



# University of Pittsburgh

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School of Nursing  
Acute/Tertiary Care Department

December 4, 2008

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Pennsylvania State Board of Nursing  
ATTN: Ann Steffanic, Board Administrator  
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**Ref. # 16A-5124 CRNP General Revisions**

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INDEPENDENT REGULATORY  
REVIEW COMMISSION

To Whom It May Concern:

As Coordinator of the Acute Care Nurse Practitioner Program at the University of Pittsburgh, I am writing this letter in support of approving 16A-5124 CRNP General Regulations. As faculty in an ACNP Program, I am fully aware of the of the demanding educational process students experience. Our NP program is at the graduate level and must meet rigorous national accreditation standards as well as those of the State Board of Nursing. Their coursework includes advanced pathophysiology, advanced pharmacology and clinical diagnosis and treatment that prepares them to diagnoses and prescribe medications and treatments in their specialty area. Upon successful completion of their program, they are required to pass a national certification examination prior to obtaining their certification to practice in Pennsylvania. To maintain their certification, they must complete 30 contact hours of continuing education every two years, which must include 16 hours of pharmacology if they have prescriptive authority. In addition, NPs who prescribe are held to the same standard as physicians relating to prescribing, administering and dispensing controlled substances. All of this is in place to protect the health, safety and welfare of the people in Pennsylvania. Multiple research studies have been published demonstrating that NPs provide safe, evidence-based, cost effective care. To date, I have seen no documented evidence stating otherwise.

Current regulations set up barriers that prevent NPs from practicing to the fullest extent of their educational preparation and ultimately hamper access to care for patients. In addition to being faculty in an NP program, I practice on an inpatient cardiology service which is run by NPs. Due to the large number of patients on our service, many times there are more than 4 of us on service in order to provide safe care. This complicates scheduling issues because of the current 4:1 ratio requirement. Removal of this regulation will allow our service to schedule the required number of NPs to meet the patient census.

The current regulations on Schedule II, III, IV controlled substances create another barrier to practice as well as an inconvenience and economic hardship on our patients. For Schedule II controlled substances, a prescription can be written for 72 hours only. This means patients have to make multiple trips for additional prescriptions not to mention the additional trips to a pharmacy. This also means that for every new prescription the patient has to pay another co-payment. For Schedule III and IV controlled substances, only being able to write for a 30 day supply limits the ability of patients to take advantage of 90 day prescription plans. Again, this is not only inconvenient, but also places another economic burden on our patients. Many patients utilize a NP as their primary provider, so if the patient has to see a physician just to get a

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prescription, the patient now has to schedule an appointment and pay for another office visit. Concern has been expressed that by allowing NPs to write for a 30 day supply of Schedule II and a 90 day supply of Schedule III and IV controlled substances, that NPs will write for more drugs and there will be more drug diversion. One retroactive review of NP-physician comparative studies found that NPs prescribe fewer drugs, order less expensive tests, and use lower cost treatments, at comparable quality.

Governor Rendell's "Prescription for Pennsylvania" has taken a huge step to put Pennsylvania on the leading edge of providing health care to its citizens. As I stated above, NPs currently provide safe, quality health care to patients and their families. By allowing NPs to practice to the fullest extent of their educational preparation and certification, they can play a major role in accomplishing this goal, but these barriers to practice must be removed.

I appreciate your time and attention to this matter. Should you have any questions, I can be reached at 412-624-9629.

Sincerely,

A handwritten signature in cursive script, reading "Kathy S. Magdic". The signature is written in black ink and is positioned above the typed name and contact information.

Kathy S. Magdic, MSN, ACNP-BC, FAANP  
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