

<h1>Regulatory Analysis Form</h1> <p>(Completed by Promulgating Agency)</p> <p>(All Comments submitted on this regulation will appear on IRRC's website)</p>		<p>INDEPENDENT REGULATORY REVIEW COMMISSION</p> <p>RECEIVED IRRC JAN 17 AM 10:31</p>
<p>(1) Agency Department of State, Bureau of Professional and Occupational Affairs, State Board of Nursing</p>		
<p>(2) Agency Number: 16A Identification Number: 5126</p>		<p>IRRC Number: 3046</p>
<p>(3) PA Code Cite: 49 Pa. Code §§ 21.29, 21.29a, 21.131-21.134, 21.156, 21.156b, 21.332, 21.723 and 21.723a</p>		
<p>(4) Short Title: Continuing Education; Reporting of Crimes and Discipline</p>		
<p>(5) Agency Contacts (List Telephone Number and Email Address):</p> <p>Primary Contact: Judith Pachter Schulder, Board Counsel, State Board of Nursing, 2601 N. Third Street, P.O. Box 2649, Harrisburg, PA 17105-2649; Phone: (717) 783-7200; Fax: (717) 787-0251; Email: jschulder@pa.gov</p> <p>Secondary Contact: Cynthia K. Montgomery, Regulatory Counsel, Department of State: 2601 N. Third Street, P.O. Box 2649, Harrisburg, PA 17105-2649; Phone: (717) 783-7200; Fax: (717) 787-0251 Email: cymontgome@pa.gov</p>		
<p>(6) Type of Rulemaking (check applicable box):</p> <p><input checked="" type="checkbox"/> Proposed Regulation</p> <p><input type="checkbox"/> Final Regulation</p> <p><input type="checkbox"/> Final Omitted Regulation</p>		<p><input type="checkbox"/> Emergency Certification Regulation;</p> <p><input type="checkbox"/> Certification by the Governor</p> <p><input type="checkbox"/> Certification by the Attorney General</p>
<p>(7) Briefly explain the regulation in clear and nontechnical language. (100 words or less)</p> <p>This regulation: (1) amends current continuing education regulations and (2) requires licensees to report criminal and disciplinary actions/sanctions. Having had several opportunities to obtain the continuing education and seek renewal, the Board proposes removing the 6-month grace period originally given to registered nurses to cure deficiencies in favor of the procedure used by other professional licensure Boards prohibiting renewal until continuing education requirements are completed. Additionally, the Board adds the authority to require a designated course as part of the continuing education hours. Finally, the regulation requires all licensees to report crimes and disciplinary actions to the Board within 30 and 90 days of disposition, respectively.</p>		

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

The amendments relating to registered nurses and licensed dietitian-nutritionists are proposed under the authority of sections 2.1(k) and 12.1(a) of the Professional Nursing Law (RN Act) (63 P.S. §§ 212.1(k) and 222 (a)) which provide the general authority to the Board to establish rules and regulations for the practice of professional nursing, the practice of dietetics-nutrition and administration of the RN Act and requirements of continuing nursing education for registered nurses. The amendments relating to practical nurses are proposed under the authority of section 17.6 of the Practical Nurse Law (PN Law) (63 P.S. § 667.6) which authorizes the Board to establish rules and regulations for the practice of practical nursing and the administration of the PN Law.

(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.

No.

(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 regulation refines current continuing education regulations for RNs assuring their continued competence through 30 hours of education biennially. Also, by requiring PNs to notify the Board of criminal and disciplinary actions and RNs and LDNs to notify the Board sooner than currently required, the Board can better assure that licensees are qualified and competent to practice nursing benefitting recipients of nursing care.

There are approximately 211,115 RNs who renew their licenses during each biennium all of whom are required to complete 30 hours of continuing education. Certified Registered Nurse Practitioners (CRNP) may apply the continuing education credits earned for renewal of their CRNP certifications to the renewal of their RN licenses. School nurses may apply the continuing education credits earned for renewal of their school nurse certification to the renewal of their RN licenses. Licensed Dietitian-Nutritionists (LDN), who are generally not also RNs, may apply the continuing education credits earned for renewal of their LDN licenses to the renewal of their RN licenses, if applicable.

In addition to the 211,115 licensed RNs, there are also currently 3,657 LDNs and 56,482 licensed practical nurses that will be required to comply with the regulations relating to reporting crimes and disciplinary actions.

(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.

No. There are no federal licensure standards for nurses or dietitians.

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

The proposed regulations do not adversely affect Pennsylvania's ability to compete with other states.

Neither New York nor New Jersey permit RNs to renew if they have not completed the continuing education required for the biennium. Delaware permits RNs to renew a lapsed license within 2 months of the expiration date by completing a renewal application online and paying the renewal fee plus a late fee. Beyond the 2 months, the Delaware RNs must apply for reinstatement. Under this proposal, like New York, New Jersey, and other licensing Boards within the Bureau of Professional and Occupational Affairs, 30 hours of continuing education must be completed prior to renewal.

New Jersey, Maryland, Delaware, New York, Ohio, California, Florida and Michigan Boards of Nursing regulations permit the Boards to require designated courses for registered nurses as warranted. If deemed warranted, under this proposal, registered nurses may be required by the Board to take up to four hours in a designated topic in a biennial renewal period.

Neighboring states of New Jersey and Maryland, in addition to California and Michigan, require both registered and practical nurses to notify the Board of criminal convictions, probations without verdict, and ARDs. Delaware, New York and Ohio do not have a similar reporting requirement. Currently, registered nurses are required to notify the Board of criminal convictions, probations without verdict, and ARDs and disciplinary sanctions as late as during renewal. The proposed regulations would require all licensees to report criminal actions within 30 days and disciplinary actions within 90 days. This shorter timeframe will enable the Board to learn of these actions more expeditiously and take appropriate action.

