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INDEPENDENT REGULATORY
REVIEW COMMISSION

2729
COLLEGE OF NURSING
ST. MARY HALL

December 2, 2008

Ann Steffanic
Board Administrator
State Board of Nursing
P.O. Box 2649
Harrisburg, Pa 17105-2649

Letter Regarding 16A-5124: CRNP General Revisions

Dear Ms. Steffanic:

I am writing to you to express my support for the proposed regulatory revisions to amend Pennsylvania Code Chapter 21, Subchapter C (16A-5124: CRNP General Revisions). As a family nurse practitioner who both teaches nurse practitioner students and practices in urban settings I find the proposed regulations not only reasonable but completely necessary to providing adequate levels of healthcare providers to the residents of the Commonwealth of Pennsylvania.

Villanova University College of Nursing faculty and volunteers, in conjunction with the Augustinian Defenders of the Rights of the Poor (ADROP), provide primary care health services including immunizations, screenings, physical examinations, diagnostic testing and medication management to a population of underserved patients without other access to care in South Philadelphia. Nurse-managed health clinics like ours are a crucial part of the Commonwealth's health care safety net, and we provide care to many patients who have difficulty accessing primary care physicians. The proposed revisions to Pennsylvania's CRNP regulations will help our clinic provide high-quality primary care to low-income and underserved people in a more efficient way. By removing the 4:1 maximum NP-to-physician ratio that currently exists in the regulations, we will have less difficulty finding enough physicians who are willing to enter into collaborative agreements with the CRNPs in our clinic.

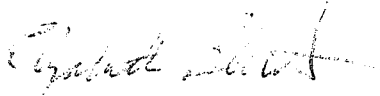
Additionally, the proposed regulations will help us provide better, more cost-effective care to low-income patients who need Schedule II, III, and IV drugs. This ratio is particularly prohibitive to nurse practitioners practicing in nurse-managed centers, planned parenthood clinics, and retail clinics. Current regulations that restrict CRNPs' ability to prescribe Schedule II, III, and IV drugs create a special financial burden for our low-income patients, who must

refill their prescriptions (and pay the associated co-pays) more often than patients of physician-run safety net clinics. Revising regulations regarding CRNP prescriptive authority with regard to Schedule II, III, and IV drugs will help relieve an unnecessary financial burden on low-income and Medical Assistance-eligible patients who use nurse-managed health centers as their source of primary care.

In addition to these specific comments, I would also like to note that I support these proposed changes in their entirety. If adopted, the changes will help nurse-managed health centers and clinics provide care to Pennsylvania's low-income and vulnerable populations more efficiently and effectively.

Thank you for the opportunity to submit these comments to you. If you have any questions, please feel free to contact me.

Sincerely,



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