



The Hospital + Healthsystem
Association of Pennsylvania

2013



PENNSYLVANIA HOSPITAL QUALITY:
Achieving More Together

In the Hospital Setting

Use of Physician Assistants, Certified Registered Nurse Practitioners, Certified Nurse Midwives, Certified Registered Nurse Anesthetists, and Clinical Nurse Specialists

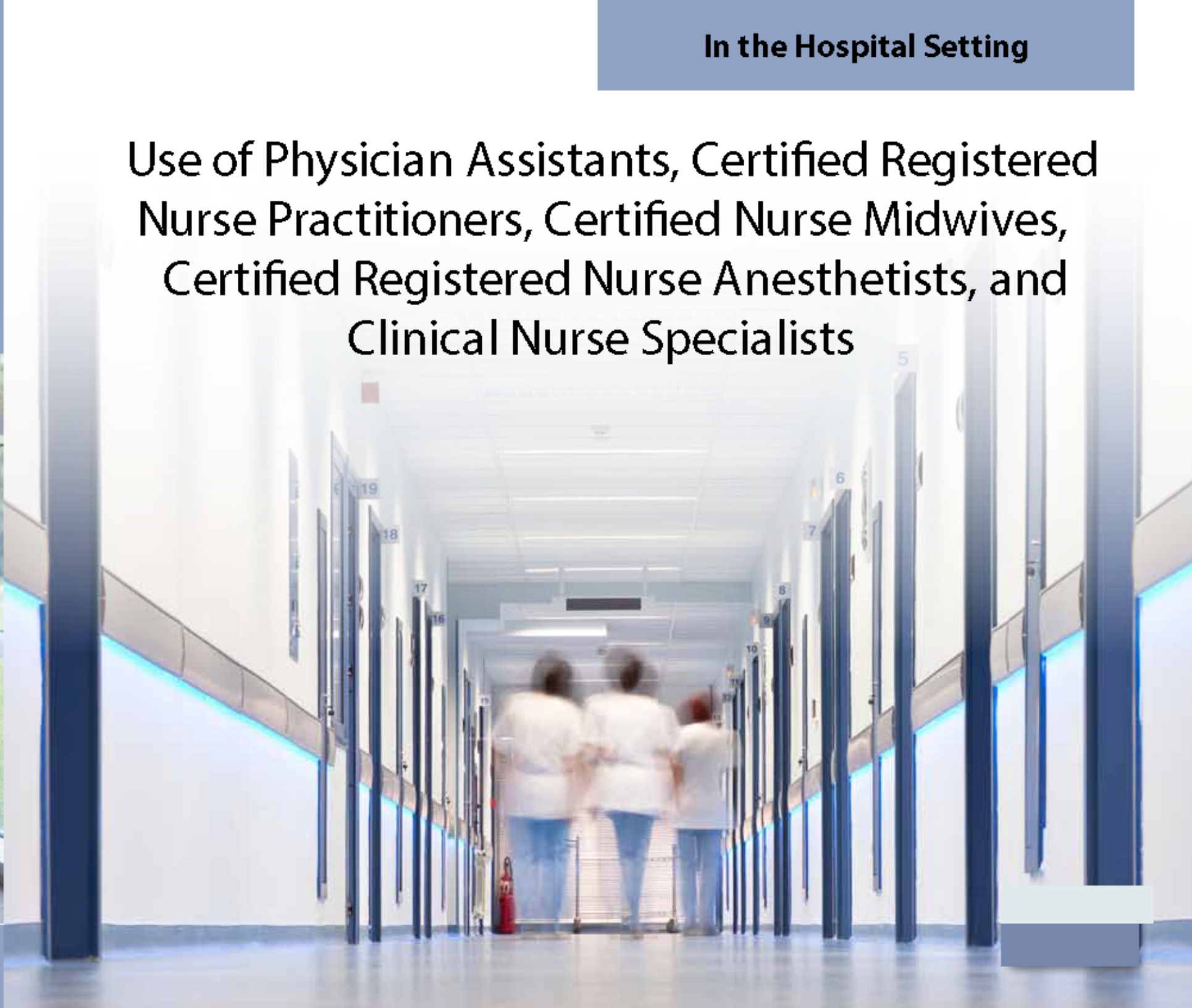


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Overview

Over the past several years, Pennsylvania has updated the practice acts and regulations for an array of qualified health care professionals, including certified registered nurse practitioners (CRNP), physician assistants (PA), certified nurse midwives (CNM), certified registered nurse anesthetists (CRNA) and clinical nurse specialists (CNS). The changes in the practice acts and regulations for these practitioners can help hospitals and health systems in improving access to health care services and coordination of care.

The Hospital & Healthsystem Association of Pennsylvania (HAP) developed this guidebook to provide information regarding the updates to the various practice acts and regulations. The guidebook can be helpful as your hospital and health system develops strategic plans around health reform, such as development of medical homes, care transitions to post-acute care or home, and reducing readmissions.

Definitions and Pennsylvania Workforce Statistics—this section provides a concise overview of the physician assistant, certified registered nurse practitioner, certified nurse midwife, certified registered nurse anesthetist, and clinical nurse specialist workforce, including the number of licensed and practicing professionals in the Commonwealth.

At a Glance—there are two separate “at a glance” matrices in this guidebook—one for CRNP and PA practice and the second one for CRNP, CNM, CRNA and CNS practice in Pennsylvania. These “at a glance” matrices were developed to help hospitals and health systems quickly identify whether a particular practitioner has a scope of practice law/regulation; has title protection; and what continuing education is needed for relicensure.

Detailed Matrix—there are two separate “detailed” matrices in this guidebook—one for CRNP and PA practice in Pennsylvania and the second one for CRNP, CNM, CRNA and CNS practice in Pennsylvania. These detailed matrices were developed to help hospitals and health systems understand how the various practitioners can be utilized within various care settings and relevant distinctions in their oversight.

Definitions and Pennsylvania Workforce Statistics for Advanced Practice Professionals

Physician Assistant (PA)—The PA is licensed as a physician assistant by the State Board of Medicine.¹ There are currently 6,202 PAs licensed through the medical board and 926 PAs licensed through the medical osteopathic board.²

Certified Registered Nurse Anesthetist (CRNA)—A CRNA is a registered nurse, licensed in Pennsylvania, who has become an anesthesia specialist by completing an educational program focused on anesthesia care.³ There are currently 2,658 CRNAs in Pennsylvania.⁴

Clinical Nurse Specialist (CNS)—The CNS is a professional nurse licensed in Pennsylvania to practice professional nursing who meets the educational and examination or equivalency requirements of the act and who is certified by the Board as a clinical nurse specialist.⁵ As of September 2012, there were 138 CNSs.⁶

Certified Registered Nurse Practitioner (CRNP)—A CRNP is a professional nurse licensed in Pennsylvania who is certified by the Board in a specialty 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 Pennsylvania.⁷ As of October 2012, there were 8,126 CRNPs. 5,627 have prescriptive privileges.⁸

Certified Nurse Midwife (CNM)—The CNM is a professional nurse licensed by the State Board of Medicine to practice midwifery.⁹ There are currently 375 CNMs licensed in Pennsylvania. 239 of them have prescriptive authority.¹⁰

¹ State Board of Medicine Regulations §18.122 (<http://www.pacode.com/secure/data/049/chapter18/chap18toc.html>)

² Source: Pennsylvania State Board of Medicine and Pennsylvania State Board of Osteopathic Medicine

³ AANA Scope of Practice <http://www.aana.com/aboutus/Documents/scopeofpractice.pdf>

⁴ Source: Pennsylvania Association of Nurse Anesthetists

⁵ State Board of Nursing Regulations §21.801 (<http://www.pacode.com/secure/data/049/chapter21/s21.801.html>)

⁶Source: Pennsylvania State Board of Nursing

⁷ State Board of Nursing Regulations §21.251 (<http://www.pacode.com/secure/data/049/chapter21/s21.251.html>)

⁸ Source: Pennsylvania State Board of Nursing

⁹ State Board of Medicine Regulations §18.1 (<http://www.pacode.com/secure/data/049/chapter18/s18.1.html>)

¹⁰ Source: Pennsylvania Department of State, Bureau of Professional and Occupational Affairs

At a Glance: Certified Registered Nurse Practitioner and Physician Assistant Practice in the Hospital Setting in Pennsylvania

HEALTH CARE PRACTITIONER	CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING M.D.	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING D.O.
Practice Act	✓	✓	✓
Continuing Education Requirement	✓	✓	✓
Collaborative Agreement Requirement	✓		
Written Agreement Requirement		✓	✓
Permitted to Write Orders	✓	✓	✓
Permitted to Issue Oral/Verbal Orders	✓	✓	✓
Requirement for Countersignature of Documentation		✓	✓
Prescriptive Authority	✓	✓	✓
Pronouncement of Death	✓	✓	
Completion of Death Certificate	✓		

Legend: ✓ indicates that the health care practitioner has the identified requirement or is permitted to perform the health care service by Pennsylvania law or regulation.

Detailed Matrix: Certified Registered Nurse Practitioner and Physician Assistant Practice in the Hospital Setting in Pennsylvania

Table 1: Relevant Laws and Regulations

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING M.D.	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING D.O.
<p>Act 206 of 2002—Revisions to the Professional Nursing Law (SB 1208).</p> <p>Act 48 of 2007—Revisions to the Professional Nursing Law (HB 1253).</p> <p>Final regulations published in <i>PA Bulletin</i> on December 12, 2009.</p> <p>Requires the NP applicant to provide proof of professional liability insurance in the minimum amount of \$1,000,000 per occurrence or claims made.</p> <p>Act 68 of 2012—Amends the Vital Statistics Law (SB 1351). Allows a certified registered nurse practitioner (CRNP) to certify the cause of death and sign a death certificate or fetal death certificate for a patient under the care of the CRNP. Governor Corbett signed this Act into law on June 22. Effective August 22, 2012.</p>	<p>Licensing of Physician Assistants by the SBM—Act 160 of 2002 (HB 967).</p> <p>Supervision of physician assistants—Act 46 of 2007 (HB 1251).</p> <p>SBM scope of practice expansion—Act 45 of 2008: Revised Medical Practice Act (HB 1804).</p> <p>Final regulations published in <i>PA Bulletin</i> on November 18, 2006. Requires the PA applicant to provide proof of professional liability insurance in the minimum amount of \$1,000,000 per occurrence or claims made.</p>	<p>Licensing of Physician Assistant by SBOM—Act 56 of 2003 (SB 752).</p> <p>Supervision of physician assistants—Act 47 of 2007 (HB1252).</p> <p>SBOM scope of practice expansion—Act 46 of 2008 (HB 2088).</p> <p>Final regulations published in the <i>PA Bulletin</i> on August 8, 2009. Requires the PA applicant to provide proof of professional liability insurance in the minimum amount of \$1,000,000 per occurrence or claims made.</p>

Certified Registered Nurse Practitioner and Physician Assistant Practice in the Hospital Setting in Pennsylvania, *continued*

