



HOUSE COMMITTEE ON APPROPRIATIONS

FISCAL NOTE

HOUSE BILL NO. 100

PRINTERS NO. 4452

PRIME SPONSOR: Topper

COST / (SAVINGS)

FUND	FY 2020/21	FY 2021/22
Professional Licensure Augmentation Account	\$0	\$0

SUMMARY: Amends the Professional Nursing Law to establish the Certified Registered Nurse Practitioner Pilot Program. The State Nursing Board is required to establish the subcommittee and begin the process of promulgating temporary regulations within 60 days of enactment. The remainder of this legislation would take effect in 180 days.

ANALYSIS: This legislation amends Act 69 of 1951, otherwise known as the Professional Nursing Law, to add a new section creating a six-year pilot program to allow certified registered nurse practitioners (CRNPs) to practice without a collaborative agreement in areas of the Commonwealth that demonstrate a critical shortage of primary care physicians. These areas are referred to as Health Professional Shortage Areas (HPSAs) and are designated by the U.S. Department of Health and Human Services.

Program Eligibility and Participation: A CRNP that wishes to participate in the pilot program is required to apply for additional certification from the State Board of Nursing and meet the following criteria:

- Holds a current license to practice in PA.
- Has received no disciplinary action within the last 5 years.
- Has engaged in the in the practice of professional nursing in collaboration with a physician for at least 3 years and 3,600 hours in accordance with a collaborative agreement with a physician and the practice occurred in a primary care setting within the last 5 years.
- Attests that they meet the required experience collaborating with a physician.

Participation in the pilot program is limited to HPSA areas and the clinical practice of a CRNP is limited to primary care, including family practice, internal medicine, gynecology, and pediatrics.

A CRNP who participates in the pilot program shall be deemed to be a participating health care provider under the Medical Care Availability and Reduction of Error Act. In order for a CRNP to continue participation in the program, a CRNP will be subject to biennial renewal and an additional 10 hours of continuing education in patient safety and risk management.

CRNP Duties: While participating in the pilot program, a CRNP is required to:

- Comply with the requirements of the Professional Nursing Law and the standard of care of advanced nursing care rendered.
- Recognize the CRNP's limitation regarding knowledge and experience.
- Wear name identification badge stating the individual's professional title and inform new patients in writing about the CRNP's qualifications, including a disclosure that the CRNP is not a physician, and the nature of their autonomous practice before or during the initial patient encounter.
- Plan for the management of situations beyond the CRNP's expertise.
- Consult with and refer patients to other health care providers, as appropriate.

Oversight: The State Board of Nursing (board) is responsible for administering the pilot program and is required to establish a five-person subcommittee to assist in administering the program. The subcommittee consists of the following members:

- The Secretary of Health or a designee from the Department of Health, Bureau of Health Planning, that has experience and expertise in health professional shortage areas, who shall serve as chair of the subcommittee.
- Two CRNPs who are actively engaged in primary care clinical practice.
- Two physicians, one of whom shall be an allopathic physician and one of whom shall be an osteopathic physician, who are actively engaged in primary care clinical practice.

In assisting the board to administer the program, the subcommittee shall:

- Provide guidance to CRNPs regarding the qualifications to participate in the program.
- Review applications for certification to participate in the program.
- Collaborate with the board to approve, issue, track, and revoke certification to participate in the program.
- Approve temporary regulations, which will be promulgated by the board as necessary to implement the program.

Study: Five years after the pilot program is implemented, the Joint State Government Committee (JSGC) is required to conduct a study on the pilot program and within six months, submit the study to the Senate Consumer Protection and Professional Licensure Committee and the House Professional Licensure Committee for the purpose of evaluating the pilot program.

The study shall include, but not be limited to, the following information:

- The number of CRNPs who participated in the program and the HPSAs where they participated.
- The number of CRNPs who were rejected from participating in the program and the reason why they were rejected.
- The number of CRNPs that left the program and the reason why they left the program.
- The access to patient care, patient outcomes and emergency room use in the HPSAs covered under the program as compared to the access to patient care, patient outcomes and emergency room use in the areas not covered by the program.
- The number of referrals by CRNPs to emergency hospitals, the severity of illness

experienced by each referred patient and the number of repeat visits by patients to emergency hospitals.

- A comparison of the use of advanced diagnostic tests and imaging by CRNPs participating in the program and the use of advanced diagnostic tests and imaging by primary care physicians in the same HPSA.
- The number of complaints filed with the board, the nature of the complaints and the disciplinary actions that were taken.
- The number of referrals by CRNPs to physician specialists as compared to primary care physicians in the same HPSAs covered under the program, including the types of specialists referred to by certified registered nurse practitioners, the reasons for the referrals and the number of visits with each CRNP before the referrals.
- The number of CRNPs that are employed while participating in the program versus the number of CRNPs that are working in private practice under the program.
- Any other relevant information to evaluate the program.

JSGC shall obtain deidentified data from health insurance company claims on patients receiving care from a CRNP participating in the program for the purpose of collecting data to complete the study. Further, the board is required to provide JSGC, upon request, with all the information necessary to complete the study.

Complaints: The Department of State is required to notify the board and the subcommittee immediately upon receiving notification of an alleged violation of this new section. The board is required to maintain and review records of all alleged violation reports. The board is required to forward the reports to the State Board of Medicine or the State Board of Osteopathic Medicine for informational purposes, if necessary.

Expiration: The pilot program expires six years after the effective date. Upon the expiration, a CRNP may no longer practice in the program and thus may no longer practice without a collaborative agreement with a physician.

FISCAL IMPACT: This legislation would have no adverse fiscal impact on Commonwealth funds.

PREPARED BY: Tim Rodrigo
House Appropriations Committee (R)

DATE: October 20, 2020

Estimates are calculated using the best information available. Actual costs and revenue impact incurred may vary from estimates.