

AMENDMENTS TO HOUSE BILL NO. 100

Sponsor: REPRESENTATIVE HICKERNELL

Printer's No. 1402

1 Amend Bill, page 1, lines 7 through 23, by striking out
2 "further providing for" in line 7 and all of lines 8 through 23
3 and inserting
4 providing for Certified Registered Nurse Practitioner Pilot
5 Program.

6 Amend Bill, page 1, line 26; pages 2 through 25, lines 1
7 through 30; page 26, lines 1 through 24; by striking out all of
8 said lines on said pages and inserting

9 Section 1. The act of May 22, 1951 (P.L.317, No.69), known
10 as The Professional Nursing Law, is amended by adding a section
11 to read:

12 Section 8.8. Certified Registered Nurse Practitioner Pilot
13 Program.--(a) The board shall establish the Certified
14 Registered Nurse Practitioner Pilot Program to allow an eligible
15 certified registered nurse practitioner to receive an additional
16 certification to practice as an independent practitioner in a
17 health professional shortage area.

18 (b) A certified registered nurse practitioner shall be
19 eligible to participate in the program if the certified
20 registered nurse practitioner meets all of the following
21 criteria:

22 (1) The certified registered nurse practitioner holds a
23 current license to practice in this Commonwealth.

24 (2) The certified registered nurse practitioner received no
25 disciplinary action or has no pending disciplinary action within
26 the five (5) years immediately preceding the date of the
27 certified registered nurse practitioner's application under
28 paragraph (4).

29 (3) The certified registered nurse practitioner engaged in
30 the practice of professional nursing in collaboration with a
31 physician for a period of not less than three (3) years and not
32 less than three thousand six hundred (3,600) hours in accordance
33 with a collaborative or written agreement with a physician and
34 the practice occurred in a primary care setting within the five

1 (5) years immediately preceding the date of the certified
2 registered nurse practitioner's application under paragraph (4).

3 (4) The certified registered nurse practitioner submits an
4 application with the board on a form prescribed by the board and
5 pays a fee established by the board. The application shall
6 attest that the certified registered nurse practitioner meets
7 the criteria to participate in the program under paragraph (3)
8 and shall be signed by a current or former collaborating
9 physician under paragraph (3). If the certified registered nurse
10 practitioner is unable to obtain the signature required under
11 this paragraph, the board may accept any other documentation
12 attesting that the certified registered nurse practitioner meets
13 the criteria to participate in the program under paragraph (3).

14 (c) While practicing in a health professional shortage area
15 under the program, a certified registered nurse practitioner
16 may:

17 (1) practice in accordance with section 8.2 without a
18 collaborative agreement; and

19 (2) prescribe medical therapeutic or corrective measures in
20 accordance with section 8.3 without a collaborative agreement.

21 (d) In order to continue to participate in the program, a
22 certified registered nurse practitioner shall be subject to
23 biennial renewal and shall submit a renewal application on a
24 form prescribed by the board, pay a fee established by the board
25 and complete ten (10) hours of continuing education approved by
26 the board in patient safety and risk management. The renewal
27 application under this subsection shall attest that the
28 certified registered nurse practitioner completed the continuing
29 education required under this subsection. The continuing
30 education required under this subsection shall be in addition to
31 the continuing education required under section 8.1(c).

32 (e) While practicing in a health professional shortage area
33 under the program, the clinical practice of a certified
34 registered nurse practitioner shall be limited to primary care,
35 including family practice, internal medicine, gynecology or
36 pediatrics. A certified registered nurse practitioner shall
37 immediately notify the board in writing if the certified
38 registered nurse practitioner changes practice settings or
39 provides care in an area that is not a health professional
40 shortage area. A certified registered nurse practitioner who
41 fails to provide the notice required under this subsection or
42 who is found to be practicing outside of the practice settings
43 or health professional shortage area specified in the notice
44 shall not be authorized to continue participation in the program
45 and disciplinary actions may be taken on the certified
46 registered nurse practitioner's license as deemed necessary by
47 the board.

48 (f) While participating in the program in a health
49 professional shortage area, a certified registered nurse
50 practitioner shall be accountable to the board, nursing
51 profession and patients and shall have the following duties:

1 (1) The certified registered nurse practitioner shall comply
2 with the requirements of this act and the standard of care of
3 advanced nursing care rendered.

4 (2) The certified registered nurse practitioner shall
5 recognize the certified registered nurse practitioner's
6 limitation regarding knowledge and experience.

7 (3) The certified registered nurse practitioner shall wear a
8 name identification badge stating the individual's professional
9 title and shall inform new patients in writing about the
10 certified registered nurse practitioner's qualifications,
11 including a disclosure that the certified registered nurse
12 practitioner is not a physician, and the nature of the certified
13 registered nurse practitioner's autonomous practice before or
14 during the initial patient encounter.

15 (4) The certified registered nurse practitioner shall plan
16 for the management of situations beyond the certified registered
17 nurse practitioner's expertise.