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

No.

(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.)

In preparing this proposed rulemaking, the Board shared drafts of the proposed amendments with stakeholders and interested parties. See Attachment 1 for the list of specific persons and/or groups who were involved.

(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?

Currently, there are 211,115 RNs, 56,482 PNs and 3,657 LDNs that will be affected by the regulation. According to the Pennsylvania Department of Labor and Industry in 2010, the majority of RNs work in general medical & surgical hospitals (53.0%), while a minority work in physician offices (9.8%), home health care services (6.2%), nursing care facilities (5.6%), or outpatient care centers (4.2%). Other RNs are employed by other types of hospitals, community care facilities for the elderly, elementary & secondary schools, and employment placement agencies. Likewise, according to the Pennsylvania Department of Labor & Industry in 2010, the majority of PNs work in nursing care facilities (24.6%) and general medical & surgical hospitals (21.0%). A minority work in community care facilities for the elderly (11.1%), home health care services (9.4%), physician offices (9.1%), or employment placement agencies (4.3%). Other licensed practical nurses are employed with local government agencies, residential mental health facilities, and outpatient care centers. For LDNs, Most jobs are in hospitals, nursing care facilities, outpatient care centers, and offices of physicians or other health practitioners.

According to the Small Business Administration (SBA), there are approximately 982,692 businesses in Pennsylvania; of which 978,831 are small businesses; and 3,861 are large businesses. Of the 978,831 small businesses, 236,775 are small employers (those with fewer than 500 employees) and the remaining 772,056 are non-employers. Thus, the vast majority of businesses in Pennsylvania are considered small businesses.

For the business entities listed above for RNs, PNs and LDNs, small businesses are defined in Section 3 of Act 76 of 2012, which provides that a small business is defined by the U.S. Small Business Administration's (SBA) Small Business Size Regulations under 13 CFR Ch. 1 Part 121. Specifically, the SBA has established these size standards at 13 CFR 121.201 for types of businesses under the North American Industry Classification System (NAICS).

In applying the NAICS standards to the types of businesses where nurses and dietitians/nutritionists work, a small business in general medical and surgical hospitals is one with \$35.5 million or less in average annual receipts, while a small business in offices of physicians is one with \$10.0 million or less in average annual receipts. A small business in home health care services is one with \$14.0 million or less in average annual receipts, while a “nursing care facility (skilled nursing facilities)” is one with \$25.5 million or less in annual receipts. According to the NAICS, small businesses in outpatient care centers have \$19.0 million or less in average annual receipts. Also according to the NAICS, small businesses in community care facilities for the elderly (if they are for-profit facilities) would be included as either continuing care retirement communities with \$25.5 million in average annual receipts or assisted living facilities for the elderly with \$10.0 million in average annual receipts. (However, if the community care facilities for the elderly are nonprofit facilities, the SBA would not characterize them as small businesses.) Employment placement agencies are considered small businesses if they have \$7.0 million or less in annual receipts. Residential mental health facilities have \$14.0 million or less in average annual receipts, and elementary and secondary schools are considered small businesses if they have \$10.0 million or less in average annual receipts.

The Board does not collect data regarding the size of businesses where its licensees work. Many nurses and dietitians/nutritionists probably work in small businesses in this Commonwealth. However, the regulation’s impact should not extend to those businesses as the board licenses individuals, not businesses, and there are no direct costs that would be passed on to the licensee’s employer.

(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.

Currently, there are 211,115 RNs, 56,482 PNs and 3,657 LDNs that will be affected by the regulation.

(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 Board and registered nurses should have a reduced fiscal and paperwork impact by the amendment relating to continuing education because the regulation originally had permitted registered nurses to renew prior to completing the continuing education requirement. Under that provision, the review process would necessarily occur twice: once when licensees renew with deficient credits and again when licensees submit documentation evidencing completion to the Board for review. Under this proposal, registered nurses may only renew after completing their continuing education. However, should an audit reveal deficiencies, the regulation retains the requirement that deficiencies be made up within 6 months.

There is no additional fiscal or paperwork impact associated with the audit requirement or mandatory designated continuing education course as audits are currently occurring and the designated course can be completed as part of the 30 hours of continuing education that registered nurses must complete each biennium.

The requirement that registered nurses, practical nurses and licensed dietitian-nutritionists report criminal actions and disciplinary sanctions to the Board within 30 and 90 days, respectively, should have a slight fiscal and paperwork impact on the Board and licensees. Currently, licensees report this information on their biennial renewal application. Under this proposal, these reports must be made sooner, triggering additional paperwork responsibilities for licensees. The Board anticipates that it will see an increase in reports as licensees comply with the regulatory requirement thereby incurring additional enforcement costs.

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

Requiring RNs to complete their 30 hours of continuing education prior to biennial renewal assures the public that currently licensed RNs have received current nursing education. Additionally, requiring licensees to report criminal convictions, guilty pleas and ARDs within 30 days of action and disciplinary actions within 90 days of the disposition benefits the public as the Board will receive more timely notice of actions impacting licensees. Especially in the case of drug and alcohol related offenses, the Board will be better able to protect the public by requiring potentially addicted licensees to undergo mental and physical examinations.

(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.

This regulation will impose at best a slight increase in costs on the regulated community. Currently such reports are made as part of the biennial renewal application. Under this proposal, licensees will be required to report criminal and disciplinary actions to the Board in a shorter timeframe, other than at biennial renewal.

(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 this rulemaking.

(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.

