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INDEPENDENT REGULATORY
REVIEW COMMISSION

November 12, 2008

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

RE: 16A-5124: CRNP General Revisions

Dear Ms. Steffanic,

I am writing to the Board to ask that you support the proposed revisions to the CRNP Regulations. I am a CRNP with 8 years of experience in an internal medicine and geriatric practice. On an average day, I see clients for preventative health care, as well as clients with acute and chronic health issues. I stress nutrition, exercise, and health promotion activities as the groundwork for good health but many conditions also require prescription medications.

Yesterday, mid-morning, I saw Jane, an 83 year old widowed female with chronic thoracic and lumbosacral pain due to multiple compression fractures and resultant kyphosis. Jane prefers to avoid medications and has spent the past 3 years attending physical therapy, utilizing a TENS unit, undergoing kyphoplasty, and epidurals. Her pain persisted despite these therapies limiting her ambulation to 15 minute intervals and disrupting her sleep. We tried topical analgesic patches and adjunctive therapies before getting Jane to agree to a pain management plan. Last year, Jane was started on a 25 mcg Duragesic patch, every 72 hours. Her pain has improved and she is able to carry out all activities of daily living. Her sleep is improved as well.

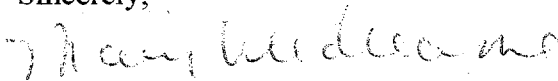
Despite my relationship with Jane, the current regulations prohibit me from prescribing this medication for Jane. She continues to see me regularly for evaluation of pain and also sees my collaborating physician once monthly for prescriptions. This does entail an additional visit to the office and an additional co-pay, monthly. I have encouraged Jane to see my collaborating physician for all of her care but she tells me that she values our 5 year relationship. I will continue to care for Jane and treat her Hypertension, Hyperlipidemia, GERD, and Osteoporosis. I am hopeful that the new regulations will pass and allow me to provide Jane with all of her care.

This is just one example of many. The current regulations prohibit me from prescribing Adderall for my clients with ADD and sleep aids for those with chronic insomnia. I

prescribe medications judiciously, when alternative therapies and lifestyle modifications have failed and all appropriate evaluations have been completed. My clients return on a regular basis for monitoring.

I would dispute the Pennsylvania Medical Society's statement that expanded CRNP prescriptive authority poses a safety risk. The current restrictive regulations limit my clients access to care and necessitate additional visits and medical costs. My concerns are patient safety, access to care, and appropriate medical care to optimize quality of life and productivity. Please support the proposed CRNP regulation revisions and allow CRNPs to provide accessible high quality care, including the prescription of controlled substances, to clients like Jane.

Sincerely,

A handwritten signature in cursive script that reads "Mary Verderame".

Mary Verderame MSN CRNP