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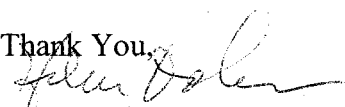
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As a Family Nurse Practitioner for 30 years in various practice settings and still actively working I must express my support for the proposed changes to CRNP rules and regs proposed by the SBON.

Specifically, I can speak to the proposed removal of the 4:1 NP:MD ratio. In settings such as Planned Parenthood and other non profit community clinics the majority of the healthcare delivery is done by NP's working solo or with other NP's. Often an agency has a number of small clinics scattered in a county and employs more than 4 NP's (often many part time) and can not afford to pay for more than 1 supervising MD. The NP's typically manage their patients by protocol and refer out the patients that are not appropriate for the setting. There is very limited contact/collaboration with the MD AND when there is the MD typically defers to the NP's judgement because she(he) is the one who assessed the patient. Imposing a number ratio is a financial hardship for many agencies serving poor people. Without a ratio, I am quite sure that a collaborating MD who is being consulted excessively because of the number of NP's under his(her) supervision would speak up loudly and insist on change. It would be market driven.

Finally, in a very general way I will say that I have seen an evolution of the role and acceptance of NP's. I have heard many of the same comments that I am reading today from various Physician groups opposing these proposed revisions as I did when NP's first started diagnosing, and as NP's state by state earned RX privileges. The concerns for patient care have not materialized. As a matter of fact, today I saw a patient in my retail clinic whose private physician referred to me because they were closing early and could not see their patient. NP's are professionals. Licensed and trained. Like physicians and other healthcare professionals. We keep our patients well being at the top of our priority list and must be trusted to do our job skillfully and with enough broadness in the law to be inclusive of many settings. Restrictions limit the NP and ultimately hurt the patient.

Thank You,


Helen Dohm, FNP