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November 25, 2008

16A-5124: CRNP General Revisions
Attn: Ann Steffanic, Board Administrator
PA State Board of Nursing
PO BOX 2649
Harrisburg, PA 17105-2649

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INDEPENDENT REGULATORY
REVIEW COMMISSION

Dear Ms. Steffanic and the PA State Board of Nursing,

As a Nurse Practitioner, practicing in the state of PA in a hospital setting as a hospitalist, 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 am fortunate 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.

I am in support of allowing 30 day prescriptions for Schedule II controlled substances from the present 72 hour rule as well as allowing 90 day prescriptions for schedule III & IV substances from the present 30 day rule. The schedule II, III, IV drug restrictions hamper my care to my patients with acute pain from either a newly diagnosed terminal condition or from a newly diagnosed medical problem or even status post surgery with acute pain in my practice as a hospitalist upon discharging the patient from the hospital. This is a burden in the fact that the patient is only able to receive up to 72 hours of pain medication and often is then not able to get in to see his primary care provider upon discharge for 1-2 weeks. This places a burden that I must seek out a physician for his/her ongoing needs. In support of my colleagues who work in family practice outpatient, this disrupts continuity of care as well as promotes economic hardships to our patients in the number of visits and co pays they make. Patients cannot afford multiple co pays for multiple visits needed to obtain their meds. The proposal will allow consumers to utilize common 30 day and 90 day insurance discounts for these categories of drugs.

In regards to the regulation that is being proposed that the CRNP's collaborating physician's name be required on our prescription blanks, I feel this is not necessary and I am opposed to this statement as this only increases confusion to the public as to who is ordering the medication or test as well as to health care facilities if labs/studies are ordered by the CRNP and then results get sent to the collaborating physician who may not know the patient instead of the CRNP that actually ordered the test and is following the patient, causing a delay in care or treatment.

With the goal of improving access to health care for all Pennsylvanians, approval of these Rules and Regulations would remove barriers to access of care and will provide another step to improving healthcare for the residents of Pennsylvania.

Sincerely,

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