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Lancaster Area Advanced Practice Providers (LAAPP)

11/21/08

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

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INDEPENDENT REGULATORY
REVIEW COMMISSION

RECEIVED

On behalf of the Lancaster Area Advanced Practice Providers, we would like to offer a public response to the recently proposed CRNP regulations in the Pennsylvania Bulletin. There are 170 CRNPs in Lancaster and 112 NPs in York providing care to individual patients, families and groups. Our nurse practitioners provide quality, cost effective health care in a variety of settings. These settings include ambulatory and primary care, acute and long term care and specialty practice. The role of NP continues to evolve and in our area there is a tremendous need for NPs to meet the health care needs of the residents.

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. One major area would be pain control. Another area would be medications to treat attention deficit hyperactivity disorder (ADHD). Pain control needs are wide and varied from acute pain to palliative pain control. 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. In ability to prescribe ADHD medications to adults and children can render the child or adult unable to perform properly in the school and/or work setting.

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.

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, Planned Parenthood, rural health centers, free clinics, 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 the County and the Commonwealth. This is counterproductive to what Governor Rendell intended with the passing of Act 48 in 2007. The Lancaster Area Advanced Practice Providers is in support of the proposed Pennsylvania State Board of Nursing Rules and Regulations.

Sincerely,



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Treasurer, LAAPP