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December 2, 2008

Mr. Arthur Coccodrilli, Chairman
Independent Regulatory Review Commission
333 Market Street
Harrisburg, PA 17101

INDEPENDENT REGULATORY
REVIEW COMMISSION

2008 DEC -9 PM 1:44

RECEIVED

Re: Regulation No. 16A-5124 (CRNP general revisions)

Dear Mr. Coccodrilli:

I write to you concerning proposed regulations drafted by the State Board of Nursing which would significantly expand the scope of practice parameters for certified registered nurse practitioners (CRNPs).

We presently employ nurse practitioners (CRNPs). Based on our experience with them, I am concerned with the proposed regulations being proposed.

The most blatant problem seems to be the attempt to remove themselves from a defined oversight position to an autonomous practitioner without the formal oversight needed. The law in the Act 206 of 2002 clearly seems to suggest that there are formal ties of oversight that are necessary parts of the regulations to be fulfilled. These should not be circumvented by omission of direct insertion of that regulatory language.

The prescribing of medications especially narcotics and stimulants are problem enough with physicians and attempting to follow these rules and penalties for misprescribing are daunting to the most experienced physician let alone one who has much more limited teaching of side effects and interactions with all of the medical problems associated with

that patient.

Finally I would like to touch back on the collaborative aspect as definitely related in Act 206 of 2002 and the more recent action in Act 47 of 2007 as demonstrating that the governing bodies wish formal oversight, regular follow up, and formal agreements which would in themselves define what is proper for the CNRP function, prescription writing, and types of authority. It has become very clear that differing CRNPs have significantly different skill sets as well as differing practice specifics that do not allow for regulatory language to guarantee all the same privileges, as the collaboration and skill sets are different.

The lack of focused, formal agreement, excessive narcotic and stimulant prescribing autonomy, oversight, and lack of patient awareness of CRNP limitations all lead to serious issues regarding safe patient care. This has been a major issue in recent years and I cannot see how the avoidance of the wishes of the governing statutes can improve the issue.

The residents of Pennsylvania deserve to recognize and understand who the person and the training of the person giving and directing their care. The care needs to be in the best interest of the patient, and safe for the patient. I feel that the present proposed regulations fall very short of that mark without the defining language of the authorizing legislation and a clear identification that these practitioners are not physicians- M.D. or D.O., and should be properly identified as the Osteopathic Physicians have been required to do for years. They are not to just use Dr. but also append the proper designation.

Thank you for your consideration of these comments.

Sincerely,



David Bradley Gray D.O.

CC: The Honorable Robert M. Tomlinson, Chair Senate Consumer Protection and Professional Licensure Committee, Room 362, Main Capitol Building, Harrisburg, PA 17120-3006

The Honorable P. Michael Sturla, Chair, House Professional Licensure Committee, Room 333, Main Capitol Building, Harrisburg, PA 17120-2096

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