519 Central Ave. Cheltenham, PA 19012

Nov. 8, 2008

To Whom it May Concern:

RECEIVED 2008 NOV 1.7 MM 9: 24

INDEPENDENT REGULATORY REVIEW COMMISSION

I am writing in reference to <u>16A-5124 CRNP General Revisions</u> in favor of change nurse practitioner regulations to allow longer prescribing periods for narcotic medications and removal of the 4:1 physician:NP ratio for prescriptive privileges.

I believe the most important change is the narcotic prescription periods. Currently Nps can only write three days of schedule II narcotics, which include Ritalin and Adderall – daily ADHD medications that children and adults can be on for many years. Even trials of these drugs last longer than three days. When my son first needed to be seen by a developmental pediatrician in the Philadelphia area there was an 8 or more month wait to get into any local office. Once he was an established patient we were often unable to take advantage of the fact that there were NP's in this office because of these overly restrictive prescribing rules for the NP's.

In some states there is no collaborative agreement for nurse practitioners to prescribe, without negative outcomes in safety. We can leave Pennsylvania's collaborative agreements in place while making them less restrictive to allow greater access to care for patients.

I am an emergency room NP where the 3-day restriction on narcotics for pain relief is mildly restrictive to my view, but my patients (who may experience more pain while waiting for a follow-up appointment) certainly find it a burdensome restriction. We also have concerns in my practice regarding the 4:1 ratio, where we are likely to have 4, but possibly 5, NP's working at various campuses at the same time. We are required to not have those 5 providers under a collaborative agreement with the same physician, although in the ER environment we all have ready access to attending ER physicians for consultation at all times.

Thank you for your consideration.

Sincerely,

Rochelle Webster, CRNP