

Steffanic, Ann

2729

RECEIVED

From: IRRC [IRRC@IRRC.STATE.PA.US]
Sent: Monday, December 08, 2008 10:19 AM
To: Steffanic, Ann
Subject: FW: 16A-5124 CRNP General Revisions

2008 DEC 10 PM 1:45

INDEPENDENT REGULATORY
REVIEW COMMISSION

Comments forwarded by IRRC.

-----Original Message-----

From: Sandy McDonnell [mailto:smcdonnell@cavtel.net]
Sent: Sunday, December 07, 2008 12:29 AM
To: IRRC
Subject: 16A-5124 CRNP General Revisions

December 6, 2008

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

Dear Ms. Steffanic:

I am writing in support of 16A-5124 CRNP General Revisions. I have been a CRNP for over 20 years and have witnessed the comprehensive care given

to the patients at the nurse-managed health center I am affiliated with.

I no longer work for in their primary care clinic but am aware of the programs they provide to enhance the quality of care given to their patients. They provide comprehensive primary healthcare services and are

a medical home for 2,100 uninsured and underinsured children in our county and surrounding communities. Without the programs and services that are provided, there would be a significant gap in care between the children they serve and their more advantaged peers. These nurse practitioners as well as the other licensed nurse practitioners should be assisted by the regulations proposed State Board of Nursing, not impeded by unfounded restrictions.

Throughout the years, my own children have experienced first-hand the high quality of care nurse practitioners provide. They have had the opportunity to see nurse practitioners in the primary care setting and specialty areas such as orthopedic, GI, neurology and in the ER. The nurse practitioners who treated them acted professionally and responsibly within their scope of practice. Through our professional organization, I have also has the pleasure to maintain close relationships, with more than a dozen NPs for over 15 years. I am continually being impressed by their passion, compassion, dedication and

expertise in their specialty area. My daughter was also duly impressed by these nurse practitioners; so much so that she is currently enrolled in a BSN program with the intent on becoming an advanced practice nurse in pediatrics.

In these tough economic times, health care should be more cost effective for both the patient and health care providers. The proposed regulations

should promote quality, cost effective health care and not create undue burden on either the patient or practitioners involved in their care.

Therefore, I support:

1. The removal of the 4-to-1 CRNP to physician ratio. This arbitrary

ratio interferes with patients being seen in a timely fashion as well as poses an increased expense for the nurse-managed health centers. Having more practitioners available would improve scheduling and provide better access to health care.

2. Allowing 30 days prescriptions for schedule II controlled substances.

Nurse practitioners are qualified to assess the appropriate need for scheduled II controlled substances and other medications. They have to fulfill their pharmacology requirements for relicensure. It seems ludicrous to expect patients to pay an additional co-pay for 3 days of medication when they can receive 30 days worth of medication. They also are wasting their and the nurse practitioner's valuable time obtaining refills for another prescription.

3. Allowing 90 days prescriptions for schedule III to IV from present 30

day since many patients take advantage of mail order plans for their maintenance medications. The insurance companies promote the use of mail

order companies in an effort to lower costs. Patients should be able to participate in these cost-saving plans. If a patient requires maintenance medications, their condition probably has incurred additional treatment expenses.

Please approve these Rules and Regulations and assist in improving access to healthcare for the residents of Pennsylvania.

I am opposed to mandating collaborating physician's name be required on prescription pad blanks since it could lead to confusion as to who is ordering the medication, confuse staff at healthcare facilities if labs / studies are ordered on one prescription blank and the test results are

sent the collaborating physician and not the ordering CRNP and cause a delay in treatment if collaborating physicians are not sharing the same clinical site as the CRNP, so studies, lab results and calls regarding medications from pharmacists go to the wrong clinician, causing a delay in care/treatment.

Sincerely,
Aleksandra McDonnell, MSN, RN, CRNP