Savings: The Board should have reduced processing costs associated with reviewing continuing education documentation for RNs who renewed their licenses but did not complete their continuing education until the 6-month grace period. The Board found that managing the 6-month grace period was administratively burdensome. It required the Board to audit every nurse who renewed without certifying completion of the continuing education requirements; and then essentially audit their documentation again 6-months later to assure that all deficiencies were made up and compliance was achieved. Under the current proposal, registered nurses may only renew after completing their continuing education.

Costs: If the number of reports of criminal and disciplinary actions increases over what is currently reported at biennial renewal, the Board may incur increased enforcement costs. Because the Board cannot calculate the number of reports it will receive, it cannot, with a reasonable degree of certainty, predict the actual costs of enforcement.

The regulation does not impose any additional education requirements so there are no additional costs associated with enforcing these provisions.

(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.

Under this proposal, licensees will be required to report criminal convictions, pleas of guilty or nolo contendere, or admissions into a probation without verdict or ARDs as well as disciplinary actions taken by other states and jurisdictions. Once received by the Board, the reports will be sent to the Bureau of Professional and Occupational Affairs' Professional Compliance Office (PCO) for processing. No specific forms are required for licensees to complete.

(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:	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Regulated Community						
Local Government						
State Government						
Total Savings						

COSTS:	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Regulated Community						
Local Government						
State Government						
Total Costs						
REVENUE LOSSES:	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Regulated Community						
Local Government						
State Government						
Total Revenue Losses						

(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 Nursing	\$9,208,993.47	\$9,508,423.62	\$9,255,417.97	\$9,810,000.00

(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.

There is no small business impact. The regulation revises existing continuing education requirements for registered nurses; and requires more timely reporting by licensees of crimes and disciplinary actions. There are no direct costs associated with the rulemaking that would be passed on to employers. RNs and LDNs are already required to maintain documentation of continuing education and provide copies to the Board. Licensees are already required to report crimes and disciplinary actions at biennial renewal. Employers, be they small or large businesses, have no obligations under these regulations.

(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.

No groups with particular needs have been identified.

(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.

No alternatives have been considered as the requirements of this regulation are not burdensome on licensees. Furthermore, requiring licensees to report criminal and disciplinary actions is the most expeditious way to obtain this information. Similarly, requiring RNs to complete their continuing education before renewing their licenses is the most expeditious way to assure that licensees will complete their education in a timely manner.

(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.

There is no small business impact as the requirements fall on individual nurses and dietitian-nutritionists and not on their employers. Less stringent reporting requirements or schedules or deadlines or exemptions for licensees employed by small businesses would be contrary to the public interest.

(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 was relied upon to formulate this regulation.

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

- A. The date by which the agency must receive public comments: 30 days from publication in the PA Bulletin
- B. The date or dates on which public meetings or hearings will be held: No specific date has been scheduled. The Board holds monthly meetings and considers public comment at those meetings.
- C. The expected date of promulgation of the proposed regulation as a final-form regulation: Within 2 years of publication as proposed rulemaking.
- D. The expected effective date of the final-form regulation: Date of publication in the PA Bulletin as final
- E. The date by which compliance with the final-form regulation will be required: Date of publication in the PA Bulletin as final
- F. The date by which required permits, licenses or other approvals must be obtained: N/A

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

The Board regularly evaluates the effectiveness of its regulations. Additionally, the Board regularly reviews requests by licensees and members of the public to amend its regulations causing the Board to evaluate the regulations' impact and necessity. The Board reviews all regulatory proposals at regularly scheduled meetings. The meeting dates for 2014 are: February 28, April 7, June 3, July 17, September 8, October 23-24, and December 4, 2014.

RAF (14) Attachment 1

Page 1 of 4

ORGANIZATION	FIRST NAME	LAST NAME
American Association of Neuroscience Nurses	Janette	Yanko
American Association of Neuroscience Nurses		
Armstrong Hospital	Susan	McDougal RN MSN
BKP HealthCare Resources	Barbara	Piskor
Bloomsburg University	Christine	Alichnie RN RhD
Community College Beaver County	Christine	OLeary MSN RN
DeSales University	Jennifer	Gambal RN MSN CHPN
Emergency Nurses Association	Merlann	Malloy
Frankford Health Care System Jefferson Health System School of Nursing	Jacquelyn	Corcoran
Frankford Health Care System Jefferson Health System School of Nursing	Mary	Parsons-Snyder
Geisinger	Cynthia K	Matzko RN MSN
Geisinger	Alison	Mowery MSN CRNP
Geisinger Health System	Renee	Smith MS RN
Grove City Medical Center	Karen A	Bray
Harcum College	Marian	Slater PhD RN
Health Dialog, Inc.	Sue	Reskiewicz RN
IMA Consulting	Mary	Kinneman
Independent Regulatory Review Commission	Arthur	Cocodrilli
Intravenous Nurse Society	Vicki	Quaid
Lehigh Valley Hospital Med Evac	Barry M	Mitchneck RN MSN CEN
Licensed Practical Nurses Association of Pennsylvania	Genovia	Williams
Lincoln Technical Institute	Timothy	Inverso
Local 112 of OPEIU	Angeline	Bogart
PA Assoc Medical Staff Services	Sherry	Shaddock
PA Association of Nurse Anesthetists		
PA Association of Practical Nursing Program Administrators	Ronald	Rebuck
PA Association of Private School Administrators	Sue	Cameron
PA Association of Private School Administrators	Richard	Dumaresq
PA Association of School Nurses and Practitioners	Sue	Drake
PA Coalition of Nurse Practitioners		
PA College of Associate Degree Nursing	Linda	Gallagher
PA Council of Operating Room Nurses	Donna	Klinger
PA Dept. of Health - Bur. Of Community Health Systems	Gail	Fridenvalds
PA Health Care Association	Veronica	Thompson
PA Hershey Medical Center	Mary Lou	Kanaskie

