

Regulatory Analysis Form

(Completed by Promulgating Agency)

INDEPENDENT REGULATORY
REVIEW COMMISSION

(All Comments submitted on this regulation will appear on IRRC's website)

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(1) Agency
Department of State, Bureau of Professional and Occupational Affairs, State Board of Medicine

(2) Agency Number: 16A

Identification Number: 16A-4925 38 *AAW*

IRRC Number: 2989

(3) PA Code Cite: 49 Pa. Code §§ 18.21 – 18.111

(4) Short Title: Conform CRNP provisions to Statute

(5) Agency Contacts (List Telephone Number and Email Address):

Primary Contact: Teresa Lazo, Counsel, State Board of Medicine, P.O. Box 2649, Harrisburg, PA 17105-2649 (phone 717-783-7200) (fax 787-0251) tlazo@pa.gov.

Secondary Contact: Cynthia Montgomery, Regulatory Counsel, Department of State, P.O. Box 2649, Harrisburg, PA 17105-2649 (phone 717-783-7200) (fax 787-0251) cymontgome@pa.gov.

(6) Type of Rulemaking (check applicable box):

Proposed Regulation

Final Regulation

X Final Omitted Regulation

Emergency Certification Regulation;

Certification by the Governor

Certification by the Attorney General

(7) Briefly explain the regulation in clear and nontechnical language. (100 words or less)

The Board's regulations related to CRNPs were jointly promulgated with the Board of Nursing under section 15 of the Medical Practice Act, which was repealed by the Act of December 9, 2002, P.L. 1567, No. 206, which provided that the Board of Nursing solely regulate CRNPs. The amendments delete the jointly promulgated regulations which have been superseded by statute and by the Board of Nursing's adoption of regulations for CRNPs.

(8) State the statutory authority for the regulation. Include specific statutory citation.

The amendments are authorized under section 8 of the Medical Practice Act ("act") (63 P.S. § 422.8) and sections 2.1(k) and (l) and 8.1-8.3 of the Professional Nursing Law ("nursing act") (63 P.S. §§ 212.1(k) and (l) and 218.1-218.3).

(9) Is the regulation mandated by any federal or state law or court order, or federal regulation? Are there any relevant state or federal court decisions? If yes, cite the specific law, case or regulation as well as, any deadlines for action.

Yes, the amendments are mandated by state law in that the section of the Medical Practice Act that gave the Board authority to regulate CRNPs has been repealed.

(10) State why the regulation is needed. Explain the compelling public interest that justifies the regulation. Describe who will benefit from the regulation. Quantify the benefits as completely as possible and approximate the number of people who will benefit.

The rulemaking is required to conform the Board's regulations to current state statutes.

(11) Are there any provisions that are more stringent than federal standards? If yes, identify the specific provisions and the compelling Pennsylvania interest that demands stronger regulations.

This rulemaking would not be more stringent and would not overlap or conflict with any federal requirements.

(12) How does this regulation compare with those of the other states? How will this affect Pennsylvania's ability to compete with other states?

Comparisons with other states are not instructive, as this rulemaking merely conforms the Board's regulations to the current, effective statute.

This rulemaking would not put Pennsylvania at a competitive disadvantage.

(13) Will the regulation affect any other regulations of the promulgating agency or other state agencies? If yes, explain and provide specific citations.

This rulemaking would not affect other regulations of the Board or other state agencies.

(14) Describe the communications with and solicitation of input from the public, any advisory council/group, small businesses and groups representing small businesses in the development and drafting of the regulation. List the specific persons and/or groups who were involved. ("Small business" is defined in Section 3 of the Regulatory Review Act, Act 76 of 2012.)

The Board approved this final (with proposed omitted) rulemaking at its January 24, 2012, meeting. The Board's discussions are held in public session before stakeholders and interested parties.

(15) Identify the types and number of persons, businesses, small businesses (as defined in Section 3 of the Regulatory Review Act, Act 76 of 2012) and organizations which will be affected by the regulation. How are they affected?

No persons, businesses, small businesses or organizations will be affected by the regulation. CRNPs have been seamlessly licensed and regulated by the Board of Nursing since before the statutory change that necessitated this rulemaking.

(16) List the persons, groups or entities, including small businesses, that will be required to comply with the regulation. Approximate the number that will be required to comply.

CRNPs are required to conform to the statutory and regulatory mandates of the Professional Nursing Law and the regulations of the Board of Nursing.

