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Pennsylvania State Board of Nursing
P.O Box 2649
Harrisburg, Pa. 17105-2649

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INDEPENDENT REGULATORY
REVIEW COMMISSION

Dear Ms. Steffanic,

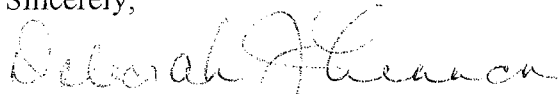
I am writing in response to the proposed changes to the CRNP Rules and Regulations (16A-5124 CRNP General Revisions). I have been a family nurse practitioner in the state of Pennsylvania for 15 years and currently work as a Clinical Services Coordinator at Planned Parenthood Southeastern Pennsylvania. The role of the nurse practitioner has expanded dramatically in recent years in response to the demands of the health care market. The numbers of uninsured and under-insured individuals continue to grow, along with the demand for affordable health care. For those who are fortunate enough to have good medical insurance coverage, they are subjected to "jumping through the hoops" that insurance companies construct in order to access their healthcare coverage.

I strongly support the removal of the 4:1 NP to physician ratio regulation. In our setting at Planned Parenthood SEPA, all clinicians, whether they are physicians, nurse practitioners, or physician assistants, practice according to detailed protocols that have been established by national experts in women's healthcare. There are 11 health centers, mostly staffed by mid-level providers that have varied hours ranging from 8 AM to 8 PM six days a week. Approximately forty midlevel clinicians are employed by the agency. To require a physician supervisor for every four clinicians is an unreasonable expectation, not only because of the decreasing numbers of physicians in Pennsylvania, but also because it does not serve any purpose. All of our clinicians are observed annually as part of their performance review. Their charts are audited quarterly. Our Medical Director, or his designee, is available by phone at all times, as well as Clinical Services Coordinators. In fact, most questions or needs for consults are non-emergent, and as such, we have been increasingly using email as written documentation of the consult and response. In the rare instance that there is a problem with clinician performance, systems are in place for corrective action.

While the need for prescribing Schedule II, III, & IV medications in our practice site is very limited, most nurse practitioners are seeing patients who might require these. The current limitations are a barrier to CRNP's doing their jobs. It is a barrier to patients having their needs met and increases their overall expenses with additional prescriptions or copays.

Nurse Practitioners have demonstrated their commitment to quality healthcare and meeting the needs of their patients. It is time that regulations were supportive of their practice and that restrictive barriers were eliminated.

Sincerely,

A handwritten signature in cursive script that reads "Deborah J. Lennon".

Deborah J. Lennon MSN, CRNP
Clinical Services Coordinator