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INDEPENDENT REGULATORY REVIEW COMMISSION

Northwest Pennsylvania Nurse Practitioner Association

11/23/2008

To: Ann Steffanic;
Board Administrator
Pennsylvania State Board of Nursing
Re: 16A-5124 CRNP General Revisions

On behalf of the Northwest Pennsylvania Nurse Practitioner Association (NPNPA), we would like to offer a public response to the recently proposed CRNP regulations in the Pennsylvania Bulletin. The geographic area that is represented by NPNPA currently has 202 licensed CRNPs providing care to individual patients, families and groups. Our nurse practitioners provide quality, cost effective health care in a variety of settings. These include ambulatory and primary care, acute and long term care, as well as specialty practice.

The autonomous nature of the NP's advanced clinical practice requires accountability for health care outcomes. The role of the NP continues to evolve in response to changing societal and health care requirements. The current CRNP regulations need to be changed to meet the health care needs of the residents of Erie, Crawford, Mercer, Venango and Forest counties to increase access to health care.

The Pennsylvania Medical Society (PMS) has made erroneous claims regarding the proposed regulations. They stated that there lacked sufficient description of the written collaborative agreement. Current Pennsylvania Code 21.285 clearly defines the collaborative agreement including the CRNP/ physician relationship. Included is also the requirement that the collaborating physician have knowledge and expertise of the drugs that the CRNP can prescribe. This regulation is already in place in spite of the false claims being made by the PMS.

Currently CRNP's can prescribe schedule II drugs for a 72 hour time frame. The proposed regulations would increase this time frame to 30 days. This will allow the CRNP to assist patients and their families by meeting their pain care needs. This may be in an acute care setting such as emergency care, urgent care, occupational health clinic or to patients who seek acute care at their primary care office. This may also serve chronic pain care needs in primary care, palliative and hospice care. CRNP's have safely prescribed controlled II substances to date. The current method of prescribing inhibits the CRNP's ability to care for our patients. It breaks continuity of care and presents an economic hardship. Inability of CRNP's to adequately prescribe for pain relief leaves the patients with no recourse other than having to go to an emergency room setting.

Under the proposed regulations, ADD/ADHD medications would be able to be prescribed for 30 days. An inability to prescribe these medications to our children or

adult clients on a continued basis will interrupt their current treatment plan. This may render the child unable to function or participate productively in school or extracurricular activities and sports programs. This may also interfere in an adult clients' ability to maintain focus and perform at work and be a productive member of society.

Currently CRNP's can prescribe scheduled III drugs for 30 days. Proposed regulations will allow CRNP's to again meet the client's needs for health care allowing them to prescribe up to a 90 day supply. This will allow patients with insurance to participate in their required mail order prescription program for chronic medications. This saves the patient and 3rd party payors money in co-pays, and unneeded office appointments. This has been done safely and efficiently in the confines of the 30 day structure. Increasing to 90 days offers patient access to care and coordinated continued care. Providing access to pain management is an important part of quality patient care and is an essential ethical and professional responsibility of advanced practice nurses.

PMS is also requiring that "CRNP" must be spelled out on a name badge and that adequate protection to ensure that the patient understands that the health care professional treating them is a CRNP. Apparently, they are not familiar or have not read the current regulations 21.286 which states that the patient is informed at the time of making the scheduled appointment that they will be seen by the CRNP. The CRNP already wears a name badge or lab coat that clearly identifies the CRNP and the title certified registered nurse practitioner. Additionally, Regulation 21.286 also clearly defines a CRNP who holds a doctorate should take appropriate steps to inform patients that they are not an MD or DO. This is old regulation and this has not been changed in the new proposal.

We also ask for consideration of removal of the 4:1 physician to CRNP ratio. Practitioners who function in federally qualified health professional shortage areas, such as Family Planning clinics, rural health centers, free clinics, and primary care offices are affected by this antiquated regulation. Another consideration is the fact that the prescriptive collaborative agreement requires a back up physician. This proves to be more challenging and may impede/inhibit patient care. As CRNP's do not require supervision or physician presence to practice, it does not make good sense to limit access to care.

Limiting patient choice, blocks access and a patient's right to health care from those patients who choose CRNPs for their primary or specialty care providers. This also serves to decrease the total availability of health care in these counties and the Commonwealth. This is counterproductive to what Governor Rendell intended with the passing of Act 48 in 2007. NPNPA is in support of the proposed Pennsylvania State Board of Nursing Rules and Regulations.

Sincerely,

Diane M. Horneman MSN, CRNP

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Northwest Pennsylvania Nurse Practitioner Association