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Dear Mrs. Steffanic,

I am writing in support of 16A-5124 CRNP General Revisions. I have been a family Nurse Practitioner for fifteen years. I am certainly hindered by the 72 hr. restriction on writing schedule 11 and 1V medications. It causes needless problems in the office; inconveniencing patients, physicians, staff members, who receive endless calls that interfere with patient care. Our present regulations disrupt continuity of care for our patients and families and create an economic hardship for them. They have to pay two co-pays and make two trips to the pharmacy. Those of us living in the rural areas, where collaborating Physicians are not available to sign scripts will not be able to offer adequate pain control to our patients, leading to unnecessary ER visits, and patients suffering needlessly. This creates an unnecessary financial strain and an inappropriate utilization of emergency resources.

I previously was employed in a Family practice office where we were unable to provide care for individuals with ADHD, as the Physician was not available to sign scripts, and would prefer not to sign scripts if the NP was the primary provider of services. This would disrupt their ability to participate in school, or may result in parents or adults losing work time. Those families living in rural and underserved areas RELY on NP's for their primary care and are entitled to have providers that can provide care to their fullest educational preparation. Additionally, this would be a strong selling point for Physicians to hire NP's, rather than a deterrent. Many Physicians resent having to pick up the pieces after the NP, "who has a limited scope of practice".

I am in a Doctoral program at Robert Morris University, Pittsburgh, Pennsylvania. My research is entitled, "Barriers to NP Practice in Rural PA." This certainly, has been cited by the NP's I have surveyed as a significant barrier to practice. I would be glad to share some of those comments with you, if you are interested. I urge you to support this provision to allow NP's to prescribe scheduled medications for a period of 30 - 90 days. This is necessary to provide the highest level of care we can give our patients.

Sincerely Yours,

Theresa M. Sander
Theresa M. Sander, MSN, CRNP-C

Family Nurse Practitioner

INDEPENDENT REGULATORY
REVIEW COMMISSION

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