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INDEPENDENT REGULATORY REVIEW COMMISSION

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AMERICAN ACADEMY OF FAMILY PHYSICIANS

STRONG MEDICINE FOR AMERICA

December 3, 2008

Arthur Coccodrilli
Chair
Independent Regulatory Review Commission
333 Market St.
Harrisburg, PA 17101

Dear Mr. Coccodrilli:

The American Academy of Family Physicians (AAFP) represents more than 93,000 family physicians, family medicine residents, and medical students across the country.

The AAFP recognizes the valuable contributions of the nursing profession. We believe that physicians and nurses occupy interdependent roles in the delivery of quality, comprehensive health care. The discerning observations and contributions of nurses who provide direct patient care greatly enhance the knowledge and skills of physicians and enhance the quality of care provided to patients. Further, the AAFP believes the interests of patients are best served when their care is provided by a physician or through an integrated practice supervised directly by a physician. We are therefore, writing to express our concern regarding regulatory changes (16A-5124 CRNP General Regulations) proposed by the Pennsylvania Board of Nursing on November 8, 2008 for certified registered nurse practitioners (CRNP).

The changes proposed in the regulatory notice may compromise the intent of the legislature, physician responsibility in collaborating with CRNP's within the healthcare team and finally, and most importantly, the safe and effective treatment of our patients.

Collaborative practice agreements developed by the supervising physician and the CRNP should include practice protocols - guidelines describing and delineating CRNP functions and responsibilities. Protocols should be as specific in their guidance as the physician and CRNP require for their particular practice. There must be a clear understanding between the physician and CRNP regarding the actions that may be undertaken by the CRNP in all commonly encountered clinical situations and, especially, under what circumstances physician consultation is to be obtained immediately.

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An oral agreement as proposed in the regulatory notice leaves too much open to interpretation by both parties. It is in the best interest of our patients, especially in regard to issues of quality and safety, for the supervising physician and CRNP to regularly review protocols to ensure currency in regard to the physician's scope of practice, the range of tasks that have been delegated by the physician and the evolving standards of medical practice.

Current law in the Commonwealth requires a CRNP making medical diagnoses to do so only in collaboration with a physician. The General Assembly in Act 48 of 2007 made amendments to the CRNP scope of practice by enumerating a list of eight specific functions that they may perform, again only and we believe appropriately, in collaboration with a physician. The proposed regulatory change adds another very broad list of medical examinations, diagnoses, and tasks with no indication of physician collaboration in their performance. Current law in the Commonwealth requires a physician collaborating with a CRNP to take corrective action on behalf of the patient when a CRNP incorrectly prescribes or dispenses pharmaceuticals. The proposed regulatory change eliminates this patient protection in its entirety.

We hope that you give due consideration to the proposed regulations which alters significantly the relationship between physicians and CRNPs and laws put in place by the Commonwealth in the interest of protecting our patients and the public.

Very truly yours,

Jim King, MD, FAAFP
American Academy of Family Physicians Board Chair

cc: John Jordan/Andrew Sandusky
Pennsylvania Academy of Family Physicians