ORGANIZATION	FIRST NAME	LAST NAME
PA Higher Education Nursing Schools Association	Laurie	Murray
PA League for Nursing, Inc.	Joan	Panchal
PA Medical Society	Catherine	Wilson
PA Organization of Nurse Leaders	Rebecca	Ambrosini
PA Society for Physician Assistants	Kitty	Martin
PA Society for Physician Assistants		
PA State Board of Nursing	Colleen	Rosborough
PA State Education Association - School Nurse Section	Maggie	Beall
PA State Nurses Association	Margaret	Campbell
PA State Nurses Association	Chad	Cope
PA State Nurses Association	Kevin	Gayle
PA State Nurses Association	Patti Gates	Smith
Pennsylvania Association of Home Health Agencies	Terry	Stark
Pennsylvania Medical Society	Catherine	Wilson
Philadelphia Coordinated Health Care, SE Region Health Care Quality Unit	Melissa A	DiSipio MSA Assistant Director
Professional Nursing Resources Inc.	Christine	Filipovich
Sally Kauffman	Sally	Kauffman
SEIU Healthcare.	Deborah	Bonn RN
Southwestern PA Organization for Nurse Leaders	Gwen	Miller
St. Luke's School of Nursing	Sandra	Mesics CNM MSN RN
Stevens & Lee	Robert	Archibald
Stevens & Lee	Dana Pirone	Garrity
The Hospital & Health System Association of Pennsylvania	Lynn	Gurski-Leighton
University of Pittsburgh Medical Center	Debra A	Santarelli RN BSN MS
UPMC St. Margaret	Dawn	Vocke RN CNOR
Wellspan Health	Amy	Nelson
	Robin L	Adams
	Arnold	Albert
	Christine	Alichnie
	K Stephen	Anderson
	Heather	Blair
	Barbara	Boneaberger RN MNEd CNE
	Mary	Bowen
	Cindy	Campbell
	Mary Ann	Cegielsky
	Karen	Cesarano MS
	Stacy	Chiles
	Monica	Choi

ORGANIZATION	FIRST NAME	LAST NAME
	Nancy E	Cobb RN MSN CNE
	Belinda	Curry
	Mary	Dalpiaz
	Melanie	Duffy
	Kay	Duncan
	Kathleen	Dwyer
	Margie	Eckroth-Bucher
	Judy	Egly
	Chris	Evans-Rook
	Pat	Falkowski
	Susan B	Fetterman
	Michelle	Ficca
	Lynn S	Freeze
	Cynthia	Gallagher
	Marianne	Gursky
	Dale	Gustitus
	Judy	Hale
	Sharon	Haymaker
	Gretchen Hope Miller	Heery FNP BC
	Rick	Henker
	Eileen	Hill
	Dawn	Hobbs
	Rose	Hoffmann
	Karen	Kaskie
	Martin	Kilmer
	Kelly	Kuhns
	Vivian	Lowenstein
	Gwynne	Maloney-Saxon
	Brad	March
	Karen	March
	Joan	Miller
	Theresa	Myers
	Ann	OSullivan
	Kathleen	Pagana
	Donna R.	Pauling
	Pat	Porter
	Sally	Regel
	Wayne E	Reich Jr
	Erik	Resoh
	Arthur F	Richer
	Joanne	Rogers
	Deb	Sanders
	Therese M	Sayers
	Gale	Shalongo

ORGANIZATION	FIRST NAME	LAST NAME
	Margaret	Sheaffer
	Roxanne	Shiber
	Janet	Shields
	Judy	Shipe
	Kelly	Shultz
	Trent	Shultz
	Patti	Smith
	Renee	Smith
	Becky	Sneidman
	Joanne	Sorensen
	Laura	Spear
	Adele	Spegman
	Joni	Todhunter
	Debra	Wantz-Bucher
	Brenda	Wards
	Marilyn E	Zrust, MSN, RN

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

Angela Elliott

BY: Angela Elliott
(DEPUTY ATTORNEY GENERAL)

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

State Board of Nursing
(AGENCY)

Copy below is approved as to form and legality. Executive of Independent Agencies

BY: *Shawn E. Smith*
SHAWN E. SMITH

DEC 06 2013

DATE OF APPROVAL

DOCUMENT/FISCAL NOTE NO. 16A-5126

DATE OF ADOPTION: _____

BY: *Ann M. Coughlin*
Ann M. Coughlin, MBA, MSN, RN

NOV 18 2013

DATE OF APPROVAL

(Executive-Deputy General Counsel
Strike inapplicable title)

TITLE: Chairperson
(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.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF NURSING
49 PA. CODE, CHAPTER 21

§§ 21.29, 21.29a, 21.131—21.134, 21.156, 21.156b, 21.332 21.723 and 21.723a

CONTINUING EDUCATION; REPORTING OF CRIMES AND DISCIPLINE

The State Board of Nursing (Board) proposes to amend §§ 21.29, 21.131—21.134, 21.156, 21.332 and 21.723, and to add §§ 21.29a, 21.156b and 21.723a (relating to reporting of crimes and disciplinary action), 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 relating to registered nurses and licensed dietitian-nutritionists are proposed under the authority of sections 2.1(k) and 12.1(a) of the Professional Nursing Law (RN Act) (63 P.S. §§ 212.1(k) and 222 (a)) which provide the general authority to the Board to establish rules and regulations for the practice of professional nursing, the practice of dietetics-nutrition and administration of the RN Act and requirements of continuing nursing education for registered nurses. The amendments relating to practical nurses are proposed under the authority of section 17.6 of the Practical Nurse Law (PN Law) (63 P.S. § 667.6) which authorizes the Board to establish rules and regulations for the practice of practical nursing and the administration of the PN Law.

