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INDEPENDENT REGULATORY
REVIEW COMMISSION

I am writing concerning the proposed new regulations for CRNPs in Pennsylvania. I have been a CRNP since 1996 with prescriptive authority since its inception in this decade. I have spent the last 12 years practicing in a busy internal medicine practice, treating out patients in center city Philadelphia. I am the only CRNP in a group of 13 MDs in the outpatient portion of our practice. I am treated with respect by patients and physicians. I provide care to a wide variety of patients and clinical problems each day. Most physicians within the practice rely on me to see their patients when they are unable and some prefer for me to evaluate and treat their patients instead of their MD colleagues.

I believe that physicians who have worked with CRNPs recognize and value the contributions we bring to the health care team. We provide cost efficient, professional services to patients in need of healthcare. There is a tremendous shortage of physicians, even in urban settings, especially in the primary care arena. Expanding the scope of independent practice and prescriptive authority for CRNPs in Pennsylvania will result in a cascade of benefits.

First, patients will have a remarkably shortened wait time for access to care. A remarkable number of inappropriate emergency room visits are due to lack of availability of medical appointments on a timely basis. Patients with true emergencies will then also benefit from quicker ER response times. Additionally, reducing inappropriate ER utilization will decrease cost for health care, decrease transmission of infections/exposures to already vulnerable populations. An exorbitant amount of testing at exorbitant cost is performed in an ER when not necessarily required, and that would otherwise likely not be performed in an outpatient setting.

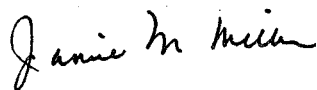
Further, the tremendous number of uninsured patients in Pennsylvania will have improved ability to get health care at lower cost to our state if CRNPs are able to practice with less physician supervision. The current ratios should be removed completely or grossly expanded in primary care settings.

Our country has a dramatic shortage of primary care physicians and urban settings are no exception. The American Medical Association has projected this shortage to worsen as our population ages and medical school graduates have no incentive to practice in primary care. The New England Journal of Medicine recently published a forum on primary care conducted at Harvard University. During this forum national expert physicians in primary care and health policy advocated the role of nurse practitioners in our country's need to re invent the structure of primary care. Our federal government will be slow to initiate these changes, but our state need not be. Patients, MDs and CRNPs are all frustrated with the current system. Patients deserve better than the current system. We are at a threshold where we can alleviate burdens across the system while decreasing costs. These improvements can only take place if barriers to practice and prescriptive authority are removed. It is the emerging face of health care that is evolving nationally.

Pennsylvania has been very slow to follow the progress of regulations in other states. Governor Rendell has proposed advances in health care that deserve applause. It appears that only the Pennsylvania Medical Society is unwilling to acknowledge these proposals as advances in our antiquated system. Perhaps they are unaware of the recommendations of their colleague experts in the New England Journal of Medicine.

Many masters prepared CRNPs are seeking doctoral degrees to enhance our own careers, level of professionalism and ultimately the profession of nursing itself. These individual efforts lack authority at a regulatory level. I am urging you as well, to enhance our profession as an entity, as we are well respected, compassionate and competent health care providers.

I welcome any responses.



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