



*Leading for Better Health*

April 30, 2021

Acting Secretary Veronica Degraffenreid  
Office of the Secretary  
302 North Office Building  
401 North Street  
Harrisburg, PA 17120

RE: Response to Governor Wolf's Executive Order on Regulations Post-COVID

Dear Acting Secretary Degraffenreid:

The Hospital and Healthsystem Association of Pennsylvania (HAP), on behalf of its members—more than 240 acute and specialty hospitals and health systems—appreciates the opportunity to comment about Governor Wolf's Executive Order regarding regulations post-COVID-19.

As health care providers and practitioners worked to prepare for and respond to COVID-19, declarations at both the federal and state level permitted administrative agencies to take steps—including the waiver of regulations—to respond to the emergency. At the state level, these flexibilities included actions related to telehealth, facility licensure, workforce, prior authorization, and other reforms.

The concern is that regardless of when the state declaration ends, the virus will remain a threat, and the waivers currently in place enable the health care community to respond effectively. In response to Governor Wolf's Executive Order on preserving regulatory waivers post-COVID, HAP respectfully requests the following remain in place:

**Telemedicine**—Currently, no Pennsylvania statute authorizes or prohibits the practice of telemedicine. Due to the COVID-19 emergency, the department requested authority to issue guidance to licensees under any of the Bureau of Professional and Occupational Affairs (BPOA) health-licensing boards permitting them to provide services via telemedicine when appropriate. Expanded access and use of telemedicine should be provided for all patients across the commonwealth. A health care provider that holds a valid license, certificate, or registration from a commonwealth professional licensure board should be authorized to practice telemedicine in accordance with the law and the corresponding licensure board regulations. The law and regulation should also require health insurance to reimburse health care providers for the provision of health care services through telemedicine.

**Physicians**—An institutional license authorizes a qualified person to teach and practice medicine for a period of time specified by the board, not exceeding three years, in one of the medical colleges, its affiliates, or community hospitals within this commonwealth. During the pandemic, a waiver was granted to remove the institutional license requirement that limits qualified medical doctors to practicing at no more than two affiliated facilities. The Medical Practice Act does not limit the practice on an institutional license to two affiliated facilities. The limitation is solely a regulatory restriction. The Board of Medicine could agree to amend its regulation to remove this restriction and waive the regulation during the regulatory review process.



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**Physician Assistants**—During the pandemic, several waivers were granted:

- Removed the requirement that written agreements must receive board approval before a physician assistant can begin to practice. The written agreement should only be filed with the board
- Removed the requirement that the ratio for physician supervision be for only four physician assistants. Allow this to be determined at the practice level
- Removed the requirement for patient record countersignature. Allow this to be determined at the practice level
- Only required that one primary and one alternate supervising physician needs to be listed on a written agreement. Allow this practice to continue
- Removed the requirement that the board must approve the use of a physician assistant at satellite operations. Allow this practice to continue

Maintaining these flexibilities provides increased flexibility for health care facilities to utilize their physician assistant workforce to its fullest potential. It also provides physician assistants and physicians more flexibility to decide how they want to work together in their daily practice.

**Certified Registered Nurse Practitioners (CRNP)**—As a result of the waiver, CRNPs who have a collaborative agreement with a physician in a hospital or health system now are permitted to collaborate with other physician(s) within the same hospital or health system, without written and signed collaborative agreements. Allow this practice to continue.

**Certified Registered Nurse Anesthetists (CRNA)**—CRNAs are advanced practice nurses who possess years of mandatory experience in critical care and the management of patients with respiratory failure. Currently, CRNAs must administer anesthesia in cooperation with a surgeon or dentist. The waiver granted during the pandemic removed the requirement that the administration of anesthesia by a CRNA can only be done in cooperation with a surgeon and replaced it with any physician. Allow this practice to continue.

We need to continue to support our health care workforce and empower them to provide the safe, high-quality care our citizens deserve. Maintaining these flexibilities will bolster their efforts and allow our health care practitioners to utilize the full extent of their education and training.

We appreciate the opportunity to share our recommendations with you. You are welcome to reach out to me should you have any questions or need any additional information.

Respectfully,

A handwritten signature in black ink, appearing to read 'Andy Carter', is written over a light blue horizontal line.

**Andy Carter**

President and Chief Executive Officer

c: Kalonji Johnson, Commissioner, Bureau of Professional and Occupational Affairs