

ROTHMAN
INSTITUTE

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INDEPENDENT REGULATORY
REVIEW COMMISSION

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Peter F. Sharkey, MD
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Alvin C. Ong, MD
Javad Parvizi, MD
William V. Arnold, MD, PhD
Matthew S. Austin, MD
Fabio Orozco, MD

November 12, 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

SPINE
Todd J. Albert, MD
Alexander R. Vaccaro, PhD
Alan S. Hilibrand, MD
D. Greg Anderson, MD
Ravi K. Ponnappan, MD
Jeffrey A. Rihn, MD

To Whom It May Concern:

SPORTS MEDICINE
Michael G. Ciccotti, MD
Robert W. Frederick, MD
Matthew D. Pepe, MD
Peter F. DeLuco, MD
Paul A. Marchetto, MD
Steven B. Cohen, MD
Bradford S. Tucker, MD
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Marc I. Harwood, MD
Bruce D. Hopper, Jr., MD
Charles N. Krome, DO
Craig A. Rubenstein, MD
Christopher J. Mehallo, DO

On behalf of the Rothman Institute, I am writing in support of the rule making changes that are proposed for our CRNP colleagues. I understand that the regulations that affect the practice of nurse practitioners in the state of Pennsylvania have undergone revisions. I have examined the proposed revisions and strongly believe updating regulations are needed to remove barriers to care for our patients.

FOOT & ANKLE
Steven M. Raikin, MD
Jamal Ahmad, MD
Homiyar N. Karanjia, DPM
Nicholas R. Taweel, DPM

Our NP colleges are key participants in providing high quality care for our orthopedic patients. My experience working with NPs has been extremely positive and I am supportive of any regulatory changes that would allow them to practice to their full scope of practice. For example, nurse practitioners medically manage our total joint replacement and orthopedic trauma patients from admission to discharge. Their management has provided our patients with informed, compassionate care. Medical and pain issues are addressed in a timely matter. This care has improved patients satisfaction and outcomes.

SHOULDER & ELBOW
John M. Fenlin, Jr., MD
Barbara G. Frieman, MD
Mark D. Lazarus, MD
Gerald R. Williams, Jr., MD
Matthew L. Ramsey, MD
Charles L. Getz, MD

The key points I have reviewed and support are as follows:

HAND & WRIST
Charles F. Leinberry, MD
Emran S. Sheikh, MD
Jonathan F. Rosenfeld, MD

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

PHYSICAL MEDICINE & REHABILITATION
Mitchell K. Freedman, DO
Theodore D. Conliffe, Jr., MD
Michael Falcone, MD
Zach Broyer, MD
Dennis W. Ivill, MD
Yejia Zhong, MD
Madhuri Dholakia, MD
Wei Xu, MD
Michael J. Mehnert, MD
Jeremy I. Simon, MD
William A. Anderson, MD

Nurse practitioners are perfectly capable of assessing the appropriate need for narcotic medications, whether it is for three days or 30 day. 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.

ADDITIONAL LOCATIONS

NE PHILADELPHIA • 2630 Holme Avenue • Philadelphia, PA 19152

VOORHEES • 443 Laurel Oak Road • Voorhees, NJ 08043

SOUTH PHILADELPHIA (NovaCare Complex) • Two NovaCare Way • Philadelphia, PA 19145

MANAHAWKIN • 434 West Route 72 • Manahawkin, NJ 08050

MEDIA • 1098 W. Baltimore Pike, Suite 3109 • Media, PA 19063

EGG HARBOR TOWNSHIP • 2500 English Creek Ave., Bldg. 800 • Egg Harbor Township, NJ 08

KING OF PRUSSIA • 170 N. Henderson Road • King of Prussia, PA 19406

In our practice, the nurse practitioners discharge the patients from the hospital. The discharge process includes providing patients with prescriptions for pain medication. The appropriate pain medication is determined during the patient's hospital stay by frequent evaluation and adjustment by *the nurse practitioner*.

While we, as physicians, are aware of the medications prescribed to our patients, it is this frequent evaluation by the nurse practitioner that determines the efficacy of the pain medication.

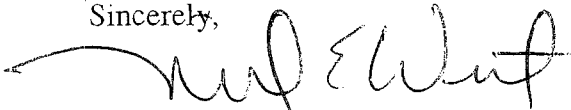
Upon discharge, it is frequently the nurse practitioner who makes the final determination what medication is prescribed. Presently, due to the restrictions on prescribing, we, as physicians, have to write the prescription. This is difficult because we may be in the operating room or in office hours. Often, patients cannot be discharged until the prescriptions are obtained. This delay decreases patient satisfaction and timely discharges.

2. 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. The proposed regulations pertaining to CRNPs are a step toward better access to care across our state. Thank you for allowing me to express my opinion on this matter.

Sincerely,



Michael E. West, CEO

CC: Independent Regulatory Review Commission:
Arthur Coccodrilli, Chairman,
333 Market St., Harrisburg, PA 17101

Senate Consumer Protection and Professional Licensure Committee:
Honorable Robert M. Tomlinson, Chair, Room 362, Main Capitol Building,
Harrisburg, PA 17120-3006

House Professional Licensure Committee:
Honorable P. Michael Sturla, Chair, Room 333, Main Capitol Building,
Harrisburg, PA 17120-2096