Table 2: Licensure and Certification Requirements

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING M.D.	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING D.O.
<p>Must hold an active Pennsylvania RN license.</p> <p>Must hold an active certificate issued by the Pennsylvania State Board of Nursing to practice in Pennsylvania.</p> <p>The Pennsylvania State Board of Nursing CRNP certificate will identify the specialty area of practice.</p> <p>An applicant for CRNP certification must have completed an accredited, Board-approved master's or post-master's nurse practitioner program or other Board-approved program that awarded an advanced degree or a course of study considered by the Board to be equivalent to that required for certification in Pennsylvania at the time the course was completed.</p> <p>Outlines provisions for initial certification and certification by endorsement by the Board of Nursing.</p> <p>49 PA Code §21.261, §21.271, §21.273</p>	<p>The Pennsylvania State Board of Medicine will issue a <i>license</i> to a PA who has:</p> <ul style="list-style-type: none"> • Graduated from a PA program recognized by the Board. • Attained a Bachelor's Degree or higher for candidates whose initial licensure occurs after 1/1/ 2005. • Completion of not less than 60 clock hours of didactic instruction in pharmacology. • Submitted a completed application with the fee. • Passed the PA examination. <p>49 PA Code §18.141</p> <p>The Board of Medicine recognizes PA education programs accredited by the American Medical Association's Committee on Allied Health and Accreditation, The Commission for Accreditation of Allied Health Educational Programs, The Accreditation Review Program, (ARC-PA) or a successor organization. 49 PA Code §18.131</p> <p>Must be certified according to 49 Pa Code §18.141(1).</p> <p>Must maintain national certification to renew license (Pa Code §18.145(c)). To maintain national certification by the NCCPA, the PA must initially graduate from an ARC-PA accredited program and pass the PANCE certification exam.</p> <p>As part of biennial license renewal, a PA shall complete continuing education as required by the National Commission on Certification of Physician Assistants.</p>	<p>The Pennsylvania State Board of Osteopathic Medicine will issue a <i>license</i> to a PA who has:</p> <ul style="list-style-type: none"> • Graduated from a PA training program certified by the Board. • Attained a Bachelor's Degree or higher for candidates whose initial licensure occurs after 1/1/ 2005. • Completion of not less than 60 clock hours of didactic instruction in pharmacology. • Submitted a completed application with the fee. • Passed a proficiency examination approved by the Board. <p>49 PA Code § 25. 161 (c)</p> <p>A person who has been certified as a PA by the State Board of Medicine shall make a separate application to the Board if he intends to provide PA services for a physician licensed to practice osteopathic medicine and surgery without restriction. 49 PA Code § 25. 161 (e)</p> <p>As part of biennial renewal, a PA shall complete 100 hours of continuing education as required by the National Commission on Certification of Physician Assistants.</p>

Certified Registered Nurse Practitioner and Physician Assistant Practice in the Hospital Setting in Pennsylvania, *continued*

Table 3: Collaborative Agreement

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING M.D.	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING D.O.
<p>The final regulations define collaboration and collaborative agreement.</p> <p>Collaboration as defined in the State Board of Nursing regulations is a process in which a CRNP works with one or more physicians to deliver health care services within the scope of the CRNP's expertise. The process requires: immediate availability of a physician through direct communication or by other means of telecommunications; and a physician available to a CRNP on a regular basis for referrals, review of the standards of medical practice incorporating consultation and chart review, drug and other medical protocols within the practice setting, periodic updating in medical diagnosis and therapeutics, and cosigning records when necessary to document accountability by both parties.</p> <p>A CRNP may only collaborate with physicians who hold a current Pennsylvania license.</p> <p>The collaborative agreement is the written and signed agreement between a CRNP and the collaborating physician(s) in which they agree to the details of their collaboration, including those specified above.</p> <p>The collaborative agreement does not have to be submitted to the State Board of Nursing. However, it must be readily available and provided to anyone who requests it.</p> <p>49 PA Code §21.251, §21.282a</p>	<p>Regulations reference written agreement between PA and supervising physician. See "Written Agreement" in Table 5.</p>	<p>Regulations reference written agreement between PA and supervising physician. See "Written Agreement" in Table 5.</p>

Certified Registered Nurse Practitioner and Physician Assistant Practice in the Hospital Setting in Pennsylvania, *continued*

Table 4: Continuing Education Requirements

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING M.D.	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING D.O.
<p>An applicant for renewal of a professional nursing license must complete 30 hours of continuing education approved by the Board during the biennial period immediately preceding the application for renewal. PA Code §21.131</p> <p>CRNPs must complete Board-approved continuing education that addresses the CRNP’s specialty in each biennial renewal cycle. In addition, CE and course work that is related to the profession or to professional issues is also acceptable.</p> <p>CRNPs with prescriptive authority must have 16 of the 30 hours relate to pharmacology. 49 PA Code §21.332, §21.332a, §21.333, §21.334</p>	<p>Every two years, the PA must complete 100 hours of National Commission on Certification of Physician Assistants-approved CME.</p> <p>PA must pass the Physician Assistant National Recertification Exam every 6 years.</p> <p>49 PA Code §18.141(1) and 18.145(c)</p> <p>PA national certification can be verified on the National Commission on Certification of PAs website at http://www.nccpa.net.</p>	<p>Every two years, the PA must complete 100 hours of National Commission on Certification of Physician Assistants-approved CME.</p> <p>PAs must pass the Physician Assistant National Recertification exam every 6 years.</p> <p>49 PA Code § 25.163</p> <p>PA national certification can be verified on the National Commission on Certification of PAs website at http://www.nccpa.net.</p>

Certified Registered Nurse Practitioner and Physician Assistant Practice in the Hospital Setting in Pennsylvania, *continued*

Table 5: Written Agreement

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING M.D.	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING D.O.
<p>Does not apply to CRNPs. See “Collaborative Agreement” in Table 3.</p>	<p>This is the agreement between the PA and supervising physician.</p> <p>The written agreement must:</p> <ul style="list-style-type: none"> • Identify and be signed by the PA and each physician the PA will be assisting who will be acting as the supervising physician. At least one physician must be a medical doctor. • Describe the manner in which the PA will assist each named physician. The description must list functions that will be delegated to the PA. • Describe the time, place, and manner of the supervision and direction each named physician will provide the PA, including the frequency of personal contact with the PA. • Designate one of the named physicians as the primary supervising physician. This must be a medical doctor. • In health care facilities licensed under the Health Care Facilities Act, the attending physician of record for a particular patient shall act as the primary supervising physician for the PA while that patient is under the care of the attending physician. • Require that the supervising physician countersign the patient record completed by the PA in a reasonable time period, not to exceed ten days. • Identify the locations and practice settings where the PA will practice. <p>Requires the Board of Medicine to approve the written agreement. Upon submission of a completed “Application for Registration as a Supervising Physician,” a letter will be issued to the supervising physician providing a temporary authorization for the physician</p>	<p>This is the agreement between the PA and supervising physician.</p> <p>The written agreement must:</p> <ul style="list-style-type: none"> • Identify and be signed by the PA and each physician the PA will be assisting who will be acting as the supervising physician. At least one physician must be an osteopathic doctor. • Describe the detailed manner in which the PA will be assisting each physician including a list of delegated tasks, functions and any procedures enumerated in § 25.17(a). • Identify the locations and practice settings where the PA will practice. • In health care facilities licensed under the Health Care Facilities Act, the attending physician of record for a particular patient shall act as the primary supervising physician for the PA while that patient is under the care of the attending physician. • Require that the supervising physician countersign the patient record completed by the PA in a reasonable time period, not to exceed ten days. • Provide the name, address, and telephone number of at least two physicians who can substitute for the applicant when he is either absent or otherwise unavailable. <p>Requires the Board of Osteopathic Medicine to approve the written agreement.</p> <p>Requires the PA and supervising physician to provide immediate access to the written agreement upon request.</p> <p>49 PA Code § 25.162, §18.154, Act 45 & 47, HB 1804</p>

Table Continued on Next Page

Certified Registered Nurse Practitioner and Physician Assistant Practice in the Hospital Setting in Pennsylvania, *continued*

Table 5: Written Agreement, *continued*

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING M.D.	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING D.O.
	<p>assistant to begin practice. The temporary authorization, when issued, will provide a period of 120 days during which the physician assistant may practice, under the terms set forth in the written agreement as submitted to the Board. Within 120 days, the Board will notify the supervising physician of the final approval or disapproval of the application. If approved, a final approval of the written agreement will be issued to the supervising physician. If there are discrepancies that have not been corrected within the 120 day period, the temporary authorization to practice will expire.</p> <p>Link to Special Notice: http://www.portal.state.pa.us/portal/server.pt/community/state_board_of_medicine/12512/special_notice/572039</p> <p>Requires the PA and supervising physician to provide immediate access to the written agreement upon request.</p> <p>49 PA Code §18.142, §18.154, Act 45 & 46, HB 1804</p>	

Certified Registered Nurse Practitioner and Physician Assistant Practice in the Hospital Setting in Pennsylvania, *continued*

Table 6: Scope of Practice

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING M.D.	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING D.O.
<p>CRNPs practice within their specialty, consistent with their collaborative agreements, subject to other statutes and regulations, and in accordance with the policies of health care facilities in which they practice.</p> <p>For CRNPs practicing in institutional settings, including hospitals, practice must be consistent with hospital privileges.</p> <p>When acting in collaboration with a physician, a CRNP may perform the following tasks if the CRNP is acting within the scope of the CRNP’s specialty and collaborative agreement:</p> <ul style="list-style-type: none"> • Perform assessments of patients and establish medical diagnoses. • Order, perform, and supervise diagnostic tests for patients. • Interpret diagnostic tests to the extent the interpretation of the diagnostic test is within the scope of the CRNP’s specialty and consistent with the collaborative agreement. • Initiate referrals to and consultation with other licensed health care providers. • Consult with other licensed health care professionals when requested. • Develop and implement treatment plans, including issuing orders to implement the treatment plans. • Complete admission and discharge summaries. • Order blood and blood components. • Order durable medical equipment. 	<p>The PA practices medicine with physician supervision. A PA may:</p> <ul style="list-style-type: none"> • Perform those duties and responsibilities, including the ordering, prescribing, dispensing, and administration of drugs and medical devices, as well as the ordering, prescribing, and executing of diagnostic and therapeutic medical regimens as directed by the supervising physician. • Provide any medical service as directed by the supervising physician when the service is within the PA’s skills, training and experience, forms a component of the physician’s scope of practice, is included in the written agreement, and is provided with the appropriate supervision in keeping with accepted standards of medical practice. • Order durable medical equipment. • Issue oral orders to the extent permitted by a Health Care Facility’s bylaws, rules, and regulations or administrative policies and guidelines. • Order physical therapy and dietitian referrals. • Order respiratory and occupational therapy referrals. • Perform disability assessments for the program providing temporary assistance to needy families (TANF). • Issue homebound schooling certifications. • Perform and sign the initial assessment of methadone treatment evaluations in accordance with federal and state law and regulations, provided that any order for methadone treatment shall be made only by a physician. 	<p>The PA augments the physician’s data gathering abilities to assist the supervising physician in reaching decisions and instituting care plans for the physician’s patients by performing duties and responsibilities, including:</p> <ul style="list-style-type: none"> • Screening patients to determine need for medical attention. • Reviewing medical records to determine health status. • Taking the patient’s history. • Performing a physical examination. • Recording pertinent data. • Making decisions based on data appropriate management and treatment of initial or ongoing medical conditions. <p>PAs may perform, after successfully demonstrating competency, specific procedures requiring technical skills; execution of standing orders; routine patient care tasks; and such diagnostic and therapeutic procedures as delegated by the supervising physician.</p> <p>A PA may:</p> <ul style="list-style-type: none"> • Order durable medical equipment. • Issue oral orders to the extent permitted by a Health Care Facility’s bylaws, rules, and regulations or administrative policies and guidelines. • Order physical therapy and dietitian referrals. • Order respiratory and occupational therapy referrals. • Issue homebound schooling certifications.

