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INDEPENDENT REGULATORY
REVIEW COMMISSION

November 19, 2008

Ann Steffanic
Board Administrator
State Board of Nursing
PO Box 2649
Harrisburg, PA 17105-2649
16A-5124: CRNP General Revisions

Dear Ann Steffanic:

I am writing to express my full support to the proposed changes of the CRNP regulations.

The current 4:1 Nurse Practitioner to Physician ratio severely limits patient access to care. I am a family practice physician who practices in an underserved area of the Commonwealth. At present there are only 3 family practices that provide care to patients and it is difficult to see all the patients who require care. Removing the current ratio of Nurse Practitioners to Physicians would improve patient access to care and decrease the use of hospital Emergency Rooms as a substitute for office based care, thus lessening the financial burden to patients, insurers and society. The current ratio restricts the number of Nurse Practitioners who are able and willing to provide care to the underserved, underinsured and uninsured residing in urban and rural settings.

Of great concern is the future of healthcare that is provided by physicians. In a recent survey of medical students, only 6 percent showed an interest in completing a residency in family practice. Nurse practitioners are well educated, capable individuals who can fill this void. This will be difficult to do given the current 4:1 ratio. I am in full support of the new regulation which would remove this 4:1 Nurse Practitioner to Physician ratio.

The new regulations for Schedule II drugs will allow Nurse Practitioners to prescribe this class of medication for 30 days not the current 72 hours. This change will allow CRNP's to freely manage the care of patients who suffer from chronic pain due to trauma and terminal illness as well as those with behavioral and psychiatric needs. The new regulations will provide improved continuity of care not only for patients, but their families and care givers. The proposed change to Schedule II prescribing will eliminate additional trips to providers, decrease trips to the pharmacy and decrease financial burden. The current regulation which only allows for a 72 hour prescription, increases

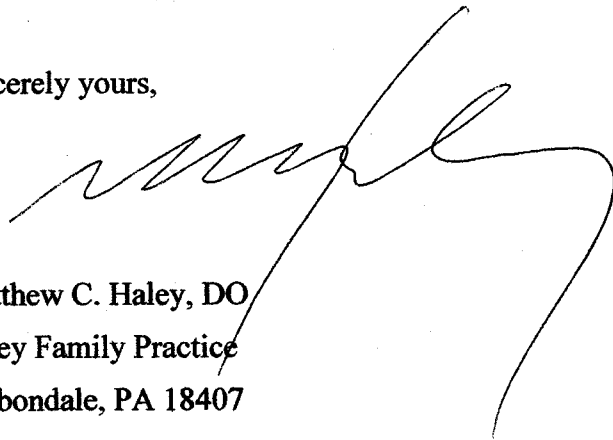
utilization of hospital emergency rooms for care and refill of drugs in this category. This increase use of the emergent care setting increases costs for the patients, insurers and society.

The current regulation can create hardships for children with ADHD. The 72 hour prescription of these medications can disrupt school attendance causing parents to loose time at work. Families who live in rural and other underserved areas rely on Nurse Practitioners for care and are entitled to have providers who can provide care to their full educational levels. Maintaining the status quo creates a disincentive for patients to choose Nurse Practitioners as their health care providers and is counter to what Governor Rendell intended with the passage and signing of Act 48 in 2007.

The proposed change to Schedule III and IV regulation will allow NP's to prescribe medications within these classes for a period of 30 days and up to 90 days. Certified Registered Nurse Practitioners will be able to participate with their patients' insurance pharmacy benefit plan, which will save patients excessive co-payments and will help NP's to coordinate and oversee their patients medication needs. The proposed changes to these regulations will improve patient access to high quality, cost effective care that Nurse Practitioners deliver.

As a family practice physician, I value the role that Nurse Practitioners play in providing care to patients in my practice. I am able to offer my patients this high quality, cost effective care given by well educated and competent professionals. The proposed regulatory changes will enhance patient access to this care. I fully support the proposed changes to the CRNP regulations and urge the State Board of Nursing to approve said changes.

Sincerely yours,



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