(17) Identify the financial, economic and social impact of the regulation on individuals, small businesses, businesses and labor communities and other public and private organizations. Evaluate the benefits expected as a result of the regulation.

The regulation will have no financial, economic or social impact on individuals, small businesses, businesses and labor communities or other public or private organizations.

(18) Explain how the benefits of the regulation outweigh any cost and adverse effects.

There are no costs to the regulation. The benefit of the regulation is that it will avoid confusion generated by having superseded regulations still in the Board's official regulations.

(19) Provide a specific estimate of the costs and/or savings to the **regulated community** associated with compliance, including any legal, accounting or consulting procedures which may be required. Explain how the dollar estimates were derived.

There are no costs or savings to the regulated community associated with compliance. The cost of initial license application, prescriptive authority agreement approval and biennial renewal fee have always been governed by regulations of the Board of Nursing and will continue to be governed by regulations of the Board of Nursing.

(20) Provide a specific estimate of the costs and/or savings to the **local governments** associated with compliance, including any legal, accounting or consulting procedures which may be required. Explain how the dollar estimates were derived.

There are no costs or savings to local governments associated with compliance.

(21) Provide a specific estimate of the costs and/or savings to the **state government** associated with the implementation of the regulation, including any legal, accounting, or consulting procedures which may be required. Explain how the dollar estimates were derived.

Other than the expense of drafting and reviewing the regulation by agency staff, HPLC staff, IRRC staff and OAG staff inherent in the promulgation of any rulemaking, there are no costs or savings to the state government associated with the implementation of the regulation.

(22) For each of the groups and entities identified in items (19)-(21) above, submit a statement of legal, accounting or consulting procedures and additional reporting, recordkeeping or other paperwork, including copies of forms or reports, which will be required for implementation of the regulation and an explanation of measures which have been taken to minimize these requirements.

Other than the agencies that review regulations, no groups or entities have been identified that will incur costs to implement this final proposed omitted regulation.

(23) In the table below, provide an estimate of the fiscal savings and costs associated with implementation and compliance for the regulated community, local government, and state government for the current year and five subsequent years.

	Current FY Year	FY +1 Year	FY +2 Year	FY +3 Year	FY +4 Year	FY +5 Year
SAVINGS:	\$	\$	\$	\$	\$	\$
Regulated Community						
Local Government						
State Government						
Total Savings	N/A	N/A	N/A	N/A	N/A	N/A
COSTS:						
Regulated Community						
Local Government						
State Government						
Total Costs	N/A	N/A	N/A	N/A	N/A	N/A
REVENUE LOSSES:						
Regulated Community						
Local Government						
State Government						
Total Revenue Losses	N/A	N/A	N/A	N/A	N/A	N/A

(23a) Provide the past three year expenditure history for programs affected by the regulation.

Program	FY -3	FY -2	FY -1	Current FY
State Board of Medicine	\$5,790,741.22	\$4,850,758.87	\$5,571,463.51	\$6,665,000.00

(24) For any regulation that may have an adverse impact on small businesses (as defined in Section 3 of the Regulatory Review Act, Act 76 of 2012), provide an economic impact statement that includes the following:

- (a) An identification and estimate of the number of small businesses subject to the regulation.
- (b) The projected reporting, recordkeeping and other administrative costs required for compliance with the proposed regulation, including the type of professional skills necessary for preparation of the report or record.
- (c) A statement of probable effect on impacted small businesses.
- (d) A description of any less intrusive or less costly alternative methods of achieving the purpose of the proposed regulation.

The regulation will have no impact on small businesses.

(25) List any special provisions which have been developed to meet the particular needs of affected groups or persons including, but not limited to, minorities, the elderly, small businesses, and farmers.

The Board has determined that there are no affected groups or person with particular needs related to this rulemaking.

(26) Include a description of any alternative regulatory provisions which have been considered and rejected and a statement that the least burdensome acceptable alternative has been selected.

Because the regulation is mandated by statute, no alternative regulatory schemes were considered.

(27) In conducting a regulatory flexibility analysis, explain whether regulatory methods were considered that will minimize any adverse impact on small businesses (as defined in Section 3 of the Regulatory Review Act, Act 76 of 2012), including:

- a) The establishment of less stringent compliance or reporting requirements for small businesses;
- b) The establishment of less stringent schedules or deadlines for compliance or reporting requirements for small businesses;
- c) The consolidation or simplification of compliance or reporting requirements for small businesses;
- d) The establishment of performing standards for small businesses to replace design or operational standards required in the regulation; and
- e) The exemption of small businesses from all or any part of the requirements contained in the regulation.

