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Dear Legislator:

I have been a Nurse Practitioner for the past 13 years. After graduating from LaSalle University in 1995, I had the privilege of starting my career in New Jersey. I choose New Jersey because the regulations for Nurse Practitioners were very supportive and enhanced excellent patient care. I worked in a hospital affiliated Internal Medicine practice with collaboration of 3 physicians. I was able to grow this practice and meet the needs of the community. I never felt restricted in what I could offer to out patient population. I met my husband and had to relocate to Pennsylvania due to his employment. I was surprised to find there was so much legislative work needed to bring health care services from a Nurse Practitioner to the citizens of PA. While Act 48 has expanded the Scope of Practice for Nurse Practitioners, there is still much more to be offered by the expertise of CRNP's. I have been employed for the past 9 years in this great state and want to continue to see progress.

I am urging you to support 16A-5124 CRNP General Regulations. I have watched the Pa Coalition of Nurse Practitioners bring forth expert advice on how we, as a group, can provide cost effective health care in a safe environment. I would like to present a few thoughts both removal of the $:1 ration and on the barriers to prescribing scheduled drugs.

Removal of the 4:1 ratio will enable those CRNP's working in rural areas to obtain a collaborating physician and improve access to care for our neediest patients. The 4:1 ratio was intended to maintain adequate physician involvement. If the physician is unable to see the patient population and is overworked and overburdened they will not be able to provide the involvement needed if the ratio was 2:1. The restriction does not in any way force s physician to be more involved.

I am fortunate that I currently work in a specialty practice environment with 2 Endocrinologists and 6 CRNP's. As you are aware, there is a shortage of physicians in PA. Our hospital currently has 2 openings for Endocrinologists and have received very few applicants. We are filling the need to care for diabetic patients with the expertise provided by our CRNP's. There was a time that we were unable to meet these needs. We only had one Endocrinologist and 4 CRNP's. We were limited in hiring another CRNP until we could find another MD so that we could fulfill the state requirements of the 4:1 ratio. This put an undue burden on our community as our patients were unable to secure a visit in the Diabetes Center in a timely fashion. I feel as though we are just getting ahead of the curve. There are other offices facing similar struggles. Removing this barrier will provide better access to care.

Drugs are scheduled to inform both the prescriber and the patient of the potential for misuse, abuse and addiction. These are topics that every Nurse Practitioner covers during both their basic nursing education and there advanced CRNP education. As a prescriber in PA, I need a DEA if I intend to prescribe a scheduled medication. A DEA must be renewed every few years and is costly. I must be licensed as a CRNP. I must be able to make a medically sound decision. I must always think of the patient first. At some point someone decided that the CRNP is unsafe to prescribe more than a certain amount of a scheduled medication. While this process is not completely clear to me, I would challenge you to think about the statistics in narcotic prescriptions. There is already a tracking mechanism for prescriptions. Any overuse, misuse or abuse can be tracked by the DEA and pharmacies. CRNP's typically are very frugal in their prescribing. They choose the safest medications, the cheapest medications and those with the least side effects. No CRNP that I know would intentionally risk their license or their patients health to write for an excessive narcotic. There are patients that require daily narcotics to control the pain of arthritis and other illnesses. These patients should not be subjected to repeat office visit simply to fill a prescription. When the provider deems it is necessary to return for a medical evaluation, they should receive the refill at that time. Repeat visits are costly to the patient, and to the insurance company as well as to our state programs. It is also time consuming and frequently bumps another needy patient from the appointment slot. Please also consider the fact that if there were careless, unsafe CRNP providers, they could instill harm in their patients a lot faster with an overdose of Coumadin , anti-hypertensives or insulin-all of which we can prescribe without restriction.

Let's really look at the issue. Removal of the barriers to care must be a priority. We need to improve access to health care for all Pennsylvanians. I am proud to work in this state and want to see us move forward. The next person you may see for your health care may be a Nurse Practitioner. I really hope they don't need to leave the room to make a decision on behalf of your medication prescription.

If further information is needed from a Nurse Practitioner who is working to make a better community, please feel free to contact me via email:
schmidleyc@readinghospital.org

Sincerely,

Coleen Schmidley MSN CRNP

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Past President and current member of the Berks County Nurse Practitioner Association
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