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INDEPENDENT REGULATORY  
REVIEW COMMISSION

December 4, 2008

Ann Steffanic, Board Administrator  
Pennsylvania State Board of Nursing  
P.O. Box 2649  
Harrisburg, PA 17105-2649  
Re: 16A-5124 CRNP General Revisions

Dear Ms. Steffanic,

I have been a nurse practitioner for the past 13 years and I am writing in support of the revisions in the proposed regulations for nurse practitioners that will remove some of the barriers to our practice. I also want to voice my disagreement with some of the comments made by the Pennsylvania Medical Society (PMS) and some of the physicians who feel that removing these barriers will raise significant concerns about patient safety and quality of care issues. These concerns are without merit because research has demonstrated that nurse practitioners do provide quality, cost effective, and safe care in a variety of settings.

In addition, there seems to be a misunderstanding by some physicians as to what collaboration means. Repeatedly, the terms being interchangeably used with collaboration are oversight, under the direction of and supervision. This is evident in some of the letters that are being written by physicians who are against these proposed changes. Collaboration means none of these; collaboration means partnership. A true partnership would have the NP and physician working together as a team to provide the best health care for their patients. It does not mean that the physician is to regulate the NP's practice and decide the type of care that he or she provides.

The 4:1 ratio of NP to physician should be removed because this has the potential to limit access to care for patients. I question why there is even a ratio because this is an arbitrary number that provides no basis for evidence based practice.

Limiting our ability to prescribe Schedule II & III drugs does not allow us to effectively manage our patient's care who needs this type of medication.

Increasing the 72 hour limitation to a 30 day time frame for Schedule II, and increasing Schedule III drugs to a 90 day supply, improves a patient's ability to get the care they need and allows for better management of his or her condition more efficiently. It will also be more cost-effective for patients and align better with their health care coverage.

I have seen first hand the inconvenience the prescribing limitation causes for patients who need medications for ADHD, anxiety and pain. Limited refills and number of days the prescription can be written for is costly to the patient in co-pays, time and extra office visits.

I see a variety of patients in my practice and manage their care including those with chronic illnesses, such as asthma, diabetes, and heart disease. I also provide well care to adults and children, and treat those with acute illness and injury. I believe that removing the barriers as stated above will benefit patients with the responsible, cost effective and safe professional health care that they deserve.

Sincerely,

A handwritten signature in cursive script that reads "Linda Uhernik".

Linda Uhernik CRNP EdD