The regulation will have no impact on small businesses.

(28) If data is the basis for this regulation, please provide a description of the data, explain in detail how the data was obtained, and how it meets the acceptability standard for empirical, replicable and testable data that is supported by documentation, statistics, reports, studies or research. Please submit data or supporting materials with the regulatory package. If the material exceeds 50 pages, please provide it in a searchable electronic format or provide a list of citations and internet links that, where possible, can be accessed in a searchable format in lieu of the actual material. If other data was considered but not used, please explain why that data was determined not to be acceptable.

No data formed the bases for this regulation.

(29) Include a schedule for review of the regulation including:

- A. The date by which the agency must receive public comments: N/A
- B. The date or dates on which public meetings or hearings will be held: 1/24/12
- C. The expected date of promulgation of the proposed regulation as a final-form regulation: Fall 2012
- D. The expected effective date of the final-form regulation: Fall 2012
- E. The date by which compliance with the final-form regulation will be required: Upon publication.
- F. The date by which required permits, licenses or other approvals must be obtained:

(30) Describe the plan developed for evaluating the continuing effectiveness of the regulations after its implementation.

The Board continuously reviews its regulations at its scheduled meetings. The Board generally meets monthly on the fourth Tuesday of each month.

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**FACE SHEET
FOR FILING DOCUMENTS
WITH THE LEGISLATIVE REFERENCE BUREAU**

(Pursuant to Commonwealth Documents Law)

DO NOT WRITE IN THIS SPACE

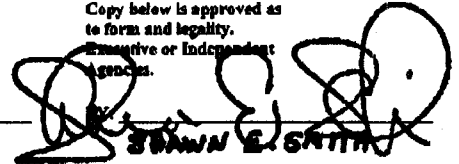
Copy below is hereby approved as to form and legality. Attorney General

Copy below is hereby certified to be a true and correct copy of a document issued, prescribed or promulgated by:

Copy below is approved as to form and legality. Executive or Independent Agency.

BY: _____
(DEPUTY ATTORNEY GENERAL)

STATE BOARD OF MEDICINE
(AGENCY)



DOCUMENT/FISCAL NOTE NO. 16A-4938

JAN 22 2013

DATE OF APPROVAL

DATE OF ADOPTION: _____

DATE OF APPROVAL

BY: 
James W. Erccoman, M.D.

Deputy General Counsel,
~~Chief Counsel,~~
~~Independent Agency~~
(Strike inapplicable title)

TITLE: Chair
(EXECUTIVE OFFICER, CHAIRMAN OR SECRETARY)

- Check if applicable. Copy not approved. Objections attached.
- Check if applicable. No Attorney General approval or objection within 30 day after submission.

FINAL RULEMAKING, PROPOSED RULEMAKING OMITTED
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF MEDICINE
TITLE 49. PROFESSIONAL AND VOCATIONAL STANDARDS

CONFORM CRNP PROVISIONS TO STATUTE

49 PA. CODE §§ 18.21 – 18.111

The State Board of Medicine (Board) hereby amends Chapter 18, Subchapter C (relating to certified registered nurse practitioners) to read as set forth in Annex A.

Effective Date

The amendments will be effective upon publication of the final-form rulemaking in the *Pennsylvania Bulletin*.

Statutory Authority

The amendments are authorized under section 8 of the Medical Practice Act (“act”) (63 P.S. § 422.8) and sections 2.1(k) and (l) and 8.1-8.3 of the Professional Nursing Law (“nursing act”) (63 P.S. §§ 212.1(k) and (l) and 218.1-218.3).

Background and Purpose

The Board and the State Board of Nursing jointly promulgated regulations regarding certified registered nurse practitioner (CRNP) practice on November 17, 2000 (30 Pa. B. 5943), under statutory provisions that provided for joint regulation of CRNPs by the Board and the State Board of Nursing. The provision in the act was in section 15 (63 P.S. § 422.15, repealed). The General Assembly, by the act of December 9, 2002 (P.L. 1567, No. 206) (Act 206), amended the nursing act to provide that the State Board of Nursing would have exclusive jurisdiction over the regulation of CRNPs. The nursing act was further amended by the act of July 20, 2007 (P.L. 318, No. 48) (Act 48). The State Board of Nursing’s proposed rulemaking implementing the 2002 and 2007 amendments to the act was published on November 8, 2008 (38 Pa. B. 6161).

