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Legislation for Nurse Practitioners:

Schedule III and IV Prescribing

INDEPENDENT REGULATORY
REVIEW COMMISSION

CRNPs are currently limited to prescribing schedule III and IV medications to a period not exceeding 30 days. Presumably this is to require patients to be re-evaluated by CRNPs for positive or negative responses to medications, dosing adjustments and changes in medical/social and mental factors. This is prudent and clinically sound thinking in the cases of new clients or as clients are adjusting to new medications, principles well established and understood by experienced nurse practitioners. However, this limits clinical flexibility in non-acute (so called "chronic") cases: patients that are physiologically adjusted to medications/stable medication protocols and have clearly established favorable responses to these protocols as observed by extended visitation interactions by a consistent nurse practitioner-client relationship. In these cases, allowing CRNP's to prescribe medications for up to 90 days, would allow clients to save money (that can be applied to medications which can be expensive) on visitation co-payments, increasing their ability to stay on medication strategies. In these cases, allowing this prescription option, DOES NOT force the nurse practitioner to use this authority. In fact, it does not interfere with the strategy of frequent prescription/observation visits in cases where concerns are present in regards to mental, physiologic or pharmacologic factors. It DOES NOT dictate to the practitioner, that he/she must prescribe on a 90 day basis. It merely makes this as an additional optional tool in her/his clinical management.

In my case, I have known my nurse practitioner for over three years with consistent every other week observation periods. My compliance to my medication program is directly related to the quality of and confidence in this relationship and observer, my confidence in her deep understanding of clinical physiology in human medicine over a broad age range, her understanding of my condition, experience in physiology and the pharmacology of the agents we are using and/or are available for patients. The stability of this relationship and to my medications, lends significant support for allowing patients such as myself, the option of having CRNP's writing prescription ability out to 90 days.

CLINICAL JUDGEMENT:

Certain legislators may be reluctant to make changes in current laws regarding the powers and qualifications of CRNPs. However, upon closer examination, clinical judgment, qualifications and clinical authority are implicit in Board certification, the prescription of Schedule II medications, psychotropic medications and the complexity of the current acute and chronic cases operating efficiently and effectively by CRNPs. These changes are not a transformation of power, but an extension of proven reliable services that center on improving the quality of life and safety for the patient.

