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16A-5124 CRNP General Revisions

November 22, 2008

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INDEPENDENT REGULATORY
REVIEW COMMISSION

Dear Ann,


I am writing in regards to the current CRNP regulations that are now listed as proposed rulemaking. As a seasoned nurse but a novice nurse practitioner, I have followed many of the changes that have affected both nurses and nurse practitioners. The current CRNP regulations, 16A-5124 CRNP General Revisions, need to be become law for the patients' benefit not because some of the regulations do fall within the CRNP scope of practice.

As a student NP, I worked with an excellent CRNP who saw all age groups of patients with many different illnesses and diseases. She was restricted in providing the 30 day scheduled drugs including the agents for the ADHD patients. Regardless of a well anticipated visit from some of these clients, the physician that she worked with was not always in the office, so some of the patients would need to travel back to the office to get a 30 day script. Certainly, this aspect made meeting the patient's needs difficult even with a well thought out plan for routine visits.

I am uncertain the reason that CRNP's should be restricted in providing scheduled drugs to their patients. Is the issue one of patient narcotic abuse since these drugs are addicting or sometimes misused? As a student NP at the same practice, a patient agreement regarding narcotic use with random urine sampling for these drugs was utilized and this prevented the drug abuse problem. Most other CRNP practices utilize a patient agreement to prevent narcotic misuse. So, allowing CRNP's to provide the scheduled drugs for longer periods will not cause an increase in drug abuse, it might even provide a tighter control in this aspect.

All the proposed regulations are also very important for the patients that we serve. They allow patients to easily access affordable high quality health care. Isn't that how healthcare should be?

Thank you for your time,



Deborah L. Gray CRNP