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**Ann Steffanic** 

**Board Administrator** 

**Pennsylvania State Board of Nursing** 

PO Box 2649

Harrisburg, Pa. 17105-2649

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INDEPENDENT REGULATORY REVIEW COMMISSION

## Dear Ms Steffanic:

I have been practicing as a nurse practitioner in the state of Pennsylvania since 1987. We have certainly come a long way since the days of no prescriptive authority. It has been a great relief to me to be able to prescribe in my own name, even though there is the regulation of having a collaborative agreement and the use of the collaborating physician's name on the prescription. However, we are still very limited in our ability to prescribe appropriate scheduled medications to our patients.

I work in a rheumatology practice, and I treat a large number of patient who experience chronic pain. I am very conservative in my use of narcotics, but there are times when it is very valid to prescribe these. If patients are in need of daily narcotics to control their pain, it is recommended that you use a long acting medication. Unfortunately, these are all schedule II, and therefore subject to the 72 hour rule. This means that I need to use medications that are not as effective, or more likely to cause addiction to treat these patients, or, try to find an attending who feels okay with writing narcotics for a patient who is mostly followed by me.

While I am not affected by the 4:1 ratio, I see that those NPs who are generally are working in underserved areas, such as free clinics and Planned Parenthood. This increases the barriers to quality care that most NPs provide.

I am writing in support of the proposed regulations, **16A-5124 CRNP General Revisions**. I thank you for your support.

Sincerely, Mehill Can

Dessamyn Melnicoff CRNP Temple University Hospital

Department of Rheumatology 3322 North Broad Street

Philadelphia, PA