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November 22, 2008

Ann Steffanic
Board Administrator
Pennsylvania State Board of Nursing
PO Box 2649
Harrisburg Pa 17105-2649

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INDEPENDENT REGULATORY
REVIEW COMMISSION

Re: ref# 16A-5124 CRNP General Revisions

Dear Ms. Steffanic,

I am writing to comment on my experience as a Certified Nurse Practitioner (CRNP) in the State of Pa. I have been exceptionally fortunate to collaborate with several fine Pa physicians from the Osteopathic field as well as the Medical field. I have always found that they were extremely supportive of my role and protective of my license. We have worked together as colleagues understanding each other strengths. In speaking with my CRNP colleagues they too can explain their roles in the same manner. Now this is not to say that we as CRNP have not had bad experiences when collaborating with our physicians, we have. However, most of us have been in the nursing field for 10+ years. We understand the importance of our roles as well as the possible scenarios where things could go wrong. Having said this, I feel that it is extremely important to stress that we are experienced professional nurses trained to perform a specific function that benefits our patients. We are not in the business to front ourselves as something we are not. We are extremely proud of our roles and what we bring to the table. It has always been my experience that the patients and families I have serviced have been extremely appreciative of my care.


In the current state of disarray of our Health Care system, I feel it is imperative that we come to some type of an agreement so that CRNP can function utilizing all of our training. It is important to understand that we offer a service that our patients have come to trust.

1. Use of the word Collaboration: the definition of this word means **working with another**. This is exactly what we do when functioning in our roles. There is no CRNP who is willing to give up this important piece of our role. In fact we enjoy working closely with our physicians. This only makes for better patient care.
2. Lifting the 4:1 CRNP to physician collaboration: Neither CRNP or physician of any value would take on anything that they feel would comprise their judgments. I personally would never work with a physician who would not be available to me when I needed his/her consultation.
3. Lifting the prescribing parameters for Schedule II, III & IV medications: This is a matter of convenience to the patients. Economically this makes sense. CRNP traditionally service those who are the underserved. Money is a main issue. Allowing us to prescribe appropriately prescriptions to treat conditions without

restrictions such as numbers of pills ordered only makes for better treatment of the patient as a whole.

In closing, I would like to stress that CRNPs are looking to only ensure that our scope of practice in which we were trained is protected. We are not looking to take over the role of the physician. We all need to remember that the goal is optimizing the health and well-being of our patients. We need to all come together to better serve the patients we treat.

Very Sincerely,

A handwritten signature in cursive script, appearing to read "Donna M. Melvin".

Donna M. Melvin MSN, CRNP