Because the General Assembly repealed the statutory authority under which the Board regulated the practice of CRNPs and the Board of Nursing has promulgated final regulations which take the place of the jointly promulgated regulations, the Board is now deleting those sections of its regulations related to CRNPs.

Omission of Proposed Rulemaking

Under section 204 of the Act of July 31, 1968 (P.L. 769, No. 240) (45 P.S. § 1204), known as the Commonwealth Documents Law (CDL), the Board is authorized to omit the procedures for proposed rulemaking in sections 201 and 202 of the CDL (45 P.S. §§1201 and 1202) if the Board finds that the criteria of section 204 are met.

The Board’s regulations were jointly promulgated under statutory authority that has been repealed to specifically provide that the Board of Nursing shall have the sole authority to regulate the practice of CRNPs. Under authority of section 204(3) of the CDL (45 P.S. § 1204(3)), The Board finds that proposed rulemaking may be omitted as unnecessary because these amendments merely conform the Board’s regulations to the applicable statutes by deleting outdated regulations.

Description of Amendments

The Board is amending Chapter 18 by deleting subchapter C (relating to certified registered nurse practitioners) in its entirety.

Fiscal Impact

The amendment will have no fiscal impact on the Board, its licensees, the private sector, the general public or political subdivisions.

Paperwork Requirements

The regulation will not create additional paperwork for the Board, its licensees, the private sector, the general public or political subdivisions.

Sunset Date

The Board continuously monitors the effectiveness of its regulations. Therefore, no sunset date has been assigned.

Regulatory Review

Under section 5.1(c) of the Regulatory Review Act (RRA) (71 P.S. §745.5a(c)), on March 4, 2013, the Board submitted copies of the final rulemaking, with proposed rulemaking omitted, to the Independent Regulatory Review Commission (IRRC), and the Chairpersons of the Senate Consumer Protection and Professional Licensure Committee (SCP/PLC) and the House Professional Licensure Committee (HPLC). On the same date, the Commission submitted a copy of the regulation to the Office of Attorney General under the Commonwealth Attorneys Act (71 P.S. §§ 732-101-732-506).

Under section 5.1(j.2) of the RRA (71 P.S. §745.5(j.2)), the final rulemaking was approved by the HPLC on _____, 2012, and deemed approved by the SCP/PLC on _____. Under section 5.1(e) of the RRA (71 P.S. § 745.5a(e)), IRRC met on _____, and approved the final rulemaking.

Additional Information

For additional information about the final rulemaking, submit inquiries to Teresa Lazo, Counsel, State Board of Medicine, P.O. Box 2649, Harrisburg, PA 17105-2649, (717) 783-7200.

Findings

The Board finds that:

- (1) Public notice of the Board's intention to amend its regulations under the procedures in sections 201 and 202 of the CDL (45 P.S. §§ 1201 and 1202) has been omitted under the authority of section 204 of the CDL (45 P.S. § 1204), because public comment is unnecessary in that no person is adversely affected by this rulemaking that deletes regulations promulgated under the authority of a repealed statute.
- (2) The amendment of the Board's regulations in the manner provided in this order is necessary and appropriate for the administration of the act.

Order

The Board, acting under its authorizing statute, orders that:

- (a) The regulations of the Board, 49 Pa. Code, Chapter 18, Subchapter C, §§ 18.21 – 18.111 are deleted as set forth in Annex A.
- (b) The Board shall submit this order and Annex A to the Office of General Counsel and the Office of Attorney General for approval as to form and legality as required by law.
- (c) The Board shall certify this order and Annex and deposit them with the Legislative Reference Bureau as required by law.
- (d) This order shall take effect upon publication in the *Pennsylvania Bulletin*.

James W. Freeman, M.D.
Chair

ANNEX A

TITLE 49. PROFESSIONAL AND VOCATIONAL STANDARDS

PART I. DEPARTMENT OF STATE

Subpart A. PROFESSIONAL AND OCCUPATIONAL AFFAIRS

**CHAPTER 18. STATE BOARD OF MEDICINE—PRACTITIONERS OTHER
THAN MEDICAL DOCTORS**

Subchapter C. [CERTIFIED REGISTERED NURSE PRACTITIONERS]

(RESERVED)

[GENERAL PROVISIONS]

§ 18.21. [Definitions] (Reserved).

