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INDEPENDENT REGULATORY
REVIEW COMMISSION

Reference: 16A-5124: CRNP General Revisions

Dear State Board of Nursing,

I am asking for your support in passing the revised CRNP regulations. The current regulations do not reflect today's practice and are a barrier to care for those patients who choose NPs for their primary or specialty care providers.

In my palliative care practice, I treat many patients with chronic and terminal conditions. Pain is a common symptom dealt with in this population. To adequately manage pain and other problematic symptoms, a large number of these patients take schedule II medications. Often times I make house calls to these debilitated patients, and when refills or adjustments are needed to their medications, I can only provide them with a script for a three day supply. The patient or their family would then have to make a special trip to the office to pick up a thirty day supply script signed by my collaborating physician despite him never laying eyes on the patient before. It doesn't sound like good practice for a physician to write scripts for a patient he or she has never seen. If I am the provider evaluating and treating the patient, then I am ultimately responsible for their medications and plan of care. In Pennsylvania, a Nurse Practitioner can be a primary care provider and does not require physician supervision or oversight. With that being true, the current limitation on schedule II medications is contradictory to the role an NP plays. This regulation causes more hardship and inconvenience to both patients and their providers. The new regulation will extend the NP's ability to prescribe this class of medication from a three day to a thirty day supply and alleviate problems for all involved.

In addition, extending the NP's ability to prescribe schedule III and IV medications from a thirty day to a ninety day supply will enable us to participate fully in our patients' insurance pharmacy benefit plans, saving consumers excessive co-pays and numerous trips to the pharmacy. In closing I would also like to remark on the current 4:1 NP to physician ratio. This ratio ends up limiting access to healthcare for many patients. Again, NPs do not require supervision but collaboration with their physician colleagues. Our full scope of practice should be utilized without restrictions that ultimately impede quality care to patients.

Please make the right decision for Pennsylvanians and vote to pass the proposed CRNP regulations unaltered.

Sincerely,



Heather C. Kratz MSN, CRNP