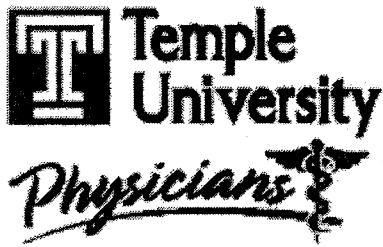


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INDEPENDENT REGULATORY
REVIEW COMMISSION



7 December 2008

Independent Regulatory Review Commission;
Arthur Coccodrilli, Chairman
333 Market Street
Harrisburg, PA-17101

RE: No 16A-5124
CRNP general revisions

Dear Mr. Chairman:

I am writing in support of the revisions for CRNP's that will enable nurse practitioners to have more extensive prescriptive authority for controlled substances and to utilize the NPI number as the method to identify their prescriptions. As a collaborating physician with Nurse Practitioners for 24 years, I believe that these revisions will facilitate the care of patients who require chronic pain medications as part of their clinical management. In my experience, the nurse practitioners and collaborating physicians utilize pain contracts and clinical guidelines to determine the appropriate use of controlled medications. The burden for patient and provider alike to have these restrictions around duration and quantity of medications is onerous.

As director of a multi-disciplinary program for HIV/AIDS, I rely on the clinical skills of the nurse practitioners in assessing and treating our complicated patients for primary care and HIV specialty care. The nurse practitioners and the physicians together develop our protocols for multiple aspects of patient care including restricted medications and off label uses of medications. The reality of chronic disease management is that nurse practitioners provide a significant contribution in many medical practices and they should be allowed to have the prescriptive capacity that will enable them to effectively care for those patients.

Sincerely yours,

Ellen M. Tedaldi, M.D. , F.A.C.P
Professor of Medicine
Director, Temple Comprehensive HIV Program