Background and Purpose

This proposed rulemaking aims to accomplish two goals: (1) amend current continuing education regulations for registered nurses and (2) require licensees to report criminal and disciplinary actions sooner than currently required. The Board published continuing education regulations implementing section 12.1 of the RN Act on July 18, 2008, at 38 *Pa.B.* 3796. To ease implementation, the Board had provided registered nurses with a grace period of 6 months to cure any deficiencies. Now that licensees have had an opportunity to obtain the continuing education and seek renewal, the Board believes that this grace period is no longer warranted and desires instead to implement a procedure for continuing education compliance identical to that applied by the other licensing boards within the Bureau of Professional and Occupational Affairs. Additionally, the Board desires the flexibility to require licensees to complete continuing education on a specific topic as the necessity arises. This is particularly important when there are advances or changes in practice that affect the entire profession or significant modifications to the Board's regulations.

Regarding the reporting of criminal and disciplinary actions, § 21.29(c)(4) (relating to expiration and renewal of license) requires registered nurses to report such actions on their biennial renewal. Similarly, § 21.723 (relating to license renewal) requires licensed dietitian-nutritionists to report criminal and disciplinary actions at biennial renewal. Conversely, § 21.156 (relating to renewal of license), which applies to practical nurses, makes no mention of the requirement to report criminal and disciplinary actions at all. In many circumstances, especially in cases when these

licensees enter into an Accelerated Rehabilitation Disposition (ARD) Program, licensees avoid notifying the Board of the criminal action because the matter has been expunged by the time of renewal. The Board is authorized to discipline licensees who receive ARD, disposition in lieu of trial or probation without verdict in the disposition of felony charges. In addition, licensees who receive ARD or other pre-trial disposition of DUIs and other drug offenses may suffer from mental or physical illnesses or conditions or physiological or psychological dependence on alcohol, hallucinogenic or narcotic drugs or other drugs which test to impair judgment or coordination, authorizing the Board to require mental and physical examinations under section 14(a)(2) and (2.1) of the RN Act (63 P.S. § 224(a)(2) and (2.1)) or under 16(a)(6) of the PN Law (63 P.S. § 666(a)(6)). It is therefore imperative that the Board receive these reports in a timely manner.

Similarly, in spite of the statutory requirements set forth at section 11.1 of the RN Act (63 P.S. § 221.1) and section 13.2 of the PN Law (63 P.S. § 663.2), at times the Board does not learn that disciplinary actions, including the immediate and temporary suspension of a license, were taken against a licensee in another state until the licensee reports it upon biennial renewal. In order to ensure that the Board receives information about these criminal and disciplinary actions in a timelier manner, the Board proposes to update the regulations to clarify the requirements and to expedite the reporting of crimes and disciplinary actions.

Description of Proposed Amendments

Reporting convictions and disciplinary sanctions

Current § 21.29(c)(4) requires registered nurses to disclose any discipline imposed by a state licensing board and any criminal charges pending or criminal conviction, plea of guilty or nolo contendere, or admission into a probation without verdict, disposition in lieu of trial or ARD during the previous biennial period on their biennial renewal applications. Similarly, current § 21.723(b)(4) requires licensed dietitian-nutritionists to disclose criminal and disciplinary actions at the time of biennial renewal. In this proposal, the Board would modify this requirement to note that reporting is not required if previously made under new §§ 21.29a or 21.723a (relating to reporting crimes and disciplinary actions).

The relevant renewal provision for practical nurses is § 21.156, however unlike current §§ 21.29(c)(4) and 21.723(b)(4), in spite of the fact that section 13.2 of the PN Law requires reporting of disciplinary actions within 90 days of final disposition or on the biennial renewal application, current § 21.156 does not mention the reporting of crimes or disciplinary actions at biennial renewal for practical nurses. Therefore, the Board proposes amending this section to update it to conform to current administrative procedures for renewal and to add an identical subsection to clarify the requirements for reporting criminal and disciplinary actions by practical nurses.

New §§ 21.29a, 21.156b and 21.273a would require licensees to report crimes and

disciplinary actions to the Board. Subsection (a) in these three provisions would require licensees to report convictions, pleas, probations without verdict, disposition in lieu of trial and ARD to the Board within 30 days of disposition or upon biennial renewal, whichever is sooner. New subsection (b) in these three provisions would require licensees to report disciplinary actions taken by the licensing authorities of other states, territories or countries to the Board within 90 days of receiving notice of the final order imposing disciplinary action or upon biennial renewal, whichever is sooner.

Continuing education

Section 21.131(a) (relating to continuing education) sets forth the requirement that registered nurses complete 30 hours of continuing education each biennial renewal period. The proposed amendment in subsection (a) would notify registered nurses that the Board will not renew licenses and registered nurses may not practice until and unless the continuing education requirement is satisfied. Subsection (b) contains the exception to 30-hour completion requirement for registered nurses in the first renewal period following licensure if the applicant completed an approved nursing program within 2 years of the date of application for licensure by examination. The Board's intent in promulgating this regulation was to create an exception for registered nurses in their first renewal cycle. In order to eliminate current confusion over this exception, in proposed form, subsection (b) is amended to clarify that the continuing education need not be completed in the first renewal cycle following initial licensure.

Also in proposed form, technical amendments are proposed to subsections (c), (d), (e) and renumbered subsections (g) and (h) which would substitute "registered nurse" for "licensee" and "registered" for "professional" nurse. Similar amendments are proposed to §§ 21.133(f) and 21.134(b)(1) and (f) (relating to continuing education content; and continuing education sources).

New subsection (f) addresses carry over. Under this proposed provision, registered nurses may not carry over excess continuing education hours from one renewal period to another. The Board certainly encourages registered nurses to take excess continuing education hours for their own professional development, but believes that 30 hours is the minimum amount of continuing education that should be completed each biennium.

