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Ann Steffanic
Board Administrator
Pennsylvania State Board of Nursing
PO Box 2649
Harrisburg, Pa. 17105-2649

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2008 DEC -9 PM 1:46

INDEPENDENT REGULATORY
REVIEW COMMISSION

December 3, 2008

RE: Reference no: 16A-5124 CRNP General Revisions

To Whom It May Concern:

I am writing in support of the CRNP *General Revisions* under consideration that will:
(a) provide greater patient access to health care by allowing CRNPs to work to the full scope of their education and training with decreased CRNP/physician ratios; and that will (b) support patient health and quality of life by making it easier for CRNPs to fully address pain management for patients in a variety of settings; and (c) create sensible changes to prescriptive authority so that patients can fully utilize their pharmacy benefits for direct cost-savings.

Given the current state of our economy and spiraling health care costs, access to affordable health care has perhaps never been more critical. The revisions under consideration are paramount to providing our communities the best health care we are able to offer. Specifically, I would like to address the importance of two provisions under review: (1) to allow CRNPs to prescribe schedule III & IV medications from a period of 30-days up to 90-days. This change allows CRNPs to participate fully in their patients' insurance pharmacy benefit plan, which saves consumers excessive co-payments and helps to coordinate their medication needs; and (2) to remove the 1:4 physician/NP ratio where a physician can only collaborate with 4 NPs at any given time. Statistically speaking, those most affected by this regulation are practitioners serving some of the most underserved populations: federally qualified health clinics (FQHC), nurse-managed centers, and NPs who work in the Planned Parenthood Clinics or free clinics. These practice sites are further hindered by current law requiring NPs to have 2 physicians on the agreement in order to have prescriptive authority for EACH practice site held by the NP.

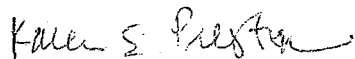
As nurse practitioners, we are competent licensed providers who diagnosis and manage individuals with chronic and acute conditions whose ongoing care often includes prescribing the appropriate medication; and according to the American Academy of Nurse Practitioners, NPs

currently write more than 500 million prescriptions each year. Current prescriptive laws undermine and essentially *punish* our patients by hitting them directly in the pocketbook in terms of real prescriptive health care dollars when they are unable to take advantage of 90-day prescription benefits offered by their insurance. Limiting NP autonomy has real and significant impact on patient access to quality and comprehensive care that is simply bad policy for everyone.

Additionally, the current 1 to 4 physician-NP ratio further strains an already burdened health care system. Some may argue that NPs are midlevel practitioners requiring physician supervision. However, research has shown this is simply not the case. In fact, the American Medical Association's very own flagship journal, JAMA, published a well-researched article in January 2008 showing that NPs deliver quality care equal to physicians – and this research study is just one among many depicting the same results. Although some physicians might choose to dismiss such research, we simply cannot afford to disregard the real trends of NPs entering adult, pediatric, and family practices at increasing rates while residents are fleeing to more lucrative, specialized areas of medicine. This health care trend further supports the importance of supporting NPs scope of practice, autonomy, and prescriptive writing authority.

On behalf of NPs and the patients we serve, I urge you to pass the General Revisions under consideration that support our practice as NPs and allow us to completely and competently address the health care needs of our patients.

Sincerely,



Karen E. Preston, RN, BSN

FHNP Student

University of Pennsylvania School of Nursing

418 Currie Blvd.

Philadelphia, PA 19104