[The following words and terms, when used in this subchapter, have the following meanings, unless the context clearly indicates otherwise:

Boards—The State Board of Nursing of the Commonwealth and the Board.
Certified Registered Nurse Practitioner (C.R.N.P.)—A registered nurse licensed in this Commonwealth who is certified by the Boards in a particular clinical specialty area and who, while functioning in the expanded role as a professional nurse, performs acts of medical diagnosis or prescription of medical therapeutic or corrective measures in collaboration with and under the direction of a physician licensed to practice medicine in this Commonwealth. Nothing in this subchapter limits or prohibits a nurse from engaging in activities which normally constitute the practice of nursing as defined in section 2 of The Professional Nursing Law (63 P. S. § 212).

Direction—The incorporation of physician supervision to the certified registered nurse practitioner’s performance of medical acts in the following ways:

- (i) Immediate availability of a licensed physician through direct communications or by radio, telephone or telecommunications.
- (ii) A predetermined plan for emergency services which has been jointly developed by the supervising physician and the certified registered nurse practitioner.
- (iii) A physician available on a regularly scheduled basis for:
 - (A) Referrals.
 - (B) Review of the standards of medical practice incorporating consultation and chart review.
 - (C) Establishing and updating standing orders and drug and other medical protocols within the practice setting.
 - (D) Periodic up-dating in medical diagnosis and therapeutics.
 - (E) Co-signing records when necessary to document accountability by both parties.]

§ 18.22. [Purpose] (Reserved).

[The Boards have established regulations to govern acts of medical diagnosis or prescription of medical therapeutic or corrective measures, as authorized by The Professional Nursing Law (63 P. S. § § 211—225.5) and the act.]

[LEGAL RECOGNITION]

§ 18.31. [Designation of C.R.N.P.; authority to use C.R.N.P.] (Reserved).

[(a) A registered nurse who has satisfactorily met the requirements set forth in this subchapter and regulations that may from time to time be jointly promulgated by the Boards shall be designated on his license “Certified Registered Nurse Practitioner (C.R.N.P.)”, in the area for which qualified.

(b) No nurse may practice or offer to practice as a Certified Registered Nurse Practitioner in this Commonwealth or use the abbreviation C.R.N.P. unless authorized to do so by the State Board of Nursing.]

[REQUIREMENTS FOR APPROVAL]

§ 18.41. [Currently licensed; course of study and experience; continuing education] (Reserved).

[(a) The applicant for whom approval is requested shall be currently licensed as a registered nurse by the State Board of Nursing.

(b) The applicant shall have successfully completed a course of study consisting of at least 1 academic year in a program administered by nursing in an institution of higher education as approved by the Boards.

(c) Evidence shall be given of continuing competency in the area of medical diagnosis and therapeutics at the time of renewal of the applicant’s certification renewal.]

§ 18.42. [Certification by endorsement; currently licensed] (Reserved).

[(a) A registered nurse who has been granted certification by another state board may be granted certification in this Commonwealth by endorsement of the original certifying board if the credentials are equivalent to those required by the Boards.

(b) The applicant for certification in this Commonwealth by endorsement shall meet the requirements as stated in The Professional Nursing Law (63 P. S. §§ 211—225.5) for licensure as a registered nurse.]

[APPLICATION FOR APPROVAL]

§ 18.51. [Application for approval] (Reserved).

[The applicant shall submit an application form, provided by the State Board of Nursing, to the State Board of Nursing for its review and approval. The application shall include the following:

- (1) An official document from the program.
- (2) Additional information as identified on the application.]

§ 18.52. [Approval by Board] (Reserved).

[Applicants approved by the State Board of Nursing may use the designation C.R.N.P. The designation and area of specialty will be indicated on the current license of the nurse.]

[CRNP PRACTICE]

§ 18.53. [Prescribing and dispensing drugs] (Reserved).

