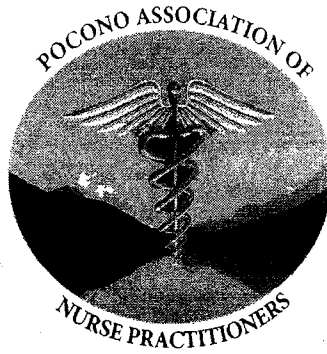


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INDEPENDENT REGULATORY
BOARD COMMISSION
November 19, 2008

Board Administrator: Ann Steffanic
Pennsylvania State Board of Nursing
P.O. Box 2649
Harrisburg, PA 17105-2649

On behalf of the Pocono Association of Nurse Practitioners, an affiliate of the Pennsylvania Coalition of Nurse Practitioners, we would like to offer a public response to the 16A-5124 CRNP General Revisions. The Pocono Association of Nurse Practitioners is comprised of Nurse Practitioners that provide healthcare services in a variety of settings for residents in Monroe, Wayne, Carbon and Pike counties as well as portions of Northampton and Luzerne counties. According to the Pennsylvania Department of Health, (www.health.state.pa.us/pco), several of these counties are designated as underserved areas.

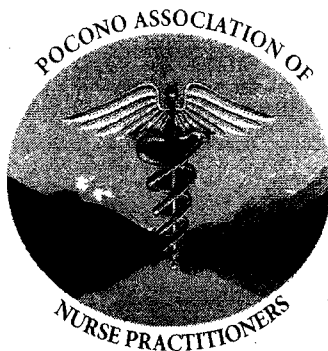
The Pocono Area is diverse and growing. In the year 2006, the fastest population growth in the state of Pennsylvania was in Pike and Monroe Counties (Pocono Record, 2007). The fastest population growth in the State of Pennsylvania for 2007 occurred in Pike and Carbon counties; Monroe County's population growth was ninth in the state (Pocono Record, 2008). In January, 2009, a newly established Family Health Center will help to provide healthcare services for our growing population. Nurse Practitioners will provide the healthcare services in collaboration with a medical director (www.poconoalliance.org). The benefits of the health center would be hindered if the proposed revisions (16A-5124 CRNP General Revisions) were not enacted.

Prescriptive authority for Schedule II medications is limited to a 72 hour time frame and the time frame for Schedule III and IV medication is limited to 30 days. The proposed regulations would increase the time frame for Schedule II medications to 30 days and increase the time frame for Schedule III and IV medications to 90 days. Nurse Practitioners provide healthcare services for many diverse populations including children and adults with ADD/ADHD. Schedule II medications are needed as part of their treatment plan. The ability to prescribe these medications to our children and adults with ADD/ADHD on a continued basis will not interrupt their current treatment plan, helping them to maintain focus in school and work. Furthermore, the ability to prescribe Schedule III and IV medications for 90 days will allow patients with insurance to participate in their required mail order prescription program for chronic medications. This saves the patient and 3rd party payors money in co-pays, and unneeded office appointments. This has been done safely and efficiently in the confines of the 30 day structure. Increasing to 90 days offers patient access to care and coordinated care. Providing access to pain management is an important part of quality patient care and is an essential ethical and professional responsibility of advanced practice nurses. The current CRNP prescriptive authority needs to be changed in order to meet the healthcare needs of the Pocono community. Restricting prescriptive privileges continues to limit access to care, especially in the areas where Nurse Practitioners are the sole providers of healthcare services.

We also ask for consideration of removal of the 4:1 physician to CPNP ratio. There is a shortage of primary care providers and internal medicine physicians in the Pocono area. Their practices are full and most are not accepting new patients. The newly established Family Health Center would increase access to healthcare, decrease cost and improve clinical efficiency when the 4:1 physician ratio is removed. Removing the 4:1 ratio will decrease the burden on physician providers who are currently working sixty to eighty hour work weeks in order to meet our residents' healthcare needs.



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The direct and indirect healthcare costs in maintaining the current prescriptive authority and the current 4:1 ratio are considered high. Direct healthcare costs to healthcare providers include decreased clinic efficiency and decreased productivity of both Nurse Practitioners and Physician collaborators while direct non-healthcare costs to the patient include cost of visits to two providers instead of one, increased travel costs and increased cost of medical care due to complications that may arise from delayed treatment, under treatment or lack of treatment (Pennington, 2007). Numerous studies have shown that Nurse Practitioners provide safe, high quality, cost effective healthcare in a variety of settings (ACNP, 2008 Advocacy on NP Safety and Quality).

Increasing access to healthcare by enacting the 16A-5124 CRNP General Revisions will benefit the Pocono community as well as the entire Commonwealth of Pennsylvania. The Pocono Association of Nurse Practitioners supports the proposed Pennsylvania State Board of Nursing Rules and Regulations.

Respectfully submitted,

Alicia Simon MSN, CRNP President-Elect-Pocono Association of Nurse Practitioners

Abby Lasanta, MSN, CRNP President-Pocono Association of Nurse Practitioners

