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18 November 2008

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2008 DEC -1 PM 1:33

INDEPENDENT REGULATORY  
REVIEW COMMISSION

Ann Steffanic  
Board Administrator  
State Board of Nursing

Dear Ms. Steffanic,

As a Family Nurse Practitioner working in Windber, PA I respectfully offer my support for the proposed regulations regarding CRNP practice in the state.

I specifically support changing the prescribing regulations for Scheduled Drugs. We currently prescribe Schedule II medications for a maximum of 72 hours. These medicines are used for chronic pain, acute pain, end-of life pain, and attention deficit disorder. Many of the patients I care for need these medications to have a stable quality of life. Without them, they would suffer needlessly. Currently these prescriptions have to be signed by a doctor if they require more than a 3 day supply. I work in a family practice office with an MD and myself. If he is out of town or making rounds at the hospital, the patient has to wait until he is available to sign the prescription. If he is not available, I can only give them 72 hours worth of medicine. The patient will have to make another trip to the office to get the 30 day supply prescription from the doctor. They will also have another co-pay and an extra trip to the pharmacy. The problem intensifies if he is gone for a week or more. The patient then has to stretch his medicines out and is not getting the prescribed dosage until the physician returns. Fortunately this doesn't happen often in our practice, but it can be devastating to the patient. A simple solution to these problems is changing the current regulations and allowing NPs to write these prescriptions for a 30-day supply. This would provide better access to care for our patients and save them money.

The other Scheduled Drugs (Class III and IV) are currently allowed to be written by NPs for 30 days with no refills. These medications include treatments for pain, anxiety, insomnia, cough, and neuropathy. With managed care and prescription plans available today, a majority of our patients use a mail order company or take advantage of the 90-day plan at Wal-Mart and Giant Eagle to save money. Again, if they want a 90-day supply, they have to wait for the doctor to sign the prescription. I am seeing the patients and recommending the medication, but cannot give them the quantity they need. This forces the patients into additional co-pays or another trip to the office and does not promote quality and continuity of care.

Finally, the removal of the 4:1 NP to physician ratio would improve access to care, as there are fewer physicians available to collaborate with. This does not affect me directly, but some urgent care clinics and Planned Parenthood clinics are directly hampered by this ratio. This situation will worsen because only 2 - 3% of new physicians are entering family practice and patients will be seeing nurse practitioners more and more.

Thank you for your consideration and support.

Sincerely,

*Lorraine Borrell, CRNP*

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