18 (5) The certified registered nurse practitioner shall
19 consult with and refer patients to other health care providers,
20 as appropriate.

21 (g) The following shall apply:

22 (1) The board shall be responsible for administering the
23 program. Within 60 days of the effective date of this
24 subsection, the board shall establish a subcommittee to assist
25 the board in administering the program. The subcommittee shall
26 consist of the following members:

27 (i) The Secretary of Health or a designee from the
28 Department of Health, Bureau of Health Planning, that has
29 experience and expertise in health professional shortage areas,
30 who shall serve as chair of the subcommittee.

31 (ii) Two certified registered nurse practitioners who are
32 actively engaged in primary care clinical practice. The
33 certified registered nurse practitioners shall be selected by a
34 Statewide professional organization representing certified
35 registered nurse practitioners engaged in primary care clinical
36 practice. The Statewide professional organization shall submit
37 the names of the certified registered nurse practitioners
38 selected under this subparagraph to the board for appointment on
39 the subcommittee.

40 (iii) Two licensed physicians, one of whom shall be an
41 allopathic physician and one of whom shall be an osteopathic
42 physician, who are actively engaged in primary care clinical
43 practice. The licensed physicians shall be selected by Statewide
44 professional organizations representing family medicine,
45 internal medicine or pediatrics. The Statewide professional
46 organizations shall submit the names of the licensed physicians
47 selected under this subparagraph to the board for appointment on
48 the subcommittee. At the time of appointment under this
49 subparagraph, the licensed physicians shall meet all of the
50 following criteria:

51 (A) The licensed physicians shall be collaborating with a

1 certified registered nurse practitioner or shall have
2 collaborated with a certified registered nurse practitioner
3 within the preceding three (3) years.

4 (B) The licensed physicians shall be nationally board
5 certified in family medicine, internal medicine or pediatrics.

6 (2) The subcommittee shall have the following duties:

7 (i) Provide guidance to certified registered nurse
8 practitioners regarding the qualifications to participate in the
9 program.

10 (ii) Approve the temporary regulations promulgated under
11 subsection (m).

12 (iii) Review applications for certification to participate
13 in the program.

14 (iv) Collaborate with the board to approve, issue, track and
15 revoke the certification of certified registered nurse
16 practitioners to participate in the program.

17 (v) Conduct a preliminary review of a certified registered
18 nurse practitioner's application to participate in the program.
19 If the subcommittee determines that the certified registered
20 nurse practitioner meets the criteria to participate in the
21 program under subsection (b), the subcommittee shall submit a
22 notice of preapproval to the board. The board may not issue a
23 certification to participate in the program to a certified
24 registered nurse practitioner if the certified registered nurse
25 practitioner's application has not been preapproved by the
26 subcommittee under this subparagraph.

27 (h) While participating in the program in a health
28 professional shortage area, a certified registered nurse
29 practitioner shall be recognized as a primary care provider.

30 (i) A certified registered nurse practitioner who
31 participates in the program shall be deemed to be a
32 participating health care provider as defined in section 702 of
33 the act of March 20, 2002 (P.L.154, No.13), known as the Medical
34 Care Availability and Reduction of Error (Mcare) Act, shall meet
35 the requirements under section 711 of the Medical Care
36 Availability and Reduction of Error (Mcare) Act, and shall be
37 assessed under section 712 of the Medical Care Availability and
38 Reduction of Error (Mcare) Act. Upon receiving an assessment
39 under section 712 of the Medical Care Availability and Reduction
40 of Error (Mcare) Act, the certified registered nurse
41 practitioner who participates in the program shall be eligible
42 to receive money from claims paid by the Medical Care
43 Availability and Reduction of Error Fund. For purposes of the
44 program, the board shall be considered a licensure authority as
45 defined in section 702 of the Medical Care Availability and
46 Reduction of Error (Mcare) Act.

47 (j) If a certified registered nurse practitioner intends to
48 practice simultaneously under the program, and pursuant to a
49 collaboration agreement with a physician who is external to the
50 program, the collaborating physician shall have no legal
51 responsibility for acts or omissions of the certified registered

1 nurse practitioner practicing under the program.

2 (k) The following shall apply:

3 (1) Five (5) years after the effective date of this
4 subsection, the Joint State Government Commission shall conduct
5 a study on the program and, within six (6) months of commencing
6 the study, submit the study to the Consumer Protection and
7 Professional Licensure Committee of the Senate and the
8 Professional Licensure Committee of the House of Representatives
9 for the purpose of evaluating the program. The study shall
10 include, but not be limited to, all of the following
11 information:

12 (i) The number of certified registered nurse practitioners
13 who participated in the program and the health professional
14 shortage areas where they participated.

15 (ii) The number of certified registered nurse practitioners
16 who were rejected from participating in the program and the
17 reason why they were rejected.

18 (iii) The number of certified registered nurse practitioners
19 that left the program and the reason why they left the program.