Subsection (g) addresses waivers. Under the current provision, registered nurses are required to submit their requests for waivers no later than 90 days prior to their expiration date. In proposed form, the Board amends this provision to permit registered nurses to submit the waiver request within the 90-day period if there is an emergency or hardship which occurs during that period. A similar change is being proposed to § 21.332(2) (relating to requirement of continuing education) which contains an identical requirement for certified registered nurse practitioners. Finally, subsection (h) pertaining to disciplinary action for continuing education violations would be amended but retains the requirement that deficient continuing education be made up within 6 months of receiving notice of a deficiency, notwithstanding any disciplinary action taken, and adds a

provision in paragraph (4) making the failure to comply with the Board's audit request an offense subject to discipline under section 14(a)(4)(i) of the act (63 P.S. § 224(a)(4)(i)).

Currently, § 21.132(b) (relating to continuing education hours) refers to "units." In this proposal, the Board substitutes "course" for "unit" throughout to accurately reflect current educational references.

The Board also proposes to add a new subsection to § 21.133 (relating to continuing education content) authorizing it to require completion of a designated course by registered nurses in a biennial period. Prior to requiring such a course, the Board will provide adequate notice to licensees. The Board notes that a similar provision is contained in the regulations of the State Real Estate Commission at § 35.384(b) (relating to qualifying courses). The Board believes that this provision will enable it to rapidly relay information to registered nurses about substantial modifications to the laws and regulations, as well as advances or changes in practice that affect the nursing profession.

Current § 21.133(d), renumbered in this proposal as subsection (e), addresses continuing education credit for research. The Board proposes amending this provision to clarify that credit for research will be granted in the year completed.

Finally, the Board also proposes an amendment to § 21.134 (relating to continuing education sources). Currently, the Board only credits activities sponsored by a Board-approved professional nursing program. In this proposal in subsection (a)(1), the Board expands sponsors to include Board-approved practical nursing programs.

Fiscal Impact and Paperwork Requirements

The Board and registered nurses should have a reduced fiscal and paperwork impact by the amendment relating to continuing education because the regulation originally had permitted registered nurses to renew prior to completing the continuing education requirement. Under that provision, the review process would necessarily occur twice: once when licensees renew with deficient credits and again when licensees submit documentation evidencing completion to the Board for review. Under this proposal, registered nurses may only renew after completing their continuing education. However, should an audit reveal deficiencies, the regulation retains the requirement that deficiencies be made up within 6 months.

There is no additional fiscal or paperwork impact associated with the audit requirement or mandatory designated continuing education course as audits are currently occurring and the designated course can be completed as part of the 30 hours of continuing education that registered nurses must complete each biennium.

The requirement that registered nurses, practical nurses and licensed dietitian-nutritionists report criminal actions and disciplinary sanctions to the Board within 30 and 90 days, respectively, should have a slight fiscal and paperwork impact on the Board and licensees. Currently, licensees report this information on their biennial renewal application. Under this proposal, these reports must be made sooner, triggering additional paperwork responsibilities for licensees. The Board anticipates that it will see an increase in reports as licensees comply with the regulatory requirement thereby incurring additional enforcement costs.

Sunset Date

The Board reviews the effectiveness of its regulations on an ongoing basis. Therefore, no sunset date has been assigned.

Regulatory Review

Under section 5(a) of the Regulatory Review Act (71 P. S. § 745.5(a)), on January 17, 2014, the Board submitted a copy of this proposed rulemaking and a copy of a Regulatory Analysis form to the Independent Regulatory Review Commission (IRRC) and to the Chairpersons of the Senate Consumer Protection and Professional Licensure Committee and the House Professional Licensure Committee. A copy of this material is available to the public upon request.

Under section 5(g) of the Regulatory Review Act, IRRC may convey any comments, recommendations or objections to the proposed rulemaking within 30 days of the close of the public comment period. The comments, recommendations or objections shall specify the regulatory review criteria which have not been met. The Regulatory Review Act specifies detailed procedures for review, prior to final publication of the rulemaking, by the Board/Commission, the General Assembly and the Governor of comments, recommendations or objections raised.

Public Comment

Interested persons are invited to submit written comments, recommendations or objections regarding the proposed amendments to Judith Pachter Schulder, Counsel, State Board of Nursing, P. O. Box 2649, Harrisburg, PA 17105-2649, or jschulder@pa.gov within 30 days of publication of this proposed rulemaking. Please reference No. 16A-5126 (Continuing Education; Reporting of Crimes and Discipline), when submitting comments.

Ann M. Coughlin, MSN, RN, Chair

ANNEX A

**PENNSYLVANIA CODE
TITLE 49. PROFESSIONAL AND VOCATIONAL STANDARDS**

PART I. DEPARTMENT OF STATE

Subpart A. PROFESSIONAL AND OCCUPATIONAL AFFAIRS

CHAPTER 21. STATE BOARD OF NURSING

Subchapter A. REGISTERED NURSES

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LICENSES

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§ 21.29. Expiration and renewal of license.

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(c) The applicant for license renewal may complete and submit an application online or may mail a completed application form to the Board's administrative office. When applying for licensure renewal, a [professional] registered nurse shall:

* * * * *

(4) Disclose any discipline imposed by a state licensing board on any nursing or allied health profession license or certificate in the previous biennial period and any criminal charges pending or criminal conviction, plea of guilty or nolo contendere, or admission into a probation without verdict or accelerated rehabilitative disposition during the previous biennial period unless prior notification has been made under § 21.29a (relating to reporting of crimes and disciplinary action).

* * * * *

§ 21.29a. Reporting of crimes and disciplinary action.

