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# Senate of Pennsylvania

November 26, 2008



Ann Steffanic, Board Administrator
State Board of Nursing
P. O. Box 2649
Harrisburg, PA 17105-2649

Dear Ms. Steffanic:

I am writing in support of the Board's proposed rulemaking, as published in the *Pennsylvania Bulletin* at Volume 38, page 6161 on November 8, 2008, relating to Certified Registered Nurse Practitioners. For some time, I have been involved in crafting legislation to clarify CRNP scope of practice so that facilities and patients receive the most efficient, cost-effective care possible. The CRNP is a key mid-level practitioner, an almost essential component of the health care team in our managed-care era. In many settings, the CRNP is the front line provider, and offers immediate attention/relief when higher-level providers would not be available. The record of CRNP's since the initial amendments to Act 1951-69 were made by Act 2002-206 has been exemplary; I am unaware of any trends or statistics that point to deficiencies in CRNP practice outcomes or patient satisfaction rates.

Upon reviewing the comments submitted thus far to the IRRC, I note that physicians who actually collaborate currently with CRNP's echo my sentiments of their value in their particular facilities and settings. Reservations expressed by others who do not have similar experience appear to focus on semantics. In reading the proposed regulations with the reordering of definitions and references, I find them to be logical, clear and in accord with the statute.

There should be no need to limit the number of CRNP's a physician can supervise or to require that every collaborative agreement be written. I would expect that collaborating physicians can be expected to maintain the standards of quality health care required by their own boards, while CRNP's can be expected to uphold the practice parameters set forth in both Act 1951-69 as amended and the Board's regulations. Thus, whether collaborating without the prescriptive authority under an oral agreement or with prescriptive function under a written agreement, the professionalism of both parties, and the contents of the patient's chart, should be relevant criteria by which to judge the efficacy of the medical care delivered.

Furthermore, the clarification of prescriptive authority to synchronize with most insurance coverage and standard patient care protocols is another positive change. Patients' financial burdens, as well as restrictions they could face from their insurers, need to be respected when ordering medications. As the population ages and more of our citizens depend on routine pharmaceutical regimens to maintain their wellness, the role of the CRNP is crucial to manage both pain/chronic conditions, as well as acute emergency situations, and cost.

In sum, I wish to thank the Board and staff for their work in updating these regulations and express my agreement with their content and direction.

Sincerely,

Jane M. Earll
State Senator – 49th District

JME/pcn