[A CRNP may prescribe and dispense drugs if the following requirements are met:

- (1) The CRNP has completed a CRNP program which is approved by the Boards or, if completed in another state, is equivalent to programs approved by the Boards.
- (2) The CRNP has successfully completed at least 45 hours of course work specific to advanced pharmacology in accordance with the following:

- (i) The course work in advanced pharmacology may be either part of the CRNP education program or, if completed outside of the CRNP education program, an additional course or courses taken from an educational program or programs approved by the Boards.
 - (ii) The course work in advanced pharmacology must be at an advanced level above a pharmacology course required by a professional nursing (RN) education program.
- (3) A CRNP who has prescriptive authority shall complete at least 16 hours of State Board of Nursing approved continuing education in pharmacology in the 2 years prior to the biennial renewal date of his or her CRNP certification. The CRNP shall show proof that she completed the continuing education when submitting a biennial renewal.
- (4) In prescribing and dispensing drugs, a CRNP shall comply with standards of the State Board of Medicine in §§ 16.92—16.94 (relating to prescribing, administering and dispensing controlled substances; packaging; and labeling of dispensed drugs) and the Department of Health in 28 Pa. Code §§ 25.51—25.58, 25.61—25.81 and 25.91—25.95.]

§ 18.54. [Prescribing and dispensing parameters] (Reserved).

[(a) The Board adopts the American Hospital Formulary Service Pharmacologic-Therapeutic Classification to identify drugs which the CRNP may prescribe and dispense subject to the parameters identified in this section.

(b) A CRNP may prescribe and dispense a drug relevant to the area of practice of the CRNP from the following categories if that authorization is documented in the

collaborative agreement (unless the drug is limited or excluded under this or another subsection):

- (1) Antihistamines.
- (2) Anti-infective agents.
- (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.
- (4) Autonomic drugs.
- (5) Blood formation, coagulation and anticoagulation drugs, and thrombolytic and antithrombolytic agents.
- (6) Cardiovascular drugs.
- (7) Central nervous system agents, except that the following drugs are excluded from this category:
 - (i) General anesthetics.
 - (ii) Monoamine oxidase inhibitors.
- (8) Contraceptives including foams and devices.
- (9) Diagnostic agents.
- (10) Disinfectants for agents used on objects other than skin.
- (11) Electrolytic, caloric and water balance.
- (12) Enzymes.
- (13) Antitussive, expectorants and mucolytic agents.
- (14) Gastrointestinal drugs.
- (15) Local anesthetics.

- (16) Eye, ear, nose and throat preparations.
 - (17) Serums, toxoids and vaccines.
 - (18) Skin and mucous membrane agents.
 - (19) Smooth muscle relaxants.
 - (20) Vitamins.
 - (21) Hormones and synthetic substitutes.
- (c) A CRNP may not prescribe or dispense a drug from the following categories:
- (1) Gold compounds.
 - (2) Heavy metal antagonists.
 - (3) Radioactive agents.
 - (4) Oxytocics
- (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.
- (e) Restrictions on CRNP prescribing and dispensing practices are as follows:
- (1) A CRNP may write a prescription for a Schedule II controlled substance for up to a 72 hour dose. The CRNP shall notify the collaborating physician as soon as possible but in no event longer than 24 hours.
 - (2) A CRNP may prescribe a Schedule III or IV controlled substance for up to 30 days. The prescription is not subject to refills unless the collaborating physician authorizes refills for that prescription.

(f) A CRNP may not:

(1) Prescribe or dispense a Schedule I controlled substance as defined in section 4 of the Controlled Substance, Drug, Device and Cosmetic Act (35 P. S. § 780-14).

(2) Prescribe or dispense a drug for a use not approved by the United States Food and Drug Administration without approval of the collaborating physician.

(3) Delegate prescriptive authority specifically assigned to the CRNP by the collaborating physician to another health care provider.

(g) A prescription blank shall bear the certification number of the CRNP, name of the CRNP in printed format at the top of the blank and a space for the entry of the DEA registration number, if appropriate. The collaborating physician shall also be identified as required in § 16.91 (relating to identifying information on prescriptions and orders for equipment and service).

(h) The CRNP shall document in the patient's medical record the name, amount and dose of the drug prescribed, the number of refills, the date of the prescription and the CRNP's name.]

§ 18.55. [Collaborative agreement] (Reserved).

[(a) A collaborative agreement is the signed written agreement between a CRNP and a collaborating physician in which they agree to the details of the collaborative arrangement between them with respect to the care of CRNP patients.

