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Pennsylvania State Board of Nursing
ATTN: Ann Steffanic, Board Administrator
P.O. Box 2649
Harrisburg, PA 17105-2649
Ref. # 16A-5124 CRNP General Revisions

INDEPENDENT REGULATORY
REVIEW COMMISSION

To Whom It May Concern:

I am writing in support of the rule making changes that are proposed for our CRNP colleagues. I understand that the regulations that affect the practice of nurse practitioners in the state of Pennsylvania have undergone revisions. I have examined the proposed revisions and strongly believe updating regulations are needed to remove barriers to care for our patients.

Nurse practitioners are key participants in providing high quality care for our orthopedic patients. I am supportive of any regulatory changes that would allow me to practice to my full scope of practice. For example, I medically manage our total joint replacement and orthopedic trauma patients from admission to discharge. My management has provided our patients with informed, compassionate care. Medical and pain issues are addressed in a timely matter. This care has improved patients satisfaction and outcomes.

The key points I have reviewed and support are as follows:

- 1. Allow 30 days prescriptions for schedule II controlled substances, from present 72 hour rule.**

I am perfectly capable of assessing the appropriate need for narcotic medications, whether it is for three days or 30 day. The hardship this creates for patients is enormous. Most insurance plans require the same co-pay whether it is 3 days worth of medicine or 30 days. Additionally these patients will run out of medication before they are permitted to refill another prescription. Their options are to pay out of pocket or do without medication. This barrier contributes to fragmented care and potential inappropriate use of the emergency room.

At Nazareth Hospital, I discharge the patients from the hospital. The discharge process includes providing patients with prescriptions for pain medication. The appropriate pain medication is determined during the patient's hospital stay by frequent evaluation and adjustment by me, *the nurse practitioner*.

While the physicians are aware of the medications I prescribed to our patients, it is this frequent evaluation by me, *the nurse practitioner*, that determines the efficacy of the pain medication.


Upon discharge, I frequently make the final determination what medication is prescribed. Presently, due to the restrictions on prescribing, the physicians have to write the prescription. This is difficult because they may be in the operating room or in office hours. Often, patients cannot be discharged until the prescriptions are obtained. This delay decreases patient satisfaction and timely discharges.

2. Allow 90 days prescriptions for schedule III to IV from present 30 day rule.

Many patients have taken advantage of mail order plans for their maintenance medications. It is unacceptable and unreasonable that a nurse practitioner is not able to accommodate patients with this cost saving benefit.

To summarize, in support of my NP colleagues, I encourage the revision of the regulations that govern nurse practitioners in Pennsylvania. It has been my experience that NPs provide high quality, cost effective, safe care that results in a high level of patient satisfaction. Indeed, research studies since 1965 has supported this. These barriers create an unnecessary burden on the patients we wish to serve and therefore need to be eliminated. The proposed regulations pertaining to CRNPs are a step toward better access to care across our state. Thank you for allowing me to express my opinion on this matter.

Sincerely,



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CC: Independent Regulatory Review Commission:
Arthur Coccodrilli, Chairman,
333 Market St., Harrisburg, PA 17101

Senate Consumer Protection and Professional Licensure Committee:
Honorable Robert M. Tomlinson, Chair, Room 362, Main Capitol Building,
Harrisburg, PA 17120-3006

House Professional Licensure Committee:
Honorable P. Michael Sturla, Chair, Room 333, Main Capitol Building,
Harrisburg, PA 17120-2096