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INDEPENDENT REGULATORY  
REVIEW COMMISSION

To whom it may concern:

My name is Isis Shanbaky, MD. I'm a family medicine physician currently practicing in Kingston, PA. I'm writing this letter regarding proposed changes to the nurse practitioner regulations. I have practiced in many areas of our great state and have enjoyed working with both nurse practitioners and physician assistants. They are unsung heroes of the profession and help extend a physician's care to the most remote parts of the state.

However, I feel there are some key protections for patients that are missing from the regulations. They include:

The description of the required elements of a collaborative agreement that ensures an appropriate nurse practitioner/physician relationship through the availability of the physician and a predetermined plan for emergencies is incomplete. Occasionally, even the best nurse practitioner needs input and support from a physician. Nurse practitioners need the protection of the required elements and a plan for emergencies.

There should be a requirement that all collaborative agreements be in writing. This is important for the protection of the physician, the nurse practitioner, and the public. An unethical physician could state there was no agreement and leave the nurse practitioner without legal recourse, and an unethical nurse practitioner could state there was an agreement with an unsuspecting physician.

A maximum Nurse practitioner-to-physician ratio should be defined to maintain adequate physician involvement in patient care. In my personal experience, I supervised 3 physician assistants. While physician assistants and nurse practitioners have different training, I believe this is still a valid comparison. I'm concerned that a physician supervising more than 4 nurse practitioners is not helping the nurse practitioners to keep his or her knowledge base current. I'm also concerned that a high ratio will have a negative impact on the quality of patient care.

There is no requirement that the collaborating physician have knowledge and expertise regarding drugs that the nurse practitioner can prescribe. A nurse practitioner who is prescribing drugs that his or her collaborating physician is unfamiliar with is an increased risk to the public.

It is wonderful to have the opportunity to comment on these regulations. I believe that nurse practitioners are important colleagues in patient care. I take my role as a supervisor very seriously and appreciate your consideration.

Sincerely,

Isis Shanbaky, MD  
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Faculty Physician

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*Failure is not falling down, but staying down.*  
*--Mary Pickford*

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