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State Board of Nursing
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General revisions

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INDEPENDENT REGULATORY
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To whom this may concern:

As a pediatric nurse practitioner I believe that my practice should not be limited by a 4:1 Physician to NP ratio or restricted in writing for schedule II drugs.

Firstly, I frequently work for two pediatric practices alone at time. The physician is often available by phone. I have 20 years of experience, and rarely need consultation. I have been in several NP practices where a group (more than 4) NP's contact the physician by phone. In case of emergency, we have been able to contact the physician or send the patient safely to the emergency dept. These episodes in 20 years have been far in few between.

Secondly, as a pediatric nurse practitioner, I have worked in the emergency dept. with a patient with a fracture and temporarily needed a narcotic that was mistakenly not written and the patient comes back for a script written by the physician. I do have the knowledge to write these scripts. In the outpatient clinic, I do prescribe these judiciously and reasonably. Also, in pediatrics I have to prescribe medicine for ADHD/ADD frequently. I write at least 4 to 5 a week and sometimes more. If I have to ask a physician each time, this would be an inconvenience for the patient to wait, a disruption to the pediatrician, and wasting time for me, when I can see another patient. The physicians I have worked with over the past 20 years trusted my skill and knowledge.

In summary, I believe the patients are served best with both good physicians and good nurse practitioners. Both professions can and do serve the public well. Let's not take steps backward in restricting our profession.

Sincerely,


Gilda Johnson, CPNP