November 25, 2008

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Dear Ann Steffanic,

As a Nurse Practitioner, I am contacting you in support of approving 16A-5124 CRNP General Regulations. The proposed changes will improve access to health care for Pennsylvanians while becoming more consistent with the expanded scope of practice authorized by Act 48.

The removal of the 4:1 NP to physician ratio would improve access to care as there are fewer physicians to collaborate, a requirement to legally practice prescriptive authority. I have the good fortune to be in a practice that this is not a problem but many of my colleagues in rural and center city clinics are restricted. This will become more problematic as only 2-3% new physicians are entering family practice.

The current schedule II, III, IV drug prescription regulations hamper my care to my patients with chronic pain. With the current regulations on this class of medication, I am able to manage chronic pain care, but only in 72 hour increments (this is the current amount of time a Nurse Practitioner may write a prescription for a schedule II medication). While some patients pain is addressed by the schedule II medications and their functional capacity is safely maintained, this is a barrier to my ability to provide care to this type of patient, it increases costs at the office for visits, as well as with transportation to pick up prescriptions and is really not necessary as our level of pharmacologic training and requirement for board recertification that is more than adequate. There is a physician at my practice location, but should a patient in the practice with chronic pain need a regular refill during times when the physician is away, I am limited to providing a 72 hour dosage. This same scenario holds true for patients stabilized on ADHD medication as the standard is the use of stimulants that are schedule II as well.

To further support the prescribing of medications in general by Nurse Practitioners, a signed collaborative agreement is needed for prescriptive authority, and the state board issues a separate license for Nurse Practitioners prescribing medications. In this agreement, there are checks and balances that ensure adequate levels of communication with the collaborating physician(s). Essentially, the framework is present; we are able to prescribe the meds, but only for 72 hours. If we are trained to initiate and or maintain the meds for a patient and there is physician supervision through the current regulations, it doesn't make sense to hamper the care by only allowing a 72 hour window when chronic pain by definition indicates longer than 3 days.

With the goal of improving access to health care for all Pennsylvanians, approval of these Rules and Regulations will provide another step to improving healthcare for the residents of Pennsylvania. Just last week in the Harrisburg Patriot News, November 21st edition there was an editorial by Dr. Richard Simons, a professor of medicine at Penn State Hershey Medical Center in Hershey writing about the lack of access to primary care. In his editorial, he writes "State's number of primary care doctors dangerously declining." The article goes on to discuss incentives to bring physicians to the area. As the number predict, I would urge you to further consider the training completed by Nurse Practitioners, the care provided by Nurse Practitioners, and the significantly increased access we provide to what physicians already recognize in this state as a rapidly decreasing population of physician primary care providers.

I appreciate your time and attention to this matter. Should you have any questions, I can be reached at 717-337-4487.

Sincerely,

Kristine Garverick CRNP

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