2318 Bradley Way
Pottstown, PA 19464
November 16, 2008

PA State Board of Nursing
PO Box 2649
Harrisburg, PA 17105

Dear Board Members,

I would like to take a few minutes to explain to you how the change in prescriptive rights for Nurse Practitioners would impact my practice and the care that I provide for my patients in a positive manner. Both of these methods relate to issues that directly impact the patients and the accessibility of health care.

As a Family Nurse Practitioner I care for people of diverse ages. Since our demographics include 2 large Section 8 housing developments I also care for people of diverse socio-economic backgrounds. Among the many needs are discussions of the diagnosis of Attention Deficit Disorders with either my adult or pediatric population (or their parents). As prescribing rights stand I am extremely limited in my ability to care for this need. If a patient requires the use of a medication which is a Scheduled ll drug I am unable to prescribe. This necessitates another visit, often with a provider with whom the patient has had little or no contact. My patients see me because we have built a relationship on trust but in these circumstances I am not able to maintain my part of the therapeutic relationship. Additionally, for those with transportation limits, a second trip is cumbersome and in the scheduling of our busy practice, a patient may wait a few weeks to a few months in order to see a physician for this problem.

I have a patient Patti, an adult who I am treating for ADD. She has been successful utilizing Strattera (which I can prescribe) to control her symptoms. Her insurance company however will not cover this medication and she must "fail" the use of a variety of Schedule ll medications. She has shared with me her frustration at "needing to start over with someone else" because I cannot prescribe any of the alternate medications for her.

My office utilizes electronic medical records (EMR) which hinders my ability to request a prescription from another provider in the office. With EMR the prescription must be generated by the prescriber. Since these medications cannot be electronically sent to pharmacies, even if I request that a physician colleague generate the prescription it may take a great deal of time until the patient has the prescription in hand. Once again, this would necessitate a wait of possibly many hours or a return trip to our office, creating an additional barrier to access for the patient.

Nurse Practitioners have a proven track record of safety in prescribing and in providing comprehensive and cost effective care to our patients. Many of us have been utilizing these medications in the care of our patients but with someone else's name on the prescription.

Please allow us to continue to provide the high standard of care our patients have come to expect, in a way that enhances access to care for them. Please allow us to open our prescribing privilege to include these medications.

Thank you in advance for your consideration in this matter.

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