Table Continued on Next Page

Certified Registered Nurse Practitioner and Physician Assistant Practice in the Hospital Setting in Pennsylvania, *continued*

Table 6: Scope of Practice, *continued*

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING M.D.	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING D.O.
<ul style="list-style-type: none"> • Order home health and hospice care. • Make referrals to physical therapy, occupational therapy, respiratory therapy, and dietitians. • Perform disability assessment for the program providing temporary assistance to needy families (TANF). • Issue homebound schooling certifications. • Perform and sign the initial assessment of methadone treatment evaluations in accordance with federal and state law and regulations, provided that any order for methadone treatment shall be made only by a physician. <p>A collaborating physician(s) may also delegate other functions, tasks, and procedures to the CRNP.</p> <p>49 PA Code §21.282a</p>	<p>The PA is considered the agent of the supervising physician in the performance of all practice-related activities, including the ordering of diagnostic, therapeutic, and other medical services.</p> <p>49 PA Code §18.151</p> <p>In a hospital, the PA may order or administer, or both, controlled substances and whole blood and blood components if the authority to order and administer these medications and fluids is expressly set forth in the written agreement.</p> <p>49 PA Code §18.157</p> <p>The regulations list certain things that a PA may not perform, including performing medical services or prescribing/dispensing drugs except as described in the written agreement.</p> <p>The PA cannot:</p> <ul style="list-style-type: none"> • Independently practice or bill for services provided. • Independently delegate a task specifically assigned to him/her by the supervising physician to another health care provider. • List his/her name independently in any directory. • Perform a medical service without the supervision of a supervising physician. <p>49 A Code §18.152</p>	<ul style="list-style-type: none"> • Perform disability assessments for the program providing temporary assistance to needy families (TANF). • Perform and sign the initial assessment of methadone treatment evaluations in accordance with federal and state law and regulations, provided that any order for methadone treatment shall be made only by a physician. <p>With the Board’s approval, the PA may also perform medical procedures and other tasks included within the normal scope of the supervising physician’s practice and subject to the limitations set forth in the act and in alignment with the training and expertise of the PA.</p> <p>49 PA Code § 25.171</p>

Certified Registered Nurse Practitioner and Physician Assistant Practice in the Hospital Setting in Pennsylvania, *continued*

Table 7: Written Orders

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING M.D.	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING D.O.
<p>Final regulations permit CRNPs to write orders for:</p> <ul style="list-style-type: none"> • Blood • Blood components • Medications (CRNP must have prescriptive authority) • Dietary plans • Home health • Hospice • Durable medical equipment • Diagnostic tests • Consults/Referrals (PT, OT, RT, dietary, physicians) • Treatment plans <p>For CRNPs practicing in institutional settings, including hospitals, the orders written by CRNPs must be consistent with hospital privileges.</p> <p>There may be restrictions on practices contained in statute, regulation or collaborative agreement based on hospital privileges or other existing state or federal regulations.</p> <p>As per law and regulation, the collaborating physician does not need to countersign the CRNP's written orders.</p> <p>49 PA Code §21.282a</p>	<p>Final regulations define medical regimen. A medical regimen is a therapeutic, corrective, or diagnostic measure performed or ordered by a physician, or performed or ordered by a PA acting with the PA's scope of practice, and in accordance with the written agreement between the supervising physician and PA.</p> <p>Final regulations also define order as an oral or written directive for a therapeutic, corrective, or diagnostic measure, including a drug to be dispensed for onsite administration in a hospital, medical care facility, or office setting.</p> <p>The regulations allow PAs to execute a written order for a medical regimen or to relay a written order for a medical regimen to be executed by a health care practitioner.</p> <p>The regulations require the PA to record, date, and authenticate the medical regimen on the patient's chart at the time it is executed or relayed.</p> <p>In a hospital, the PA may order or administer, or both, controlled substances and whole blood and blood components if the authority to order and administer these medications and fluids is expressly set forth in the written agreement.</p> <p>For PAs practicing in institutional settings, including hospitals, the orders written by PAs must be consistent with hospital privileges.</p>	<p>Not specifically addressed in the Pennsylvania Board of Osteopathic Medicine PA regulations.</p>

Table Continued on Next Page

Certified Registered Nurse Practitioner and Physician Assistant Practice in the Hospital Setting in Pennsylvania, *continued*

Table 7: Written Orders, *continued*

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING M.D.	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING D.O.
	<p>There may be restrictions on practices contained in statute, regulation, or written agreement based on hospital privileges or other existing state or federal regulations.</p> <p>The regulations require the supervising physician to countersign the patient record in a reasonable time, not to exceed ten days, unless countersignature is required sooner by regulation, policy within the medical care facility, or the requirements of a third party payor.</p> <p>49 PA Code §18.153; §18.159; §18.161</p> <p>PA written orders must be countersigned by the supervising physician within 10 days or sooner if required by hospital policy.</p> <p>28 PA Code §107.61</p>	

Certified Registered Nurse Practitioner and Physician Assistant Practice in the Hospital Setting in Pennsylvania, *continued*

Table 8: Oral/Verbal Orders

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING M.D.	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING D.O.
<p>Final regulations permit CRNPs to issue oral/verbal orders to the extent permitted by the health care facility bylaws, rules, regulations, or administrative policies and guidelines.</p> <p>Oral orders are defined in Board regulations. An oral order is the spoken order issued by practitioners authorized by law and by facility policy to issue orders for medical and therapeutic measures.</p> <p>Oral orders issued by CRNPs must be consistent with hospital privileges.</p> <p>The hospital may restrict CRNP practice allowed through state professional practice statute/regulation (or collaborative agreement) based on hospital policy or other existing state or federal regulations.</p> <p>All orders, including verbal orders, must be dated, timed, and authenticated by the ordering practitioner or another practitioner who is responsible for the care of the patient as specified under §482.12(c) and authorized to write orders by hospital policy in accordance with State law. In Pennsylvania, verbal orders must be authenticated within 24 hours.</p>	<p>See Table 7 for medical regimen and order definitions.</p> <p>The regulations allow PAs to relay an oral order to be executed by a health care practitioner.</p> <p>In a hospital, the PA may order or administer, or both, controlled substances and whole blood and blood components if the authority to order and administer these medications and fluids is expressly set forth in the written agreement.</p> <p>Oral orders issued by PAs must be consistent with hospital privileges.</p> <p>The hospital may restrict PA practice allowed through state professional practice statute/regulation (or written agreement) based on hospital policy or other existing state or federal regulations.</p> <p>The regulations require the PA to record, date, and authenticate the medical regimen on the patient’s chart at the time it is executed or relayed.</p> <p>When working in a hospital or other medical care facility, a PA may comply with the medical record requirements by directing the person accepting the order to record, date, and authenticate that the person received the order.</p>	<p>Oral orders issued by PAs must be consistent with hospital privileges.</p> <p>The hospital may restrict PA practice allowed for through state professional practice statute/regulation (or written agreement) based on hospital policy or other existing state or federal regulations.</p> <p>All orders, including verbal orders, must be dated, timed, and authenticated by the ordering practitioner or another practitioner who is responsible for the care of the patient as specified under §482.12(c) and authorized to write orders by hospital policy in accordance with State law. In Pennsylvania, verbal orders must be authenticated within 24 hours. In the case where the PA authenticates his/her order within 24 hours, the PA’s order needs to be countersigned by a supervising physician within 10 days or sooner if required by hospital policy.</p> <p>Any practitioner responsible for the care of the patient who is authorized by hospital policy and permitted by State law to write a specific order would be permitted to authenticate a verbal order, even if the order did not originate with him or her.</p>

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Certified Registered Nurse Practitioner and Physician Assistant Practice in the Hospital Setting in Pennsylvania, *continued*

Table 8: Oral/Verbal Orders, *continued*

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING M.D.	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING D.O.
<p>Any practitioner responsible for the care of the patient who is authorized by hospital policy and permitted by State law to write a specific order would be permitted to authenticate a verbal order, even if the order did not originate with him or her. This could include permitting other physician group members or non-physician practitioners responsible for the care of the patient to authenticate the order in accordance with established hospital policy. When a practitioner authenticates a verbal order that he or she did not give, the practitioner accepts responsibility for the order and is validating that the order is complete, accurate, and final based on the patient’s condition. A practitioner responsible for the care of the patient needs to have knowledge of the patient’s hospital course, medical plan of care, condition, and current status. A practitioner who does not possess this knowledge about a patient should not be authenticating verbal orders for the patient.</p> <p>Hospitals have the flexibility to limit who may authenticate verbal orders.</p> <p>A PA or nurse practitioner may only authenticate verbal orders written by a physician or other licensed independent practitioner that they have authority to write themselves as determined by hospital policy in accordance with state law. For example, some hospitals limit who may give orders for certain types of drugs or therapies. If a PA or nurse practitioner is not permitted by</p>	<p>All orders, including verbal orders, must be dated, timed, and authenticated by the ordering practitioner or another practitioner who is responsible for the care of the patient as specified under §482.12(c) and authorized to write orders by hospital policy in accordance with State law. In Pennsylvania, verbal orders must be authenticated within 24 hours. In the case where the PA authenticates his/her order within 24 hours, the PA’s order needs to be countersigned by a supervising physician within 10 days or sooner if required by hospital policy.</p> <p>Any practitioner responsible for the care of the patient who is authorized by hospital policy and permitted by State law to write a specific order would be permitted to authenticate a verbal order, even if the order did not originate with him or her. This could include permitting other physician group members or non-physician practitioners responsible for the care of the patient to authenticate the order in accordance with established hospital policy and permitted by State law to write a specific order would be permitted to authenticate a verbal order, even if the order did not originate with him or her. This could include permitting other physician group members or non-physician practitioners to countersign on behalf of the prescribing physician based on hospital policy. When a practitioner authenticates a verbal order that he or she did not give, the practitioner accepts responsibility for the order and is validating that the order is complete, accurate, and final based on the patient’s condition.</p>	<p>This could include permitting other physician group members or non-physician practitioners responsible for the care of the patient to authenticate the order in accordance with established hospital policy and permitted by State law to write a specific order would be permitted to authenticate a verbal order, even if the order did not originate with him or her. This could include permitting other physician group members or non-physician practitioners to countersign on behalf of the prescribing physician based on hospital policy. When a practitioner authenticates a verbal order that he or she did not give, the practitioner accepts responsibility for the order and is validating that the order is complete, accurate, and final based on the patient’s condition. A practitioner responsible for the care of the patient needs to have knowledge of the patient’s hospital course, medical plan of care, condition and current status. A practitioner who does not possess this knowledge about a patient should not be authenticating verbal orders for the patient.</p> <p>Hospitals have the flexibility to limit who may authenticate verbal orders.</p>

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Certified Registered Nurse Practitioner and Physician Assistant Practice in the Hospital Setting in Pennsylvania, *continued*