(b) The collaborative agreement between a physician and a CRNP who will prescribe drugs shall satisfy the following requirements. The agreement shall:

- (1) Identify the parties, including the collaborating physician, the CRNP and a substitute physician who will provide collaboration and direction for up to 30 days if the collaborating physician is unavailable.
- (2) Identify the area of practice in which the CRNP is certified.
- (3) Identify the categories of drugs from which the CRNP may prescribe or dispense in accordance with § 18.54 (relating to prescribing and dispensing parameters).
- (4) Contain attestation by the collaborating physician that the physician has knowledge and experience with any drug that the CRNP will prescribe.
- (5) Specify the circumstances and how often the collaborating physician will personally see the patient, based on the type of practice, sites of service and condition of the patient, whether the treatment is for an ongoing or new condition, and whether the patient is new or continuing.
- (6) Specify the conditions under which the CRNP may prescribe a Schedule II controlled substance for up to 72 hours.
- (7) Be kept at the primary practice location of the CRNP and a copy filed with the Bureau of Professional and Occupational Affairs.
- (8) Be made available for inspection to anyone seeking to confirm the scope of practice of the CRNP.
- (9) Be updated by the collaborating physician [and the CRNP] whenever it is changed substantively.
- (10) Specify the amount of professional liability insurance carried by the CRNP.

(c) The CRNP shall notify the Bureau whenever a collaborative agreement of a CRNP who prescribes and dispenses drugs is updated or terminated.]

§ 18.56. [Identification of the CRNP] (Reserved).

[(a) A patient shall be informed at the time of making an appointment that the patient will be seen by a CRNP.

(b) A CRNP shall wear a name tag that clearly identifies the CRNP with the title “Certified Registered Nurse Practitioner.”

(c) A CRNP who holds a doctorate should take appropriate steps to inform patients that the CRNP is not a doctor of medicine or doctor of osteopathic medicine.]

§ 18.57. [Physician supervision] (Reserved).

[(a) At any time a physician may not supervise more than four CRNPs who prescribe and dispense drugs. This subsection does not limit the number of collaborative agreements that a physician may have with prescribing CRNPs. By way of example, a physician may supervise four prescribing CRNPs who work in the morning and four other prescribing CRNPs who work in the afternoon as long as the physician has a collaborative agreement with each CRNP.

(b) A physician may apply for a waiver of the supervision collaboration requirements expressed in subsection (a) for good cause, as determined by the Boards.

(c) The limit of the general rule of not more than four prescribing CRNPs to one physician does not apply to CRNPs who do not prescribe or dispense drugs. By way of example, a physician may supervise at the same time four CRNPs who prescribe and dispense drugs and one or more CRNPs who do not prescribe and dispense drugs.]

[HEALTH CARE FACILITY POLICIES]

§ 18.61. [Institutional health care facility committee; committee determination of standard policies and procedures] (Reserved).

[(a) In health care facilities providing health services in which the practice of certified registered nurse practitioners involves the acts of medical diagnosis or prescription of medical therapeutic or corrective measures, there shall be a committee in each area of practice whose function is to establish standard policies and procedures, in writing, pertaining to the scope and circumstances of the practice of the nurses in the medical management of the patient.

(b) The committee shall serve not only as a policy-making body for the special area but also as an advisory and interpretative body to the various staff of the health facility. The committee shall include equal representation from the medical staff, the nursing staff, including a nurse practitioner, and the nursing administration.]

§ 18.62. [Free-standing health care facility committee] (Reserved).

[If a certified registered nurse practitioner is associated with a physician or group of physicians, the committee may consist of, but need not be limited to, the nurse practitioners and the physicians.]

§ 18.63. [Review and acceptance of standard policies and procedures by the committee] (Reserved).

[The standard policies and procedures shall be reviewed and accepted by the committee at least annually and at other times as necessary.]

**§ 18.64. [Review of the medical functions of the C.R.N.P. by the committee]
(Reserved).**

[The committee shall review annually the effectiveness of the medical functions of the C.R.N.P. through an evaluation of the care rendered to patients using data sources such as patient records, statistics and patient follow-up.]

[ACCOUNTABILITY]

§ 18.71. [Accountability of C.R.N.P.] (Reserved).

[The Certified Registered Nurse Practitioner shall be responsible for his own professional judgments and shall be accountable to the individual consumer. He shall also be accountable to the physician and the employing agency in the area of medical diagnosis and therapeutics.]

