medicine. Both of these changes could lead to confusion and misrepresentation along with delay of care if the patient is not agreeable to seeing a nurse practitioner.

Lastly, we would suggest that a CRNP only form a collaborative agreement with a physician who holds an unrestricted license in this Commonwealth.

Thank you for the opportunity to provide comments.

Sincerely,

Mark S. DeSantis, PA-C

Chairman, Governmental Affairs Committee

Pennsylvania Society of Physician Assistants

CC: The Honorable P. Michael Sturla, Chair, House Professional Licensure Committee, Room 333, Main Capitol Building, Harrisburg, PA 17120-2096