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16A-5124: CRNP General Revisions

Attn: Ann Steffanic
Board Administrator
State Board of Nursing
P.O. Box 2649

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INDEPENDENT REGULATORY
REVIEW COMMISSION

To whom it may concern:

I am a Certified Registered Nurse Practitioner (CRNP) from Northwestern Pennsylvania, and I am writing in support of proposed changes in current NP regulations.

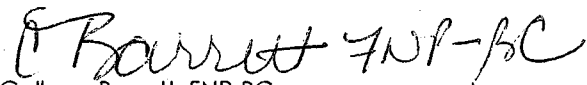
As a CRNP, I provide primary care to the underserved population of several rural areas in Northwest Pennsylvania. The Federally Qualified Health Center (FQHC) by which I am employed also employs a number of other NP's. Due to the shortage of primary care physicians in Pennsylvania, especially in the rural areas, the current practice regulation of 4 NP's to 1 physician poses potential barriers to practice for NP's. Removing the unnecessary regulation will ensure that there will always be enough primary care providers to serve the underserved in the rural areas of Pennsylvania. In addition, the same holds true of the current requirement to have two physicians listed on the collaborative agreement for prescriptive authority. There is no need for a "back-up" physician on the agreement, and the current regulation serves no useful purpose. There is no logical reason that any prescribing NP would need second physician to "oversee" the NP's prescribing practices should the primary collaborator be immediately unavailable. NP's prescribe under their own licenses and adhere to the stringent requirements of 45 credit hours of advanced pharmacology and mandated continuing education hours specific to pharmacology in order to maintain prescriptive authority. As such, NP's preparation for prescribing medications exceeds physician prescribing requirements and oversight. Moreover, removal of a second physician from the collaborative agreement would not preclude an NP from seeking collaboration regarding a patient if the situation would warrant.

The current regulations posing restriction on the length of time for which schedule III and IV drugs can be prescribed by NP's not only poses significant barriers to NP practice, but also places significant burden on our patients in the form of inconvenience and additional co-payments at the pharmacies. Currently in my practice, I am unable to fulfill the prescription needs of many of my patients in a timely manner due to prescribing restrictions. Specifically, I often must evaluate, diagnose, treat, and follow up on individuals and children who have afflictions such as chronic pain or ADHD. If there is not a physician available to write a 30 day prescription of the necessary medication (i.e. Percocet, Ritalin or Concerta), my patients are forced to wait for the physician (who did not evaluate and treat the patient) to return in order to receive a 30 day supply of their medication. The only other alternative under the current regulation is to write a 3 day prescription or refill of the necessary medication to sustain the patient until a physician is available to write for a 30 day supply. This creates undue inconvenience and cost for my patients due to the need for more trips to our office to pick up prescriptions (which cannot be called in or faxed) as well as more trips to the pharmacy (many of my patients don't have reliable transportation or money for gas). In addition, each time a patient has to fill a prescription, whether it is 3 days or 30 days, there is a co-payment associated with that prescription; thus the current regulations actually create more cost for my patients at the pharmacy. Finally, the current regulations create patient safety issues as you may have a physician writing a prescription for a patient he or she has never seen before. In my personal experience, I have found patients to be uncomfortable with a prescription written by an unfamiliar provider. In addition, I have found that the physicians with whom I have collaborated are uncomfortable with this current prescribing situation, and would rather that I be able to write my own prescriptions for the patients that I have personally seen.

Finally, due to changes in the pharmacy benefits over the past several years, NP prescribing regulation for schedule III and IV drugs needs to change to allow for a 90 day supply. For the purposes of saving on co-payments as well as convenience, many pharmacies and prescription drug plans are now offering 90 day prescription refills. Under current regulations, I am precluded from prescribing or refilling a schedule III or IV drug for more than 30 days. This, again, creates undue inconvenience and cost for my patients.

As the environment of health care changes, so must NP practice and the regulations that guide our practice. We must continue to evolve to meet the ever-changing needs and demands of the health care system and, most importantly, our patients. NP's are intelligent, highly educated, responsible providers of primary care in communities, rural, urban, and suburban, throughout Pennsylvania, and the current regulations only serve to hinder efficient NP practice.

Thank you for your time and consideration in this matter.

A handwritten signature in black ink that reads "C Barrett FNP-BC". The signature is written in a cursive, somewhat stylized font.

Colleen Barrett, FNP-BC

Doctor of Nursing Practice student, Robert Morris University