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RE : Reference # 16A-5124 CRNP General Revisions

I am writing to comment on the State Board of Nursing 's proposed changes in rules & regs for CRNP's. I have worked as a nurse practitioner in Philadelphia since 1979 when I graduated from the University of Pennsylvania Family Nurse Practitioner Program. Though I do not work as an FNP, I have been involved in caring for the chronically ill for most of my career as an adult nurse practitioner. Currently I am working in the bariatric surgery program at the University of Pennsylvania.

It was wonderful to FINALLY get prescriptive privileges after 20+ years of hard work getting prescriptive privileges through. However, the limitations on prescribing Schedule II drugs for no more than 72 hours have long been a joke as far as I am concerned. When I saw patients who truly needed Schedule II drugs for pain control in the past, I invariably got a physician to write a prescription for the narcotic of choice for MORE than 72 hours. Fortunately, I worked in a setting where a physician was generally available. Many nurse practitioners work in settings where there is no physician on site on a routine daily basis.

Pain from spinal stenosis, post herpetic neuralgia ,sciatica and post-op surgical pain generally require more than a 72 hour course of treatment with opioids. These are medications that cannot be called into the pharmacy for renewal and necessitate a trip back to the office for another visit or to pick up another prescription from the nurse practitioner. It may sound simple enough, but for a lot of patients this is indeed a hardship. Many of these patients are too uncomfortable to get onto public transportation (if it is available and if they are fortunate enough to have the money to use it). Some of them have mobility

issues that make it difficult for them to get out of the house without assistance from paratransit (which must be scheduled 72 hours in advance) or family members. Furthermore, family members' work schedules may also be a problem as far as getting to the office to get another prescription for 72 more hours of pain relief.

An additional issue for many patients is the co-pay that is required EVERY time another RX for a 72 hour supply of drugs is presented to the pharmacist. Patients who have chronic pain and are legitimately on narcotics for pain control are an issue as well when it comes to the 72 hour RX for schedule II drugs. I have long believed that a nurse practitioner should be able to prescribe schedule II drugs for up to 30 days, and I am glad to see that this has finally been proposed.

There is also no reason that Schedule III & IV drugs cannot be prescribed for a 90 day period of time for patients who truly need them. During my years of primary care experience, I saw many patients who suffer from anxiety, ADHD, insomnia and other disorders for which schedule III & IV drugs are chronically indicated. They had been adequately evaluated by PSYCH or had had a sleep evaluation, and saw their respective specialists periodically. The specialists left it up to the PCP to re-write the RX's for maintenance medications. Many prescription plans make a 90 day supply of medication far less expensive from a co-pay perspective. The co-pays can add up. I have seen patients whose co-pays are $25/ RX.

The final comment I would like to make concerns the scope of collaborative agreements. Evidently, some members of the PMS feel that nurse practitioners should be limited in their treatment of patients who have complex and sometimes changing medical issues. Other than the patient, my experience is that the NP is likely the best person to determine any changes in the medical status of a chronically ill patient whom he or she has been seeing. I followed many of my patients for several years as do other NP's. I knew who had a history of not taking their diuretics or insulin for whatever reason, and was generally able to fine tune their diabetes as well as their CHF without sending them to an ER for expensive and unnecessary treatment.

I am looking forward to reading that the new proposals to the Rules & Reg's for CRNP's will be approved.

Sincerely,

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