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Blair Regional Nurse Practitioner Association

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To: Ann Steffanic;
Board Administrator
Pennsylvania State Board of Nursing
Re: 16A-5124 CRNP General Regulations

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INDEPENDENT REGULATORY
REVIEW COMMISSION

The Blair Regional Nurse Practitioner Association would like to offer a public response to the 16A-5124 CRNP General Revisions:

- **Schedule II drug Prescribing**

Currently CRNPs can prescribe for a 72 hour time frame. This limited time frame inhibits the CRNPs ability to care for patients, since it interrupts continuity of care and presents an economic hardship (a co-pay is required for each patient visit.) Patients may seek care in the ED (emergency department) to obtain pain medications, which overburdens the already overloaded EDs. This is an inappropriate use of medical resources. Additionally, many patients simply cannot afford the cost of transportation every 72 hours to obtain a refill. Sadly, patients may endure pain due to these transportation or economic issues.

The proposed regulations would increase this time frame to 30 days.

- **Schedule III & IV Prescribing**

Currently CRNPs can prescribe for a period of 30 days. Increasing the time frame to 90 days would allow patients with insurance to participate in the required mail order prescription program for chronic medications. Consider the savings for patients, 3rd party payors money in co-pays, and unneeded office appointments.

The proposed regulations would increase time frame to 90 days.

- **4:1 NP to physician ratio**

Removal of this ratio would improve access to care. Consider that there are fewer physicians available to collaborate with the NP. Specifically in rural, underserved, center city areas this could be particularly problematic and limit access to care. Also consider that CRNPs do not require physician supervision or physician presence to practice.

The proposed regulation would remove this ratio.

The Blair Regional Nurse Practitioner Regional group provides care in the following areas: adult, acute, behavioral health, emergency, family, geriatrics, hospice and palliative care and vascular. It is difficult to provide consistent, quality care, when every 72 hours a patient needs a schedule II drug. An additional co-pay is required for the visit to renew the prescription and additional money is needed for transportation. Many times the patient will wait and experience pain because they cannot get back for an appointment. Additionally, schedule III & IV drugs cannot be prescribed for longer than 30 days. Yet again the same scenario with additional co-payment and travel expenses.

We request that you hear our comments for the express sake of our patients and their families.

Sincerely,
Blair Regional Nurse Practitioner Association

Kay Adams, MS, CRNP, WOCN
Secretary