

14-538-13

Champa, Heidi #3176

**From:** Betsy Snook <bsnook@psna.org>  
**Sent:** Tuesday, September 05, 2017 1:59 PM  
**To:** PW, OPCRegs  
**Cc:** Suzanne Wurster; Alex Bonner  
**Subject:** Comments from PSNA RE: Proposed changes to Behavioral Health Regulation #14-538 (IRRC #3176)  
**Attachments:** 2017 \_ Outpatient Psychiatric Services- FINAL3.doc  
**Importance:** High  
**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Dear Ms. Rosenberger,  
 Attached please find the Pennsylvania State Nurses Association's (PSNA) response to the proposed Behavioral Health Regulation #14-538 (IRRC #3176). Thank you for the opportunity to respond.  
 Sincerely,  
 Betsy

**Betsy M. Snook, MEd, BSN, RN**  
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 PSNA, your professional nursing association, representing over 217,000 Registered Nurses in Pennsylvania.

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**COMMENTS OF PA STATE NURSES ASSOCIATION ON PROPOSED CHANGES TO  
BEHAVIORAL HEALTH REGULATIONS 55 Pa. CODE CHAPTER 1153; Pa. CODE  
CHAPTER 5200 (IRRC NO. 3176)**

**RE: OUTPATIENT PSYCHIATRIC SERVICES  
AND PSYCHIATRIC OUTPATIENT CLINICS**

**I. INTRODUCTION**

The Pennsylvania State Nurses Association (PSNA) is a statewide organization representing the professional interests of Pennsylvania's 222,000 registered nurses (RNs) and associated health interests of the patients we serve. As the largest group of health care providers in the United States, RNs are the initial point of patient contact in many settings. The number of licensed RNs in the U.S. has grown to 3.4 million.

Growth in the RN workforce has been accompanied by an increase in the number and capacity of highly trained advanced practice registered nurses (APRNs). With at least a master's degree in nursing, APRNs are nationally certified by professional and specialty nursing organizations to deliver care consistent with their areas of expertise and the laws governing their state's nursing scope of practice. In Pennsylvania, APRNs represent more than 20,000 RNs. Nurse practitioners (NPs) have a variety of specialty certifications, which include psychiatric-mental health, adult gerontology acute care and primary care, family, pediatric primary care, and emergency. They practice in private and public practices, clinics, schools, and other facilities. NPs function in independent and collaborative practice arrangements. According to the *Future of Nursing Report: Leading Change, Advancing Health*, NPs in clinical, management, and accountability leadership roles supervise innovative mental and primary care models within nurse-managed health centers and retail clinics. Psychiatric/mental health NPs provide primary mental and

physical health care to patients of all ages, ethnicities, and socioeconomic and educational backgrounds.

The Affordable Care Act of 2010 gave us the opportunity to transform our nation's healthcare system to provide higher quality, safer, more affordable, and more assessable care. This is achieved through interprofessional collaboration and coordination of care and services to improve health outcomes.

Upon review of the proposed regulation changes, PSNA encourages the department to consider the following:

## **II. COMMENTS ON THE PROPOSED REGULATIONS**

### **A. The Specific Regulations Proposed**

For ease of reference, we are including the proposed regulation (in boldface) followed by our comment.

#### **§ 5200.3 Definitions**

**“The definition of ‘advanced practice professional’ is proposed to be added in recognition of CRNP’s with a mental health certification in PA with either a mental health certification or at least 1 year of experience working in a behavioral health setting under the supervision of a physician. This proposed definition will allow these licensed professionals to provide services within their scope of practice in psychiatric outpatient clinics, thereby expanding clinical resources.”**

PSNA recommends that the “advanced practice professional” definition be divided into advanced practice registered nurses and physician assistants’ due to different educational requirements and scopes of practice. PSNA recommends defining “advanced practice registered nurses” as a professional nurse licensed and certified in the Commonwealth and nationally certified in a 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 a physician licensed to practice in the Commonwealth and in accordance with the Nurse Practice Act and regulations.

Additionally, under the same definition of “advanced practice professional,” it currently references “**working under the supervision of a physician.**” Certified registered nurse practitioners (CRNPs) work in collaboration with their physician colleagues. *Collaboration* is defined as the process in which a CRNP works with one or more licensed physicians to deliver healthcare services within the scope of their education and expertise. NPs enter into collaborative agreement(s) with a collaborating physician(s) in which they agree to the details of their collaboration. Many CRNPs also have a prescriptive authority collaborative agreement. However, CRNPs do not practice “under the direction of the physician.” CRNPs practice under the Nurse Practice Act and corresponding regulations regulated by the Pennsylvania State Board of Nursing.

**U.S. Code Title 42 Chapter 7 Subchapter X1X § 1396d Definitions (a) (9)**

**“Clinic services furnished by or under the direction of a physician, without regard to whether the clinic itself is administered by a physician, including such services furnished by the clinic personnel to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address.”**

CRNPs deliver care to various individuals in small and large private and public practices, as well as clinics, schools, and other healthcare facilities throughout the Commonwealth. In these settings, they continue to work *collaboratively* with their physician colleagues as defined in the above paragraphs. There is no federal or state requirement that a CRNP must practice or provide services under the direction of a physician. This requirement would create an additional barrier to access to behavioral health care in the Commonwealth.

It is the recommendation of PSNA to add the following:

**“Clinic services furnished by physicians, certified behavioral advanced practice registered nurses, or physician assistant, without regard to ...”**

### **III. CONCLUSION**

The Affordable Care Act has brought new opportunities to overcome barriers inherent in health care to this point. RN, specifically APRNs, play an important role in providing safe, quality psychiatric-mental health and primary and acute care services across the spectrum of healthcare settings. Providing effective and coordinated patient-centered care will require all health care providers to work in collaboration.

We respectfully urge the Department of Human Services, the Office of Mental Health & Substance Abuse Programs, the Bureau of Policy, Planning and Program Development, and the IRRC to carefully consider the comments set forth. The proposed regulations, at present, will inadequately meet the needs of the current behavioral and healthcare environment.

Please notify us of the adoption of the final form regulations. Thank you for the opportunity to submit our recommendations.

Regards,



Betsy M. Snook, MEd, BSN, RN  
Chief Executive Officer  
Pennsylvania State Nurses Association

Dated: September 1, 2017