Table 8: Oral/Verbal Orders, *continued*

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING M.D.	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING D.O.
<p>hospital policy to order a specific drug or therapy, he or she would not be permitted to authenticate a verbal order for such a drug or therapy. All practitioners responsible for the care of the patient would be expected to have knowledge of the patient’s hospital course, medical plan of care, condition and current status to safely evaluate the completeness and accuracy of a verbal order.</p> <p>49 PA Code §21.282a, §21.141 28 PA Code §107.62 Hospital Medicare Conditions of Participation; 42 CFR Part 482 related to medical records as published in the <i>Federal Register</i> on November 27, 2006.</p>	<p>A practitioner responsible for the care of the patient needs to have knowledge of the patient’s hospital course, medical plan of care, condition and current status. A practitioner who does not possess this knowledge about a patient should not be authenticating verbal orders for the patient.</p> <p>Hospitals have the flexibility to limit who may authenticate verbal orders.</p> <p>A PA or nurse practitioner may only authenticate verbal orders written by a physician or other licensed independent practitioner that they have authority to write themselves as determined by hospital policy in accordance with state law. For example, some hospitals limit who may give orders for certain types of drugs or therapies. If a PA or nurse practitioner is not permitted by hospital policy to order a specific drug or therapy, he or she would not be permitted to authenticate a verbal order for such a drug or therapy. All practitioners responsible for the care of the patient would be expected to have knowledge of the patient’s hospital course, medical plan of care, condition and current status to safely evaluate the completeness and accuracy of a verbal order.</p> <p>49 PA Code §18.153; §18.159; §18.161 28 PA Code §107.62 Hospital Medicare Conditions of Participation; 42 CFR Part 482 related to medical records as published in the <i>Federal Register</i> on November 27, 2006</p>	<p>A PA or nurse practitioner may only authenticate verbal orders written by a physician or other licensed independent practitioner that they have authority to write themselves as determined by hospital policy in accordance with state law. For example, some hospitals limit who may give orders for certain types of drugs or therapies. If a PA or nurse practitioner is not permitted by hospital policy to order a specific drug or therapy, he or she would not be permitted to authenticate a verbal order for such a drug or therapy. All practitioners responsible for the care of the patient would be expected to have knowledge of the patient’s hospital course, medical plan of care, condition and current status to safely evaluate the completeness and accuracy of a verbal order.</p> <p>28 PA Code §107.62 Hospital Medicare Conditions of Participation; 42 CFR Part 482 related to medical records as published in the <i>Federal Register</i> on November 27, 2006</p>

Certified Registered Nurse Practitioner and Physician Assistant Practice in the Hospital Setting in Pennsylvania, *continued*

Table 9: Orders for Restraint and Seclusion

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING M.D.	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING D.O.
<p>CMS restraint and seclusion rules read:</p> <p>“(5) The use of restraint or seclusion must be in accordance with the order of a physician or other licensed independent practitioner who is responsible for the care of the patient as specified under § 482.12(c) and authorized to order restraint or seclusion by hospital policy in accordance with State law. The rule further stipulates that when one of these other types of practitioners’ orders the restraint, they must consult with the attending physician as soon as possible.” (page 71427)</p> <p>The preamble to the CMS final rule published on December 8, 2006 reads, “For the purposes of this rule, a licensed independent practitioner is any individual permitted by State law and hospital policy to order restraints and seclusion for patients independently, within the scope of the individual’s license and consistent with the individually granted clinical privileges. This provision is not to be construed to limit the authority of a physician to delegate tasks to other qualified healthcare personnel, that is, physician assistants and advanced practice nurses, to the extent recognized under State law or a State’s regulatory mechanism, and hospital policy. It is not our intent to interfere with State laws governing the role of physician assistants, advanced practice registered nurses, or other groups that in some States have been authorized to order restraint and seclusion or, more broadly, medical interventions or treatments. Each State faces the issue of how to best provide its citizens with access to needed health care services. The issue is complex, as some States have special considerations such as geographic barriers to care delivery, medically underserved areas, and special population needs, all of which would affect how a State resolves this issue. To disregard a State’s decision about who is qualified to order medical treatments and interventions and render patient care would be unproductive and arbitrary. To clarify this, in combined standard (e), we have revised the standard to state that the use of a restraint or seclusion must be in accordance with the order of a physician or other licensed independent practitioner who is responsible for the care of the patient as specified under § 482.12(c) and authorized to order restraint or seclusion by hospital policy in accordance with State law.”</p> <p>Nurse practitioners and physician assistants are not recognized as independent practitioners under Pennsylvania law and regulations. However, Pennsylvania law and regulation permit physician delegation and recognize physician assistants and nurse practitioners as having the authority to order diagnostic tests, treatment, therapy, and medications in accordance with their scope of practice, collaborating agreement, and hospital privileges.</p> <p>When taking the preamble and rule together, it is clear that CMS intended to allow nurse practitioners and physician assistants to order restraint and seclusion and to consult with the attending as soon as possible thereafter. The Pennsylvania Department of Health agrees with this interpretation. Hospitals should demonstrate that these practitioners have been authorized to order restraint and seclusion.</p> <p>CMS' Final Rule published Friday, December 8, 2006</p>		

Certified Registered Nurse Practitioner and Physician Assistant Practice in the Hospital Setting in Pennsylvania, *continued*

Table 10: Orders Requiring Physician Authentication

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING M.D.	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING D.O.
<p>CRNPs can accept oral/verbal orders from his/her collaborating physician or other physicians for procedures, care, and treatment that they have not been privileged to order in the hospital. The ordering physician must authenticate the order within 24 hours.</p> <p>28 PA Code §107.62</p>	<p>Physician assistants can accept oral/verbal orders from his/her supervising physician(s). The ordering physician must authenticate the order within 24 hours.</p> <p>28 PA Code §107.62</p> <p>Physician assistant written and oral/verbal orders must be countersigned by the supervising physician within 10 days or sooner if required by hospital policy.</p>	<p>Physician assistants can accept oral/verbal orders from his/her supervising physician(s). The ordering physician must authenticate the order within 24 hours.</p> <p>28 PA Code §107.62</p> <p>Physician assistant written and oral/verbal orders must be countersigned by the supervising physician within 10 days or sooner if required by hospital policy.</p>

Table 11: Prescriptive Authority Collaborative Agreement

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING M.D.	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING D.O.
<p>The final regulations define a prescriptive authority collaborative agreement as the written and signed agreement between a CRNP with prescriptive authority and a collaborating physician in which they agree to the details of the collaboration.</p> <p>The CRNP must complete and submit their prescriptive authority agreement on the designated form to the State Board of Nursing.</p> <p>49 PA Code §21.251, §21.285</p>	<p>No provisions for a specific prescriptive authority collaborative agreement. Regulations reference written agreement between physician assistant and supervising physician.</p>	<p>No provisions for a specific prescriptive authority collaborative agreement. Regulations reference written agreement between physician assistant and supervising physician.</p>

Certified Registered Nurse Practitioner and Physician Assistant Practice in the Hospital Setting in Pennsylvania, *continued*

Table 12: Prescriptive Authority

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING M.D.	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING D.O.
<p>Allows CRNP prescriptive authority.</p> <p>Adopts the American Hospital Formulary Service Pharmacologic-Therapeutic Classification to identify drugs that the CRNP can prescribe and dispense.</p> <p>Regulations identify the categories of medications that the CRNP can prescribe provided that they are identified in the CRNP prescriptive authority collaborative agreement.</p> <p>CRNP must meet education requirements and make separate application for prescriptive authority.</p> <p>Regulations specify parameters around prescription for controlled substances, including registering with the Drug Enforcement Administration (DEA) and outlining expectations related to initial evaluation, reevaluation, patient counseling, and medical records.</p> <ul style="list-style-type: none"> • A CRNP may write a prescription for a Schedule II controlled substance for up to a 30-day supply as provided for in the collaborative agreement. • A CRNP may write a prescription for a Schedule III or IV controlled substance for up to a 90-day supply as provided for in the collaborative agreement. 	<p>Regulations provide for physician assistant prescriptive authority.</p> <p>Regulations define a prescription as a written or oral order for a drug or device to be dispensed to or for an ultimate user. The term does not include an order for a drug which is dispensed for immediate administration to the ultimate user. An order to dispense a drug to a patient for immediate administration in an office or hospital is not a prescription.</p> <p>The final rule eliminates the different categories of medications that a physician assistant may prescribe. The regulations allow the supervising physician to delegate to the physician assistant the prescribing, dispensing, and administering of drugs and therapeutic devices.</p> <p>The written agreement must list the categories of drugs, which the physician assistant is not permitted to prescribe. As with other practices, the hospital can determine what prescriptive authority privileges and what medications the physician assistant can prescribe to hospitalized patients.</p> <p>Regulations specify parameters around prescription or controlled substances, including registering with the Drug Enforcement Administration (DEA).</p>	<p>Regulations provide for physician assistant prescriptive authority.</p> <p>The regulations allow the supervising physician to delegate to the physician assistant the prescribing, dispensing, and administering of drugs and therapeutic devices.</p> <p>Regulations specify parameters around prescription or controlled substances, including registering with the Drug Enforcement Administration (DEA).</p> <ul style="list-style-type: none"> • Physician assistants cannot prescribe Schedule I controlled substances. • Physician assistants can prescribe Schedule II controlled substances for initial therapy, up to 72 hours. Physician assistants must notify their supervising physician within 24 hours of ordering the prescription. • Physician assistants may not prescribe a Schedule II controlled substances after the initial 72 hour dose until the patient has been examined by the supervising physician and the supervising physician approves the prescription of a Schedule II controlled substance by the physician assistant for up to a 30-day supply. <ul style="list-style-type: none"> ○ If a patient is <i>chronically ill</i>, a physician assistant may write a prescription for Schedule II controlled substance for up to a 30-day supply. The prescription must be reviewed and approved by the supervising physician at least every 30 days.

