

2729

Pennsylvania Academy of Dermatology and Dermatologic Surgery

President Victor J. Marks, MD

Vice President Jeffrey J. Miller, MD

Treasurer Christen M. Mowad, MD

<u>Secretary</u> E. Michael Kramer, MD

<u>1st Past President</u> John J. Laskas, Jr., MD

2<sup>nd</sup> Past President David A. Amato, DO

Executive Director Michele Gaiski

777 East Park Drive PO Box 8820 Harrisburg, PA 17105-8820

Phone: 866-650-3376

Fax: 717-558-7841

Email: PADerm@pamedsoc org

Website: PADermatology.org

December 8, 2008

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

## Re: No. 16A-5124 (CRNP general revisions)

Dear Ms. Steffanic:

We are writing on behalf of the Pennsylvania Academy of Dermatology and Dermatologic Surgery to offer comments on the above-captioned proposed rulemaking relating to general revisions to the regulations for Certified Registered Nurse Practitioners (CRNPs). The Dermatology Society is pleased to have the opportunity to provide input on these important regulations.

We would first like to stress that Pennsylvania dermatologists recognize the contribution that Certified Registered Nurse Practitioners are making in their expanded roles in the delivery of health care services to the citizens of Pennsylvania. Like many other specialties, dermatology is facing a severe shortage of providers delivering excellent dermatologic care. Certified Registered Nurse Practitioners currently are crucial to the dermatologic team in Pennsylvania in both private practice and academic settings. Our goal in providing these comments is to maintain access to dermatologic care in Pennsylvania while maintaining high standards to insure patient safety.

The proposed regulations omit key requirements that not only shape the collaborative relationship/agreement but also permit the nurse practitioner to practice in an expanded role in "collaboration" with physicians. The Pennsylvania Academy of Dermatology and Dermatologic Surgery believes that patient safety should be the paramount concern any time a medical procedure is performed. Anyone performing or supervising a dermatologic procedure should have appropriate education and training in skin physiology, as well as all devices and modalities utilized during the procedure. All new patients and significant new problems in established patients should be seen by dermatologists in a face-to-face manner. Our concern is that the expanded scope of practice proposed does not clearly allow for delineation of the requirement to work in close conjunction with a dermatologist with specialized training in dermatology when dermatologic services are being rendered. The amended regulations are also silent on whether the collaborating physician must practice in the geographic area of the Certified Registered Nurse Practitioners practice. Our position is that a

physician trained in dermatology should be immediately available when a non-physician provider performs a dermatologic procedure in the event of an emergency.

The Pennsylvania Academy of Dermatology and Dermatologic Surgery has recently taken an active lead to promote legislation that would require an identification badge for all providers of medical care. While patients receive excellent care from health care providers at all levels, our academy feels that the patient has a right to know exactly the credentials and training of the caregiver. This level of training needs to be clearly written on an identification badge without the use of abbreviations. The lack of adequate patient notification and identification requirements limit the patient's ability to know that they are being treated by a nurse practitioner. Proposed language deletes the notification of patients at the time of appointment that they will be seen by a nurse practitioner, permits the nurse practitioner to wear a badge containing their name and the abbreviated title "CRNP," and deletes the requirement that the nurse practitioner notify the patient if he/she holds a Doctor of Nursing degree.

Regulations propose deletion of the requirement to limit the ratio between nurse practitioners with prescriptive authority and the collaborating physician. This requirement, currently 4:1, insures that the physician has adequate time to interact with the nurse practitioner to provide safe, quality care. It is our understanding that there have been almost no requests for an exception to this rule. Our concern is that removing this requirement may lead to abuses which may violate patient safety as this has occurred in other states. Because of patient safety concerns regarding the practice of dermatology, for example, lawmakers in Florida passed legislation that limits the number of non-physician staffed satellite clinics that can be supervised by any one physician trained in dermatology.

We would be pleased to discuss these comments further with representatives of the Board of Nursing.

Sincerely,

June a Bod

Bruce A. Brod, MD Legislative Coordinator

Vito J Marke up

Victors Marks, MD President

cc: Independent Regulatory Review Commission: Arthur Coccodrilli, Chairman, 333 Market St., Harrisburg, PA 17101

Senate Consumer Protection and Professional Licensure Committee: Honorable Robert M. Tomlinson, Chair, Room 362, Main Capitol Building, Harrisburg, PA 17120-3006

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