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Hillary R. Bogner, MD MSCE

INDEPENDENT REGULATORY
REVIEW COMMISSION

November 13, 2008

Pennsylvania State Board of Nursing
ATTN: Ann Steffanic, Board Administrator
P.O. Box 2649
Harrisburg, PA 17105-2649
Ref. # 16A-5124 CRNP General Revisions

To Whom It May Concern:

I am writing in support of the rule making changes that are proposed for our CRNP colleagues. I understand that the regulations that affect the practice of nurse practitioners in the state of Pennsylvania have undergone revisions. I have examined the proposed revisions and strongly believe updating regulations are needed to remove barriers to care for our patients.

As a primary care physician in the Department of Family Medicine and Community Health, University of Pennsylvania I have had the opportunity to work with nurse practitioners for over a decade. Our NP colleges are key participants in providing high quality care for members of our communities. They are wonderful, caring, providers with excellent clinical skills. I am supportive of any regulatory changes that would allow NPs to practice to their full scope of practice.

The key points we/I have reviewed and are in support of are as follows:

1. Removal of the 4-to-1 CRNP to physician ratio.

This arbitrary ratio creates a hardship for patients who need to be seen in a timely fashion. This also limits primary run nurse managed centers such as federally qualified health centers, Planned Parenthood clinics, and nurse-managed centers that provide care for the medically underserved and uninsured.

2. Allow 30 days prescriptions for schedule II controlled substances, from present 72 hour rule.

Nurse practitioners are perfectly capable of assessing the appropriate need for narcotic medications, whether it is for three days or 30 day. The hardship this creates for patients is enormous. Most insurance plans require the same co-pay whether it is 3 days worth of medicine or

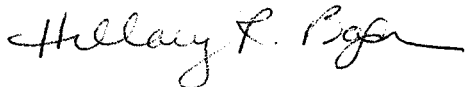
30 days. Additionally these patients will run out of medication before they are permitted to refill another prescription. Their options are to pay out of pocket or do without medication. This barrier contributes to fragmented care and potential inappropriate use of the emergency room.

3. Allow 90 days prescriptions for schedule III to IV from present 30 day rule.

Many patients have taken advantage of mail order plans for their maintenance medications. It is unacceptable and unreasonable that a nurse practitioner is not able to accommodate patients with this cost saving benefit.

To summarize, in support of our NP colleagues we encourage the revision of the regulations that govern nurse practitioners in Pennsylvania. It has been our experience that NPs provide high quality, cost effective, safe care that results in a high level of patient satisfaction. Indeed, research studies since 1965 has supported this. These barriers create an unnecessary burden on the patients we wish to serve and therefore need to be eliminated. The proposed regulations pertaining to CRNPs are a step toward better access to care across our state. Thank you for allowing me to express my opinion on this matter.

Sincerely,



Hillary R. Bogner MD MSCE
Primary Care Physician and Assistant Professor
Department of Family Medicine and Community Health
University of Pennsylvania