(a) A registered nurse shall notify the Board of a criminal conviction, plea of guilty or nolo contendere, or an admission into a probation without verdict or accelerated rehabilitative disposition program within 30 days of the disposition or on the biennial renewal application under § 21.29(c)(4) (relating to expiration and renewal of license), whichever is sooner.

(b) A registered nurse shall notify the Board of disciplinary action in the nature of a final order taken against the registered nurse by the licensing authority of another state, territory or country within 90 days of receiving notice of the disciplinary action, or on the biennial renewal application under § 21.29(c)(4), whichever is sooner.

* * * * *

CONTINUING EDUCATION

§ 21.131. Continuing education.

(a) Requirement of continuing education. [Beginning with the license period commencing on July 12, 2010, an] A registered nurse [applicant for] seeking licensure renewal [of a professional nursing license] shall complete 30 hours of continuing education approved by the Board during the biennial renewal period immediately preceding the application for renewal in accordance with section 12 of the act (63 P.S. § 222) and this subchapter. The Board will not renew a license of a registered nurse who fails to verify compliance with the continuing education requirement. A registered nurse whose license is not renewed by the expiration of the biennial renewal period may not engage in the practice of professional nursing until the continuing education requirements are satisfied and the license has been renewed, reinstated or reactivated.

(b) *Exception.* An applicant applying for initial licensure [by examination] in this Commonwealth will not be required to meet the continuing education requirement on the first renewal immediately following licensure [if the applicant completed an approved nursing education program, within 2 years of the date of application for initial licensure by examination].

(c) *Board audits; proof of completion.* The Board may perform audits on [professional] registered nurses to determine compliance with the continuing education requirements. A [professional] registered nurse shall retain documentation of the registered nurse's completion of continuing education for at least 5 years. A [professional] registered nurse shall comply with a request for submission of documents verifying the registered nurse's completion of continuing education. The following documents shall be retained and submitted upon request:

- (1) For attendance at continuing education programs or courses, the registered nurse shall retain the certificate of attendance provided by the program or course provider.
- (2) For academic courses taken from an accredited college or university, the registered nurse shall retain the [official] transcript issued by the educational institution.
- (3) For publication of a textbook or article, the registered nurse shall retain a copy of the published item, including the date of publication.
- (4) For a research project, the registered nurse shall retain a copy of the research abstract, letter from the institutional review board granting approval for the research projects and list of primary and co-investigators.

* * * * *

(d) *Reinstatement of lapsed license or reactivation of inactive license.* A [licensee] registered nurse seeking to reinstate a lapsed license or reactivate an inactive license shall file an application for reinstatement or reactivation and submit documentation to demonstrate that the

[licensee] registered nurse completed 30 hours of continuing education within the biennial renewal period immediately preceding application [for reinstatement. A refresher or reactivation course at an accredited school of nursing will be credited toward the 30-hour continuing education requirement as set forth in § 21.132 (relating to continuing education hours)].

(e) *Reinstatement of suspended license.* A [licensee] registered nurse seeking to reinstate a suspended license shall submit documentation to demonstrate that the [licensee] registered nurse completed 30 hours of continuing education within the biennial period immediately preceding application for reinstatement.

(f) Carry over. Continuing education hours may not be carried over from one biennial renewal period to the next.

(g) *Waiver.* A [licensee] registered nurse may request a waiver of the continuing education requirement because of serious illness, military service or other demonstrated hardship. The [licensee] registered nurse shall submit the request and any supporting documentation to the Board in writing at least 90 days prior to the [licensee's] registered nurse's license expiration date unless an emergency or hardship occurs within the 90-day period. The Board will grant, deny or grant in part the request for waiver.

[(g)] (h) *Disciplinary action authorized.*

(1) Failure to complete a minimum of 30 hours of continuing education in a biennial period [shall] in accordance with subsection (a) will subject the [professional] registered nurse to discipline under section 13(b) of the act (63 P.S. § 223(b)) in accordance with the schedule of civil penalties at § 43b.18 (relating to schedule of civil penalties – nurses). A second or subsequent violation will subject the [professional] registered nurse to discipline under section 14(a)(3) of the act (63 P.S. § 224(a)(3)).

- (2) A [professional] registered nurse who has not completed a minimum of 30 hours of continuing education [shall report the number of continuing education hours completed on the biennial renewal application and] shall make up the deficiency within 6 months of [the expiration date of the nurse's license] receiving notice of the deficiency. [The licensee shall provide documentation demonstrating the completion of the entire 30-hour requirement to the Board immediately upon completion, but no later than 6 months after the end of the biennial period.]
- (3) Notwithstanding any civil penalty assessed under paragraph (1), failure to provide the Board with documentation demonstrating the completion of 30 hours of approved continuing education within 6 months after [the end of the biennial period in which the professional nurse was deficient] receiving notice of a deficiency will subject the [licensee] registered nurse to discipline under section 14(a)(3) of the act.
- (4) Failure to comply with an audit request for continuing education documentation may subject a registered nurse to additional discipline under section 14(a)(4)(i) of the act.

§ 21.132. Continuing education hours.

* * * * *

- (b) For purposes of determining acceptable hours of continuing education for academic coursework, the following apply:
- (1) One academic trimester [unit] course is equivalent to 12 continuing education hours.
- (2) One academic quarter [unit] course is equivalent to 10 continuing education hours.
- (3) One academic semester [unit] course is equivalent to 15 continuing education hours.

hours.

21.133. Continuing education content.

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(b) The Board may, for any given biennial license period and with adequate notice to registered nurses, require that up to 4 hours of continuing education be completed in designated topics.

(c) Courses in areas related to the practice of professional nursing such as the following are acceptable:

* * * * *

[(c)] (d) Courses in areas impacting the practice of professional nursing [practice], such as nursing administration, management, education and diagnostic and procedural coding are acceptable.

