POMA Legislative Analysis
CRNP Pilot Project Amendment
September 29, 2020

Amendment A-07388
The amendment deletes all of House Bill 100 and replaces it with language implementing the Certified Registered Nurse Pilot Program (PP). The PP would permit a CRNP to practice advanced nursing care, independent of a collaborative agreement in a primary care Health Professional Shortage Area (HPSA).

Establishment of the "Certified Registered Nurse Pilot Program"
The amendment creates a new certification track for a CRNP to participate in the PP.

Eligibility
A CRNP that has met the following criteria would be eligible to participate:

- Holds a current license,
- Has no disciplinary actions in the last 5 years, and
- Worked no less than 3 years and practiced 3,600 hours in a collaborative agreement in a primary care setting withing the last 5 preceding years.
    - Primary care is defined as family medicine, internal medicine, pediatrics or gynecology.

At the time of application for the PP certification, the CRNP must submit an application along with an attestation from the physician who the applicant has collaborated with, in order to qualify. If for any reason, a physician does not want to attest, the CRNP may provide other documentation as necessary to participate in the PP.

Scope of Practice
In a primary care Health Professional Shortage Area (HPSA) only, a CRNP may practice advanced practice nursing, not medicine, by diagnosing and prescribing without a collaborative agreement with a physician. CRNPs participating in the PP will be considered primary care providers. A CRNP is disqualified from the PP if they practice outside of a HPSA.

Ongoing Requirements
A CRNP participating in the PP is required to:

- Take 10 additional hours of continuing education on patient safety and risk management.
- Comply with the standard of care of advanced nursing care.
- Practice within the limitations of advanced nursing care regarding knowledge and experience.
- Inform new patients about their qualifications and that they are not a physician.
- Wear a name identification badge.
- Plan for the management of situations beyond their expertise.
- Consult with and refer patients to other providers.

Subcommittee Establishment
A subcommittee is established consisting of:

- The Secretary of the Department of Health (DOH) or designee with expertise in HPSAs,
- Two physicians (one osteopathic and one allopathic) in active practice with a CRNP, and
- Two CRNPS in active primary care practice and a DOH staff member.

The responsibilities of the subcommittee are:

- Provide guidance to CRNPs regarding the qualifications to participate in PP.
- Approve the temporary regulation of the State Board of Nursing.
- Review applications for certification to participate in the program.
- Collaborate with the State Board of Nursing to approve, issue, track and revoke the certification of CRNPs to participate in the PP.
- Conduct preliminary review of applications and if the criteria for participation is met, provide notice of preapproval to the State Board of Nursing.

Professional Liability Participation and Physician Protection
The Professional Nursing Law already requires CRNPs to obtain $1m of liability insurance. CRNPs participating in the PP will also be required to participate in Mcare Fund. The amendment explicitly provides for physicians external to the PP, shall have no legal responsibility for related to acts or omissions of the CRNP practicing in the PP.

Evaluation of the PP
The Joint State Government Commission (JSGC) is responsible for collecting and analyzing the data, and publish a report relative to the PP. The JSGC report shall include all of the following:

- The number of CRNPs who participated in the program and the HPSAs where they participated.
- The number of CRNPs who were rejected from participating in the program and the reason why they were rejected.
- The number of CRNPs that left the program and the reason why they left the program.
- The access to patient care, patient outcomes and emergency room use in the HPSAs covered under the program as compared to the access to patient care, patient outcomes and emergency room use in the areas not covered by the program.
- The number of referrals by CRNPs to emergency hospitals, the severity of illness experienced by each referred patient and the number of repeat visits by patients to emergency hospitals.
- A comparison of the use of advanced diagnostic tests and imaging by CRNPs participating in the program and the use of advanced diagnostic tests and imaging by primary care physicians in the same health professional shortage area.
- The number of complaints filed with the State Board of Nursing or the State Board of Medicine, the nature of the complaints and the disciplinary actions that were taken.
- The number of referrals by CRNPs to physician specialists as compared to primary care physicians in the same HPSAs covered under the program, including the types of specialists referred to by CRNPs, the reasons for the referrals and the number of visits with each certified registered nurse practitioner before the referrals.
- Any other relevant information to evaluate the program.

The JSGC shall obtain deidentified data from health insurance companies to complete its report.

Regulations
The State Board of Nursing has the responsibility to promulgate regulations to implement the PP that are not subject to the regulatory promulgation process but need to be approved by the subcommittee. Additionally, the state legislative oversight committees will have the opportunity to comment and make recommendations in advance of promulgation.

Prohibitions

Nothing in the amendment shall be construed to:

- Permit a CRNP to practice medicine as defined under the two respective medical practice acts.
- Prohibit a CRNP participating in the PP from consulting or seeking information from a physician, with an explicit disclaimer that no physician-patient relationship shall be established between the patient and a physician with whom the CRNP consults or from whom clinical information or guidance is sought.

Effective Dates

The establishment of the subcommittee made up of physicians and CRNPs and the development of the regulations will be effective immediately. The remainder of the Act is effective in 180 days.