Table Continued on Next Page

Certified Registered Nurse Practitioner and Physician Assistant Practice in the Hospital Setting in Pennsylvania, *continued*

Table 12: Prescriptive Authority, *continued*

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING M.D.	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING D.O.
<p>The CRNP must complete and submit their prescriptive authority agreement on the designated form to the State Board of Nursing.</p> <p>As with other practices, the hospital can determine what prescriptive authority privileges and what medications the CRNP can prescribe to hospitalized patients.</p> <p>49 PA Code §21.283, §21.284, §21.284a, §21.284b</p>	<ul style="list-style-type: none"> • Physician assistants cannot prescribe Schedule I controlled substances. • Physician assistants can prescribe Schedule II controlled substances for initial therapy, up to 72 hours. Physician assistants must notify their supervising physician within 24 hours of ordering the prescription. • Physician assistants can prescribe Schedule II controlled substances for up to a 30-day supply if the supervising physician approves the medication for ongoing therapy. <p>Other modifications were made to the regulations that eliminated certain restrictions, such as allowing for off-label prescribing, handling of refills and durations of prescriptions, and use of medication samples.</p> <p>49 PA Code §18.158, §18.159</p>	<ul style="list-style-type: none"> ○ If the patient is <i>terminally ill</i>, a physician assistant may write a prescription for a Schedule II controlled substance for up to a 30-day supply. The prescription must be reviewed and approved by the supervising physician at least every 120 days. ○ Prescriptions must indicate on the prescription pad whether the medication is for initial or ongoing therapy. • Physician assistants may only prescribe or dispense a drug for a patient who is under the care of the physician assistant’s supervising physician and only in accordance with the supervising physician’s instructions and written agreement. • Physician assistants may request, receive and sign for, and distribute professional samples. <p>49 PA Code § 25.177</p>

Certified Registered Nurse Practitioner and Physician Assistant Practice in the Hospital Setting in Pennsylvania, *continued*

Table 13: Identification of Collaborating/Supervising Physician

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING M.D.	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING D.O.
<p>Regulations do not require the name of prescriptive authority collaborative physician to be on prescriptions.</p> <p>Information as to who collaborating physicians are, is located on the PA license verification website.</p> <p>49 PA Code §21.284a</p>	<p>Regulations specify the requirements for a supervising physician along with the responsibilities of the supervising physician, including that the supervising physician:</p> <ul style="list-style-type: none"> • Monitor compliance with the written agreement. • Arrange for a substitute supervising physician. • Review patient progress directly with the patient based upon medical condition and prognosis or as requested by the patient. • Visit hospitalized patients at least once. • Provide clarification on the written agreement, orders, and prescriptions by the physician assistant as relayed to other health care practitioners. • Accept full professional and legal liability for the performance of the physician assistant and the care and treatment of patients. <p>Act 46 & 47 of 2007 amends the Medical Practice Act to allow physicians to supervise up to 4 physician assistants. A physician may apply for a waiver to employ or supervise more than four physician assistants at any time for good cause, as determined by the board.</p> <p>49 PA Code §18.143, §18.144, §18.161, Act 46 & 47</p>	<p>Regulations specify the requirements and responsibilities of the supervising physician including:</p> <ul style="list-style-type: none"> • Monitor compliance with the written agreement and provide written protocols for delegated tasks. • Arrange for at least two substitute supervising physicians and include name, address and telephone numbers. • Provide clarification on the written agreement, orders, and prescriptions by the physician assistant as relayed to other health care practitioners. • Accept full professional and legal liability for the performance of the physician assistant and the care and treatment of patients. <p>Act 46 & 47 of 2007 amends the Medical Practice Act to allow physicians to supervise up to 4 physician assistants. A physician may apply for a waiver to employ or supervise more than four physician assistants at any time for good cause, as determined by the board.</p> <p>49 PA Code § 25.173, Act 46 & 47</p>

Certified Registered Nurse Practitioner and Physician Assistant Practice in the Hospital Setting in Pennsylvania, *continued*

Table 14: Sedation

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING M.D.	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING D.O.
<p>CRNPs may administer central nervous system agents classified as general anesthetics to intubated patients in a health care facility and, when credentialed by their employer, may administer central nervous system agents classified as general anesthetics for sedation in connection with procedures being performed in a health care facility in collaboration with a physician trained in airway management or with the immediate availability of a CRNA or anesthesiologist.</p> <p>Preamble to final regulations referenced above.</p> <p>Practice would be determined by hospital policy and privileges approved for the nurse practitioner.</p>	<p>Not specifically addressed in the regulations.</p> <p>Practice would be determined by hospital policy and privileges approved for the physician assistant.</p>	<p>Not specifically addressed in these regulations.</p> <p>Practice would be determined by hospital policy and privileges approved for the physician assistant.</p>

Table 15: Pronouncement of Death

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING M.D.	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING D.O.
<p>CRNP may document that the patient has died and may determine the cause of death for patients under their care.</p> <p>49 PA Code §21.411(16) 35 P.S. 450.507 (Act 68 of 2012)</p>	<p>The physician assistant may pronounce death, but not the cause of death, and may authenticate any form related to pronouncing death with the physician assistant's signature.</p> <p>49 PA Code §18.151(c)</p>	<p>The physician assistant under the supervision of an Osteopathic physician may not pronounce a patient dead.</p> <p>49 PA Code § 25.172(b)(5)</p>

Certified Registered Nurse Practitioner and Physician Assistant Practice in the Hospital Setting in Pennsylvania, *continued*

Table 16: Completion of Death Certificate

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING M.D.	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING D.O.
<p>A CRNP may certify the cause of death and sign a death certificate or fetal death certificate for a patient under the care of the CRNP.</p> <p>35 P.S. 450.507 (Act 68 of 2012)</p>	<p>Death certificate must be issued by a physician.</p>	<p>Death certificate must be issued by a physician.</p>

Table 17: Emergency Medical Care Setting

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING M.D.	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING D.O.
<p>Not addressed in CRNP regulations.</p>	<p>A physician assistant may only provide medical services in an emergency medical care setting (hospital emergency department) if the physician assistant has training in emergency medicine, functions within the purview of the physician assistant's written agreement, and is under the supervision of the supervising physician. The final regulations eliminate the need for direct supervision of the physician assistant in the emergency department.</p> <p>49 PA Code §18.162</p>	<p>A physician assistant may provide medical care or services in an emergency medical care setting, if the physician assistant has training in emergency medicine, functions within the purview of the written agreement, and is under the direct supervision of a physician with whom he has established contact and who is willing to assume full responsibility for the physician assistant's performance. A physician assistant may not substitute for a physician who is "on call" in the emergency department.</p> <p>49 PA Code § 25.182</p>

At a Glance: Certified Registered Nurse Practitioner, Certified Nurse Midwife, Certified Registered Nurse Anesthetist, Clinical Nurse Specialist Practice in the Hospital Setting in Pennsylvania

HEALTH CARE PRACTITIONER	CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)	CERTIFIED NURSE MIDWIVES (CNM)	CERTIFIED REGISTERED NURSE ANESTHETISTS (CRNA)	CLINICAL NURSE SPECIALISTS (CNS)
Practice Act	✓	✓		
Title Protection	✓			✓
Continuing Education Requirement	✓	✓	✓	✓
Collaborative Agreement Requirement	✓	✓		
Permitted to Write Orders	✓	✓		
Permitted to Issue Oral/Verbal Orders	✓	✓		
Prescriptive Authority	✓	✓		
Permitted to Administer Sedation	✓		✓	
Pronouncement of Death	✓	✓	✓	✓
Completion of Death Certificate	✓			

Legend: ✓ indicates that the health care practitioner has the identified requirement or is permitted to perform the health care service by Pennsylvania law or regulation

LICENSURE STATUS:

CRNP—holds RN license from the State Board of Nursing with certification as an advanced practice nurse.

CNM—holds RN license from the State Board of Nursing but not recognized as an advanced practice nurse. Licensed for midwifery by the State Board of Medicine.

CRNA—holds RN license from the State Board of Nursing. Must successfully graduate from a program of nurse anesthesia education accredited by the Council of Accreditation of Nurse Anesthesia Education Programs to receive certification by the National Board of Certification of Nurse Anesthetists.

CNS—may hold two licenses from the State Board of Nursing; one as an RN and one as a CNS.

Detailed Matrix: Certified Registered Nurse Practitioner, Certified Nurse Midwife, Certified Registered Nurse Anesthetist, Clinical Nurse Specialist Practice in the Hospital Setting in Pennsylvania

Table 18: Relevant Laws and Regulations

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)	CERTIFIED NURSE MIDWIVES (CNM)	CERTIFIED REGISTERED NURSE ANESTHETISTS (CRNA)	CLINICAL NURSE SPECIALISTS (CNS)
<p>Act 206 of 2002—Revisions to the Professional Nursing Law (SB 1208).</p> <p>Act 48 of 2007—Revisions to the Professional Nursing Law (HB 1253).</p> <p>Final regulations published in <i>PA Bulletin</i> on December 12, 2009.</p> <p>Requires the NP applicant to provide proof of professional liability insurance in the minimum amount of \$1,000,000 per occurrence or claims made.</p> <p>Act 68 of 2012—Amends the Vital Statistics Law (SB 1351).</p> <p>Allows a certified registered nurse practitioner (CRNP) to certify the cause of death and sign a death certificate or fetal death certificate for a patient under the care of the CRNP. Governor Corbett signed this Act into law on June 22. This law takes effect August 22, 2012.</p>	<p>Prescriptive authority and collaborative agreements for nurse midwives—Act 50 of 2007 (HB1255).</p> <p>Final regulations published in the <i>Pa Bulletin</i> on April 4, 2009.</p> <p>Participation in the Medical Care Availability and Reduction of Error Fund (MCare) is mandatory for certified nurse midwives licensed in Pennsylvania and conducting 50 percent or more of their health care business in the Commonwealth. The MCare Act specifies the amounts of medical liability insurance coverage that is required for certified nurse midwives. The Act requires primary coverage in the amount of \$500,000 per occurrence and \$1,500,000 per annual aggregate.</p>	<p>49 PA Code § 21.17. Anesthesia. (Professional and Vocational Code (State Board of Nursing).</p> <p>28 PA Code § 123.1. Anesthesia Services (Health and Safety) General and Special Hospitals (Anesthesia and Respiratory Services).</p> <p>28 PA Code § 555.31. Anesthesia Services. (Health and Safety) Health Facilities Ambulatory Surgical Facilities (Medical Staff).</p> <p>49 PA Code § 33.332. Requirement of permit to administer general anesthesia, deep sedation, conscious sedation or nitrous oxide/oxygen analgesia (Professional and Vocational Code) (State Board of Dentistry).</p> <p>Federal Register, Vol. 66, No. 12. Medicare and Medicaid Programs; Hospital Conditions of Participation; Anesthesia Services.</p>	<p>PA Code §21.801. Definitions. <i>Act</i>—The Professional Nursing Law (63 P.S. § § 211-225.5) provides for the certification for the CNS.</p> <p>CNS—An individual licensed in this Commonwealth to practice professional nursing who meets the educational and examination or equivalency requirements of the act and who is certified by the Board as a clinical nurse specialist.</p>

Certified Registered Nurse Practitioner, Certified Nurse Midwife, Certified Registered Nurse Anesthetist, Clinical Nurse Specialist Practice in the Hospital Setting in Pennsylvania, *continued*

Table 19: Licensure and Certification Requirements

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)	CERTIFIED NURSE MIDWIVES (CNM)	CERTIFIED REGISTERED NURSE ANESTHETISTS (CRNA)	CLINICAL NURSE SPECIALISTS (CNS)
<p>Must hold an active Pennsylvania RN license.</p> <p>CRNP must hold an active certificate issued by the Pennsylvania State Board of Nursing to practice in Pennsylvania.</p> <p>The Pennsylvania State Board of Nursing CRNP certificate will identify the specialty area of practice.</p> <p>An applicant for CRNP certification must have completed an accredited, Board-approved master's or post-master's nurse practitioner program or other Board-approved program that awarded an advanced degree or a course of study considered by the Board to be equivalent to that required for certification in Pennsylvania at the time the course was completed.</p> <p>Outlines provisions for initial certification and certification by endorsement by the Board of Nursing.</p> <p>49 PA Code §21.261, §21.271, §21.273</p>	<p>Must hold an active Pennsylvania RN license.</p> <p>CNM must hold an active <i>license</i> issued by the Pennsylvania State Board of Medicine to practice in Pennsylvania.</p> <p>An applicant for CNM licensure must have successfully completed a midwife program and obtained one of the following:</p> <ul style="list-style-type: none"> • A passing grade on a midwife examination. The Board accepts the passing grade on the certifying exam of the American College of Nurse Midwives (ACNM) or the American Midwifery Certification Board as determined by these organizations or the successor organization. • Certification as a midwife by the ACNM before the ACNM certification examination was first administered in 1971. • To be eligible for renewal of a midwife license, the midwife shall maintain national certification available to the profession and recognized by the Board. <p>49 PA Code § 18.2</p>	<p>Must hold an active Pennsylvania RN license.</p> <p>Graduation from a program of nurse anesthesia education accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs or its predecessor.</p> <p>Certification or recertification by the National Board of Certification and Recertification of Nurse Anesthetists or its respective predecessors or, if pending initial certification, evidence of graduation from an approved nurse anesthesia educational program.</p> <p>49 PA Code § 21.17</p>	<p>Must hold an active Pennsylvania RN license.</p> <p>The Pennsylvania State Board of Nursing will identify the specialty area of practice.</p> <p>An applicant for a CNS license must have completed an accredited, Board-approved master's or post-masters CNS program.</p> <p>49 PA Code §21..811</p>

