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

INDEPENDENT REGULATORY
REVIEW COMMISSION

Dear Ms. Steffanic,

I am fully supporting the new proposed regulations giving CRNPs the ability to prescribe a 30 day supply of a Schedule II. I round in a hemodialysis unit independently three weeks out of four. Currently, my patients with chronic pain suffer the increase cost and inconvenience due to my inability of prescribing more than 72 hours of a Schedule II. Some have chronic abdominal pain secondary to past complications from peritoneal dialysis and some have chronic pain or acute pain from vascular access surgeries.

A CRNP's license allows Schedule II prescribing. I believe it is extra work for the collaborating physician to be notified of the order. What is important is that we are taking care of our patients and providing high quality patient care.

I further support the new proposed regulation giving CRNPs the ability to order 90 days of Schedule III and IV. Many of my hemodialysis patients require these classes as well for restless leg syndrome for example. This patient population frequently is financially devastated from their chronic illness. Many are struggling with their drug bills as well as other bills. CRNPs need the ability to order 90 day supply of Schedule III & IV. Some patients may get a cheaper rate on 90 day scripts.

AS a CRNP I am an advocate for my patients. I work in other areas such as the hospital and the office, but I see the above new proposed regulations as the most beneficial to my hemodialysis patients. In my practice, the four CRNPs in my group really are the practitioners who know this patient population the best as we see our patients weekly. We are in the best position to order Schedule II, III, and IV for our patients.

The physician shortage is growing. I believe it's an unnecessary hardship to require a 4:1 NP to physician ratio. My group has been trying to recruit two nephrologists for a year and has just hired another CRNP to try to meet patient needs. Quality patient care is critical. The 4:1 NP to physician is a burden and is restrictive to quality patient care. Removing the 4:1 ratio would be beneficial.

Sincerely,
Rose A. Medice, CRNP

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