[(d)] (e) Group or individual research, as the principal or co-principal investigator, if approved by the institutional review board of the sponsoring institution, is acceptable and will be credited in the year completed as 15 hours of continuing education.

[(e)] (f) Nonprofessional course content not directly related to patient care, such as courses in self-improvement, changed in attitude, financial gain, courses designed for lay people, basic life support or cardiopulmonary resuscitation, mandatory annual education on facility specific policies unrelated to the practice of professional nursing [practice] (such as facility leave policies) and employment orientation programs are not acceptable for meeting requirements for license renewal.

§ 21.134. Continuing education sources.

(a) The following continuing education activities that meet the requirements of § 21.133 (relating to continuing education content) for [professional] registered nurses are approved:

(1) Activities sponsored by a Board-approved practical or professional nursing program or [CRNP education] a nationally accredited graduate nursing program.

* * * * *

(b) The Board may approve other sources of continuing education on a case-by-case basis after the provider or [professional] registered nurse seeking approval submits the following:

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Subchapter B. PRACTICAL NURSES

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LICENSURE

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§ 21.156. Renewal of license.

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(b) [Application for renewal] Notice of the renewal period of a license will be forwarded biennially to each active [registrant] licensee prior to the expiration date of the current renewal biennium.

(c) [Application forms shall be completed and returned, accompanied by the required renewal fee. Upon approval of an application, the applicant will receive a license for the current renewal period. The display portion of the renewal license shall be retained by the current employer of the registrant. The pocket card portion shall be retained by the registrant.] The applicant for license renewal may complete and submit an application in a form acceptable to the Board. When applying for licensure renewal, an LPN shall:

- (1) Complete and submit the renewal application, including disclosing any license to practice nursing or any allied health profession in any other state, territory, possession or country.
- (2) Pay the biennial renewal of license fee in § 21.147(b) (relating to fees).
- (3) Disclose any discipline imposed by a state licensing board in the previous biennial period and any criminal charges pending or criminal conviction, plea of guilty or nolo contendere, or admission into a probation without verdict or accelerated rehabilitative disposition program during the previous biennial period, unless prior notification has been made under § 21.156b (relating to reporting of crimes and disciplinary action).
- (d) When communicating with the Board, [registrants] LPNs shall identify themselves by their full name, [including maiden name,] current address and [their Commonwealth certification number, which shall be typed or printed] license number.

* * * * *

§ 21.156b. Reporting of crimes and disciplinary action.

- (a) An LPN shall notify the Board of a criminal conviction, plea of guilty or nolo contendere or admission into a probation without verdict or accelerated rehabilitative disposition program within 30 days of the disposition or on the biennial renewal application under § 21.156 (relating to renewal of license), whichever is sooner.
- (b) An LPN shall notify the Board of disciplinary action in the nature of a final order taken against the LPN by the licensing authority of another state, territory or country within 90 days of receiving notice of the disciplinary action or on the biennial renewal application under § 21.156, whichever is sooner.

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Subchapter C. CERTIFIED REGISTERED NURSE PRACTITIONERS

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MAINTENANCE OF CERTIFICATION

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§ 21.332. Requirement of continuing education.

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(b) Continuing education requirements shall be completed each biennial renewal cycle.

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(2) The Board may waive the requirements of continuing education in cases of illness or undue hardship. It is the duty of each CRNP who seeks a waiver to notify the Board in writing and request the waiver at least 90 days prior to the end of the renewal period unless an emergency or hardship occurs within the 90-day period. The Board will grant, deny or grant in part the request for waiver.

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Subchapter G. DIETITIAN-NUTRITIONISTS

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LICENSURE REQUIREMENTS

§ 21.723. License renewal.

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(b) When applying for renewal of licensure, an LDN shall:

* * * * *

(4) Disclose any discipline imposed by a state licensing board in the previous biennial period or any criminal charges pending or criminal conviction, plea of guilty or nolo contendere, or admission into a probation without verdict or accelerated rehabilitative disposition program during the previous biennial period unless prior notification has been made under § 21.723a (relating to reporting of crimes and disciplinary action).

* * * * *

§ 21.723a. Reporting of crimes and disciplinary action.

(a) An LDN shall notify the Board of a criminal conviction, plea of guilty or nolo contendere or admission into a probation without verdict or accelerated rehabilitative disposition program within 30 days of the disposition or on the biennial renewal application under § 21.723 (relating to license renewal), whichever is sooner.

(b) An LDN shall notify the Board of disciplinary action in the nature of a final order taken against the LDN's license by the licensing authority of another state, territory or country within 90 days of receiving notice of the disciplinary action or on the biennial renewal application under § 21.723, whichever is sooner.

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF NURSING
Post Office Box 2649
Harrisburg, Pennsylvania 17105-2649
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January 17, 2014

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

Re: Proposed Regulation
State Board of Nursing
16A-5126: Continuing Education; Reporting of Crimes and Discipline

Dear Chairman Lutkewitte:

Enclosed is a copy of a proposed rulemaking package of the State Board of Nursing pertaining to Continuing Education; Reporting of Crimes and Discipline.

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 that reads "Ann M. Coughlin".

Ann M. Coughlin, MBA, MSN, RN, Chairperson
State Board of Nursing

AMC/JPS:aaw

Enclosure

cc: Travis N. Gery, Esq., Acting Commissioner
Professional and Occupational Affairs
Patricia Allen, Director of Policy, Department of State
Steven V. Turner, Chief Counsel
Department of State
Cynthia Montgomery, Regulatory Counsel
Department of State
Judith Pachter Schulder, Counsel
State Board of Nursing
State Board of Nursing