Certified Registered Nurse Practitioner, Certified Nurse Midwife, Certified Registered Nurse Anesthetist, Clinical Nurse Specialist Practice in the Hospital Setting in Pennsylvania, *continued*

Table 20: Continuing Education Requirements for State Licensure

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)	CERTIFIED NURSE MIDWIVES (CNM)	CERTIFIED REGISTERED NURSE ANESTHETISTS (CRNA)	CLINICAL NURSE SPECIALISTS (CNS)
<p>Regulations specify continuing education requirements for biennial renewal of licensure.</p> <p>CRNPs must complete at least 30 hours of Board-approved continuing education that addresses the CRNP’s specialty in each biennial renewal cycle. In addition, CE and course work that is related to the profession or to professional issues is also acceptable.</p> <p>CRNPs with prescriptive authority must have 16 of the 30 hours relate to pharmacology.</p> <p>49 PA Code §21.332, §21.332a, §21.333, §21.334</p>	<p>Regulations specify continuing education requirements for biennial renewal of licensure.</p> <p>CNMs must complete the continuing education requirements set forth in the professional nursing law. The professional nursing law requires nurses to complete 30 hours of continuing education in each biennial renewal cycle.</p> <p>CNMs with prescriptive authority must have 16 of the 30 hours relate to pharmacology.</p> <p>49 PA Code § 18.3</p> <p>Must complete the required CEs for recertification from the American Medication Certification Board (AMCB).</p> <p>Must fulfill requirements for recertification every 5 years.</p>	<p>Forty hours of approved CE credit must be earned within the 2 year period prior to the nurse anesthetist’s upcoming recertification date or, if the applicant’s recertification period is shorter than 2 years, within the shortened period prior to the applicant’s upcoming recertification date. The credits may be earned within any time frame during the recertification period; e.g., within 3 months, 6 months, or 1 year. Excess CE credit cannot be carried over to a subsequent recertification period. For a complete description of the recertification program for certified registered nurse anesthetists, please refer to the Criteria for Recertification of the Council on Recertification of Nurse Anesthetists.</p>	<p>Beginning with the license period commencing on July 12, 2010, an applicant for renewal of a professional nursing license shall complete 30 hours of continuing education approved by the Board during the biennial period immediately preceding the application of renewal in accordance with section 12 of the act (63 P.S. § 222) and this subchapter.</p> <p>PA Code §21.131</p>

Certified Registered Nurse Practitioner, Certified Nurse Midwife, Certified Registered Nurse Anesthetist, Clinical Nurse Specialist Practice in the Hospital Setting in Pennsylvania, *continued*

Table 21: Professional Certification and Recertification Requirements

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)	CERTIFIED NURSE MIDWIVES (CNM)	CERTIFIED REGISTERED NURSE ANESTHETISTS (CRNA)	CLINICAL NURSE SPECIALISTS (CNS)
<p>Professional certification requirements are dependent on the clinical specialty certification. Each clinical specialty may require attainment of a certain amount of continuing education hours; specific content within that continuing education requirement such as pharmacology; practice hours; and/or recertification examinations.</p>	<p>Must complete the required CEs for recertification from the American Midwifery Certification Board (AMCB).</p> <p>Must fulfill requirements for recertification from the AMCB every 5 years.</p> <p>http://www.amcbmidwife.org/</p>	<p>Forty hours of approved CE credit must be earned within the 2 year period prior to the nurse anesthetist’s upcoming recertification date or, if the applicant’s recertification period is shorter than 2 years, within the shortened period prior to the applicant’s upcoming recertification date. The credits may be earned within any time frame during the recertification period; e.g., within 3 months, 6 months, or 1 year. Excess CE credit cannot be carried over to a subsequent recertification period. For a complete description of the recertification program for certified registered nurse anesthetists, please refer to the Criteria for Recertification of the Council on Recertification of Nurse Anesthetists.</p>	<p>Professional certification requirements are dependent on the clinical specialty certification. Each clinical specialty may require attainment of a certain amount of continuing education hours; specific content within that continuing education requirement such as pharmacology; practice hours; and/or recertification examinations.</p>

Table Continued on Next Page

Certified Registered Nurse Practitioner, Certified Nurse Midwife, Certified Registered Nurse Anesthetist, Clinical Nurse Specialist Practice in the Hospital Setting in Pennsylvania, *continued*

Table 21: Professional Certification and Recertification Requirements, *continued*

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)	CERTIFIED NURSE MIDWIVES (CNM)	CERTIFIED REGISTERED NURSE ANESTHETISTS (CRNA)	CLINICAL NURSE SPECIALISTS (CNS)
		<p>Effective January 1, 2016:</p> <ul style="list-style-type: none"> • Four-year recertification cycle. • Recertification examination every 8 years. • CRNAs certifying before January 1, 2024 will take their first examination as a diagnostic, and will be required to take additional CEUs related to any sections for which they do not receive a passing score. Subsequent examinations will require a passing score to maintain certification. • CRNAs certifying January 1, 2024 and after will be required to pass the examination to maintain certification. • Online competency modules (1 in each of the four core competency areas) to be completed every 4 years. Assessed continuing education credit will be awarded when these modules are completed. • 15 assessed continuing education credits required every year. • Ten (10) professional activity units (developmental activities which do not require an assessment) required per year. <p>Eliminated practice hour requirements to maintain certification.</p>	

Certified Registered Nurse Practitioner, Certified Nurse Midwife, Certified Registered Nurse Anesthetist, Clinical Nurse Specialist Practice in the Hospital Setting in Pennsylvania, *continued*

Table 22: Collaborative Agreement

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)	CERTIFIED NURSE MIDWIVES (CNM)	CERTIFIED REGISTERED NURSE ANESTHETISTS (CRNA)	CLINICAL NURSE SPECIALISTS (CNS)
<p>The final regulations define collaboration and collaborative agreement.</p> <p>Collaboration as defined in the State Board of Nursing regulations is a process in which a CRNP works with one or more physicians to deliver health care services within the scope of the CRNP’s expertise. The process requires: immediate availability of a physician through direct communication or by other means of telecommunications; and a physician available to a CRNP on a regular basis for referrals, review of the standards of medical practice incorporating consultation and chart review, drug and other medical protocols within the practice setting, periodic updating in medical diagnosis and therapeutics, and cosigning records when necessary to document accountability by both parties.</p> <p>A CRNP may only collaborate with physicians who hold a current Pennsylvania license.</p>	<p>The final regulations define collaboration.</p> <p>The State Board of Medicine requires collaboration between a midwife and physician regardless of whether or not the midwife has prescriptive authority.</p> <p>A nurse midwife must file the collaborative agreement with the State Board of Medicine. A nurse midwife or collaborating physician must provide immediate access to the collaborative agreement to any client, pharmacist, licensed health care facility, licensed health care provider, physician, or the Board seeking to confirm the scope of the nurse midwife’s authority and the nurse midwife’s authority to prescribe medications.</p>	<p>Does not apply.</p>	<p>Does not apply.</p>

Table Continued on Next Page

Certified Registered Nurse Practitioner, Certified Nurse Midwife, Certified Registered Nurse Anesthetist, Clinical Nurse Specialist Practice in the Hospital Setting in Pennsylvania, *continued*

Table 22: Collaborative Agreement, *continued*

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)	CERTIFIED NURSE MIDWIVES (CNM)	CERTIFIED REGISTERED NURSE ANESTHETISTS (CRNA)	CLINICAL NURSE SPECIALISTS (CNS)
<p>The Collaborative Agreement is the written and signed agreement between a CRNP and the collaborating physician(s) in which they agree to the details of their collaboration, including those specified above. The collaborative agreement does not have to be submitted to the State Board of Nursing. However, it must be readily available and provided to anyone who requests it.</p> <p>49 PA Code §21.251, §21.282a</p>	<p>The collaborative agreement must meet the following requirements:</p> <ul style="list-style-type: none"> • Provide a predetermined plan for emergency services, including immediate availability of a physician through direct communication or by radio, telephone, or other telecommunications for consultation, co-management, or transfer of care as indicated by the patient’s health status. • The agreement must identify and be signed by at least one collaborating physician and nurse midwife. • The physician(s) providing coverage need not be signatory (ies) to the collaborative agreement but shall agree to adhere to the terms of the collaborative agreement and shall include the physician or group name or the name of the service. • If the nurse midwife holds a prescriptive certificate, the collaborative agreement at a minimum must identify: <ul style="list-style-type: none"> ○ the categories of medications which the midwife may prescribe or dispense. ○ The medications which require physician referral, consultation, or co-management. <p>49 PA Code § 18.5</p>		

Certified Registered Nurse Practitioner, Certified Nurse Midwife, Certified Registered Nurse Anesthetist, Clinical Nurse Specialist Practice in the Hospital Setting in Pennsylvania, *continued*

Table 23: Scope of Practice

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)	CERTIFIED NURSE MIDWIVES (CNM)	CERTIFIED REGISTERED NURSE ANESTHETISTS (CRNA)	CLINICAL NURSE SPECIALISTS (CNS)
<p>CRNPs practice within their specialty, consistent with their collaborative agreements, subject to other statutes and regulations, and in accordance with the policies of health care facilities in which they practice.</p> <p>For CRNPs practicing in institutional settings, including hospitals, practice must be consistent with hospital privileges.</p> <p>When acting in collaboration with a physician, a CRNP may perform the following tasks if the CRNP is acting within the scope of the CRNP's specialty and collaborative agreement:</p> <ul style="list-style-type: none"> • Perform assessments of patients and establish medical diagnoses. • Order, perform, and supervise diagnostic tests for patients. • Interpret diagnostic tests to the extent the interpretation of the diagnostic test is within the scope of the CRNP's specialty and consistent with the collaborative agreement. • Initiate referrals to and consultation with other licensed health care providers. 	<p>The CNM is licensed by the State Board of Medicine to practice midwifery.</p> <p>A nurse midwife shall only engage in midwifery practice in accordance with the midwife practice guidelines and collaborative agreement.</p> <p>The collaborative agreement must contain an acknowledgement that the nurse midwife will practice under the midwife practice guidelines or under the guidelines as expanded or modified in the collaborative agreement.</p> <p>Modifications or expansions need to be set forth, in detail, in the collaborative agreement.</p> <p>The physician with whom a nurse midwife has a collaborative agreement must have hospital privileges or a formal arrangement for patient admission to a hospital. The physician with whom a nurse midwife has a collaborative agreement shall also practice in the specialty area of the care for which the physician is providing collaborative services.</p> <p>49 PA Code § 18.5</p>	<p>Does not apply.</p>	<p>Does not apply.</p>

