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From: salsasecret@gmail.com on behalf of Dr Steele [steele@alum.drexel.edu]
Sent: Monday, December 08, 2008 1:57 PM
To: IRRC
Subject: subject: 16A-5124

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

Dear Mr. Arthur Coccodrilli,

It is imperative that regulations clearly specify the collaborative agreement between physicians and nurse practitioners, not change the current definition, and maintain that these collaborative agreements be written, not oral. Nurse practitioners are physician extenders, not physician substitutes. Their training is a fraction of what it takes to become a physician and surgeon; they are not qualified to broaden the scope of their diagnostic and prescriptive activities. Doing so would endanger the health and safety of our citizens.

Case in point, as a medical review officer, I see cases from across the nation, where CRNP's were given permission to go beyond their training and supervision. Controlled substance prescribing without adequate physician supervision led to sedating controlled substances being inappropriately prescribed to individuals that operate heavy machinery, tractor trailers, airplanes and trains, and the consequences have been injuries and fatalities.

It goes without saying that the current limit of 1:4 is not only sufficient, but necessary for patient safety. CRNPs should only prescribe drugs with which their collaborating physician is familiar.

It is also imperative that our patients are fully informed and have the ability partake in their own care. No professional, including CRNP's, should be passing themselves off as something they are not. They should not present themselves as if they are full fledged physician and surgeons. They should be proud of their training and wear their designated name and credentials, accordingly.

Another case in point: I made a doctor's appointment for my healthy infant. I went to a practice where unbeknown to me, the practice had a physician's assistant (PA) with the same last name as one of their physicians. The PA never identified herself as a physician extender and I thought my child was being examined by the physician. The PA incorrectly diagnosed my child with a condition she didn't have and inappropriately prescribed medication for my child that put my child at unnecessary risk without any benefit. Luckily, as a fully trained physician my child was spared harm; but as a cash paying patient, I paid to see a physician, not a discounted rate for seeing someone less qualified, and I incurred additional charges and unnecessary pharmacy costs before I learned of the deception. I have knowledge of many similar instances, and although I only listed one here - in my experience, it is a growing problem for citizens in Pennsylvania, not a rare instance.

There are public comments that say that changing the current length of prescription over current limitations would improve access to 90 day mail in and health care cost savings . This is false. A patient that has a condition requiring 90 day prescriptions should and can be seen by their physician, despite physician "shortages" as scheduled and recommended by their physician, and would have their prescriptions written

appropriately and timely, with innumerable cost savings. I have supervised both CRNP's and PA's - I reviewed the charts and co-signed the prescriptions. Again, physician extenders, are just that, an extension of the physician and dependent on the physician's significantly more complex training to ensure the safety of our patients.

Sincerely,

Suzanne L. Steele, M.D
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Board of Directors, Philadelphia County Medical Society
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