

SENATE APPROPRIATIONS COMMITTEE FISCAL NOTE

BILL NO. Senate Bill 25

PRINTER NO. 507

AMOUNT

Minimal Fiscal Impact

FUND

Professional Licensure & Augmentation Account
General Fund

DATE INTRODUCED

February 27, 2019

PRIME SPONSOR

Senator Bartolotta

DESCRIPTION AND PURPOSE OF BILL

Senate Bill 25 amends the Professional Nursing Law (Act 1951-69) to further provide for the scope of practice for advanced practice registered nurse-certified nurse practitioners, for licensure by the State Board of Nursing, and for title protection.

The legislation defines a “advanced practice registered nurse-certified nurse practitioner” (APRN-CNP) as a registered nurse licensed in this Commonwealth to practice independently in a particular clinical specialty area or population focus in which the registered nurse is certified.

The legislation details the scope of practice of licensed APRN-CNPs including practice areas and the ability to prescribe certain drugs. An APRN-CNP is permitted to practice as a licensed independent practitioner within the scope of practice of the particular clinical specialty area or population focus in which the nurse is licensed by the board.

The bill stipulates that regulations or orders of the Departments of Health, Human Services, or Insurance shall not supersede the decision of the governing body of a health care facility regarding the inclusion of APRN-CNR licensed as independent practitioners as eligible for medical staff membership or clinical privileges.

A registered nurse who holds current certification by the board as a certified registered nurse practitioner (CRNP) in a particular clinical specialty area on the effective date of this legislation will automatically be deemed to be licensed as a APRN-CNP, either in that special area or in the population focus for which the registered nurse is otherwise qualified. Otherwise, a person will qualify for an initial license as an APRN-CNP on or after the effective date of this legislation if they meet the following requirements:

1. Holds a current license in Pennsylvania as a registered nurse;
2. Is a graduate of an accredited, board-approved master’s or post-master’s nurse practitioner program; and
3. Holds a current certification as a CNP from a board-recognized national certification program in the specialty area or population focus in which the nurse is seeking licensure by the board.

SENATE APPROPRIATIONS COMMITTEE

FISCAL NOTE

To maintain the APRN-CNP designation upon biennial license renewal, the CNP must maintain a current license as a registered nurse in the Commonwealth, maintain current certification in the particular clinical specialty or population focus, and complete at least 30 hours of continuing education with 16 hours in pharmacology if independently prescribing proprietary and non-proprietary drugs.

The bill requires the board to establish a procedure to authorize an APRN-CNP to practice in an additional clinical specialty area or population focus in which the nurse was not certified in previously.

The use of the terms "certified registered nurse practitioner", "registered nurse practitioner", "certified nurse practitioner", and "nurse practitioner" in any other act shall mean a person licensed as an APRN-CNP. Additionally, the title of "advanced practice registered nurse-certified nurse practitioner" may only be used by a registered nurse who is licensed as a APRN-CNP in a particular clinical specialty area or population focus.

A CNP is authorized to form a professional corporation with other registered nurses and other health care practitioners who are licensed to provide health care services in Pennsylvania without receiving a referral or supervision from another health care practitioner.

The bill eliminates the requirement under section 2903 (d)(1)(ii) of Title 15 of the Pennsylvania Consolidated Statutes that the State Board of Medicine and the State Board of Osteopathic Medicine expressly authorize the combined practice of APRN-CNPs with doctors of medicine or osteopathic medicine.

The legislation provides for an exception from the collaboration requirement for a APRN-CNP who has engaged in the practice of professional nursing as a APRN-CRP in collaboration with a physician for a period of not less than 3 years and not less than 3600 hours in accordance with a written agreement with a physician.

An APRN-CNP who qualifies for the exception from collaboration is required to file a form with the board attesting to having engaged in the practice of professional nursing in collaboration with a physician for the requisite time period. A registered nurse who was licensed or certified by another state or foreign country and received a license as a APRN-CNP issued by the board or a temporary practice permit may qualify for the exception from collaboration if the CNP demonstrates to the board the completion of no less than 3 years and no less than 3600 hours of practice.

Senate Bill 25 specifies that an APRN-CNP is entitled to practice as a licensed independent practitioner within the scope of practice of the particular clinical specialty area or population focus in which the nurse is licensed by the board and to be recognized as a primary care provider under managed care and other health care plans.

SENATE APPROPRIATIONS COMMITTEE

FISCAL NOTE

The legislation authorizes an APRN-CNP, who qualifies for the exception from the collaborative requirement and is practicing within a clinical specialty area or population focus in which the nurse is certified, to prescribe medical therapeutic or corrective measures.

The legislation repeals section 8.4 of the act thus eliminating the Drug Review Committee which determined what drugs a CRNP was authorized to prescribe.

Finally, Senate Bill 25 requires the board, the Department of Health, the Department of Human Services and other affected agencies to promulgate regulations necessary to carry out the amendments to the Professional Nursing Law. The promulgation of regulations is not a condition precedent to the applicability of the amendments.

This legislation shall take effective in 60 days.

FISCAL IMPACT:

The State Board of Nursing may incur minor additional administrative costs as a result of the enactment of this legislation. The universe of professionals affected by this legislation are currently under the purview of the State Board of Nursing. The establishment of a new licensure category should not require additional personnel or significantly increase administrative burdens. In addition, the State Board of Nursing is completely funded by fees imposed on the regulated professionals. Section 11.2 of the act specifically provides that if the revenues raised by the fees, fines and penalties imposed under the act are not sufficient to offset expenditures, over a two-year period, the board shall increase fees by regulation so that projected revenues will meet or exceed projected expenditures.

The enactment of this legislation will have no significant fiscal impact to the General Fund. Costs associated with the promulgation of regulations by the Department of Health, the Department of Human Services and other affected agencies would be minimal and within the scope of agency budgets. Such costs are capable of being accommodated within the existing appropriation authority of the respective departments.