Certified Registered Nurse Practitioner, Certified Nurse Midwife, Certified Registered Nurse Anesthetist, Clinical Nurse Specialist Practice in the Hospital Setting in Pennsylvania, *continued*

Table 23: Scope of Practice, *continued*

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)	CERTIFIED NURSE MIDWIVES (CNM)	CERTIFIED REGISTERED NURSE ANESTHETISTS (CRNA)	CLINICAL NURSE SPECIALISTS (CNS)
<ul style="list-style-type: none"> Consult with other licensed health care professionals when requested. Develop and implement treatment plans, including issuing orders to implement the treatment plans. Complete admission and discharge summaries. Order blood and blood components. Order durable medical equipment. Order home health and hospice care. Make referrals to physical therapy, occupational therapy, respiratory therapy, and dietitians. Perform disability assessment for the program providing temporary assistance to needy families (TANF). Issue homebound schooling certifications. Perform and sign the initial assessment of methadone treatment evaluations in accordance with federal and state law and regulations, provided that any order for methadone treatment shall be made only by a physician. <p>A collaborating physician(s) may also delegate other functions, tasks, and procedures to the CRNP. 49 PA Code §21.282a</p>	<p>The midwife is authorized or required to:</p> <ul style="list-style-type: none"> Prescribe medical, therapeutic, and diagnostic measures for essentially normal women and their normal newborns in accordance with the midwife protocol, collaborative agreement, or both. Administer specified drugs as provided in the collaborative agreement or as directed by a collaborating physician for a specific patient. If specifically authorized to do so in the collaborative agreement, a nurse midwife may relay medical regimens and drug regimens prescribed by the collaborating physician to other health care providers. Prescribe, dispense, order, and administer medical devices, immunizing agents, laboratory tests, and therapeutic, diagnostic, and preventive measures. Perform medical services in the care of women and newborns that may go beyond the scope of midwifery, if the authority to perform those services is delegated by the collaborating physician in the collaborative agreement and the delegation is consistent with standards of practice for midwives in the Commonwealth. Refer and transfer to the care of the physician those women and newborns whose medical problems are outside the scope of midwifery practice and who require medical services which have not been delegated to the nurse midwife in the collaborative agreement. 49 PA Code §18.6 		

Certified Registered Nurse Practitioner, Certified Nurse Midwife, Certified Registered Nurse Anesthetist, Clinical Nurse Specialist Practice in the Hospital Setting in Pennsylvania, *continued*

Table 24: Written Orders

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)	CERTIFIED NURSE MIDWIVES (CNM)	CERTIFIED REGISTERED NURSE ANESTHETISTS (CRNA)	CLINICAL NURSE SPECIALISTS (CNS)
<p>Regulations permit CRNPs to write orders for:</p> <ul style="list-style-type: none"> • Blood • Blood components • Medications (CRNP must have prescriptive authority) • Dietary plans • Home health • Hospice • Durable medical equipment • Diagnostic tests • Consults/Referrals (PT, OT, RT, dietary, physicians) • Treatment plans <p>For CRNPs practicing in institutional settings, including hospitals, the orders written by CRNPs must be consistent with hospital privileges.</p> <p>There may be restrictions on practices contained in statute, regulation or collaborative agreement based on hospital privileges or other existing state or federal regulations.</p> <p>As per law and regulation, the collaborating physician does not need to countersign the CRNP's written orders. 49 PA Code §21.282a</p>	<p>Not specifically addressed in the Pennsylvania Board of Medicine regulations.</p> <p>For CNMs practicing in institutional settings, including hospitals, the orders written by CNMs must be consistent with hospital privileges.</p> <p>There may be restrictions on practices contained in statute, regulation, or collaborative agreement based on hospital privileges or other existing state or federal regulations.</p> <p>The collaborating physician does not need to countersign the CNMs written orders unless required by hospital policy.</p>	<p>Does not apply.</p>	<p>Does not apply.</p>

Certified Registered Nurse Practitioner, Certified Nurse Midwife, Certified Registered Nurse Anesthetist, Clinical Nurse Specialist Practice in the Hospital Setting in Pennsylvania, *continued*

Table 25: Oral/Verbal Orders

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)	CERTIFIED NURSE MIDWIVES (CNM)	CERTIFIED REGISTERED NURSE ANESTHETISTS (CRNA)	CLINICAL NURSE SPECIALISTS (CNS)
<p>Final regulations permit CRNPs to issue oral/verbal orders to the extent permitted by the health care facility bylaws, rules, regulations, or administrative policies and guidelines.</p> <p>Oral orders are defined in Board regulations. An oral order is the spoken order issued by practitioners authorized by law and by facility policy to issue orders for medical and therapeutic measures.</p> <p>Oral orders issued by CRNPs must be consistent with hospital privileges.</p> <p>The hospital may restrict CRNP practice allowed through state professional practice statute/regulation (or collaborative agreement) based on hospital policy or other existing state or federal regulations.</p> <p>All orders, including verbal orders, must be dated, timed, and authenticated by the ordering practitioner or another practitioner who is responsible for the care of the patient as specified under §482.12(c) and authorized to</p>	<p>Not specifically addressed in the Pennsylvania Board of Medicine regulations.</p> <p>The regulations allow CNMs to relay medical and drug regimens if authorized in the collaborative agreement.</p> <p>Oral orders issued by CNMs must be consistent with hospital privileges.</p> <p>The hospital may restrict CNM practice allowed for through state professional practice statute/regulation (or collaborative agreement) based on hospital policy or other existing state or federal regulations.</p> <p>All orders, including verbal orders, must be dated, timed, and authenticated by the ordering practitioner or another practitioner who is responsible for the care of the patient as specified under §482.12(c) and authorized to write orders by hospital policy in accordance with State law. In Pennsylvania, verbal orders must be authenticated within 24 hours.</p>	<p>Does not apply.</p>	<p>Does not apply.</p>

Certified Registered Nurse Practitioner, Certified Nurse Midwife, Certified Registered Nurse Anesthetist, Clinical Nurse Specialist Practice in the Hospital Setting in Pennsylvania, *continued*

Table 25: Oral/Verbal Orders, *continued*

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)	CERTIFIED NURSE MIDWIVES (CNM)	CERTIFIED REGISTERED NURSE ANESTHETISTS (CRNA)	CLINICAL NURSE SPECIALISTS (CNS)
<p>write orders by hospital policy in accordance with State law. In Pennsylvania, verbal orders must be authenticated within 24 hours.</p> <p>Any practitioner responsible for the care of the patient who is authorized by hospital policy and permitted by State law to write a specific order would be permitted to authenticate a verbal order, even if the order did not originate with him or her. This could include permitting other physician group members or non-physician practitioners responsible for the care of the patient to authenticate the order in accordance with established hospital policy. When a practitioner authenticates a verbal order that he or she did not give, the practitioner accepts responsibility for the order and is validating that the order is complete, accurate, and final based on the patient’s condition. A practitioner responsible for the care of the patient needs to have knowledge of the patient’s hospital course, medical plan of care, condition, and current status. A practitioner who does not possess this knowledge about a patient should not be authenticating verbal orders for the patient.</p> <p>Hospitals have the flexibility to limit who may authenticate verbal orders.</p>	<p>Any practitioner responsible for the care of the patient who is authorized by hospital policy and permitted by State law to write a specific order would be permitted to authenticate a verbal order, even if the order did not originate with him or her. This could include permitting other physician group members or non-physician practitioners responsible for the care of the patient to authenticate the order in accordance with established hospital policy and permitted by State law to write a specific order would be permitted to authenticate a verbal order, even if the order did not originate with him or her. This could include permitting other physician group members or non-physician practitioners to countersign on behalf of the prescribing physician based on hospital policy. When a practitioner authenticates a verbal order that he or she did not give, the practitioner accepts responsibility for the order and is validating that the order is complete, accurate, and final based on the patient’s condition. A practitioner responsible for the care of the patient needs to have knowledge of the patient’s hospital course, medical plan of care, condition and current status. A practitioner who does not possess this knowledge about a patient should not be authenticating verbal orders for the patient.</p>		

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Certified Registered Nurse Practitioner, Certified Nurse Midwife, Certified Registered Nurse Anesthetist, Clinical Nurse Specialist Practice in the Hospital Setting in Pennsylvania, *continued*

Table 25: Oral/Verbal Orders, *continued*

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)	CERTIFIED NURSE MIDWIVES (CNM)	CERTIFIED REGISTERED NURSE ANESTHETISTS (CRNA)	CLINICAL NURSE SPECIALISTS (CNS)
<p>A physician assistant or nurse practitioner may only authenticate verbal orders written by a physician or other licensed independent practitioner that they have authority to write themselves as determined by hospital policy in accordance with state law. For example, some hospitals limit who may give orders for certain types of drugs or therapies. If a physician assistant or nurse practitioner is not permitted by hospital policy to order a specific drug or therapy, he or she would not be permitted to authenticate a verbal order for such a drug or therapy. All practitioners responsible for the care of the patient would be expected to have knowledge of the patient's hospital course, medical plan of care, condition and current status to safely evaluate the completeness and accuracy of a verbal order.</p> <p>49 PA Code §21.282a, §21.141 28 PA Code §107.62 Hospital Medicare Conditions of Participation; 42 CFR Part 482 related to medical records as published in the <i>Federal Register</i> on November 27, 2006.</p>	<p>Hospitals have the flexibility to limit who may authenticate verbal orders.</p> <p>A physician assistant or nurse practitioner (CNM) may only authenticate verbal orders written by a physician or other licensed independent practitioner that they have authority to write themselves as determined by hospital policy in accordance with state law. For example, some hospitals limit who may give orders for certain types of drugs or therapies. If a physician assistant or nurse practitioner is not permitted by hospital policy to order a specific drug or therapy, he or she would not be permitted to authenticate a verbal order for such a drug or therapy. All practitioners responsible for the care of the patient would be expected to have knowledge of the patient's hospital course, medical plan of care, condition and current status to safely evaluate the completeness and accuracy of a verbal order.</p> <p>28 PA Code §107.62 Hospital Medicare Conditions of Participation; 42 CFR Part 482 related to medical records as published in the <i>Federal Register</i> on November 27, 2006</p>		

Certified Registered Nurse Practitioner, Certified Nurse Midwife, Certified Registered Nurse Anesthetist, Clinical Nurse Specialist Practice in the Hospital Setting in Pennsylvania, *continued*

Table 26: Orders for Restraint and Seclusion

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)
<p>CMS restraint and seclusion rules read:</p> <p>“(5) The use of restraint or seclusion must be in accordance with the order of a physician or other licensed independent practitioner who is responsible for the care of the patient as specified under § 482.12(c) and authorized to order restraint or seclusion by hospital policy in accordance with State law. The rule further stipulates that when one of these other types of practitioners’ orders the restraint, they must consult with the attending physician as soon as possible.” (page 71427)</p> <p>The preamble to the CMS final rule published on December 8, 2006 reads, “For the purposes of this rule, a licensed independent practitioner is any individual permitted by State law and hospital policy to order restraints and seclusion for patients independently, within the scope of the individual’s license and consistent with the individually granted clinical privileges. This provision is not to be construed to limit the authority of a physician to delegate tasks to other qualified healthcare personnel, that is, physician assistants and advanced practice nurses, to the extent recognized under State law or a State’s regulatory mechanism, and hospital policy. It is not our intent to interfere with State laws governing the role of physician assistants, advanced practice registered nurses, or other groups that in some States have been authorized to order restraint and seclusion or, more broadly, medical interventions or treatments. Each State faces the issue of how to best provide its citizens with access to needed health care services. The issue is complex, as some States have special considerations such as geographic barriers to care delivery, medically underserved areas, and special population needs, all of which would affect how a State resolves this issue. To disregard a State’s decision about who is qualified to order medical treatments and interventions and render patient care would be unproductive and arbitrary. To clarify this, in combined standard (e), we have revised the standard to state that the use of a restraint or seclusion must be in accordance with the order of a physician or other licensed independent practitioner who is responsible for the care of the patient as specified under § 482.12(c) and authorized to order restraint or seclusion by hospital policy in accordance with State law.”</p> <p>Nurse practitioners are not recognized as independent practitioners under Pennsylvania law and regulations.</p> <p>However, Pennsylvania law and regulation permit physician delegation and recognize nurse practitioners as having the authority to order diagnostic tests, treatment, therapy, and medications in accordance with their scope of practice, collaborating agreement, and hospital privileges.</p> <p>When taking the preamble and rule together, it is clear that CMS intended to allow nurse practitioners to order restraint and seclusion and to consult with the attending as soon as possible thereafter. The Pennsylvania Department of Health agrees with this interpretation. Hospitals should demonstrate that these practitioners have been authorized to order restraint and seclusion.</p> <p>CMS' Final Rule published December 8, 2006.</p>

Does not apply to Certified Nurse Midwives (CNM), Certified Registered Nurse Anesthetists (CRNA), or Clinical Nurse Specialists (CNS).

