

2729 **Tri County Nurse Practitioner Association**

To: Ann Steffanic;  
Board Administrator  
Pennsylvania State Board of Nursing  
Re: 16A-5124 CRNP General Revisions

INDEPENDENT REGULATORY  
REVIEW COMMISSION

2008 DEC -9 PM 1:53

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On behalf of the Tri County Nurse Practitioner Group I would like to offer a public response to the recently proposed CRNP regulations in the Pennsylvania Bulletin. The Tri County group represents 5 rural counties in Pennsylvania where 45 nurse practitioners provide direct patient care. Our nurse practitioners provide quality, cost effective health care in a variety of settings. These include ambulatory and primary care, acute and long term care and specialty practice.

The autonomous nature of the NP's advanced clinical practice requires accountability for health care outcomes. The role of the NP continues to evolve in response to changing societal and health care requirements. The current CRNP regulations need to be changed to meet the health care needs of the residents of the Tri County area.

The Pennsylvania Medical Society (PMS) has made erroneous claims regarding the proposed regulations. They stated that there lacked sufficient description of the written collaborative agreement. Current Pennsylvania Code 21.285 clearly defines the collaborative agreement including the CRNP/ physician relationship. Included is also the requirement that the collaborating physician have knowledge and expertise of the drugs that the CRNP can prescribe. This regulation is already in place in spite of the false claims being made by the PMS.

Currently CRNP's can prescribe schedule II drugs for a 72 hour time frame. The proposed regulations would increase this time frame to 30 days. This will allow the CRNP to assist patients and their families by meeting their pain care needs. This may be in an acute care setting such as emergency care, urgent care, occupational health clinic or to patients who seek acute care at their primary care office. This may also serve chronic pain care needs in primary care, palliative and hospice care. CRNP's have safely prescribed controlled II substances to date. The current method of prescribing inhibits the CRNP's ability to care for our patients. It breaks continuity of care and presents an economic hardship for patients who may need to schedule additional office appointments, seek care in the emergency room, and to pay additional co-pays.

Under the proposed regulations, ADD/ADHD medications would be able to be prescribed for 30 days. An inability to prescribe these medications to our children or adult clients on a continued basis will interrupt their current treatment plan. This may render the child unable to function or participate productively in school or extracurricular activities and sports programs. This may also interfere in an adult clients' ability to maintain focus and perform at work and be a productive member of society.

Currently CRNP's can prescribe scheduled III drugs for 30 days. Proposed regulations will allow CRNP's to again meet the client's needs for health care allowing them to prescribe up to a 90 day supply. This will allow patients with insurance to

participate in their required mail order prescription program for chronic medications. This saves the patient and 3<sup>rd</sup> party payors money in co-pays, and unneeded office appointments. This has been done safely and efficiently in the confines of the 30 day structure. Increasing to 90 days offers patient access to care and coordinated continued care. Providing access to pain management is an important part of quality patient care and is an essential ethical and professional responsibility of advanced practice nurses.

Under current regulations nurse practitioner's are required to have their collaborating physician's name on the prescription pad. This practice leads to confusion for patients as to who is actually ordering the medication. At times a prescription pad is used to order labs/studies. When the collaborative physician is listed on the prescription pad results are often sent to the wrong practitioner, especially if the collaborating physician is not sharing the same clinical site as the CRNP. Not listing the collaborative physician's name on the prescription pad would be less confusing for patients and ensure that reports are sent to the correct practitioner. This would prevent errors, improve patient safety and ensure timely follow up for patients.

The current regulations do not allow nurse practitioners to practice to their full potential. This is counterproductive to what Governor Rendell intended with the passing of Act 48 in 2007. The Tri County Nurse Practitioner Group is in support of the proposed Pennsylvania State Board of Nursing Rules and Regulations.

Sincerely,

A handwritten signature in cursive script, reading "Paulette Schreiber".

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Paulette Schreiber, FNP-C, CRNP  
President Tri County Nurse Practitioners