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To the State Board of Nursing,

2008 NOV 19 PM 1:28

As the Medical Director of Planned Parenthood Southeastern PA and the Medical Director of Planned Parenthood of Chester County, I want to voice my opinion against the regulation that states 'a physician can only collaborate with 4 CRNP's at any given time. This rule places undo hardship on our organizations by limiting the schedules health care centers hours of operation and maintaining an increase physician staff to provide the now required physician/NP collaboration.

Planned Parenthoods operate under strict Standards and Guidelines that have been established nationally not only by Planned Parenthood physicians but a National Medical Committee composed of national acclaimed physicians. The CRNPs are periodically directly observed as are their charts by a physician.

The present regulation limits patient choice, blocks access to medical care to those patients who choose CRNPs for their primary or specialty care providers. This in turn serves to decrease the total availability of health care in the Commonwealth. This is truly counterproductive to what Governor Ed Rendell intended with the passing of Act 48 in 2007. With less and less young physicians remaining in the State of Pennsylvania, there is rapidly approaching a shortage of quality health care providers which is why it is so important to have as many NPs available to care for patients in the appropriate time frame.

In order to offer the total medical care that Governor Rendell intended in the passing of Act 48, the CRNPs need to have Schedule II prescribing extended from 72 hours prescription to a 30 day prescription along with establishing the provision to allow CRNPs the ability to prescribe schedule II and IV medications from a period of 30 days up to 90 days. This will allow CRNPs the ability to fully participate in the patients' insurance pharmacy benefit plan, which saves consumers excessive co-payments and helps to coordinate their medication needs. By passing this prescription portion, the patient also benefits by reducing the number of times she has to pay for drug co-payments along with creating a reduction of trips to the pharmacy which could alter the timing of medication care.

With the country in the midst of a large health care crisis, the full utilization of these medical qualified CRNPs without the 4 CRNPs to one physician and pharmacy restriction will greatly lead to providing the needed medical care to patients in our communities. The passage of 16A-5124 CRNP General Revisions will not adversely impact patient care but will provide professional and quality care to the patients.

Sincerely,



Joel P. Lebed, D.O., FACOG
Medical Director, PPSP & PPCCPA