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November 12, 2008

Pennsylvania State Board of Nursing
Attn: Ms. Anne Stefanic, Board Administrator
P.O. Box 2649
Harrisburg, PA 17195-2649
Ref. #: 16A-5124 CRNP Regulations

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INDEPENDENT REGULATORY
REVIEW COMMISSION

Dear Ms. Stefanic:

I am writing to request your approval of the updated revisions of regulations that affect the practice of Pennsylvania nurse practitioners. More specifically I am referring to the 4:1 NP to Collaborating Physician ratio and the restrictions on prescribing Schedule II, III, and IV drugs. I believe that the current system is too restrictive and is a major barrier to the care that patients receive by NPs.

Currently I am employed as a Family Nurse Practitioner in the Department of Family Medicine at Thomas Jefferson University. It is my responsibility to see a variety of patients who require care and treatment on an acute basis. These patients cannot be seen by their treating physician due to scheduling conflicts and the immediacy of their care needs. Under the current system, my employer is restricted in the number of nurse practitioners he may hire due to the NP to Collaborating Physician ratio. This is most unfortunate as our department typically must turn patients away as no one is able to see them. In turn, these patients are more likely to be seen in an Emergency Department where they may have to wait long hours and where the cost can be prohibitive. My employer would gladly hire more nurse practitioners to fill the care needs of patients but the present collaborating regulation would pose a difficulty in doing so.

Until one year ago, I was in practice as a Family Nurse Practitioner in the Emergency Department at Frankford Hospital in Philadelphia. Approximately 50% of my practice involved the care of patients with orthopedic injuries. If a patient came to me on a Friday with a broken bone, I would stabilize the fracture and refer the patient to an Orthopedist for follow up care. In many instances, follow up with an orthopedist could take as long as five days. Under the present guidelines which restrict my ability to prescribe Schedule II narcotics for more than 72 hours, I was genuinely unable to manage my patient's pain effectively. On some occasions the patient would return to the Emergency Department for continued management which was costly for the patient (an additional co-pay) and in many cases posed an additional financial hardship. In some cases, my patient would be



an elderly person and returning to the Emergency Department for needed pain meds was a significant problem for them in terms of travel, returning to the pharmacy, etc.

Our current system of restricting prescriptive authority serves no purpose in terms of quality patient care. In fact, it punishes patients for their opting to select nurse practitioners to provide primary care services. In Philadelphia, nurse practitioners are essential to the care of uninsured and underinsured people. The current guidelines are restrictive to the care that we can provide our patients. I strongly encourage you to approve the amendments to NP practice in Pennsylvania.

Thank you very much.

Sincerely,

Morton R. Guthrie, MSN/CRNP
Thomas Jefferson University
Department of Family and Community Medicine
Philadelphia, PA 19107

MRG/mlm