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Dear Colleagues, Board Members and Patients,

INDEPENDENT REGULATORY
BOARD COMMISSION

The regulations that affect the practice of Nurse Practitioners have undergone revisions and must pass the regulatory process in order for changes to take place and become final rule making. This will be the first time in eight years that we have had the opportunity to update our practice since becoming solely regulated by the State Board of Nursing.

The best way for this to occur is with a strong letter writing campaign which is taking place November 8- December 8, 2008. We are encouraging letters from CRNP's, patients and colleagues who respect and appreciate the benefit of our profession.

We have 30 days to respond. Please consider stories and vignettes of how the proposal will affect practice such as

1. Inhibit or increase patient access to health care
2. The effects that current limits in prescribing scheduled drugs for pain management, palliative care/hospice, acute pain management, and/or problems with patients needing to utilize a 90 day mail order prescription plan
3. The need to increase utilization of CRNP's to full scope of their education and training
4. Comments related to ratio especially those who work in free standing clinics, family practice clinics, rural clinics and federally qualified health centers.

Changes that need consideration and comment include

1. **Removal of the 4:1 ration of NP to MD/DO.** This is a problem especially in free or community clinics because full time providers are very difficult to obtain and retain. Every volunteer, part time, per diem and full time CRNP counts as a number limiting 4 CRNP's per MD. Sadler currently has a volunteer CRNP, one full time and 2 part time CRNP's (which in total) only covers 2 full time positions yet prohibits any further hiring under Dr Hieb. As you know we have had much difficulty hiring and retaining physicians that would allow for more CRNP's. Furthermore the unexpected loss of a physician would also automatically mean losing CRNP's in Sadler's particular case.
2. **Need for 2 physicians on collaborative agreement.** When I first started at Sadler almost 6 years ago Dr Ryan Crim was my primary physician and Dr Kretzing my secondary. When Ryan left a year later I had to change to Dr Kretzing as primary and Dr Sedlack (who was a local surgeon at that time) agreed to be my secondary. A year later Dr Sedlack left town but luckily Dr Hieb had joined Sadler so I again changed to Hieb as primary and Kretzing as secondary. The SBON had just removed the limitation that collaborating providers needed to be MD's (they formally did not recognize DO's as collaborative physicians) or I would have again had a major problem in finding a second physician to sign the agreement. Each time a change is made I have to resubmit all my information to the Board of Nursing and pay a fee

(\$50) for the change, along with a sometimes lengthy wait period in which I would not be able to practice. It is very confusing, time consuming and costly. This is not as much of a problem in a large private practice but in FQHCs, free clinics, rural clinics and satellite clinics it is a major barrier.

3. **Schedule II prescribing (narcotics)**

A. These drugs are currently limited to 3 days. We are requesting the ability to write schedule II drugs to 30 days (currently limited to 3 days) due to patients requiring cancer care pain control, hospice patients, and trauma. This disrupts continuity of care and economic hardships on patients along with increased co-pays, increased ER visits for inadequate pain control. ADD/ADHD meds also are schedule II drugs resulting in disruption in school and parents work time. In both cases it limits patient choice and blocks access to care. This also represents a problem if a physician is off on vacation, etc and will not be in the office for several days to co-sign.

4. **Schedule III and IV drugs (all other prescription drugs)**

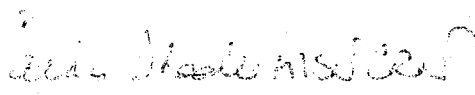
A. These drugs are currently limited to 30 days. We are requesting 90 days so we can assist patients in participating in 90 day mail-in plans leading to less script writing and less co-pays for patients.

I am requesting your help by writing a letter to the Board Administrator in support of Nurse Practitioners in Pennsylvania. These are the regulations Gov. Rendell supported two years ago and had passed as law. However, they must also be passed by the Regulatory Board before approval.

I have attached my own letter for your review to see what limitations the current regulations have on my own practice at Sadler Health Center. Please support Pennsylvania's CRNP's and clinics such as ours throughout Pennsylvania by sending a letter to the regulatory board in support of the regulations as they have been submitted. I have included the address to which the letter should be sent. Remember these letters of support must reach the Board before the December 8 deadline.

I would like to thank you in advance for your support of CRNP's and our patients at Sadler Health Center.

Sincerely,


Cathy S Shadle, MSN, CRNP

**Send to: Ann Steffanic
Board Administrator
Pa. State Board of Nursing
PO Box 2649
Harrisburg, Pa 17105-2649**

**Reference number 16A-5124 CRNP General Revisions on
outside of envelope**