Certified Registered Nurse Practitioner, Certified Nurse Midwife, Certified Registered Nurse Anesthetist, Clinical Nurse Specialist Practice in the Hospital Setting in Pennsylvania, *continued*

Table 27: Prescriptive Authority Collaborative Agreement

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)	CERTIFIED NURSE MIDWIVES (CNM)	CERTIFIED REGISTERED NURSE ANESTHETISTS (CRNA)	CLINICAL NURSE SPECIALISTS (CNS)
<p>The final regulations define a prescriptive authority collaborative agreement as the written and signed agreement between a CRNP with prescriptive authority and a collaborating physician in which they agree to the details of the collaboration.</p> <p>The CRNP must complete and submit their prescriptive authority agreement on the designated form to the State Board of Nursing.</p> <p>49 PA Code §21.251, §21.285 §21.283(b)(1)(iii)</p>	<p>In order to qualify for prescriptive privileges, the nurse midwife must:</p> <ul style="list-style-type: none"> • Hold a master’s degree or its substantial equivalent. • Hold national certification. • Have successfully completed at least 45 hours of course-work specific to advanced pharmacology at a level above that required by a professional nursing education program. • Have successfully completed 16 hours of advanced pharmacology within 2 years immediately preceding the application for prescriptive authority. <p>If the nurse midwife has prescriptive authority (a prescriptive certificate), the collaborative agreement at a minimum must identify:</p> <ul style="list-style-type: none"> • the categories of medications which the midwife may prescribe or dispense. • Any restrictions on prescribing or dispensing, including instances that may require physician referral, consultation, or co-management. <p>49 PA Code § 18.5 (h), §18.6</p>	<p>Does not apply.</p>	<p>Does not apply.</p>

Certified Registered Nurse Practitioner, Certified Nurse Midwife, Certified Registered Nurse Anesthetist, Clinical Nurse Specialist Practice in the Hospital Setting in Pennsylvania, *continued*

Table 28: Orders Requiring Physician Authentication

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)	CERTIFIED NURSE MIDWIVES (CNM)	CERTIFIED REGISTERED NURSE ANESTHETISTS (CRNA)	CLINICAL NURSE SPECIALISTS (CNS)
<p>CRNPs can accept oral/verbal orders from his/her collaborating physician or other physicians for procedures, care, and treatment that they have not been privileged to order in the hospital. The ordering physician must authenticate the order within 24 hours.</p> <p>28 PA Code §107.62</p>	<p>Not specifically addressed in the Pennsylvania Board of Medicine regulations.</p> <p>A nurse midwife can accept oral/verbal orders from his/her collaborating physician or other physicians for procedures, care, and treatment that they have not been privileged to order in the hospital. The ordering physician must authenticate the order within 24 hours.</p> <p>28 PA Code §107.62</p>	<p>CRNAs can accept oral/verbal orders from a physician for procedures, care, treatment, and medications. The ordering physician must authenticate the order within 24 hours.</p> <p>28 PA Code §107.62</p>	<p>CNs can accept oral/verbal orders from a physician for procedures, care, treatment, and medications. The ordering physician must authenticate the order within 24 hours.</p> <p>28 PA Code §107.62</p>

Table 29: Identification of Collaborating/Supervising Physician

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)	CERTIFIED NURSE MIDWIVES (CNM)	CERTIFIED REGISTERED NURSE ANESTHETISTS (CRNA)	CLINICAL NURSE SPECIALISTS (CNS)
<p>Regulations <i>do not</i> require name of prescriptive authority collaborative physician to be on prescriptions.</p> <p>Information as to who the primary collaborating physicians are is located on the PA license verification website.</p> <p>49 PA Code §21.284a</p>	<p>Regulations specify the requirements and responsibilities of the collaborating physician including the definition of collaborating physician as a medical or osteopathic doctor who has hospital privileges or a mechanism for admitting to a hospital in the specialty area for which the physician is providing collaborative services.</p> <p>49 PA Code § 18.5</p>	<p>Does not apply.</p>	<p>Does not apply.</p>

Certified Registered Nurse Practitioner, Certified Nurse Midwife, Certified Registered Nurse Anesthetist, Clinical Nurse Specialist Practice in the Hospital Setting in Pennsylvania, *continued*

Table 30: Prescriptive Authority

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)	CERTIFIED NURSE MIDWIVES (CNM)	CERTIFIED REGISTERED NURSE ANESTHETISTS (CRNA)	CLINICAL NURSE SPECIALISTS (CNS)
<p>Allows CRNP prescriptive authority.</p> <p>Adopts the American Hospital Formulary Service Pharmacologic-Therapeutic Classification to identify drugs that the CRNP can prescribe and dispense.</p> <p>Regulations identify the categories of medications that the CRNP can prescribe provided that they are identified in the CRNP prescriptive authority collaborative agreement. CRNP must meet education requirements and make separate application for prescriptive authority.</p> <p>Regulations specify parameters around prescription for controlled substances, including registering with Drug Enforcement Agency (DEA) and outlining expectations related to initial evaluation, reevaluation, patient counseling, and medical records.</p> <ul style="list-style-type: none"> A CRNP may write a prescription for a Schedule II controlled substance for up to a 30-day supply as provided for in the collaborative agreement. 	<p>Regulations provide for nurse midwife prescriptive authority.</p> <p>The nurse midwife cannot prescribe or dispense Schedule I controlled substances.</p> <p>A nurse midwife may prescribe, dispense, or administer Schedule II-V controlled substances in accordance with the following:</p> <ul style="list-style-type: none"> The nurse midwife shall not prescribe, dispense, order or administer a controlled substance except for a woman’s acute pain. For Schedule II controlled substances, the dose is limited to 72 hours and may not be extended without the permission of the collaborating physician. For Schedule III or IV controlled substances, prescriptions are limited to 30 days and can only be refilled with the collaborating physician’s approval. Psychotropic drugs may be prescribed by a nurse midwife after consulting with the collaborating physician. A midwife cannot delegate prescriptive authority to another healthcare provider. 	<p>Does not apply.</p>	<p>Does not apply.</p>

Certified Registered Nurse Practitioner, Certified Nurse Midwife, Certified Registered Nurse Anesthetist, Clinical Nurse Specialist Practice in the Hospital Setting in Pennsylvania, *continued*

Table 30: Prescriptive Authority, *continued*

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)	CERTIFIED NURSE MIDWIVES (CNM)	CERTIFIED REGISTERED NURSE ANESTHETISTS (CRNA)	CLINICAL NURSE SPECIALISTS (CNS)
<ul style="list-style-type: none"> A CRNP may write a prescription for a Schedule III or IV controlled substance for up to a 90-day supply as provided for in the collaborative agreement. <p>The CRNP must complete and submit their prescriptive authority agreement on the designated form to the State Board of Nursing.</p> <p>As with other practices, the hospital can determine what prescriptive authority privileges and what medications the CRNP can prescribe to hospitalized patients.</p> <p>49 PA Code §21.283, §21.284, §21.284a, §21.284b</p>	<p>The regulations also require that the collaborating agreement identify which category of medications the nurse midwife with prescriptive privileges may prescribe or dispense.</p> <p>49 PA Code § 18.5, §18.6a</p>		

Certified Registered Nurse Practitioner, Certified Nurse Midwife, Certified Registered Nurse Anesthetist, Clinical Nurse Specialist Practice in the Hospital Setting in Pennsylvania, *continued*

Table 31: Sedation

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)	CERTIFIED NURSE MIDWIVES (CNM)	CERTIFIED REGISTERED NURSE ANESTHETISTS (CRNA)	CLINICAL NURSE SPECIALISTS (CNS)
<p>CRNPs may administer central nervous system agents classified as general anesthetics to intubated patients in a health care facility and, when credentialed by their employer, may administer central nervous system agents classified as general anesthetics for sedation in connection with procedures being performed in a health care facility in collaboration with a physician trained in airway management or with the immediate availability of a CRNA or anesthesiologist.</p> <p>Preamble to final regulations referenced above.</p> <p>Practice would be determined by hospital policy and privileges approved for the nurse practitioner.</p>	<p>Not specifically addressed in the regulations.</p> <p>Practice would be determined by hospital policy and privileges approved for the nurse midwife.</p>	<p>Fully permitted to administer all classifications of anesthetics (see relevant laws and regulations).</p>	<p>Does not apply.</p>

Table 32: Pronouncement of Death

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)	CERTIFIED NURSE MIDWIVES (CNM)	CERTIFIED REGISTERED NURSE ANESTHETISTS (CRNA)	CLINICAL NURSE SPECIALISTS (CNS)
<p>CRNP may document that the patient has died and may determine the cause of death for patients under their care.</p> <p>49 PA Code §21.411(16) 35 P.S. 450.507 (Act 68 of 2012)</p>	<p>CNM may document that the patient has died.</p> <p>49 PA Code §21.411(16) 35 P.S. 450.501-503</p>	<p>CRNA may document that the patient has died.</p> <p>49 PA Code § 21.411(16)</p>	<p>CNS may document that the patient has died.</p> <p>49 PA Code § 21.411(16)</p>

Certified Registered Nurse Practitioner, Certified Nurse Midwife, Certified Registered Nurse Anesthetist, Clinical Nurse Specialist Practice in the Hospital Setting in Pennsylvania, *continued*

Table 33: Completion of Death Certificate

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)	CERTIFIED NURSE MIDWIVES (CNM)	CERTIFIED REGISTERED NURSE ANESTHETISTS (CRNA)	CLINICAL NURSE SPECIALISTS (CNS)
<p>A certified registered nurse practitioner (CRNP) may certify the cause of death and sign a death certificate or fetal death certificate for a patient under the care of the CRNP.</p> <p>35 P.S. 450.507 (Act 68 of 2012)</p>	<p>Death certificate must be issued by a physician.</p>	<p>Does not apply.</p>	<p>Does not apply.</p>