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INDEPENDENT REGULATORY  
REVIEW COMMISSION

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2729  
Ann Steffanic  
Board Administrator  
Pennsylvania State Board of Nursing  
PO Box 2649  
Harrisburg, PA 17105-2649

Dear Ms. Steffanic,

I am delighted to hear about the proposed regulation changes for Nurse Practitioners. After practicing in Maryland for almost 12 years prior to taking a position in Pennsylvania, I found the many limitations on Nurse Practitioner Practice in PA to be surprising. As you know, Nurse Practitioners are very qualified to provide comprehensive health care to patients. The current limits on prescribing as well as the limitation of the number of NPs who can collaborate with a single physician (the 4:1 NP to physician ration) should be revised.

The proposed change that would allow NPs to prescribe Schedule II medication for up to 30 days rather than 72 hours is very important. This change will enhance the ability of CRNPs to fully care for the needs of patients in relation to chronic pain management, cancer treatment, hospice care, trauma cases and behavioral/mental health care. I am a Pediatric Nurse Practitioner. I practice in a School Based Health Center. One specific example in my own practice would be with regard to the treatment of Attention Deficit Disorder. If a student runs out of his medication, I can only currently prescribe enough for 3 days (72hrs). If it takes longer for the family to send the medication from the primary physician, the student may end up going without. This could have detrimental effects on his scholastic experience to say the least. It certainly would cause a hardship for the student as well as the family.

Nurse Practitioners have extensive education and experience. While it is important to practice in collaboration with a physician, the 4:1 NP to physician regulation should be removed. Depending on the location of practice, such as in a rural area, federally qualified health clinic, or free clinics, this limitation may reduce the access to care for the population served. In many cases, there are not enough physicians in an area to allow for NPs to function with this ratio. Again, this limits access to care for those who need it most.

In conclusion, I would like to whole heartedly encourage the Board to remove these barriers to practice which directly affect our patients' care. By allowing Nurse Practitioners to function fully within our scope of practice, and to utilize fully our education and training, we will be better able to provide excellence in health care to all who seek it.

Thank You,

Kelli Garber MSN, CRNP