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Ms. Ann Steffanic
Board Administrator
Pennsylvania State Board of Nursing
P.O. Box 2649
Harrisburg, PA 17105-2649

INDEPENDENT REGULATORY
REVIEW COMMISSION

Reference Number: 16A-5124 CRNP

Dear Ms. Steffanic:

I am a Pennsylvania Certified Registered Nurse Practitioner (CRNP), asking your support in approving 16A-5124 CRNP General Regulations. The changes that have been proposed are consistent with Governor Rendell's expanded scope of practice authorized by Act 48. Enabling these changes to occur will improve Pennsylvanians' access to health care.

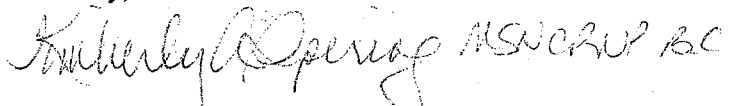
One such proposal is to eliminate the former requirement of the 4:1 CRNP-to-physician ratio. It is well-known that there is a shortage of primary care physicians in PA, fueled in part by high malpractice premiums, as well as low reimbursement from insurances. This is particularly problematic in clinic and urban settings, where there are long waits for patients to seek primary care. It is essential to remove any barriers that would discourage the hiring of additional CRNPs within a clinic or practice. Eliminating this 4:1 ratio would allow for more CRNPs to see more patients—thus helping to ease the shortage of providers for patients.

The current restrictions on CRNP prescriptive authority for Schedule II, III, and IV prescriptions limit my ability to care for my patients who have chronic and acute pain needs in my Internal Medicine practice. My collaborating physician and I prescribe most of the medications for our pain management patients once they have been evaluated by that specialty. Limiting my prescriptions to either a 72-hour (Schedule II) or a 30-day (Schedules III/IV) supply disserves my patients, who have to make multiple trips to the pharmacy and incur higher costs due to their inability to use their mail-order pharmacies to fill their prescriptions. If I am to prescribe an adequate supply of these medications, I must seek out my collaborating physician for the prescription, thus delaying my patients' care, and taking time from his schedule.

Any attempts by others to block these proposed changes to the CRNP regulations will have the additional end-result of limiting patient choice and blocking access to care from those patients who choose CRNPs for their primary or specialty care providers. This also serves to decrease the total availability of health care in the Commonwealth, and it is counterproductive to Governor Rendell's intentions with the passing of Act 48 in 2007.

I strongly urge you to consider the above factors during this commentary period—these critical issues affect the lives of thousands of Pennsylvanians. Thank you for your time and consideration.

Sincerely,



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