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INDEPENDENT REGULATORY  
REVIEW COMMISSION

November 10, 2008

Pennsylvania State Board of Nursing  
ATTN: Ann Steffanic, Board Administrator  
P.O. Box 2649  
Harrisburg, PA 17105-2649  
Ref. # 16A-5124 CRNP General Revisions

To Whom It May Concern:

On behalf of the Department of Family and Community Medicine at Thomas Jefferson University, we are writing in support of the rule making changes that are proposed for our CRNP colleagues. We understand that the regulations that affect the practice of nurse practitioners in the state of Pennsylvania have undergone revisions. We have examined the proposed revisions and strongly believe updating regulations are needed to remove barriers to care for our patients.

At the Department of Family and Community Medicine, we have been chosen by Governor Rendell to participate in the SEPA collaborative. We are charged with the task of providing a medical home for Pennsylvanians to receive high quality, safe, accessible medical care. Our NP colleagues are key participants in this initiative and represent a major component of our model of care.

The key points we have reviewed are as follows:

**1. Removal of the 4-to-1 CRNP to physician ratio.**

We are in the process of expanding our clinician staff to better serve our patient population. Having more clinicians available improves access to our high quality care. This arbitrary ratio creates a hardship for patients who need to be seen in a timely fashion. Our open access format of scheduling provides same day appointments to patients that need it and greatly reduces inappropriate use of the emergency room. Our nurse practitioners are an essential component of this plan.

**2. Allow 30 days prescriptions for schedule II controlled substances, from present 72 hour rule.**

Nurse practitioners are perfectly capable of assessing the appropriate



need for narcotic medications, whether it is for three days or 30 days. The hardship this creates for patients is enormous. Most insurance plans require the same co-pay whether it is 3 days worth of medicine or 30 days. Additionally these patients will run out of medication before they are permitted to refill another prescription. Their options are to pay out of pocket or do without medication. This barrier contributes to fragmented care and potential inappropriate use of the emergency room.

**3. Allow 90 days prescriptions for schedule III to IV from present 30 day rule.**

Many patients have taken advantage of mail order plans for their maintenance medications. It is unacceptable and unreasonable that a nurse practitioner is not able to accommodate patients with this cost saving benefit.

To summarize, in support of our NP colleagues we encourage the revision of the regulations that govern nurse practitioners in Pennsylvania. It has been our experience that NPs provide high quality, cost effective, safe care that results in a high level of patient satisfaction. Indeed research studies since 1965 has supported this. These barriers create an unnecessary burden on the patients we wish to serve and therefore need to be eliminated.

Sincerely,

Richard C. Wender, MD  
Alumni Professor and  
Chair

George P. Valko, MD  
Gustave and Valla Amsterdam  
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