20 (iv) The access to patient care, patient outcomes and
21 emergency room use in the health professional shortage areas
22 covered under the program as compared to the access to patient
23 care, patient outcomes and emergency room use in the areas not
24 covered by the program.

25 (v) The number of referrals by certified registered nurse
26 practitioners to emergency hospitals, the severity of illness
27 experienced by each referred patient and the number of repeat
28 visits by patients to emergency hospitals.

29 (vi) A comparison of the use of advanced diagnostic tests
30 and imaging by certified registered nurse practitioners
31 participating in the program and the use of advanced diagnostic
32 tests and imaging by primary care physicians in the same health
33 professional shortage area.

34 (vii) The number of complaints filed with the board, the
35 nature of the complaints and the disciplinary actions that were
36 taken.

37 (viii) The number of referrals by certified registered nurse
38 practitioners to physician specialists as compared to primary
39 care physicians in the same health professional shortage areas
40 covered under the program, including the types of specialists
41 referred to by certified registered nurse practitioners, the
42 reasons for the referrals and the number of visits with each
43 certified registered nurse practitioner before the referrals.

44 (ix) The number of certified registered nurse practitioners
45 that are employed while participating in the program versus the
46 number of certified registered nurse practitioners that are
47 working in private practice under the program.

48 (x) Any other relevant information to evaluate the program.

49 (2) The Joint State Government Commission shall obtain
50 deidentified data from health insurance company claims on
51 patients receiving care from a certified registered nurse

1 practitioner participating in the program for the purpose of
2 collecting data to complete the study under paragraph (1).

3 (3) The board shall provide the Joint State Government
4 Commission, upon request, with all information necessary to
5 complete the study under paragraph (1).

6 (1) The department shall notify the board and subcommittee
7 immediately upon receiving notification of an alleged violation
8 of this section. The board shall maintain current records of all
9 reports of alleged violations and periodically review the
10 records for the purpose of determining that each alleged
11 violation has been resolved in a timely manner, and if
12 necessary, forward the reports to the State Board of Medicine or
13 the State Board of Osteopathic Medicine for informational
14 purposes.

15 (m) The board shall promulgate regulations necessary to
16 implement the program as approved by the subcommittee
17 established under subsection (g)(1) and with the consideration
18 of any recommendations made by the Consumer Protection and
19 Professional Licensure Committee of the Senate and the
20 Professional Licensure Committee of the House of Representatives
21 for the purpose of evaluating the program. In order to
22 facilitate the prompt implementation of the program, regulations
23 promulgated by the board shall be deemed temporary regulations
24 which shall not expire for a period of six (6) years following
25 publication. Temporary regulations promulgated under this
26 subsection shall not be subject to:

27 (1) Section 612 of the act of April 9, 1929 (P.L.177,
28 No.175), known as The Administrative Code of 1929.

29 (2) Sections 204(b) and 301(10) of the act of October 15,
30 1980 (P.L.950, No.164), known as the Commonwealth Attorneys Act.

31 (3) Sections 201, 202, 203, 204 and 205 of the act of July
32 31, 1968 (P.L.769, No.240), referred to as the Commonwealth
33 Documents Law.

34 (4) The act of June 25, 1982 (P.L.633, No.181), known as the
35 Regulatory Review Act.

36 (n) Nothing in this section shall be construed to:

37 (1) permit a certified registered nurse practitioner to
38 practice under the act of December 20, 1985 (P.L.457, No.112),
39 known as the Medical Practice Act of 1985, or the act of October
40 5, 1978 (P.L.1109, No.261), known as the Osteopathic Medical
41 Practice Act; or

42 (2) prohibit a certified registered nurse practitioner
43 certified under the program from consulting with or seeking
44 information related to patient care from a physician. For the
45 purpose of this section, no physician-patient relationship shall
46 be established between a patient and a physician with whom the
47 certified registered nurse practitioner consults or from whom
48 clinical information or guidance is sought.

49 (o) The program shall expire six (6) years after the
50 effective date of this subsection. Upon the expiration of the
51 program, the following shall apply:

1 (1) A certified registered nurse practitioner shall be
2 deemed to have retired as a health care practitioner for the
3 purposes of the Medical Care Availability and Reduction of Error
4 (Mcare) Act.

5 (2) A certified registered nurse practitioner may not
6 practice under the program.

7 (p) As used in this section, the following words and phrases
8 shall have the meanings given to them in this subsection:

9 "Health professional shortage area" shall mean a geographic
10 or population area in this Commonwealth designated by the United
11 States Department of Health and Human Services that indicates a
12 health care professional shortage in primary care.

13 "Program" shall mean the Certified Registered Nurse Pilot
14 Program established under subsection (a).

15 Section 2. This act shall take effect as follows:

16 (1) Section 8.8(g) and (m) of the act shall take effect
17 immediately.

18 (2) The remainder of this act shall take effect in 180
19 days.