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Carlisle Pa 17013

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December 3, 2008

Ms. Ann Steffanic, Board Administrator
Pennsylvania State Board of Nursing
PO Box 2649
Harrisburg, Pa. 17105-2649

INDEPENDENT REGULATORY
REVIEW COMMISSION

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RECEIVED

Re: reference no: 16A-5124 CRNP General Revisions

Dear Ms. Steffanic,

I am a nurse practitioner that protects the health, care and well-being of the patients I serve and I am writing to express my support for the proposed rulemaking that would update the regulations that govern CRNP practice in the Commonwealth. I reviewed the proposed rule and wish to express support for several points specifically:

1. Allow 30 days prescriptions for schedule II controlled substances, from present 72 hour rule.
2. Allow 90 days prescriptions for schedule III to IV from present 30 day rule.

On any given day my client base includes preventative health care, as well as acute and chronic health issues. Recently, I treated a patient with shingles. Her shingles began in the middle of her back and wrapped around to the front of her chest. She described her pain as sharp with electric-like jabs. The pain in her eyes and the tears on her face clearly illustrated the horrible and unbearable pain she was in. Due to the restrictions on prescribing, I had to excuse myself from the exam room and wait for a physician colleague to exit an exam room to write a 30 day prescription for pain. This is unacceptable and unreasonable because it causes increase waiting time of the patient, increase office visit time, and decrease patient satisfaction.

3. For NP clinics or NP's that collaborate with a physician outside of their practice, there is no need for the collaborative physician to have their name on the prescription pad. A collaborating physician's name on the prescription pad is an unnecessary/unsafe requirement because it increases the risk of the prescription being placed in the collaborating physician's name and it confuses patient's that don't know the physician that has been identified on their medication.
4. The 4:1 ratio of CRNPs to physician is limiting to those who need health care services.

The proposed changes to 16A-5124 CRNP General Revisions are vital to eliminate barriers to better access, quality, and cost effective patient care. Thank you for allowing me to express my opinion on this matter.

Best regards


Angela C. Zechman CRNP