[TERMINATION OF APPROVAL]

§ 18.81. [Performance of tasks without direction; performance of tasks without training; other] (Reserved).

[The approval as provided in this subchapter for a Certified Registered Nurse Practitioner may be terminated by the State Board of Nursing when, after notice and hearing, that Board finds:

- (1) That the registrant has engaged in the performance of medical functions and tasks other than at the direction of a physician licensed by the Board, except in situations as provided for in 42 Pa.C.S. § 8331 (relating to medical good Samaritan civil immunity).
- (2) That the registrant has performed a medical task or function which the registrant is not qualified by education to perform.]

[MAINTENANCE OF CERTIFICATION]

§ 18.91. [Biennial certification] (Reserved).

[Applicants approved as Certified Registered Nurse Practitioners under this subchapter shall be certified biennially with the State Board of Nursing on forms provided by that Board on or before October 30 of the odd-numbered years.]

[FEES]

§ 18.101. [Reasonable fee determined by Board] (Reserved).

[The application for initial certification or biennial recertification shall be accompanied by a reasonable fee determined periodically by the State Board of Nursing.]

[PENALTIES FOR VIOLATION]

§ 18.111. [Penalties for violation] (Reserved).

[Certification as a C.R.N.P. may be suspended or revoked or the violator may be placed on probation as the Boards, or a joint committee thereof, determine after a formal hearing has been held, and a violation of the act and of The Professional Nursing Law (63 P. S. §§ 211—225.5), of this subchapter or of Chapter 21 (relating to State Board of Nursing) has been adjudicated.]

* * * * *



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF MEDICINE

Post Office Box 2649
Harrisburg, Pennsylvania 17105-2649
(717) 783-4858

March 4, 2013

The Honorable Silvan B. Lutkewitte, III, Chairman
INDEPENDENT REGULATORY REVIEW COMMISSION
14th Floor, Harristown 2, 333 Market Street
Harrisburg, Pennsylvania 17101

Re: Final Regulation
State Board of Medicine
16A-4938: Conform CRNP Provisions to Statute

Dear Chairman Lutkewitte:

Enclosed is a copy of a final omitted rulemaking package of the State Board of Medicine pertaining to Conform CRNP Provisions to Statute.

The Board will be pleased to provide whatever information the Commission may require during the course of its review of the rulemaking.

Sincerely,

A handwritten signature in black ink, appearing to read "Andrew J. Behnke".

Andrew J. Behnke, M.D., Chairperson
State Board of Medicine

AJB/TL:ld

Enclosure

cc: Katie True, Commissioner
Bureau of Professional and Occupational Affairs
Rebecca Oyler, Director of Policy, Department of State
Steven V. Turner, Chief Counsel
Department of State
Cynthia Montgomery, Regulatory Counsel
Department of State
Teresa Lazo, Counsel
State Board of Medicine
State Board of Medicine

**TRANSMITTAL SHEET FOR REGULATIONS SUBJECT TO THE
REGULATORY REVIEW ACT**

I.D. NUMBER: 16A-4938
 SUBJECT: CONFORM CRNP PROVISIONS TO STATUTE
 AGENCY: DEPARTMENT OF STATE
 BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
 STATE BOARD OF MEDICINE

TYPE OF REGULATION

- Proposed Regulation
- Final Regulation
- X Final Regulation with Notice of Proposed Rulemaking Omitted
- 120-day Emergency Certification of the Attorney General
- 120-day Emergency Certification of the Governor
- Delivery of Tolled Regulation
 - a. With Revisions
 - b. Without Revisions

2013 MAR -4 AM 11: 27

RECEIVED
PRR

FILING OF REGULATION

DATE	SIGNATURE	DESIGNATION
3/4/13	<u>Michelle Warren</u>	HOUSE COMMITTEE ON PROFESSIONAL LICENSURE MAJORITY CHAIR <u>Julie Harhart</u>
		SENATE COMMITTEE ON CONSUMER PROTECTION & PROFESSIONAL LICENSURE MAJORITY CHAIR <u>Robt. M. Tomlinson</u>
3/4/13	<u>Mary Walmer</u>	
3/4/13	<u>K Cooper</u>	INDEPENDENT REGULATORY REVIEW COMMISSION
3-4-13	<u>M. Mummet</u>	ATTORNEY GENERAL (for Final Omitted only)
		LEGISLATIVE REFERENCE BUREAU (for Proposed only)