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In regards to: 16A-5124 CRNP General Revisions

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

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INDEPENDENT REGULATORY
REVIEW COMMISSION

Dear Ann Steffanic,

Please consider my letter of support for the regulations affecting proposed CRNP regulatory changes. These regulatory changes are going to have a major impact on the CRNPs ability to provide quality care and improve the CRNP practice within Pennsylvania.

The removal of the 4:1 NP to physician ratio will allow NP's to continue to provide quality patient focus care. It will most affect federally qualified health clinics (FQHC), nurse-managed centers, and NPs who work in the Planned Parenthood Clinics or free clinics. These under-served and vulnerable populations will benefit most from the continuum of care provided by NP. Currently, a physician can only collaborate with four NPs at any given time and this also impacts a NPs ability to prescribe. The proposed change of requiring two physicians in order to have prescriptive authority; for EACH practice site held by the NP restricts the scope of practice of the NP and there ability to provide care.

Increasing the Schedule II prescription scope of practice will extend the NPs ability to prescribe this class of medication from 72-hour prescription to a 30-day prescription. This new regulation will help CRNP's fully manage their patients' needs in relation to cancer treatment and care, palliative and hospice care, trauma cases, chronic pain management, behavioral / psych-mental health care.

Currently, the regulations for a CRNP regarding prescribing schedule II medications disrupt continuity of care for our patients and families and create an economic hardship for them. With limited schedule II prescribing, patients are required to make more trips to the pharmacy and additional trips to us as providers. This will require the patient to pay more co-payments and serve as an inconvenience for the patient. People with uncontrolled pain will resort to utilizing emergency room services for pain relief. This creates an unnecessary financial strain and inappropriate utilization of resources for our society.

For children and adults with ADHD, this can disrupt their ability to participate in school, or cause parents or adult patients to lose work time. Families living in rural and underserved areas rely on NPs for care and are entitled to having providers that can provide care to their full educational levels. Maintaining the 'status quo' will make it difficult for CRNPs to provide full scope of needed primary care to their patients.

Patients should be able to initiate or continue their care with a CRNP. Limiting patient choice, blocks access to care from those patients who choose NPs for their primary or specialty care providers. This also serves to decrease the total availability of health care in the Commonwealth. This is counterproductive to what Governor Rendell intended with the passing of Act 48 in 2007.

Finally, the provision for Schedule III & IV prescribing will allow CRNPs to prescribe schedule III & IV medications from a period of 30-days up to 90-days. CRNPs will be able to participate fully in their patients' insurance pharmacy benefit plan, which saves consumers excessive co-payments and helps to coordinate their medication needs.

Thank you.

Best wishes,



Tara Walhart
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