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Ann Stettanic;

Board Administrator

Pennsylvania State Board of Nursing

Re: 16A-5124 CRNP General Revisions

2008 NOV 21 AM 10:17

November 18, 2008

INDEPENDENT REGULATORY
REVIEW COMMISSION

I am a Family CRNP with 13 years experience as an advanced practitioner, and I would like to respond to the new regulations for CRNPs. Currently CRNPs provide Quality, cost effective patient care in a variety of settings such as private offices, free clinics, Planned Parenthood, and rural health centers among others.

The autonomous nature of the NP's advanced clinical practice requires accountability for health care outcomes. The current CRNP regulations need to be changed to meet the need of the residents of Pennsylvania. There already is a code for the CRNP/physician relationship in Pennsylvania Code 21:285. In this code there is a requirement that the physician have knowledge and expertise of the drugs prescribed by the CRNP. This is contrary to the claims made by the Pennsylvania Medical Society.

There are new regulations proposed for prescription of controlled drugs. Currently The CRNP can prescribe schedule II drugs for 72 hours. IT is difficult to meet the meet the pain care needs of patients during an acute visit with this limitation. Many CRNPs Also prescribe schedule II drugs for patients who have chronic pain or who are in Palliative and hospice care. In my practice, when I was seeing patients without a Physician, I would need to check the list of scheduled patients to assess if I might have a patient with chronic pain or hospice need and have the medical director write a prescription. Hopefully this would meet the patient's need. If a change in medication was needed, I would needed to page the physician on call, and explain the situation. Allowing CRNPs to prescribe schedule II drugs would allow for continuity of care without placing demand on the emergency room for pain relief care.

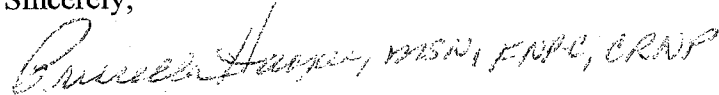
Currently CRNPs can prescribe schedule III and IV drugs for 30 days. Many patients Have drug plans which require a 90 day prescription. Changing the regulations to 90 Days for schedule III and IV drugs would allow patients with mail order plans to participate in them. This reduces cost on the part of the patient and increases access to care. Pain management is one of the responsibilities of the CRNP and is essential for quality patient care.

I would also ask for consideration of removal of the 4:1 physician to CRNP Ratio. AT the current time this affects CRNPs who function in federally qualified Health clinics, nurse-managed centers, Planned Parenthood Clinics, or free clinics.

CRNPs do not require supervision or a physician presence to practice, and this would limit access to care.

These new regulations would facilitate removal of barriers to practice, and increase access to care. This would enable the Commonwealth of Pennsylvania to provide for the medical needs of its population.

Sincerely,


Priscilla Hooper, MSN, FNP-C, CRNP